GUC-00089893 IP18-00036499
Mrs BALA SHOBIKA B.S (F)
30-08-1997 28 Y 10 M 18 D
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

# DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

| ACTIVITY | INTIME | OUT TIME | NAME & SIGNATURE | REMARKS | <To be filled by Admin> | | |
|---|---|---|---|---|---|---|---|
| Activity Sheet update by Nursing | | 19/7/18 @ 6AM | | | | | |
| Activity Sheet update by Pharmacy | | | | | | | |

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

# ACTIVITY RECORD FOR BILLING

Name: Mrs. Balameenakshi Sundar

UHID No: 92104. IP No: 18-36511 Consultant: DR. priyadha Dept: OBR.

Date of Admission: 18/7/2026 Time: ..... Date of Discharge: ..... Time: .....

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

## WARD TRANSFERS

| | Date | Time | From | To | Signature of Nurse |
|---|---|---|---|---|---|
| | 18/7/26 | 2 PM | LDR | 7th Floor | SN |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## CROSS CONSULTATION VISIT

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

## INVESTIGATIONS

| Date | Investigations | Order No. | Signature |
|---|---|---|---|
| 18/7/2026 | CBC | 26023089 | |
| | | | |
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## MEDICAL EQUIPMENT ( WARD & ICU)

| Date | Name of Equipment | Connecting Time | Disconnecting Time | Order No. | Signature |
|---|---|---|---|---|---|
| 8/4 | BPH (1) | | | 009674 | |
| | CTG -(2) | | | 009686 | |
| | CTG -(3) | | | 009686 | |
| | CTG -(4) | | | 009686 | |
| | CTG -(5) | | | 009686 | |
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## PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|---|---|---|---|---|
| 18/7/2026 | IV placement | 17 2917 8 | | |
| | | | | |
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**ANY OTHER INFORMATION:**

Delivery Details: Normal vaginal Delivery
Date: 18/7/26
Duration: 1 Hour
Time: 9.15AM - 10.15AM
Dr. Priyadharshini
Dr. Vinitha (Infusion Pump Not used)

Date: 19/7/26 Time: 6am Prepared By:

| Staff Nurse | Shift / Ward | Billing Assistant | Billing Supervisor |
|---|---|---|---|
| | | | |

Rainbow Children's Hospital | BirthRight

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

# DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

| ACTIVITY | TIME | | NAME & SIGNATURE | REMARKS | <To be filled by Admin> |
|---|---|---|---|---|---|
| Discharge Announcement | 20/7/26 at 1PM | | | | |
| | INTIME | OUT TIME | | | |
| Arrangement of File by Nursing | | 20/7/26 at 10AM | | | |
| Preparation of Discharge Summary | | | | | |
| Finalization of discharge summary | | | | | |
| Transfer of file from Ward to Billing Dept | | | | | |
| Bill Processing | | | | | |
| Audit Clearance | | | | | |
| Billing Clearance | | | | | |
| Physical Clearance | | | | | |
| | | | | | |

Rainbow Children's Hospital

**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** : IP18-00036511 **Admit Date** : 18-Jul-2026 **Admit Time** : 06:50 AM **UHID** : GUC-00092104

## Patient Details :

| | | | |
|---|---|---|---|
| **Patient Name** | : Mrs BALAMEENKSHI SUNDAR | **Age** | : 28 Y 2 M 17 D |
| **Guardian** | : Mr G. PRASANTH | **DOB** | : 01-05-1998 |
| **Gender** | : Female | **Religion** | : |
| **Occupation** | : | **Martial Status** | : |
| **Address (H)** | : NO 108 a1 1 weat raja street kancipuram Kanchpuram R S Tiruvallur Tamil Nadu INDIA 631502 | **Phone No** | : 9787841322/ 9095982436 |
| | | **E-mail** | : no@gmail.com |

## Admission Details :

**Bed Type** : MICU **Bed No** : MICU 803 **Ward Name** : 8F-OT COMPLEX

**Room No** : MICU 803 **Admission Type** : First Visit

## Contact Details :

| | | | |
|---|---|---|---|
| **Name** | : Mr G. PRASANTH | **Relationship** | : Husband |
| **Contact Address** | : NO 108 a1 1 weat raja street kancipuram Kanchpuram R S Tiruvallur Tamil Nadu INDIA 631502 | **Phone No** | : 9787841322 |

x S. Ramalakshmi

**Signature**

## Doctor Details :

| | | | |
|---|---|---|---|
| **Doctor Name** | : Dr. PRIYADHARSHINI S M | **Specialisation** | : OBSTETRICS AND GYNECOLOGY |
| **Referral Doctor** | : DR.DIVYA EMMESS HOSPITAL KANCHIPURAM | **Phone No** | : |
| **Co-Consultant** | : | | |

## Payment Details :

| | | | |
|---|---|---|---|
| **Payment Mode** | : Cash | **Deposit Amount** | : 7000.00 |
| | | **Payor Name** | : SELFPAY |

Rainbow Children's Hospital - Guindy
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TEL NO :044-40122444
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# GENERAL CONSENT FOR TREATMENT

| | | | |
|---|---|---|---|
| **Patient Name:** | **Mrs BALAMEENKSHI SUNDAR** | **Age :** | **28 Y 2 M 17 D** |
| **IP No:** | **IP18-00036511** | **Sex:** | **Female** |
| **Consultant:** | **Dr. PRIYADHARSHINI S M** | **Ward/Bed No:** | **8F-OT COMPLEX/MICU 803** |

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 [illegible]o consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the [illegible]e 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.
[illegible]ceivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: >

Name: > G. Praveen
Relationship: > Husband.
Date: 18-07-2026 Time: 6:50
Witness Name: ARUN
Witness Signature:

Patient Address:

NO 108 a1 1 weat raja street
kancipuram Kanchpuram R S
Tiruvallur Tamil Nadu INDIA 631502

GUC-00092104 IP18-00036511
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Dr. PRIYADHARSHINI S M

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# BED SIDE CHECK LIST FOR NURSES

| Date: | 5/7 | 20/7 | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Doctor's Orders | Yes | YES | | | | | | | |
| Carried out or not | Yes | YES | | | | | | | |
| **Bed Side** | | | | | | | | | |
| Structured Handover done | Yes | YES | | | | | | | |
| IV Site | NA | NA | | | | | | | |
| 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 : | Yamini | Saf | | | | | | | |
| Signature : | | Saf | | | | | | | |
| Date & Time: | 19/7/20 @8pm | 20/7 2pm | | | | | | | |
| Hand Over Taken By Name : | Saf | | | | | | | | |
| Signature : | | | | | | | | | |
| Date & Time: | 20/7 8pm | | | | | | | | |

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# BILLING POLICY

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

## DECLARATION

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

| | |
|---|---|
| Patient Name : > S.Balameenakshi | UHID Number : 92104 |
| Self/Attendant Name : > A.Prasenth | Relation : > Husband |
| Self/ Attendant Signature : A.Prasenth<br>Phone Number : > 9095982436 | Name & Signature of Financial Counselor |

GUC-00092104 IP18-00036511
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Pa

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# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints** PFM well.
c/o lower abdominal pain (3:45AM today)
No c/o bleeding/leaking
P/R.

LMP: 2/11/25. EDD: 9/8/26.
Corrected EDD: _ GA: 36w6D.

Obstetric Formula:
G2P1L1.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
P1L1 - FT, forceps delivery AVD, 2024, Eswara hospital, madurai, 2.5kgs ♂, A&H, 2½yrs.
PP - Spontaneous conception

**Obstetric Examination**

Fundal Height: Term @ term.

Present Pregnancy Record:
Dating ? } (N)
NT + FTS }
Anomaly
Growth - late onset FGR ? (N)
RISK FACTORS: doppler, oligohydramnios.

Ut. Activity: ☐ Relaxed ☑ Mild 2/10'/10' ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☑ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5th.

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

- ~~Late~~ EFW @ 7%ile.
- oligohydramnios (AFI = 4.1 cms).
- steroids covered @ 28w (Dexamethasone).

**Per Speculum Examination** not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

**Vaginal Examination**

Cervix: 1cm ☑ Long ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated 2 fingers loose.

Membranes: ☑ Present ☐ Absent

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 161 cm
Weight: 82.8 kg
Allergies: NKA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: conscious Pallor: (-)
Icterus: (-) Edema: (-)
Temp: (N) PR: 92bpm
BP: 110/70mmHg DTR:
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: Urine Output:

**DIAGNOSIS**

28yrs | G2P1L1 | Previous AVD (forceps) | LCB 2.5yrs | 36w6D |
EFW @ 7%ille (N) doppler | oligohydramnios (AFI 4.1 cms) |
steroids covered | ? Early labor.

Patient Sticker

| Family History: | Surgical History: |
|---|---|
| NIL. | NIL. |
| **Medical History:** | **Medication History:** |
| NIL. | NIL. |

**Plan of Care:**

c/D/w Dr. Priyadharshini S.M.

- Prepare parts
- Secure IV line
- CTG QAHWLLY.
- ~~QA~~ DFMC
- w/t ↑ pain abdomen/bleeding/leaking PIV.

c/D/w Dr. Priyadharshini

CTG - BHR @ 150bpm
BBV 5-10bpm
no acc.
no decels.
↓
- IVF 1 ⊙ DNS.
- Ⓛ lateral position.

- Inj. syntocinon @ 9AM after CTG becomes Reactive & after orders.
- Send CBC now.

**Investigations:**

- CTG - Reactive
↓ BBV.
↓
- IVF DNS. on flow
- Ⓛ lateral

Doctor Name: Dr. Akshita

Signature: 12@35

Date & Time: 13/7/26.

Consultant Name: Dr. Priyadharshini S.M.

Signature: 12@35

Date & Time: 13.7.26.

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# RESULT SHEET

| Date | 12/6/26 | 8/7/26 | | | | |
|---|---|---|---|---|---|---|
| Time | | | | B Tne | | |
| Hb | 11.5. | 11.6 | | | | |
| PCV | 34. | 35 | | ECG } Normal | | |
| RBC | | 3.96 | | ECHO } (as told by patient). | | |
| WBC | 15160. | 17,820 | | | | |
| N/L | | 90/8 | | | | |
| Platelets | 3.41. | 2.89 | | HIV } | | |
| CRP | | | | HbsAg. } Non reactive | | |
| ESR | | | | VDRL } | | |
| PCT | | | | | | |
| RBS | | | | | | |
| Na | | | | TSH = 1.470. | | |
| 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 | 182217 | 82217 | | | | |
| Cells | | | | | | |
| N/L | | | | | | |

| Date | | | | | | |
|---|---|---|---|---|---|---|
| Time | | | | | | |
| CUE - Alb | | | | | | |
| CUE - Sugar | | | | | | |
| CUE - Ketones. | | | | | | |
| CUE - PUS Cells | | | | | | |
| CUE - RBC Cells | | | | | | |
| CUE | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Stool Pus Cell | | | | | | |
| OVA / Cyst | | | | | | |
| Occult Blood | | | | | | |
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Culture and Sensitivities : 17/7/26

S.L.L.G. 36 w 5 D.

P/A (A)

cephalic

FH (+)

Radiology : USG : AFI = 4.1 cms

X-Ray : EFW = 2294 gms @ 70% ile

ECHO : Doppler (N)

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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(1)

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 18/07/2026 | C/S/B Dr. Priyadharshini | |
| 9:15 AM | | Advice |
| | Pt reviewed, Pt C/o Ted lower Abdominal Pain | Shift to Labour room |
| | P/A- Uterus @ Term | - Inform Pediatrician |
| CTG - Beat to Beat variability 5-10 | Moderately Acting (3C/20"/10') | - INF contractions |
| | Cephalic | - INJ. EPIDOSIN 2CC IV |
| | FHS - good | |
| Early decelerations (+) | P/V: Cx well effaced; | |
| | OS: 8 cm | |
| | Vx: -1 station | |
| | Membranes (+) | |
| | ↓ SAP, ARM done, no demonstrable liquor. | |
| | Sign 18221 | |
| 18/07/2026 | C/S/B Dr. Priyadharshini | |
| 9:30 AM | Pt reviewed, Pt C/o Pushing | Advice |
| | P/V - Cx - fully effaced | - Position for Labouring |
| | OS - fully dilated | - Encourage active Pushing |
| | Membranes - Absent | |
| | Sign 18221 | |

Patient Sticker

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 18/07/2024 | NORMAL VAGINAL DELIVERY WITH RIGHT | |
| 9:35Am | MEDIOLATERAL EPISIOTOMY | |
| | S/B : Dr. Priyadharshini | |
| | A/B : Dr. Vinitha / Dr. Shreedevi | |
| | ↓ SAP, Patient in dorsolithotomy position, Local parts painted and draped. 2% lignocaine local infiltration given. Episiotomy given With good uterine contractions, full cervical dilation and good maternal efforts. She delivered an alive term girl baby. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Short cord noted. Placenta and membranes delivered intoto. Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis secured. | |
| | P/A - Uterus firm & well contracted<br>P/V - No undue bleeding PV<br>P/R - Rectal mucosa and sphincter tone Normal | |
| | B \| 18/07/2024 ; 9:35 AM<br>A \| Girl<br>B \| ~~1.6~~ kg 2.3kg<br>Y \| 8/10, 9/10 | |

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

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR (F)
01-05-1998 28 Y 2 M 17 D
Dr. PRIYADHARSHINI S M

(2)

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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 |
| | | - Hb / PCV c/m 6 AM. |
| | | - Measure & Inform 1st void |
| | | - Inform (SOS) |
| | | |
| | | |
| | 182217 | |
| | | |
| 18/7/24 1:30 pm | S/B Dr. Dhivyalakshmi pt. relieved Nil c/o. | |
| PND-0 | O/E: pt. GC fair, afebrile Pa/Pco. | Advice - (N) diet. - oral hydration - monitor vitals - follow drug chart. - Hb/PCV c/m 6am - DBF - w/f T bpn - Inform SOS |
| T: (N) | | |
| PR = 80 bpm | P/A: soft, BS (+) | |
| BP = 120/76 | wt. gain & well contracted | |
| SpO2 = 99% | | |
| | | |
| voided 400ml | C/E: No vaginal bleeding pv Episiotomy wound intact. | |
| | | |
| | Shift to ward | |
| Baby m/s Breasts soft | | |

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

16/7/24

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 18/07/2026 10 PM PND-0 | C/S/B Dr. Pavithra. Pt reviewed. | |
| T-(N) BP-106/74 PR 70/min. SpO2-98-1 RA. | O/E Pt GC fair afebrile P/PE CVS / RS / NAD P/A - Soft, BS (+). Ut firm & cont well. | Advice - (N) Diet - Plenty of orals. - Vitals monitoring - Follow drug chart. ~~- HB/PCV 6pm 6am~~ |
| R/C Breast Soft. Baby-M/S. | C/S- Epi wound intact. BWNL. | |
| 18/7/26 12PM | S/B Dr. Vinitha Pt reviewed; No Yo O/E: GC fair; Afebrile P/PE CVS / NAD RS P/A: Soft; BS (+) Ut contracted BP: 110/70 PR: 70 | |
| | YE : BWNL | Adv: Continue same orders |

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 19/7/24 | S/B Dr Vinitha | |
| 4.30PM | Pt reviewed; NO 4o ; passed stools yesterday | |
| | O/E: GC fair ; Afebrile | |
| | P/PE: | |
| BP: 100/60 | P/A: Soft; BS+ | |
| PR: 70/min | UT contracted | |
| SpO2: 100% RA | CVS: BWNL | |
| | | Adv: |
| | | • Continue same orders |
| | | • ~~Inj. Ceftazidime~~ ~~IVF~~ |
| 20/07/2024 | C/S/B Dr. Pavithra / Dr. Shreeden | |
| 9AM | | |
| PND-2 | Pt reviewed, Nil c/o | |
| | O/E Pt GC fair, Afebrile | |
| T-(N) | P/PE: | |
| PR- 80/min | CVS / WNL | Advice |
| BP- 110/70. | RS / NAD | - Process Discharge. |
| | P/A: UT firm & cont well. | - Vitals monitoring |
| Voiding freely | C/S - BWNL | - Follow drug chart |
| Stools Passed | | |
| B/L-Breast Soft | | |

Dr. [illegible]

Patient Sticker

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# PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
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GUC-00094006 IP18-00036515
Baby B/O BALAMEENKSHI SUNDAR
18-07-2026 0Y0M0D2H (F)
Dr. PADMAPRIYA EKAMBARAM

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# MEDICATION RECONCILIATION FORM

Drug Allergies: INJ. CEFTRIXONE ALLERGY ☐ 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: NDR Shifted to: 7th A Floor

| S.No | MEDICATION NAME (GENERIC NAME CAPITAL LETTERS) | DOSE (mg, mcg) | ROUTE (PO, NG, SC, IV) | FREQUENCY | LAST DOSE Date / Time | ON ADMISSION / SHIFTING |
|---|---|---|---|---|---|---|
| 1 | Tab. CEFTUM | 500mg | po | BD | | ☐C ☐DC |
| 2 | Tab - PAN | 40mg | po | BD | | ☐C ☐DC |
| 3 | Tab. ZERODOL SP | 1 tab | po | BD | | ☐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 : 114278 Dr. Dayalakshmi

Date & Time : 18/7/26, 1:30pm

Nurse Name & Signature: Sr. Tamilselvi.T 18/7/26

Date & Time : 18/7/26 at 2 PM

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01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

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# MEDICATION RECONCILIATION FORM

Drug Allergies: Inj: ceftriaxone ☑ 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 : 18/07/2026

Nurse Name & Signature: D. Sahellaxi Rich

Date & Time : 18/7/2026 at 6.20 AM

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# DRUG CHART

Date of Admission: 18/7/2026 Drug Allergies: Inj: ceftriaxone ☐ Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

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

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

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

## SOS / PRN (As Required Medication)

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

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

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

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

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

## REGULAR PRESCRIPTIONS

Weight. 82.8 Ward. .....

**DRUG :** Tab. CEFTUM

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| 500mg | PO | 1-0-1 | 18/7/21 |

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

| Date / Time | 18/7 | 19/7 | 20/7 |
|---|---|---|---|
| 8AM | | SM / VA | SM / VA |
| 8PM | ES / AA | AA / ES | |

**DRUG :** Tab. ZERODOL SP

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| 1Tab | PO | 1-0-1 | 18/7/21 |

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

| Date / Time | 18/7 | 19/7 | 20/7 |
|---|---|---|---|
| 9AM | | SM / VA | SM / VA |
| 9PM | ES / AA | AA / ES | |

**DRUG :** T. PAN

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| 40mg | PO | 1-0-1 | 18/7/21 |

Name & Signature of the Doctor Starting the Drugs: 182211

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

| Date / Time | 18/7 | 19/7 | 20/7 |
|---|---|---|---|
| 7AM | | ES / AA | ES / AA |
| 7PM | SM / KH | GS / KH | |

**DRUG :**

| Dose | Route | Frequency | Start Date |
|---|---|---|---|
| | | | |

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

**Daily Doctor's Endorsement by a Sign**

| Date / Time | |
|---|---|

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

Weight. 82.2 kg Ward. LDR

VA

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 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. | | | | | | |

**STAT / ONCE ONLY DRUGS**

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|---|---|---|---|---|---|---|
| 18/7/26 | 9.36 AM | INJ. SYNTO | 10U | IM | 82217 | TJ |
| | | | | | | SP |
| 18/7/26 | 9.35 AM | INJ. EPIDOSIN | 2CC | IV | 82217 | TJ |
| | | | | | | SP |
| 18/7/26 | 10AM | T. MISOPROSTOL | 600 MCG | PR | 82217 | TJ |
| | | | | | | SP |
| 18/7/26 | 10AM | JUSTIN SUPPOSITORY | 100 mg | PR | 82217 | TJ |
| | | | | | | SP |
| 18/7/26 | 11AM | T. CEFTUM | 500mg | po | 76428 | TJ |
| | | | | | | SP |
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VERIFIED BY : Name ..... Signature .....

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

# I.V. FLUIDS CHART

Weight. 82.3kg Ward AR

| Date | Time | Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc) | Route | Flow Rate ml/hr | Doctor Sign | Nurse Sign | Date of Stopping | Doctor Sign | Nurse Sign |
|---|---|---|---|---|---|---|---|---|---|
| 18/7/26 | 9.30 AM | INJ. SYNTO 20U in 500ml RL | IV | 125 ml/hr | 182217 | TJ SP | 18/7/26 | 182217 | TJ SP |
| 18/7/26 | 7AM | 10 DNS | IV | free flow | 182217 | TJ SP | 18/7/26 | 182217 | TJ SP |
| 18/7/26 | 9AM | 10 RL | IV | free flow | 182217 | TJ SP | 18/7/26 | 182217 | TJ SP |
| | | | | | | | | | |
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VERIFIED BY : Name ..... Signature .....

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01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

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# Early Warning Observation Score Chart - Obstetrics

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

18/7/26

| | | 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 | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | | | | | | | | | | | | | | | | | | | | | | | | 99 | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered $O_2$ (L/min.) | | | | | | | | | | | | | | | | | | | | | | | | | PA | |
| Temp°c | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | | | | | | | | | | 98.1 | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | 80 | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressue ↑ | 190 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | 110 | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure ↓ | 130 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | 70 | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | | | | | | | | | | | | | | | | | | | | | | | | ✓ | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | | | | | | | | | | | | | | | | | | | | | | | | ✓ | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein + + | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > + + | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | | | | | | | | | | | | | | | | | | | | | | | | – | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | | | | | | | | | | | | | | | | | | | | | | | | – | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | | | | | | | | | | | | | | | | | | | | | | | | 0 | |
| TOTAL ORANGE SCORES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | | | |

admission
on

GUC-00092104 IP18-00036511
Mrs SALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

Pat

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Your Right to a Safe Delivery

# Early Warning Observation Score Chart - Obstetrics

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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15/8/2016 | 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 | | 18 | | 18 | | | | 22 | | | | 20 | | | | 22 | | | | 22 | | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | 99 | | 99% | | 99% | | | | 99% | | | | 97% | | | | 99% | | | | 98% | | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | | |
| Administered $O_2$ (L/min.) | | RA | | RA | | RA | | | | RA | | | | RA | | | | RA | | | | RA | | | |
| Temp°c | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | 98.1 | | 98.4 | | 98.6 | | | | 98.6F | | | | 97.6F | | | | 97.8F | | | | 98.2F | | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | 94 | | 90 | | | | 82bpm | | | | 80bpm | | | | 94 | | | | 78bpm | | | |
| | 80 | 80 | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressure ↑ | 190 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | 110 | | 112 | | 110 | | | | 125 | | | | 120 | | | | 110 | | | | 104 | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | (78) | | | | (82) | | | | (84) | | | |
| Diastolic Blood Pressure ↓ | 130 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | 70 | | 70 | | 70 | | | | 45 | | | | 70 | | | | 68 | | | | 70 | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | ✓ | | ✓ | | ✓ | | | | ✓ | | | | ↑ | | | | ↑ | | | | ↑ | | | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | ✓ | | ✓ | | ✓ | | | | ✓ | | | | ↑ | | | | ↑ | | | | ↑ | | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein + + | | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > + + | | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | – | | ✓ | | ✓ | | | | – | | | | ↑ | | | | ↑ | | | | ↑ | | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | – | | – | | – | | | | – | | | | – | | | | + | | | | – | | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | 0 | | 0 | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| TOTAL ORANGE SCORES | | 0 | | 0 | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | | |

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

# Early Warning Observation Score Chart - Obstetrics

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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19/7/26 | Date | | | | | | | | | | | | | | | | | | | | | | | |
| | Time | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| RESP (write rate in corresp. box) | > 30 | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 - 20 | 22 | | | | 22 | | | | 22 | | | | 22 | | | | 20 | | | | 20 | | |
| | 0 - 10 | | | | | | | | | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | 100% | | | | 99% | | | | 99% | | | | 99% | | | | 99% | | | | 99% | | |
| | < 94 % | | | | | | | | | | | | | | | | | | | | | | | |
| Administered $O_2$ (L/min.) | | | | | | | | | | RA | | | | RA | | | | RA | | | | RA | | |
| Temp°C | 40 | | | | | | | | | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | | | | | | | | | |
| | 37 | 98°6F | | | | 98.6F | | | | 97.8F | | | | 96.8°C | | | | 97.8°C | | | | 98.6 F | | |
| | 36 | | | | | | | | | | | | | | | | | | | | | | | |
| | 35 | | | | | | | | | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | 80bpm | | | | 80bpm | | | | 81bpm | | | | 76bpm | | | | 70bpm | | | | 74bpm | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | |
| Systolic Blood Pressure ↑ | 190 | | | | | | | | | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | 103 | | | | 112 | | | | 121 | | | | 110 | | | | 118 | | | | 110 | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | | | | | | | | | | | |
| | 50 | (54) | | | | | | | | | | | | | | | | (78) | | | | | | |
| Diastolic Blood Pressure ↓ | 130 | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | | | | | | | | | |
| | 70 | 66 | | | | | | | | 71-76m | | | | | | | | | | | | | | |
| | 60 | | | | | | | | | | | | | 60 | | | | 72 | | | | 60 | | |
| | 50 | | | | | | | | | | | | | | | | | | | | | | | |
| | 40 | | | | | | | | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | ✓ | | | | ✓ | | | | ✓ | | | | ✓ | | | | ✓ | | | | ✓ | | |
| | Voice | | | | | | | | | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | | | | | | | | | |
| URINE mls / hour | > 30 | ✓ | | | | ✓ | | | | ✓ | | | | ✓ | | | | ✓ | | | | ✓ | | |
| | < 30 | | | | | | | | | | | | | | | | | | | | | | | |
| Proteinuria | Protein + + | | | | | | | | | | | | | | | | | | | | | | | |
| | Protein > + + | | | | | | | | | | | | | | | | | | | | | | | |
| Lochia | Normal | ✓ | | | | ✓ | | | | – | | | | ✓ | | | | ✓ | | | | ✓ | | |
| | Heavy / Foul | | | | | | | | | | | | | | | | | | | | | | | |
| Liquor | Clear / Pink | – | | | | – | | | | – | | | | – | | | | – | | | | – | | |
| | Green | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL YELLOW SCORES | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | |
| TOTAL ORANGE SCORES | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | | | 0 | | |
| Nurse Initial | | | | | | | | | | | | | | | | | | | | | | | | |

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 25 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

Rainbow® Children's Hospital
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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 | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | |
| | 01:00 pm | | | | | | | | | | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 02:00 pm | | | | | | | | | | | |
| | 03:00 pm | | | | | | | | | | | |
| | 04:00 pm | | | | | | | | | | | |
| | 05:00 pm | | | | | | | | | | | |
| | 06:00 pm | | | | | | | | | | | |
| | 07:00 pm | | | | | | | | | | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 08:00 pm | | | | | | | | | | | |
| | 09:00 pm | | | | | | | | | | | |
| | 10:00 pm | | | | | | | | | | | |
| | 11:00 pm | | | | | | | | | | | |
| | 12:00 am | | | | | | | | | | | |
| | 01:00 am | | | | | | | | | | | |
| **Total Intake :** | | | | | | **Total Output :** | | | | | | |
| | 02:00 am | | | | | | | | | | | |
| | 03:00 am | | | | | | | | | | | |
| | 04:00 am | | ON | | Admitted | | | | | | | |
| | 05:00 am | | | DNS | | | | | | | | |
| | 06:00 am | H2O | 100 | 250ml | | | | | | 200 | NR | |
| | 07:00 am | | | 100ml. | | | | | | | D | |
| **Total Intake :** | | 450 ml. | | | | **Total Output :** | | | | 200 ml. | | |

| Total 24 hrs. Intake | 450 ml. | Total 24 hrs. Output | 200 ml. |
|---|---|---|---|

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-05-1998 28 Y 2 M 17 D (F)
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# FLUID CHART

Sheet No. : 2

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

| 13/7/25 | | Intake | | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Time | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | H2O | 150 | RL 500 | Inj. Syn to | | | | | 150 | 0 | Tue |
| | 09:00 am | Juice | 100 | | 125 | | | | | 200 | 0 | Tue |
| | 10:00 am | H2O | 150 | | 125 | | | | | | 0 | Tue |
| | 11:00 am | Juice | 100 | | | | | | | | 0 | Tue |
| | 12:00 pm | Tender | 150 | | | | | | | | 0 | Tue |
| | 01:00 pm | Juice | 150 | | | | | | | 400 | 0 | Tue |
| Total Intake : | | 800ml | | | | Total Output : | | | | 750ml | | |
| | 02:00 pm | | | | | | | | | | 0 | Baby |
| | 03:00 pm | H2O | 200 | | | | | | | 250 | 0 | Baby |
| | 04:00 pm | H2O | 200 | | | | | | | | 0 | Sri |
| | 05:00 pm | H2O | 200 | | | | | | | | 0 | Sri |
| | 06:00 pm | H2O | 100 | | | | | | | 300 | 0 | Sri |
| | 07:00 pm | H2O | 200 | | | | | | | | 0 | Sri |
| Total Intake : | | 900ml | | | | Total Output : | | | | 550ml | | |
| | 08:00 pm | H2O | 100ml | | | | | | | | 0 | AA |
| | 09:00 pm | H2O | 150ml | | | | | | | 300ml | 0 | AA |
| | 10:00 pm | Milk | 100ml | | | | | | | 150ml | 0 | AA |
| | 11:00 pm | H2O | 50ml | | | | | | | | 0 | AA |
| | 12:00 am | H2O | 100ml | | | | | | | 200ml | 0 | AA |
| | 01:00 am | | | | | | | | | | 0 | AA |
| Total Intake : | | 500ml | | | | Total Output : | | | | 650ml | | |
| | 02:00 am | | | | | | | | | | 0 | AA |
| | 03:00 am | H2O | 150ml | | | | | | | | 0 | AA |
| | 04:00 am | H2O | 150ml | | | | | | | | 0 | AA |
| | 05:00 am | H2O | 100ml | | | | | | | 300ml | 0 | AA |
| | 06:00 am | Milk | 100ml | | | | | | | | 0 | AA |
| | 07:00 am | H2O | 150ml | | | | | | | | 0 | AA |
| Total Intake : | | 650ml | | | | Total Output : | | | | 300ml | | |

| Total 24 hrs. Intake | 2850ml |
|---|---|

| Total 24 hrs. Output | 2250ml |
|---|---|

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# FLUID CHART

Sheet No. : .....

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

| 19/7/26 | | Intake | | | | Output | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | Time | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | Urine | IV Site Thrombo-phlebitis Score | Sign. Nurse |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 08:00 am | H2O | 300ml | | | | | | | 300ml | No | V.A |
| | 09:00 am | | | | | | | | | | IV | V.A |
| | 10:00 am | H2O | 300ml | | | | ✓ | | | | | V.A |
| | 11:00 am | soup | 100ml | | | | | | | | line | V.A |
| | 12:00 pm | H2O | 300ml | | | | | | | 300ml | | V.A |
| | 01:00 pm | | | | | | | | | | | V.A |
| Total Intake : 1000ml | | | | | | Total Output : 600ml | | | | | | |
| | 02:00 pm | H2O | 200ml | | | | | | | | No | Thi |
| | 03:00 pm | H2O | 100ml | | | | | | | 400ml | | Thi |
| | 04:00 pm | Juice | 100ml | | | | | | | | IV | Thi |
| | 05:00 pm | H2O | 200ml | | | | | | | 400ml | | Thi |
| | 06:00 pm | | | | | | | | | | line | Thi |
| | 07:00 pm | H2O | 100ml | | | | | | | 300ml | | Thi |
| Total Intake : H2O - 800ml | | | | | | Total Output : 900ml | | | | | | |
| | 08:00 pm | H2O | 150ml | | | | | | | | No | AA |
| | 09:00 pm | H2O | 100ml | | | | | | | 300ml | | AA |
| | 10:00 pm | Milk | 100ml | | | | | | | | IV | AA |
| | 11:00 pm | H2O | 100ml | | | | | | | 250ml | line | AA |
| | 12:00 am | H2O | 150ml | | | | | | | | | AA |
| | 01:00 am | | | | | | | | | | | AA |
| Total Intake : 600ml | | | | | | Total Output : 550ml | | | | | | |
| | 02:00 am | | | | | | | | | | | AA |
| | 03:00 am | H2O | 150ml | | | | | | | 250ml | No | AA |
| | 04:00 am | H2O | 100ml | | | | | | | | IV | AA |
| | 05:00 am | H2O | 50ml | | | | | | | | | AA |
| | 06:00 am | Milk | 100ml | | | | | | | 300ml | line | AA |
| | 07:00 am | H2O | 150ml | | | | | | | 150ml | | AA |
| Total Intake : 550ml | | | | | | Total Output : 700ml | | | | | | |

| Total 24 hrs. Intake | 2,950ml | Total 24 hrs. Output | 2,750ml |
|---|---|---|---|

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# NURSING CARE RECORD

Date: 18/7/2028.

**Goals**

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☑ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|---|---|---|---|---|---|---|---|
| Morning | | T | | | | | |
| Afternoon | | T | | | | | |
| Night | 6AM | Achieve acceptable pain control and comfort. | 6.30 AM | - Assess pain using scale regularly<br>- position patient comfortably | patient vitals are stable | Reassessment done | DP DITTO |

Patient Sticker

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR (F)
01-05-1998 28 Y 2 M 17 D
Dr. PRIYADHARSHINI S M

# NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 12/7/26

**Goals**

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

| | Time | Plan of Care | Time | Implementation | Evaluation | Re-Assessment | Nurse Name & Signature |
|---|---|---|---|---|---|---|---|
| Morning | 7.30 AM | Ensure adequate Hydration and Electrolyte Balance | 8AM | * Monitor intake and output chart<br>* ABGs for dehydration<br>* Monitor IV Fluids | Maintained Fluid Balance to some extend | Reassessment done | 07/07/26 |
| Afternoon | 2pm. | Maintain good Nutritional status | 3pm | -> Assess the patient condition<br>-> I/o chart maintain<br>-> Encourage oral fluids | Maintained good nutritional status. | Reassessment done. | 07/07/26 |
| Night | 8PM. | Maintain good nutritional Status. | 10PM | - Assess the patient Condition<br>- I/o chart maintain<br>- Encourage Oral fluids. | Maintained good nutritional Status. | Reassessment done. | |

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# NURSES NOTES

☐ No Known Drug Allergies
☐ Drug Allergies ..... Inj: ceftriaxone.

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| 18/4/26 | 6.20 AM | Admission Notes 18/4/2026, patient come for admission under DR. priyadharsh. adeei to patient G2P1L1 pre NUD 36+6 week. patient complaint for lower abdominal pain PFW @ 7 Y. wee (-) doppler oligohydramnios AFI 4.1cm steroids covered & Expand later. patient CTG connecting FHR 128 b/m Conscious and oriented condition fair patient. Checked contraction mild present. S/B DR. Akshitha adeei to admission order done ent. | |
| 6.30 AM | | S/B DR. Akshitha adeei IV line start 18G Back flow come patient to DHC stat. oriented. / patient comfort | |
| 7.20 AM | | patient sent prosecution done S/B DR. Akshitha adeei CBC send the order patient BG send by cat | |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

☐ No Known Drug Allergies
☑ Drug Allergies ..... Inj: Ceftriaxone.

# NURSES NOTES

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| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| 18/7/20 | 7.30 AM | Patient handing over morning duty staffs Nurse Morning Duty (18/7/20) | |
| | 7.30 AM | Patient care Handing over taken from Night duty Staff. Maintained I/O, Monitored Vitals and Recorded, Pain assesment Done. Def Pl Bound on Connect. CTG on connected, FHR Monitored. No any other complaints | |
| | 8 AM | Monitored Vitals and Recorded, Maintained I/O, Pain assesment Done. Watching contractions. No any other Complaints. CTG on Connect. FHR Monitoring | |
| | 9.15 AM | Dr. Priyadharshini mam done PV Examination CX well effaced OS 2cm dilated, Membrane present, SROM ARM done No demonstrable liquor. CTG on Connect. FHR monitoring | |
| | 2.30 PM | Dr. Priyadharshini done PV Examination CX well effaced OS fully dilated, Membrane absent advised to Shift labour Room. doctor order carried out | |

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(2)

# NURSES NOTES

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☐ No Known Drug Allergies
☑ Drug Allergies ..... INJ. CEFTRIXONE ALLERGY

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| 18/7/26 | 9.35AM | Delivery Notes (18/7/26)<br>Normal vaginal delivery with RMLE<br>↓ SAP patient in dorsolithotomy position. local parts painted and draped 2% lignocaine local infiltration given with good maternal efforts. she delivered an alive term girl Baby.<br>Baby cried immediately after birth. Cord clamped and cut Baby Handed over to pediatrician Short cord noted. placenta and membrane delivered intact. Episiotomy inspected and sutured in layer. using Rapid vicryl. Hemostatis achieved. Inj. Syntocinon 10unit IM, Inj. syntocinon 20unit in RL 500ml on connected.<br>T. Miso 600mg PR/ Justin Suppository PR kept by Dr. priyadharshini<br>Baby Details<br>B - Alive Girl Baby<br>A - 18/7/26 at 9.35AM<br>B - 2.3kg<br>Y - 8/10 9/10 | Sd/ 6/6/26 |

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Patient Sticker

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# NURSES NOTES

☐ No Known Drug Allergies
☑ Drug Allergies ..... INJ. CEFTRIXONE ALLERGY

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| 8/7/26 | 11 AM | Monitored vitals and Recorded. Maintained I/o. Inj. Syntto 20 unit on connected. Pain assesment Done. PV Blooding Minimal<br>B – Breast Is Soft Non engorgement<br>U – Uterus contracted<br>B – Bladder Not yet voided<br>B – Bowel movement present<br>L – Lochia Rubra N/O foul smelling<br>E – REEDA Assesment Done<br>H – Homan Sign Negative<br>E – Emotional Status good | |
| | 12pm | Monitored vitals and Recorded. Maintained I/o. Baby patient General Condition Fair - N/O any other complaints - PV Blooding Minimal | |
| | 1pm | patient voided Normal Informed to Dr. Vinitha advised to Shift the patient to ward. doctor Order carried out | |
| | 2pm | Patient Shifted from LDR to 7th Floor. Patient care Handing over given to 4th Floor Staff | |

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Patient GUC-00092104 IP18-00036511
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# NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ..... Nil .....

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| | | Receiving Notes | |
| 18/I | 2pm | The patient received from LDR to IIIrd Floor. patient details handing over taken from LDR Staff. Patient is conscious. IV line present & patency. → | Balu 0685 |
| | 2.30pm | patient had lunch. No other complaints → | Balu/0685 |
| | 4pm | Vital signs Checked & Recorded Vitals are Stable. | |
| | | B - Breast is soft; No engorgement | |
| | | U - uterus contracted | |
| | | B - Bladder urine voided. | |
| | | B - Bowel movement present. | |
| | | L - lochia Rubra, No foul Smelling | |
| | | H - REEDA Assessment done. | |
| | | H - Homan Sign Negative | |
| | | E - Emotional Status is good. | Balu 0685 |
| | 6pm | pt's No other complaints, PV bleeding is Normal, maintained I/O chart, Encouraged Mother plenty of oral fluids → | [signature] 607... |
| | 7.30pm | pt's details Handover given to Night Duty staff. → | [signature] 607353 |
| | | | |

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# NURSES NOTES

☐ No Known Drug Allergies
☑ Drug Allergies ...Inj. CEFTRIXONE ALLERGY...

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| | | Night duty Notes:- | |
| 18/7/26 | 7:30pm | patient details Handing Over taken from Evening duty Staff. Bed side Assessment done. Conscious & Oriented. Patient IV line@ Pattern. Patient taken Normal diet. Patient Urine passed. Motion not Passed. Provied Comfortable position. | 02/26 |
| | 8pm. | Patient vitals Sign Checked & Recorded. vitals are Stable. I/O chart monitored. P/V Bleeding is Normal. No any Other complaints. → | 02/26 |
| | 9pm. | due medication & drugs given as Per drug chart Order. Patient ~~Broken~~ Doctor Advised. ~~Syp. Duphalac - 10ml oral~~ given. | 02/26 |
| | 10pm | B- Breast is soft, No Engorgement. U- Uterus Contracted B - Bladder Urine voided. B- Bowel movement Present. L - Lochia Rubra. No foul Smelling E - REEDA Assessment done. H- Homan's Sign Negative. E - Emotional Status is good. | 02/26 |
| | 11pm. | patient Explain the Health education about Provied comfortable position. | 02/26 |

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# NURSES NOTES

☐ No Known Drug Allergies
☑ Drug Allergies ..... Inj. CEFTRIXONE ALLERGY

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| 19/7/26 | 12AM | Patient vitals Sign Checked & Recorded. Vitals are Stable. I/O Chart monitored. P/V Bleeding is Normal. No any other complaints. | |
| | 2AM. | Patient due Medication given as per drug Chart Order. Patient Sleeping pattern is Normal. | |
| | 4AM. | Patient vitals Sig checked & Recorded. vitals are Stable. I/O chart monitored. P/V Bleeding is Normal. → | |
| | 6AM. | Patient due medication & drug given as per drug chart Order. R/O any other Complaints. IV line @ pattern. Provied Comfortable Position. vitals are Stable. | |
| | 7:30AM. | Patient details Handing over to Morning duty Staff. → MORNING DUTY | |
| | 7:30am | patient details handing over taken from night duty staff pt is stable and Conscious pt oriented and coohon no other complaints IV line was removed tomorrow plan for discharge | 607738 |

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Patient Sticker

# NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| | 8:00pm | Vitals was checked and recorded maintain F/o Chart no other Complaints medication was given as per drug order | 60222 |
| | 10:00Am | B - Breast is normal<br>U Uterus is contracted<br>B - Bowel movement is normal<br>B - Bladder is normal<br>L - Lochia Rubra is present<br>E - Episiotomy is Applicable<br>H - Homan's Sign negative<br>E - Emotionally Stable<br>Dr. priyadharshini mam came to see the planned for discharge tomorrow | 60222 |
| | 12:00pm | Vitals was checked and recorded maintain F/o Chart no other Complaints | 60222 |
| | 1:00pm | maintain F/o chart and recorded | 60222 |
| | 1:30pm | Pt details handing over given by evening duty staff<br>Evening Duty | 60222 |
| | 2pm | Pt details takenfor handing over taken from the morning duty to evening duty staff. | 60222 |

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☐ Drug Allergies .....

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| | 3pm | pt̄n details general condition assessed and pt̄n vitals are monitoring and reported vitals are stable. | Hai bonpls. |
| | 4pm | pt̄n intake of food and pt̄n side there is no c/o of pain and pt̄n sde advice for the intake of adequate water. | Hai bonpls |
| | 5pm | B - Breast is soft no engorgement<br>U - uterus is movement<br>B - Bowel movement present<br>B - Urine Normally voided.<br>L - Lochia rubra present<br>F - Feed assessment done.<br>H - Homan's sign and negative.<br>E - Emotional status good. | |
| | 6pm | monitored input and output chart and recorded. | |
| | 7pm | administered elvo medication as per chart. | |
| | 7.30pm | Handover given to Night Duty staff. | |

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# NURSES NOTES

☐ No Known Drug Allergies
☐ Drug Allergies ..... Inj- CEFTRIXONE ALLERGIES.....

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) | SIGNATURE |
|---|---|---|---|
| | | Night duty Notes | |
| 19/7/26 | 7:30pm | Patient details handing over taken from Evening duty Staff. Bed Side Assessment done. Conscious & Oriented. Patient taken Normal diet. P/V Bleeding is Normal. No IV line. → | |
| | 8pm. | Patient Vitals Sig checked & Recorded. Vitals are Stable. Patient I/O chart monitored. P/V Bleeding is Normal. | |
| | 9pm. | Patient due Medication & drugs given as per drug Chart Order. Patient oral Medication. → | |
| | 10pm. | Patient informs the Doctor-continue the same. No any other Complain Tomorrow Discharge plan. Pt side Explain the Health Education. Provied Comfortable position. → | |
| 20/7/26 | 12am | Patient vitals Sig checked & Recorded. Vitals are Stable. P/V Bleeding Normal I/O Chart monitored. | |
| | 2am. | Patient Sleeping pattern is Normal. No any Other Complaints. → | |
| | 4am. | Patient vitals Sig Checked & Recorded vitals are Stable. I/O chart monitored. P/V Bleeding is Normal → | |

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# LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 12/2/2026

**Baseline Information:**

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☐ Others: specify HDR.

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others

Do you require an interpreter? ☑ Yes ☐ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband.

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

If yes, identify Inj: Ceftriaxone.

**Chief Complaints:** patient complaints of Lower abdominal pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Aathira

Time Notified: 6:20 pm

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|---|---|---|
| - | - | - |

**Blood Group:** B+ve LMP: 2/11/25 EDD: 9/8/26 Gestational age during admission: 36+6 wks

Contractions: yes Vaginal Discharge: -

**Obstetric History:** G 2 P 1 L 1 A Previous LSCS -

Height: 1.61 Weight: 82.8 BMI: 31.94.

Temp: 98.4°F HR: 92 RR: 20 BP: 120/80 $SpO_2$ 100%

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

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

Patient Sticker

**Family History:** ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

**Risk of Pressure Sore:** ☑ Yes ☐ No Score ..28.. (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 ..NAI - Bulameenakh

Name of Person Orientation was given to: ..NAI. Bulameenakh

Orientation not given Reason: ..NIL

Nurse Signature: ..D. Lobelon UH178

Nurse Name: ..Dsilveeran

Date & Time: ..18/7/2006 at 6.25AM.

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# OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 18/7/2026 Time of Arrival: 6.20am Time Seen by Nurse: 6.20Am

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

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

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

3) **Vital Signs:** Temperature: 98.1°F Pulse: 94 RR: 20 $SpO_2$: 100% BP: 110/70 Weight: 22.80

4) **Gestational Criteria:**

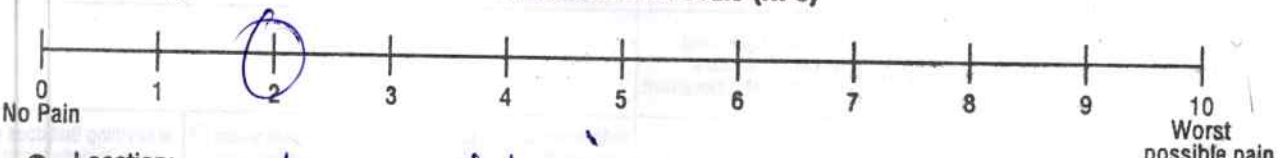
| Gravida: | G 2 | P 1 | L 1 | A |
|---|---|---|---|---|

LMP: 2/11/2025 EDD: 9/8/2026 Gestational Age: 36+6 weeks

| | | | | | | |
|---|---|---|---|---|---|---|
| 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: lower abdomen
- Duration: 10 mins Days / Weeks/ Months (Strike out which is not applicable)
- Character: mild
- Frequency: coming one contraction.
- Interventions: Comfortable, position

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

Patient Sticker

7) **Allergy:** ☑ Yes ☐ No, If Yes : Inj: ceftriaxone

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

9) **Prenatal Medical History:**

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

**Triage Category:** (Please tick on the category)

***Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)***

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

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

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

Time seen by Doctor: 6:25 AM

Nurse Name : D. Sahevaard Nurse Signature: D. Sahevaard

Date: 12/7/2026 Time: 6:25 AM

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# RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 18/7/2026

| Pre - Existing Risk Factors | Tick | Score |
|---|---|---|
| Previous VTE (except a single event related to major surgery) | | 4 |
| Previous VTE provoked by major surgery | | 3 |
| Known high-risk thrombophilia | | 3 |
| Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user | | 3 |
| Family history of unprovoked or estrogen-related VTE in first-degree relative | | 1 |
| Known low-risk thrombophilia (no VTE) | | 1 |
| Age (≥35 years) | | 1 |
| Obesity | | 1 |
| Parity ≥ 3 | ✓ | 1 or 2 |
| 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** | | |
| **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.

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

# BRADEN 'Q' SCALE

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

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| | | | | | Date : 18/7 | 19/7/22 | 18/7 | 18/7 |
|---|---|---|---|---|---|---|---|---|
| | | | | | Time : 6AM | 8PM | 2PM | 8PM |
| Mobility | **1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance. | **2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently. | **3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently. | **4. No limitations:** Makes major and frequent changes in position without assistance. | 4 | 4 | 4 | 4 |
| "Activity The degree of physical activity" | **1. Bedfast :** Confined to bed | **2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair." | **3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair. | **4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours. | 4 | 3 | 3 | 3 |
| Sensory Perception | **1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface. | **2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body. | **3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities. | **4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort. | 4 | 4 | 4 | 4 |
| Moisture Degree to which skin is exposed to moisture | **1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned. | **2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours. | **3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours. | **4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours. | 4 | 4 | 4 | 4 |
| **FRICTION-SHEAR** **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another | **1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction. | **2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance. | **3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down. | **4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times." | 4 | 4 | 4 | 4 |
| Nutritional Usual food intake pattern | **1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement. | **2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement. | **3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered. | **4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation. | 4 | 1 | 1 | 1 |
| 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** | 28 | 24 | 24 | 24 |
| | | | | **Evaluator's Name** | DM 0174 | Fay 0162 | Balaj 0685 | dm |

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<br>(**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<br>● Enable as much activity as possible<br>● Protect the heels<br>● Use pressure redistribution surfaces<br>● Manage moisture, friction and shear<br>● Advance to a higher level of risk if other major risk factors are present | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | ● Use the Same Protocol as for **"At Risk"** Patients<br>● Position patient at 30 degree lateral incline using foam wedges | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 10-12 | High Risk | ● Follow the same protocol as for **"Moderate Risk"** Patients<br>● In addition to regular turning schedule<br>● Make small shifts in their position frequently | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | ● Use same protocol as for **"High Risk"** Patients<br>● Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |

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# BRADEN 'Q' SCALE

(2)

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| | | | | Date : / Time : | 19/7 AM | 19/7 E | 19/7 N | 20/7 M |
|---|---|---|---|---|---|---|---|---|
| Mobility | **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 |
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| 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 | 24 | 24 | 24 |
| | | | | **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<br>(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<br>• Enable as much activity as possible<br>• Protect the heels<br>• Use pressure redistribution surfaces<br>• Manage moisture, friction and shear<br>• Advance to a higher level of risk if other major risk factors are present | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 13-14 | Moderate Risk | • Use the Same Protocol as for **"At Risk"** Patients<br>• Position patient at 30 degree lateral incline using foam wedges | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| 10-12 | High Risk | • Follow the same protocol as for **"Moderate Risk"** Patients<br>• In addition to regular turning schedule<br>• Make small shifts in their position frequently | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |
| Less than 9 | Severe Risk | • Use same protocol as for **"High Risk"** Patients<br>• Add a pressure redistribution surface for patients with severe pain or with additional risk factors. | High density foam mattress<br>Gel pads for high-risk areas<br>Alternating pressure mattress overlay |

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# PAIN ASSESSMENT FORM

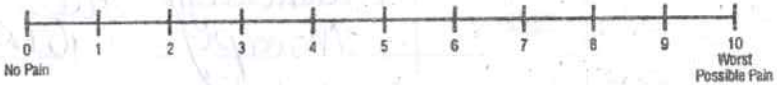
| Date | Time | Pain Score (0/10) | Location | Duration | Acuity | Character | Modifying Factors | Patient / Family Educated | Intervention | Sign |
|---|---|---|---|---|---|---|---|---|---|---|
| 18/7/26 | 6AM | 2/10 | house surgery pain. | ☐ Continuous ☑ Intermittent | ☑ Acute ☐ Chronic | ☐ Sharp ☑ Dull ☐ Aching ☐ Burning | ☐ Increasing ☑ Decreasing | ☑ Yes ☐ No | Comfortable position | DSuel OTA |
| 18/7/26 | 8AM | 2/10 | Lower abdomen | ☐ Continuous ☑ Intermittent | ☐ Acute ☐ Chronic | ☐ Sharp ☑ Dull ☐ Aching ☐ Burning | ☐ Increasing ☑ Decreasing | ☐ Yes ☐ No | Breathing Exercise. | Jaw 0167120 |
| 18/7/26 | 12pm | 1/10 | Episiotomy site | ☐ Continuous ☑ Intermittent | ☐ Acute ☐ Chronic | ☐ Sharp ☐ Dull ☐ Aching ☐ Burning | ☐ Increasing ☑ Decreasing | ☐ Yes ☐ No | Pharmacological Therapy | Jaw 96720 |
| 18/7 | 2pm | 2/10 | Episiotomy site. | ☑ Continuous ☐ Intermittent | ☑ Acute ☐ Chronic | ☐ Sharp ☐ Dull ☐ Aching ☐ Burning | ☐ Increasing ☑ Decreasing | ☑ Yes ☐ No | Comfortable position Given | Balaji 9840685 |
| 18/7 | 8PM | 1/10 | Episiotomy site | ☑ Continuous ☐ Intermittent | ☐ Acute ☐ Chronic | ☐ Sharp ☐ Dull ☐ Aching ☐ Burning | ☐ Increasing ☑ Decreasing | ☑ Yes ☐ No | Comfortable position | |
| 19/7 | 2AM | 0/10 | — | ☐ Continuous ☐ Intermittent | ☐ Acute ☐ Chronic | ☐ Sharp ☐ Dull ☐ Aching ☐ Burning | ☐ Increasing ☐ Decreasing | ☐ Yes ☑ No | Nil | |
| 19/7 | 8AM | 0/10 | — | ☐ Continuous ☐ Intermittent | ☐ Acute ☐ Chronic | ☐ Sharp ☐ Dull ☐ Aching ☐ Burning | ☐ Increasing ☐ Decreasing | ☐ Yes ☐ No | Nil | 9072728 |
| 19/7 | 8PM | 0/10 | — | ☐ Continuous ☐ Intermittent | ☐ Acute ☐ Chronic | ☐ Sharp ☐ Dull ☐ Aching ☐ Burning | ☐ Increasing ☐ Decreasing | ☐ Yes ☐ No | Nil | |
| 19/7 | 8PM | 0/10 | — | ☐ Continuous ☐ Intermittent | ☐ Acute ☐ Chronic | ☐ Sharp ☐ Dull ☐ Aching ☐ Burning | ☐ Increasing ☐ Decreasing | ☐ Yes ☐ No | Nil | |
| 20/7/26 | 2AM | 0/10 | — | ☐ 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.

# 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, $SaO_2$ | 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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# Morse Fall Risk Assessment Form

| Choose Highest Applicable Score from each Category | | Date / Time | 5PM 15/7/202 | 2AM 18/7/20 | 2PM 18/7 |
|---|---|---|---|---|---|
| | | Score | | 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 | | | |
| | No | 0 | 0 | | |
| GAIT / Transferring | Impaired | 20 | | 20 | 20 |
| | Weak (uses touch for balance) | 10 | | | |
| | Normal /On Bed Rest /Immobile | 0 | 0 | 0 | 0 |
| Mental Status | Forgets limitations | 15 | | | |
| | Oriented to own ability | 0 | 0 | 0 | 0 |
| Total Morse Fall Scale Score: | | | 0 | 20 | 20. |
| | | Signature | | | Balaw 0108 |

| 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

Patient Sticker

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# Morse Fall Risk Assessment Form

| Choose Highest Applicable Score from each Category | | Score | Date / Time | 8PM | M | E |
|---|---|---|---|---|---|---|
| | | | | 18/7 | 19/7 | 19/7 |
| | | | 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 | | | | |
| | No | 0 | | 0 | 0 | 0 |
| GAIT / Transferring | Impaired | 20 | | 20 | 20 | 20 |
| | Weak (uses touch for balance) | 10 | | | | |
| | Normal /On Bed Rest /Immobile | 0 | | 0 | 0 | 0 |
| Mental Status | Forgets limitations | 15 | | | | |
| | Oriented to own ability | 0 | | 0 | 0 | 0 |
| Total Morse Fall Scale Score: | | | | 20 | 20 | 20 |
| | | | Signature | | | |

| Fall Risk Grading | | |
|---|---|---|
| **Risk Level** | **Morse Fall Score (MFS)** | **Action** |
| Low Risk | 0 - 24 | Standard Fall Precaution |
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Tick (✓) whichever precaution taken.

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# Morse Fall Risk Assessment Form

| Choose Highest Applicable Score from each Category | | Date / Time | N 19/7 | M 20/7 | |
|---|---|---|---|---|---|
| | | Score | 20 | 20 | |
| History of Falling (immediately or w/in 3 months) | Yes | 25 | | | |
| | No | 0 | 0 | 0 | |
| Secondary Diagnosis (more than one diagnosis) | Yes | 15 | | | |
| | No | 0 | 0 | 0 | |
| Ambulatory Aid | Furniture | 30 | | | |
| | Crutches, Cane(S), Walker | 15 | | | |
| | None /Bed Rest /Nurse Assist | 0 | 0 | 0 | |
| IV / Heparin Lock or Saline | Yes | 20 | | | |
| | No | 0 | 0 | 0 | |
| GAIT / Transferring | Impaired | 20 | 20 | 20 | |
| | Weak (uses touch for balance) | 10 | | | |
| | Normal /On Bed Rest /Immobile | 0 | 0 | 0 | |
| Mental Status | Forgets limitations | 15 | | | |
| | Oriented to own ability | 0 | 0 | 0 | |
| Total Morse Fall Scale Score: | | | 20 | 20 | |
| | | Signature | | 6077X | |

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

Tick (✓) whichever precaution taken.

**Risk Level and Interventions**

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

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

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

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

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

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

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
MRD NO 01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M
Age :..... Sex: ☐ M ☐ F
Consultant :.....

# PHLEBITIS ASSESSMENT

## CANNULA 1

Date : 8/7/2006. Time: 6.30AM
Location : (A) hand mantan um
Size : 18h
Cannula inserted by : SN Sobelucari

| Date | Time | Phlebitis | Infiltration | Nursing Intervention | Sign |
|---|---|---|---|---|---|
| 15/7/06 | 6AM | ☐Yes ☐No | ☐Yes ☐No | OBS | |
| | 8AM | ☐Yes ☐No | ☐Yes ☐No | observed | |
| | 10AM | ☐Yes ☐No | ☐Yes ☐No | observed | |
| | 12PM | ☐Yes ☐No | ☐Yes ☐No | observed | |
| | 2PM | ☐Yes ☐No | ☐Yes ☐No | observed | Balaj |
| | 4PM | ☐Yes ☐No | ☐Yes ☐No | observed | Balaj |
| | 10PM | ☐Yes ☐No | ☐Yes ☐No | patten | |
| 16/7/06 | 4AM | ☐Yes ☐No | ☐Yes ☐No | patten | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐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 : 19/7/06 2 1pm
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

## 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 | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |

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

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



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

# PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

## CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

| Date | Time | Phlebitis | Infiltration | Nursing Intervention | Sign |
|---|---|---|---|---|---|
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐Yes ☐No | ☐Yes ☐No | | |
| | | ☐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 | | |
| | | ☐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:<br>✱ Slight pain near I.V. site or slight redness near I.V site | TWO of the following is evident:<br>✱ Pain near I.V. Site<br>✱ Erythema<br>✱ Induration | ALL of the following is evident:<br>✱ Pain along path of cannula ✱ Erythema<br>✱ Induration | ALL of the following is evident and extensive:<br>✱ Pain along path of cannula ✱ Erythema<br>✱ Induration<br>✱ Palpable venous cord | ALL of the following is evident and extensive:<br>✱ Pain along path of cannula ✱ Erythema<br>✱ Induration<br>✱ Palpable venous cord<br>✱ Pyrexia |
| OBSERVE CANNULA | OBSERVE CANNULA | RESITE / REMOVE CANNULA | RESITE / REMOVE CANNULA CONSIDER TREATMENT | RESITE / REMOVE CANNULA CONSIDER TREATMENT | INITIATE TRETMENT RESITE / REMOVE CANNULA |

GUC-00092104 IP18-00036511
Mrs BALAMEE[illegible]HI SUNDAR
01-05-1998 [illegible]8 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

# INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

**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 C12 pLL 36/6 wk
2. Treatment and Care
3. Plan
4. Pain Management
5. Informed Consent
6. Medication / Therapy (safety, effects/ side effect, interactions)
7. Discharge Medication
8. Infection Control Measures
9. Diagnostic Test / Procedures
10. Nutrition / Diet
11. Fall Risk Education
12. Safe use of Medical Equipment / Implantable Devices Safety
13. Patient's / Family Rights
14. 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 | | |
| 18/7/26 | 7 AM | yes | patient, Educated to diet in Contraction breathing tech | patient | No learning Barrier | Oral | alone | Verbal | Good | DLf |
| 19/7/26 | 8 AM | yes | patient, educated to. how to breastfeeding baby | patient | No learning barrier | oral | none | verbal | good | [illegible] |
| 20/7/26 | 8 AM | yes | patient, educated to how to breastfeeding baby | patient | no learning barrier | oral | none | verbal | 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

# PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

| | | |
|---|---|---|
| | Date & Time of Admission: 18/7/26 6.50 AM | Date & Time of Transfer Order: 18/7/26 at 2pm |
| Treating Consultant Name: Dr. priyadharshini | Transfer Ordered by: Dr. Vinitha | Reason for Transfer: Shifted to ward |
| From Unit: EDR | To Unit: 7th Floor | Information to Attendant: Yes ☑ No ☐ |
| Number of Sheets in Clinical File: IP Files | Number of Imaging Films: CT - 5 | 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 |
|---|---|
| Sr Fauzia 18/7/26 | Dr. Vinitha |

Patient & Clinical Records Received by : S. Madhu 18/7/26 at 2pm

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

# INFORMED CONSENT FOR VAGINAL BIRTH

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

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

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

Gender: ☐ Male Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

**Consentee :**

Signature : .....

Name : .....

Date & Time : .....

**Patient Attendant :**

Signature : .....

Name : G. PRASANTH

Relationship with Patient: HUSBAND

Date & Time : 18/07/26

**Witness :**

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : .....

Date & Time : .....

UC-00092104 IP18-00036511
rs BALAMEENKSHI SUNDAR
I-05-1998 28 Y 2 M 17 D (F)
r. PRIYADHARSHINI S M

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

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Your Right to a Safe Delivery

# BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: DBF given

Date: 18/7/26

Continuity of Care:

Baby Mother side - DBF given

L - 2

A - 1

T - 2

C - 2

H - 2

9

Handover given by S/N Tawfeeq Ali J

Signature [signature] 0107:20

Date & Time: 18/7/26 at 11AM

Handover taken by .....

Signature .....

Date & Time: .....

# PARTOGRAPH

GUC-00092104 IP18-00036511
Mrs BALAMEENKSHI SUNDAR
01-05-1998 28 Y 2 M 17 D (F)
Dr. PRIYADHARSHINI S M

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

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Your Right to a Safe Delivery

## LABOUR

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

**Indications for IOL-Accel:** ☑ None ☐ Oxytocin

**Memb. Repture Type:** ☐ SROM ☐ PROM ☑ ARM

**Presentation:** ☑ Vertex ☐ Breech ☐ Others

## INTRA PARTUM COMPLICATION

**Maternal:** ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

**Liquor:** ☐ Adequate ☑ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: Short cord

**Shoulder Dystocia:** ☐ Yes ☑ No

## DELIVERY DETAILS

**Anesthesia:** ☑ None ☐ Epidural

**Non-epi:** ☑ Local ☐ Spinal ☐ General

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

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

**Indications:** .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

**No. of Pulls:** .....

**Catherised :** ☐ Yes ☑ No

**Type:** ☐ Fileys ☐ Plain

**Perineum :** ☐ Intact ☑ Episiotomy ☐ Tear

**Suture Material Used:** 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:** .....

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

**Ractal Examination:** Normal

## DURATION OF LABOUR

**1st Stage:** 2hours

**2nd Stage:** 10mins

**3rd Stage:** 5mins

**Duration of Active Pushing:** .....

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

## BABY DETAILS

**Gender:** Girl

**Weight:** 1.800 kg

**APGAR:** 8/10, 9/10

**Date and Time of Delivery:** 18/07/2026 ; 9:35Am

**LW Doctor:** Dr. Priyadharshini

**LW Sister:** .....



(P.T.O.)

PARTOGRAPH

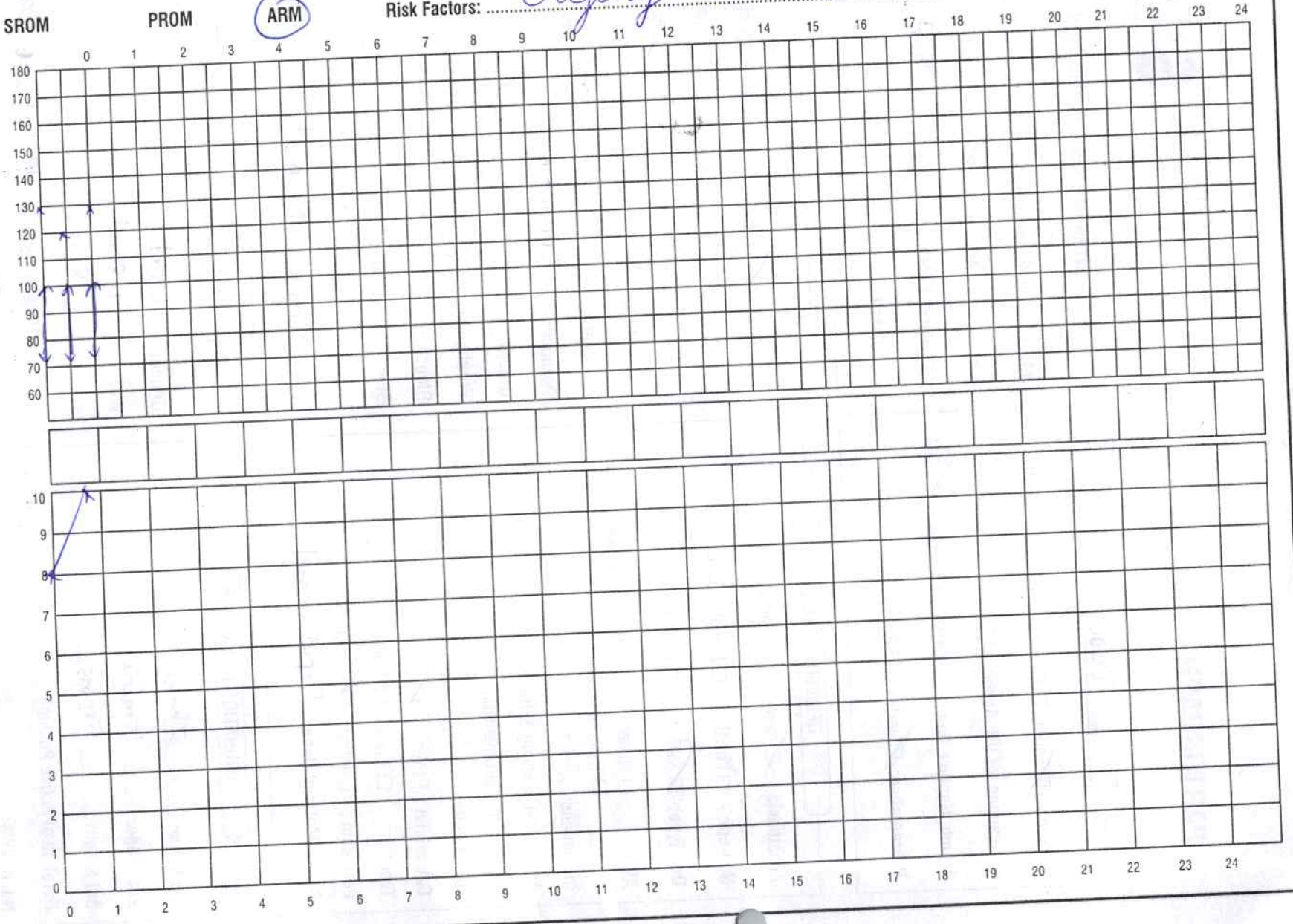
Name: Mrs. Bala Meenakshi  Obstetrics Formula: G2 P1 L4  Blood Group Type: B +ve

Memb. Ruptured: SROM  PROM  (ARM)  Risk Factors: Oligohydramnios

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
9'15 Am
10'15 Am
Signature
Fifths Palpable
2/5
Moulding / Caput
N
N
Amniotic Fluid
C
Position
Cephalic / Breeth
Oxytocin
None
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
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: .....

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Maternal Condition:

Fetal Condition:

Progress of Labor:

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

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