GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 18 D (F)
Dr. JAYASHREE SHARMA N

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		22/7/26 6am					
Activity Sheet update by Pharmacy							

Picme: 133800104453

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ACTIVITY RECORD FOR BILLING

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

Name: Mrs. MONISHA

UHID No: 94118 IP No: 36549. Consultant: .... Dept: ....

Date of Admission: 20/7/26 Time: .... Date of Discharge: .... Time: ....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	1,PM	LDR	7th 7100	[signature] 011796

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Rekha (Lactation)	21/07/26	1730804	[signature] 60967
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Docu. No: RCH/ FRM/ GENERAL/ 145

INVESTIGATIONS

Date	Investigations	Order No.	Signature

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2017	CPU - (1)			009819	
2017	CPU - (2)			009819	
2017	CPU - (3)			009819	
2017	CPU - (4)			009819	
2017	CPU - (5)			009819	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	Iv Placement	(1)	1730579	[illegible]
21/7/26	Diet Counselling	(1)	1730615	A [illegible] (218336)

ANY OTHER INFORMATION:

....

....

....

....

....

....

Date: 22/7/26 Time: 6AM Prepared By: [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 18 D (F)
Dr. JAYASHREE SHARMA N

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	22/7/26 at. 11.00AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		22/7/26 11.00AM	Sunil 64363		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

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BED SIDE CHECK LIST FOR NURSES

Date:	21/7	22/7							
Doctor's Orders	yes	yes							
Carried out or not	yes	yes							
Bed Side									
Structured Handover done	yes	yes							
IV Site	yes	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	yes	yes							
Eye Care	yes	yes							
Mouth Care	yes	yes							
Sterillum Bottle, Stethoscope	yes	yes							
Suction Bottle (Should be clean & empty)	NA	NA							
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)	yes	yes							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	21/7/16 6pm	22/7 2pm							
Hand Over Taken By Name :	[illegible]								
Signature :	[illegible]								
Date & Time:	22/7 8AM								

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036549 **Admit Date** : 20-Jul-2026 **Admit Time** : 09:52 PM **UHID** : GUC-00094118

Patient Details :

Patient Name	: Mrs MONISHA		
Guardian	: RAM KISHORE	**Age**	: 30 Y 4 M 16 D
Gender	: Female	**DOB**	: 04-03-1996
Occupation	:	**Religion**	:
Address (H)	: NO;9,1st floor,Govindhasamy street, mogappair east,chennai 600037 Mogappair Chennai Tamil Nadu INDIA 600037	**Martial Status**	:
		Phone No	: 9787546292/ 9840923245
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : RAM KISHORE **Relationship** : Husband

Contact Address : NO;9,1st floor,Govindhasamy street,mogappair east,chennai 600037 Mogappair Chennai Tamil Nadu INDIA 600037 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. JAYASHREE SHARMA N **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs MONISHA**	**Age :**	**30 Y 4 M 16 D**
IP No:	**IP18-00036549**	**Sex:**	**Female**
Consultant:	**Dr. JAYASHREE SHARMA N**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: RAM KISHORE

Relationship: HUSBAND

Date: 20/07/26 Time: 09:52 PM

Witness Name: P. Thangaraj Sahar

Witness Signature:

Patient Address:

NO;9,1st floor,Govindhasamy street,
mogappair east,chennai 600037
Mogappair Chennai Tamil Nadu INDIA
600037

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. MONISHA	UHID Number : 9111
Self/Attendant Name : HUSBAND	Relation : HUSBAND
Self/ Attendant Signature : J. D'Souza Phone Number :	Name & Signature of Financial Counselor

GUC-00094118
Mrs MONISHA
04-03-1996
Dr. JAYASHREE SHARMA N
IP18-00036549
30 Y 4 M 16 D (F)

Patient Sticker

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

PFM well
C/o pain abdomen since 5:30pm today.

Obstetric Formula:

Primigravida.

Obstetric Hostory:

PP - spontaneous conception.
Known hypothyroid (Thyronorm 25mcg OD)
Recurrent UTI.

Present Pregnancy Record:

Dating, NT+FFTS } Normal
Anomaly, Growth } (L) UTD $A^2/3$.
Fetal ECHO (N).

RISK FACTORS:

· hypothyroid (Thyronorm 25mcg).

Height: 176 cm

Weight: 92.7 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: conscious | Pallor: (−)
Icterus: (−) | Edema:
Temp: (N) | PR:
BP: 122/72 mmHg. | DTR:
CVS: S1S2 (+). | RS BAE (+).
Liver/Spleen: | Urine Output:

LMP: 26/10/25 EDD: 2/8/26

Corrected EDD: GA: 38w 1D

Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Uterus @ term.

Ut. Activity: ☐ Relaxed ☐ Mild ☑ Mod ☐ Severe 3/10-15")10'

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: 4/5th.

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done.

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced

Os: Closed ______ Dilated 3-4 cms.

Membranes: ☑ Present ☐ Absent ARM done.

Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

30yrs/Primigravida/38w 1D/hypothyroid/Early Labor.

Patient Sticker

Family History:	Surgical History:
Father - T2DM mother - T2DM / SHTN / hypothyroid.	NIL.

Medical History:	Medication History:
hypothyroid.	Thyronorm 25mcg OD

Plan of Care:	Investigations:
C/D/W Dr. Jayashree Sharma . CTG - Decelerations upto 80bpm. ↓ - (L) lateral position. - IVF RL · Prepare parts · Secure IV line P/A: uterus @ term. 3)10-15")10' cephalic. FH ⊕ clinically liquor (N) P/V: Cervix soft. midposition Thick effaced membranes ⊕, bulging PPV, -2 station.	. CTG - Reactive - Early Decels - BHR = 134 bpm. - BBV 5-10bpm - acc ⊕ - Early decels upto 8bpm, 1 minute ↳ x 3. . Bedside USG. p/a (P) FH ⊕ 132bpm. cephalic (LOA).

+ SAP, ARM done
Clear liquor drained

Doctor Name: Dr. Akshita

Signature: [signature] 128435

Date & Time: 20/7/26

Consultant Name: Dr. Jayashree Sharma

Signature: [signature] (for) 128435

Date & Time: 20/7/26

Patient

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

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RESULT SHEET

Date	24/6/26.	19/5/26.				
Time				O/NE		
Hb	12.03.					
PCV	35.5.					
RBC						
WBC	9480.			HIV }		
N/L				HCV } Non reactive		
Platelets	2.21.			VDRL }		
CRP				18/9/26.		
ESR				TSH = 4.67.		
PCT				HbA1C = 5.1.		
RBS		F 8.1.		19/5/26.		
Na		PP 74.		TSH = 2.45		
K						
Cl				ECG } (N)		
Ca/Mg				2D ECHO }		
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : 7/7/26.

SLIUG 36W2D.

P/a (P)

cephalic

FH (+). U/L (L) UTD A 2/3.

Radiology : USG : AFI = 18.4cms.

EFW = 3.005kgs.

X-Ray :

ECHO :

CT :

MRI

Others (ECG, Contrast Studies etc.,) :

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2017/26. 10:35 PM	S/B Dr. Jayashree Sharma.	
	pt reviewed	
	P/A uterus @ term 4/10°-15"/10' cephalic FH ⊕ clinically liquor ⊖.	
	P/V :. Cervix ant. lip thickened. 50% effaced. 6-7 cms dilated. (1 OT) PPRV -2 station.	
		Plan: - wt progression of labor. - spontaneous progression of labor.
	1/28/35	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 12 AM	S/B Dr. Jayashree. Sharma	
	pt reviewed	
	c/o straining P/V.	
	O/E: afebrile	
	GC fair	
	P° / PE°	
	P/A uterus at term.	
	4/25"/10	
	cephalic (0/5th)	
	FH ⊕	
	clinically liquor ⓐ	
	P/V: cervix fully dilated	
	membranes ⊖	
	clear liquor ⊖	
	PPrx +2 station	
		Plan
		- encourage straining
		- inform paediatrician
	[signature] 128435	

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

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26. 1AM.	DELIVERY NOTES.	
	↓ SAP, patient in dorsolithotomy position, parts painted & draped, bladder drained, (L) mediolateral episiotomy given at the time of crowning after infiltration with local anesthesia - 2% lignocaine. Baby delivered as cephalic	
	B BOY.	
	A 8/10, 9/10.	
	B 2.1/2 3.343kgs.	
	Y. 21/7/26. @ 12:16AM.	
	Placenta & membranes delivered in toto & complete. Inj. synto 10 units IM & 20 units IV given. Episiotomy sutured in layers. no undue bleeding P/V noted. Tab. misoprostol 600mcg given and kept per rectum. P/R. Skin extended below upto 2cm and the same sutured using rapid vicryl.	
	P/P: uterus well contracted soft. BS (+).	
	P/V: Epi intact. no undue bleeding P/V. no clots / hematoma	Plan: - encourage breastfeeding. - w/f ↑ bleeding P/V.
	P/R: Rectal mucosa free sphincter tone normal. no bogginess.	

128435

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26.	s/B Dr. Ahsilta	
	P1L1/PND#0/NVD	
O+ne	hypothyroid.	
	patient reviewed	
	voided 700ml.	
BP	120/80mmHg	
PR	86bpm. o/E afebrile	
SpO2	99% @RA GC fair	
temp	(N) . P° / PE	
PVRV	P/A uterus WC	
24ml	soft	
	BS (+)	
B/L breast soft	P/V: Epi intact	Plan
secretions (+)	no clots/hematoma.	
		- monitor vitals.
Baby M/S	P/R: Rectal mucosa free	- w/f ↑ bleeding P/V.
DBF	sphincter tone normal.	- Avoid constipation
	no bogginess.	- ambulate
		- soft solid diet
	shift to ward	- plenty of oral fluids
		128035

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2026 9AM	C/S/B Dr. Pavithra / Dr. Shreedevi	
	PND - D	
	Pt reviewed,	Nil c/o
T- (N)	O/E Pt GC fair, Afebrile	
PR- 84/min	P° / PE°	
BP- 117/84mmHg	CVS /	
	RS / NAD	
Baby - NICU	P/A - Ut firm & well contracted.	
B/L - Breast soft	Soft	
Voiding freely	L/E - BWNL	
Passed stools after delivery	Epi wound Healthy	
	18221T	
	S/By Dr. J.S -	
21.7.26.	Day 1 - SUD -	
3.pm —	Pt. well. - -	
	vitals stable - -	
	L/E - epi wound	
	healthy -	
Discharge	By tomorrow -	
	- JS	

Advice
- Normal diet
- Plenty of oral fluids
- Vitals Monitoring
- Follow drug chart
- W/F ↑ Bleeding PV
- Inform (sos)

oral tabs

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26	S/B - Dr. Anandhaeswari /	
		Dr. Divyalakshmi
	P1L1 / PND # 0 / NVD	
PND#0	Hypothyroid	
		no complaints
T-(N)	O/E - GC fair, afebrile	- Advice
BP - 110/70 mmHg	no pallor / no PE	- Normal diet
PR - 86/m	CVS /	- Plenty of oral
SpO2 - 99%	RS / NAD	fluids
		- vitals monitoring
Baby - m/s	P/A - soft, ut contracted	following
B/C Bnt soft	well	chart
Flat nipple		- Review SOS
	L/E - no undue bleeding PV	- Nipple puller.
	epis normal intact	
		[signature]
		1530h

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient S

GUC-00094118
Mrs MONISHA
04-03-1996
Dr. JAYASHREE SHARMA N
IP18-00036549
30 Y 4 M 16 D (F)

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: 2OR. 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	TAB TAXIM - O	200mg	P/o	1-0-1		☑ C ☐ DC
2	TAB ZERODOL SP	1	P/o	1-0-1		☑ C ☐ DC
3	TAB PAN	40mg	P/o	1-0-1		☑ C ☐ DC
4	SYP DUPHALAC	15ml	P/o	0-0-1		☑ 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. Akshita [signature] 122031

Date & Time : 21/7/26;

Nurse Name & Signature: B. Alwethea 1011

Date & Time : 20/7/26

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

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

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DRUG CHART

Date of Admission: 20/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

REGULAR PRESCRIPTIONS

Weight. 82-24 Ward. ....

DRUG : TAB TAXIM - O				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date			
200mg	P/O	1-0-1	21/7/26	8AM	SM PK	SM PK
Name & Signature of the Doctor Starting the Drugs: 128435						
Additional Instructions:				8PM	EP	
Daily Doctor's Endorsement by a Sign						

DRUG : TAB ZERODOL SP				Date / Time	21/7	
Dose	Route	Frequency	Start Date			
1	P/O	1-0-1	21/7/26	10AM		
Name & Signature of the Doctor Starting the Drugs: 128435						
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

DRUG : TAB PAN				Date / Time	21/7	22/7
Dose	Route	Frequency	Start Date			
40mg	P/O	1-0-1	21/7/26	7AM	AP ES	B EP
Name & Signature of the Doctor Starting the Drugs: 128435						
Additional Instructions:				7PM	RLS S.S	
Daily Doctor's Endorsement by a Sign						

DRUG : SYP DUPHALAC				Date / Time	21/7	
Dose	Route	Frequency	Start Date			
15ML	P/O	0-0-1	21/7/26	10PM	ES SP	
Name & Signature of the Doctor Starting the Drugs: 128435						
Additional Instructions:				10PM		
Daily Doctor's Endorsement by a Sign						

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

Weight. 92.20 Ward. 420

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

VARIABLE DOSE

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7/26	10:40pm	INJ BUSCOPAN + INJ EPIDOSIN.	1CC + 2CC	IV	128635.	SN / DS
20/7/26	10:10 pm	INJ PAN	40mg	IV	127635	SN / DS
20/7/26.	10:10 pm	INJ EMESET	4mg	IV	127435.	SN / DS
21/7/26	12:30 AM	INJ PARA.	1gm	IV	127435.	SN / DS.
21/7/26	12:16AM	INJ SYNTO	10 UNITS	IM	122637	SN / DS
21/7/26	12:20AM	INJ TRAPIC	1gm	IV	122635	SN / DS
21/7/26	10.00 am	INJ PARA.	1gm	IV	122637.	P.L / S.M
21/7/26	1:30 AM	TAB MISOPROSTOL	600mcg	P/R	122435	SN / DS
21/7/26	1:30 AM	JUSTIN SUPPOSITORY	100mg	P/R	122435	SN / DS

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Mrs MONISHA
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Dr. JAYASHREE SHARMA N

I.V. FLUIDS CHART

Weight. 47.2KG Ward. ICU

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
2017	30 9PM	1 VF 1 O RL.	IV	Rush 125 cc/hr	127435	SN DS	2017	127435	SN DS
2017	10PM	1 VF 1 O NS.	IV.	Rush, 125 cc/hr	127435	SN DS	2017	127435	DS SN
2017	11PM	1 VF 1 O DNS	IV	125 cc/hr	127435	SN DS	2017		SN DS
2017	12/6AM	1 VF 1 OR CEFTRIAXONE	IV	24 ml/hr		SN DS	2017		SN S

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

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REGULAR PRESCRIPTIONS

Weight 92.2kg Ward ....

Sheet No: ....

DRUG : TAB. THYRONORM

Dose	Route	Frequency	Start Dt.
25mcg	PO	1-0-0	21/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	21/7	22/7
Time	6AM	ES
	8AM	EP

DRUG : TAB. ZERODOL SP

Dose	Route	Frequency	Start Dt.
1Tab	PO	1-0-1	21/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	21/7	22/7
Time	10AM	SM/PK
	10pm ES/SP	

DRUG : Cap. ZACYARE

Dose	Route	Frequency	Start Dt.
2 Cap.	PO	2-2-2	21/7

Name & Signature of the Doctor Starting the Drugs: 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date	21/7	22/7
Time	8AM	SM/PK
	2PM	
	10PM ES/SP	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

Patient Stic

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

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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

2017/12/6	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														22	22	22	20		22		22			
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %														99	99	99	99		99		99			
	< 94 %																								
Administered O_2 (L/min.)															NA	NA	NA	NA		NA		NA			
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert														✓	✓	✓	✓		✓		✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30														✓	✓	✓	✓		✓		✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal														–	–	–	–		✓		✓			
	Heavy / Foul																								
Liquor	Clear / Pink														–	–	–	–		✓		✓			
	Green																								
TOTAL YELLOW SCORES															0	0	0	0		0		0			
TOTAL ORANGE SCORES															0	0	0	0		0		0			
Nurse Initial																									

On admission

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

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ıg Observation Score Chart - Obstetrics

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

21/7/26

		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		22				20				22				20				20				20			
	0 - 10																									
Saturations	94 - 100 %		98%				98%				99%				99%				98%				99%			
	< 94 %																									
Administered O, (L/min.)			RA				RA				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38						98.2°F				97.6F				98F				97.8F				98.9F			
	37		98.4F																							
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		80bpm				80bpm				70bpm				80bpm				82bpm				80bpm			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		117				110				100				118				116				118			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		54				70				75				60				52				62			
	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			✓				PK				E				✓				✓				✓			

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

(1)

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FLUID CHART

Sheet No. : .....

20/7/20.

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	→		ORT	Admission			←				
	10:00 pm	Htw	100ml	RL 500ml						300	0	MH
	11:00 pm	Htw	50ml	NS 500ml							0	MH
	12:00 am	Htw	50ml	DNS 500ml.						200	0	MH
	01:00 am	Htw	50ml								0	MH
Total Intake :		1750ml.				**Total Output :**	500ml					
	02:00 am	Htw	100ml							700	0	MH
	03:00 am										0	MH
	04:00 am	Htw	150ml								0	MH
	05:00 am	H2O	150ml							300ml	0	AA
	06:00 am	Milk	100ml								0	AA
	07:00 am	H2O	100ml							150ml	0	AA
Total Intake :		600ml				**Total Output :**						

Total 24 hrs. Intake	2,350ml

Total 24 hrs. Output	1650ml

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FLUID CHART

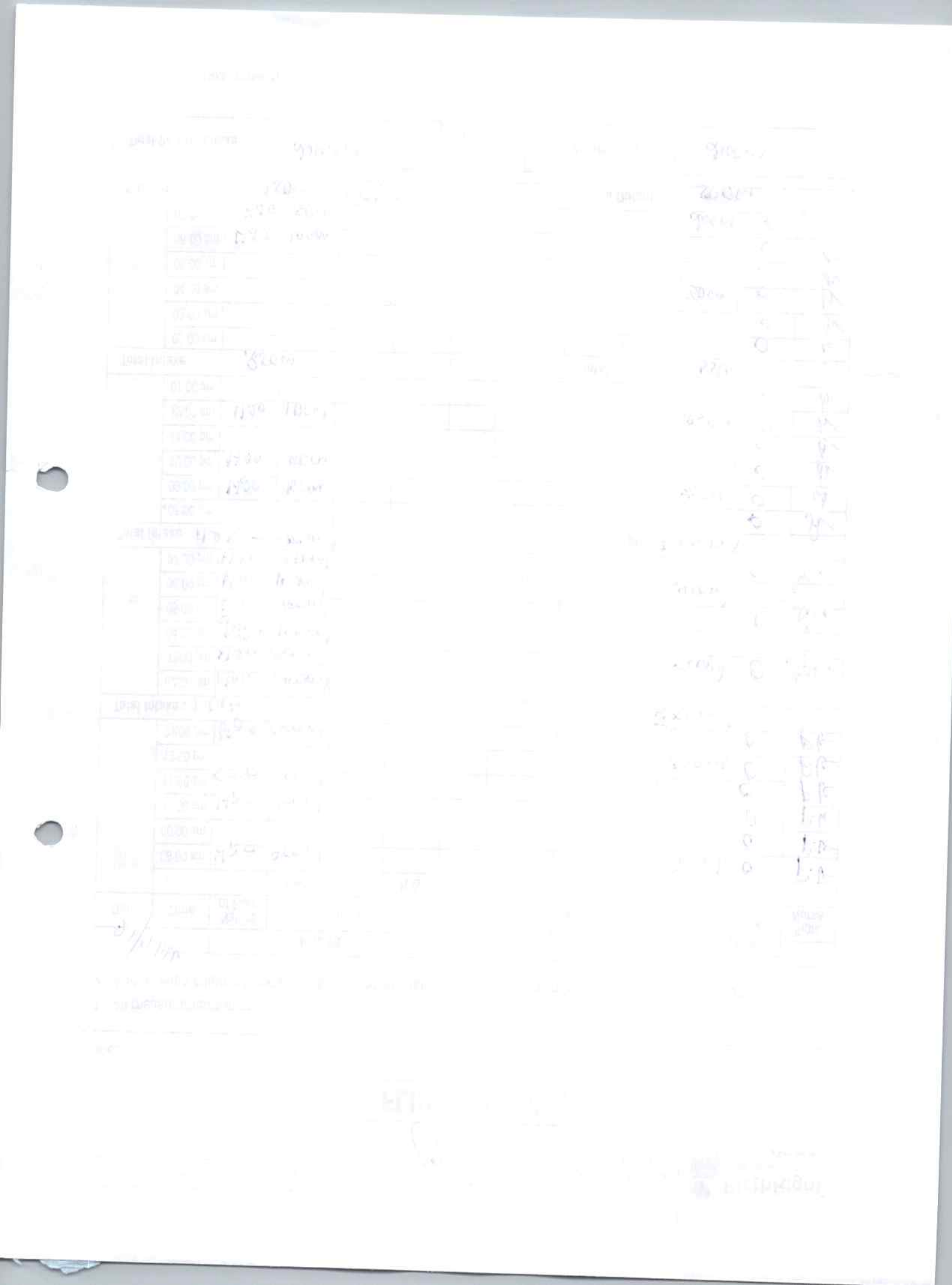
Sheet No. : .....

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/7/18												
	08:00 am	H2o	200ml							300ml	0	P.V
	09:00 am										0	P.V
	10:00 am	H2o	300ml								0	P.V
	11:00 am	Soup	200ml								0	P.V
	12:00 pm									250ml	0	P.V
	01:00 pm	H2o	300ml								0	P.V
Total Intake : 1 Litre						Total Output : 550ml						
	02:00 pm	H2O	200ml							300ml	0	
	03:00 pm	H2O	200ml									
	04:00 pm	Juice	100ml								0	
	05:00 pm	H2	200ml									
	06:00 pm	H2O	200ml							200ml		
	07:00 pm	H2O	100ml								0	
Total Intake : H2O – 900ml						Total Output : 500 ml						
	08:00 pm										0	
	09:00 pm	H2O	100ml							300ml	0	
	10:00 pm	H2O	50ml								0	
	11:00 pm										0	
	12:00 am	H2O	100ml							250ml	0	
	01:00 am										0	
Total Intake : 850ml						Total Output : 550ml						
	02:00 am										0	
	03:00 am										0	
	04:00 am									300ml	0	
	05:00 am										0	
	06:00 am	H2O	100ml								0	
	07:00 am	H2O	50ml							200ml	0	
Total Intake : 150ml						Total Output : 500ml						

Total 24 hrs. Intake	2400ml

Total 24 hrs. Output	2100ml



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NURSING CARE RECORD

Date: 20/7/26

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							
Afternoon							
Night	10pm	Achieve acceptable Pain control and Comfort.	10:30pm	=> Assess the pain using Pain Scale. => Administer analgesic as Prescribed => Provide comfortable Position.	Patient verbal Sign of relief.	Reassessment done	[signature] 20/7/26

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

NURSING CARE RECORD

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: 21/07/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Assess the patient condition monitor vitals maintain I/O Administered medications	12PM	Assessed the patient condition monitored vitals maintained I/O Administered medication	patient was stable -	Re-assessment was done	60777
Afternoon	2pm	maintain good nutritional status.	2:30 pm	maintained good nutritional status.	Engaging oral intake.	Reassessment done	
Night	9:30pm	- Assess the Pt Gene condition - Provide painkiller as per Doctor's Ord	12Am	- Assessed the Pt Gene condition - provided painkiller as per Doctor's Orde.	Provided painkills as per Doctor's Ord	Pt feel better	

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Patien

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..JRSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	9.30 pm	⇒ ADMISSION NOTES	
		Mrs. MONISHA 30yrs) ANt under	
		Dr. Jayashree mam. She is	
		Primi 38th days K/O hypothyroidism	
		She came c̄ the complints	
		of lower Abdominal pain.	
		While receiving the Patient	
		Conscious & Oriented, a febrile	
		Ambulatory orally & tolerating	
		well. Voided freely. CTG	
		Connected reactive FHR good,	
		Fetal movement good. Patient	
		Vital Signs Stable. General	
		condition fair, under aseptic	
		technique Part's preparation was	
		done. Patient cooperated well.	
	10pm	⇒ Fetal movement good.	
		Fetal display FHR ↑↑ inf to	
		Dr. Anitha mam. Advice to	
		Inj RL 500ml Jusheil orders	
		carry out No other complints	
		Ii line patten Patient co-operated	
		well. FHR good	[signature] 20/7/26
	10.30 pm	⇒ SIB Dr. Jaya Sree	
		mam. Advice to PV examination	
		done well effaced 4cm dilatation.	
		Inj Buscopan 1cc IV, Inj Epidosin 2cc IV.	[signature] 20/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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BirthRight™ BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont 20/7/25		given, Inj Pan 40mg IV,	
		Inj Emeset 4mg IV. as per	
		mcu order	→ Ney/011756
	11pm	→ Inf RLS 500ml rushed	
		IV Leviq Roller, CRG on given.	
	11[30] pm	→ Patient having pushing	
		sensation Inf to Dr. Jyshree	
		mcu. Advice to patient	
		shift to Labour room Inf	
		Syntocin 5unit add 10 RL	
		20 U/ml started.	→ Ney/011756
	12AM	→ Patient vitals are	
		stable, PV examination done	
		by Dr. Jaya Shree mcu. PV	
		Full dilation Patient shift to	
		position	→ Ney/011796
		→ LABOUR NOTES ⇐	
21/7/26	12:16AM	Patient having litotomy	
		Position Parts Painting cy	
		drapped, RML= cut, fully	
		effaced, Mother good maternal	
		efforts, A single alive	
		Normal vaginal delivery delivered	
		boy baby. baby immediately	
		cryed. baby hand over to	
		Dr. Gayathri mcu. Inj syntocin	
		10unit IM given. Inj syntocin 10unit	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N

Patient

(2)

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[NU]RSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont 21/7/26		add 10 RL over 125ml/hr at	
		flow. uterus contracted well.	
		Patient having mild PV	
		bleeding. Inj Tropic 1gm c 100ml	
		NS IV given. PV bleeding	
		Normal. uterus contracted well	
		placenta manually removed,	
		PV bleeding normal, Episiotomy	
		sutures closed used vicryl 2-0	
		Episiotomy sutures done. Tab	
		Miso 600mcg PR Justin	
		suppository PR given by Dr.	
		Jaya Shree mam. Patient vitals	
		stable. General condition	
		fair.	→ [signature] 011746
	12:30AM	B: 21/7/26 at 12:16AM	
		A: Boy baby	
		B: 3.34kg	
		J: 40 10 W	→ [signature] 011746
	2AM	→ Patient vitals are stable. PV bleeding normal.	
		Patient voided. Food sent	
		to Dr. Aastha mam. Advice to	
		Patient sitz bath.	
		Orals are out	→ [signature] 011746
	8AM	→ Patient PV bleeding	
		Dr. Aastha mam. Advice to normal	

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

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Lur 21/7		PU: Voided Freely	[signature]
		B: Breast Soft no engorgement	
		U: Utrus Firm Contracted well.	
		B: Bowel movement Present	
		B: Patient voided Freely.	
		L: Lochia rubra present	
		No evidence of foul	
		smell.	
		E: Reeda assessment applicable	
		H: Homan's sign regular	
		E: Patient emotional	
		State good	[signature] 10114ceo
	4.30PM	=> Patient shift to	
		7th Floor hand over to	
		7th Floor staff	=> [signature] Love
		Receiving notes on 21/7/26	
	4.30pm	Patient details handing over	
		notes from 4th ward. Patient	
		received from ward to 7th floor.	
		Patient conscious and oriented	
		IV line pattern. Patient urine	
		and motion passed. Patient is	
		on soft solid diet. Patient IV	[signature]
		line patten	
		B – Breast soft. no engorgement	
		U – Uterus contracted. Involution	
		present	

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GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/22		B- Bowel movement present	
		B - urine voided freely	
		L - Lochia [illegible]	
		[illegible]	
		E - REEDA assessment done	
		H - Homan's sign Negative	
		[illegible]	[illegible]
	6am	All medication given as	
		per Doctor's order	[illegible]
	7.30am	Pt details handed over to	
		morning duty staff	[illegible]
		MORNING DUTY	
	7:30am	mother details handing over	
		taken from night duty staff	
		mother was stable, sucides	
		in patient soft solid diet,	
		baby on NICU follow day chart	[illegible]
	8:00am	vitals was checked and	
		recorded maintain T/O	
		chart medication was	
		given as per drug order	607778
	9am	Dr-[illegible] mam came to	
		see the patient advice	
		to normal diet plenty of	
		oral fluids	607778

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies ....Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	10:00am	Inj. paracetamol was converted no other complaints	[signature]
	12:00pm	Vitals was checked and recorded maintains I/O chart no other complaint	[signature]
	12:30pm	Dr. [illegible] advised to give pumper, nipple shield and nipple puller	[signature]
	1:00pm	maintains I/O chart and recorded	[signature]
	1:30pm	Patient details handing over given by evening duty staff	[signature]
		Evening Duty Notes	
	1:30pm.	Handover Received from Morning duty staff. patient is active and oriented IV nil Regent. soft diet:	[signature]
	3pm	B - Breast is soft.	
		U - uterus contracted.	
		B - Bowel Movement present	
		B - Urine Normally voided.	
		L - Lochia rubra present.	[signature]
		E - Reeda not applicable.	
		H - homan's sign negative	
		E - Emotional Status Good.	

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 21/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others: specify L&D

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husb

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

If yes , identify ...

Chief Complaints: Primi 38+ days K/D Hypothyroid C/O Pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Aswth

Time Notified: 9:52PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid,	—	—

Blood Group: O Positive LMP: 26/10/25 EDD 2/8/26 Gestational age during admission: 38+ days

Contractions: Yes Vaginal Discharge: Nil

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

Height: 176 Weight: 92.7kg BMI: ...

Temp: 98.4F HR: 84/mt RR: 24/mt BP: 110/70 SpO_2 100%

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

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

(P.T.O)

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other ... Father mother both

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..27..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ...

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ... Husband

Orientation has been given regarding the following aspects:

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

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

Above information given to ... Mrs Monisha

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

Orientation not given Reason: ... -

Nurse Signature: ... [signature] 1011760

Nurse Name: ... SN Niveta 1011760

Date & Time: ... 21/7/16

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N

Patient Sticker

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/7/25 Time of Arrival: 9:15pm Time Seen by Nurse: 10:00pm

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: afebrile Pulse: 84 wt RR: 24 wt SpO₂: 100% BP: 110/70 Weight: 92.7

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 26/10/24 EDD: 2/8/25 Gestational Age: 38 wks

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 21/7/25	Time 3:30 pm	Frequency: 2 out
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

- Location: Abdomen
- Duration: 1 month 2 days Days / Weeks/ Months (Strike out which is not applicable)
- Character: Cramping
- Frequency: 1 time
- Interventions: patient comfortable Position

6) **Past History:**

a) Surgeries: Nil

b) Medical: Hypothyroid

(P.T.O.)

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Tab. Human-25mg

9) **Prenatal Medical History:**

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

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: 10pm

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

Date: 21/7/26 Time: 10pm

GUC-00094118 IP18-00036549
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04-03-1996 30 Y 4 M 17 D (F)
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Patient Sticker

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:.....

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	2	
Signature of the Nurse		01/17
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-00094118
Mrs MONISHA
04-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N
IP18-00036549

Patient ID

BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

					Date : 21/7	21/7	21/7	21/7
					Time : N	M	E	N
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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

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BRADEN 'Q' SCALE

(for Paediatric use)

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 18 D (F)
Dr. JAYASHREE SHARMA N

No.: F/HW/BRD-Q/NSG/04

Patient Name : .....

Age.....

				Date :	22/7			
Mobility	1. Completely Immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-exdstent. 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			
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	28			
				Evaluator's Name				

Highest Risk : 7 | High Risk : 8-16 | Mild Risk : 17-21 | No Risk : 22-23

Patient

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N

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Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	21/7/26 M	21/7/26	21/7/26 E
		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			6
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20			
	No	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
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Patient: GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N

MRD No.: ....

Age : ..

Sex: ☐ M ☐ F

Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 21/7/26 Time: 10pm

Location : [illegible] metacarpal

Size : 18G

Cannula inserted by : SIN [illegible] 1017746

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
20/7	10pm	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	12AM	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	obsr	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	obsr	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	[illegible]	[illegible]
21/7	10:00	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	2Am	☐Yes ☑No	☐Yes ☑No	obsr	[illegible]
22/7	6Am	☐Yes ☑No	☐Yes ☑No	obsr	[illegible]
	8Am	☐Yes ☑No	☐Yes ☑No	obsrv	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	obsrv	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

Cannula removed : ☐Yes ☐No, if yes date and time :

RX any initiated : ☐Yes ☐No ☐NA If Yes specify-

Phlebitis score:

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

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

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

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/7	8AM	yes.	Health education given to Pain management	Patient	Language barrier	Verbal	none	good	—	[illegible] / [illegible]
22/7	8Am	yes	Health education given to pain management -	patient	NO	oral	None	verbal	Good	[illegible] 60728

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

Doc No. : RCH / FRM / CLINICAL / 187

Patient Sticke

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

7. For Caesarian mothers:
   - ☐ a. Mother is required sit and feed from the 4th feed
   - ☐ b. Please explain football hold

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

9. Additional notes: .....

Continuity of Care: Date: .....

Baby NICU:
22/7/26
L - 2
A - 2
T - 2
C - 7
H - 1
8 p.d.

Handover given by .....

Signature .....

Date & Time: 21/7/26

Handover taken by .....

Signature .....

Date & Time: 21/7/26 @ 1.30pm

PATIENT TRANSFER FORM

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GUC-00094118 IP18-00036549
Mrs MONISHA
24-03-1996 30 Y 4 M 17 D (F)
Dr. JAYASHREE SHARMA N

	Date & Time of Admission	Date & Time of Transfer Order
	20/7/2026 at 9:52pm	21/7/2026 at 4pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Jaya Shree Sharma	Dr. Akshita	Further better
From Unit	**To Unit**	**Information to Attendant**
Labour	7th Floor	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
In file		Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Pert Honey	(10)
2.	Tab. Taxim O 200mg	(10)
3.	Tab. Zerodol - SP	(10)
4.	Syp. Looplac (1)	(1) bottle
5.	New mom fix cy pad	(1) piece

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Neethu / 01/Fub	Dr. Akshita

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 21/7/26 4:30pm

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

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

Docu. No. : RCH /FRM / CLINICAL / 102

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

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

Gender: ☐ Male ☐ ...te : ..... 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 : Mrs. MONISHA

Date & Time : 20/7/26

Patient Attendant :

Signature : .....

Name : RAM KISHORE

Relationship with Patient: HUSBAND

Date & Time : 20/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : 128035 Dr. Thakur

Date & Time : 21/7/26

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
Dr. JAYASHREE SHARMA N

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

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

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

The reason for your induction is .....

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

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

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

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

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

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

Patient

Signature: .....

Name: Mrs. MONISHA

Date & Time: 2017/7/26

Patient Attendant:

Signature: .....

Name: RAM KISHORE

Relationship with Patient: HUSBAND

Date & Time: 2017/7/26

Doctor:

Signature: .....

Name: Dr. Harshita

Date & Time: 21/7/26

Witness

Signature: .....

Name: .....

Date & Time: .....

GUC-00094118 IP18-00036549
Mrs MONISHA
04-03-1996 30 Y 4 M 16 D (F)
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/07/2026 Time: 12 PM.

Origin: — Height: 176 Cm Weight: 92.7 kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: Normal Vaginal Delivery & BMLE. Hypothyroid.

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups ✓

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

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

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

Patient's / Attendant's

Signature: Monisha.S

Name: MONISHA.S

Date & Time: 21/07/26 @ 12 PM

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Fazleen

Date & Time: 21/07/26 @ 12 PM

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
21/07/26	8:30AM.	Normal Vaginal Delivery	
		c̄ LMLE done @ 20/7/26 - 1AM	A.D (018336)
		- Patient is on Soft - Solid diet	
		- Patient is stable. Oral intake	
		is Better.	
		- Advised to take easy - digest,	
		mashed foods.	
		- Consume small - frequent meals.	
		- Include galactogogues foods for	
		milk secreation - garlic, fennel	
		and Oats.	
		RDA - Values - Energy - +600 kcal.	
		· Protein - +17-19 g/d.	
22/07/26	08:30AM.	- Patient is on Normal Diet.	
		- Patient is stable. Oral intake is	
		Adequate.	
		- Advised to take protein - Iron rich	A.D
		foods.	(018336)
		- Consume plenty of Oral fluids.	