Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID- FLOOR- NAME OF CONSULT

ACTIVITY	INTIMATE	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		22/7/26 @ 9am					
Activity Sheet update by Pharmacy		11:22am					

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/7/20	CBC	26023778	[illegible]
22/7/20	CBC	23534	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
20/7	CTG ①			009806	Atalya 018080
20/7	CTG ②			009806	Atalya 01808
21/7	CTG ③			009822	[illegible]
21/7	CTG ④			009822	[illegible]
21/7	CTG ⑤			009822	[illegible]
21/7	CTG ⑥			009822	[illegible]
21/7/26	CTG ⑦			009823	[illegible]
21/7/26	CTG ⑧			009823	[illegible]
21/7/26	Infusion pump	9Am	6pm	1730626	[illegible]
	CTG ⑨			009823	[illegible] 016808
	CTG – ⑩			009851	[illegible]
	CTG – ⑪			009851	[illegible]
	CTG – ⑫			009851	[illegible]
	CTG – ⑬			009361	Atalya 018080
	CTG – ⑭			009361	Atalya 01808

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/7/26	IV placement	(1)	730370	Akshaya
22/7/26	Physiotherapy	(2)	173105	Jeet
21/7/26	Diet Charges	(1)	173106	Jeet

ANY OTHER INFORMATION:

Live Assessed vaginal delivery
Date:- 21/7/26
Time:- 1:45pm to 2:45pm
Duration:- 1hr
Dr: Mathangi
Dr: Vinitha

Date: 22/1/26 Time: 9am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- JNB-00133043 FLOOR- IP18-00036544

Mrs NIVEDHA
12-08-1997 28 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	08/04/26				
	INTIME	OUT TIME			
Arrangement of File by Nursing		08/04/26 at 11.30AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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BED SIDE CHECK LIST FOR NURSES

Date:	21/7/26	22/7/26							
Doctor's Orders	Dr. Mathangi	Dr. Mathangi							
Carried out or not	Yes	Yes							
Bed Side									
Structured Handover done	✓	✓							
IV Site	✓	✓							
Central Lines	✗	✗							
Arterial Lines	✗	✗							
Feeding Catheter	✗	✗							
Urinary Catheter	✗	✗							
Skin Care	✓	✓							
Eye Care	✓	✓							
Mouth Care	✓	✓							
Sterillum Bottle, Stethoscope	✗	✗							
Suction Bottle (Should be clean & empty)	✓	✓							
Intubation Tray	✗	✗							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	✗	✗							
Ventilator Tubing,(Any Water, Blood)	✗	✗							
Humidification	✓	✓							
Check all Infusion (Labelling,Correct Preparation)	✓	✓							
Chest Physio & Neb	✗	✗							
Handed Over By Name :	[illegible]	[illegible]							
Signature :	[illegible]	[illegible]							
Date & Time:	21/7/26 @8pm	22/7/26 8PM							
Hand Over Taken By Name :	[illegible]								
Signature :	[illegible]								
Date & Time:	[illegible]/7/26 @8P								

Doc. No. : RCH/ FRM / GENERAL / 088

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 : IP18-00036544 **Admit Date** : 20-Jul-2026 **Admit Time** : 01:12 PM **UHID** : JNB-00133043

Patient Details :

Patient Name	: Mrs NIVEDHA		
Guardian	: Mr VIGNESH	**Age**	: 28 Y 11 M 8 D
Gender	: Female	**DOB**	: 12-08-1997
Occupation	:	**Religion**	:
Address (H)	: 115 gsn resdiency 4th cross noble rsdency dk Bannerghata Road Bangalore Karnataka INDIA 560076	**Martial Status**	:
		Phone No	: 9566045509
		E-mail	: no@gmail.com

Admission Details :

Bed Type : DAY CARE **Bed No** : PRE OP 808 **Ward Name** : 8F-OT COMPLEX

Room No : PRE OP 808 **Admission Type** : First Visit

Contact Details :

Name : Mr VIGNESH

Contact Address : 115 gsn resdiency 4th cross noble rsdency dk Bannerghata Road Bangalore Karnataka INDIA 560076 **Relationship** : W/O **Phone No** : / 9566045509

Signature

Doctor Details :

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

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs NIVEDHA**		
IP No:	**IP18-00036544**	**Age :**	**28 Y 11 M 8 D**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Sex:**	**Female**
		Ward/Bed No:	**8F-OT COMPLEX/PRE OP 808**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: 2 RVA

Name: Mr. Vignesh
Relationship: Husband
Date: 20/07/2026
Time: 01:12 pm
Witness Name: A. Sivasankari
Witness Signature: A. Sr

Patient Address:
115 gsn resdiency 4th cross noble rsdency dk Bannerghata Road Bangalore Karnataka INDIA 560076

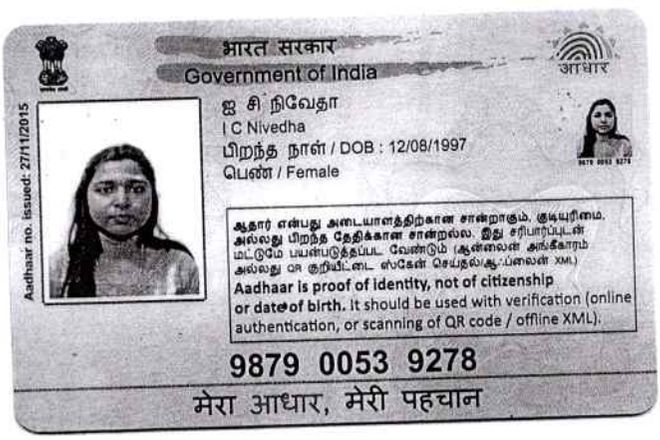
BILLING POLICY

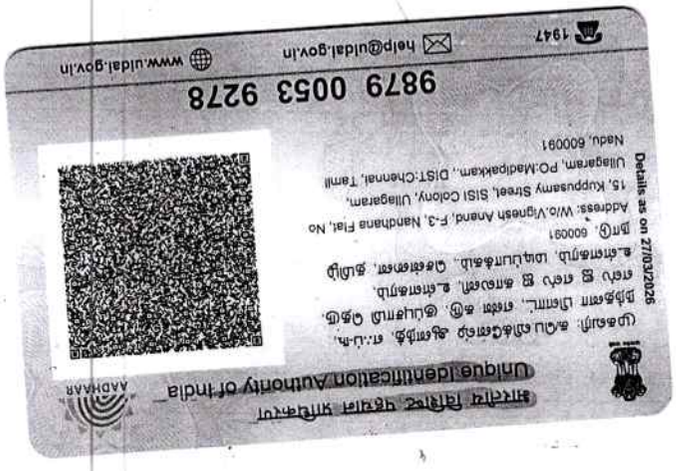
- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation 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. Nivedha	UHID Number : JNB-00133043
Self/Attendant Name : VIGNESH ANAND	Relation : Husband
Self/ Attendant Signature : (V.A)	Name & Signature of Financial Counselor
Phone Number : 9677298526	


भारत सरकार
Government of India
आधार
ஐ சி நிவேதா
I C Nivedha
பிறந்த நாள் / DOB : 12/08/1997
பெண் / Female
Aadhaar no. issued: 27/11/2015
ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)
Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).
9879 0053 9278
मेरा आधार, मेरी पहचान


भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India
AADHAAR
9879 0053 9278
1947
help@uidai.gov.in
www.uidai.gov.in
Details as on 27/03/2026

UNB-00133043 IP18-00036544
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RESULT SHEET

Date	24/6	20/7/26				
Time						
Hb	10.1	11.3			B-POSITIVE	
PCV		34				
RBC		4.33				
WBC		10,480			HIV	
N/L		71/22			HBsAg	Non-Reactive
Platelets		1.68			HCV	
CRP					VDRL	
ESR					Rubella IgM - Negative	
PCT					Rubella IgG - Positive	
RBS	F - 68					
Na	PP - 84				ECG	
K					ECHO	Normal
Cl					LVEF - 62%.	
Ca/Mg						
Phosphate					HbA1C - 5.3	
Urea						
Creatinine					TSH - 1.9	
ALP					FT4 - 1	
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		18221				

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 27/06/2024 SLIUG Cx - 3.40cm

X-Ray : Cephalic EFW - 2833 grams

ECHO : Placenta-Posterior

CT : Liquor- Normal

MRI : SDP - 6.3

Others (ECG, Contrast Studies etc.,) : AFI - 15.1

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S. Nivedha

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IP ... OR OBSTETRICS

Presenting Complaints

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

Obstetric Formula: $G_2 P_1 L$

Obstetric History:

G_1 - Spontaneous conception, Girl, 4yrs, 3kg, Alive and Healthy, Gowri Nursing Home

G_2 - PP, Spontaneous Conception.

Present Pregnancy Record:

NT Scan - Normal ; FTS - Low risk

Anomaly Scan - (N)

RISK FACTORS:

Height: 150 cm
Weight: 82.6 Kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: $S_1 S_2$ (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

LMP: 22/10/2025 EDD: 29/07/2026
Corrected EDD: GA: 38 weeks + 5 days
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

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

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

$G_2 P_1 L$	LMP - 22/10/2025	GA - 38 weeks + 5 days
Previous NVD	EDD - 29/07/2026	Admitted for IOL
LCB - 4 years	RMP	
B+ve		

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Family History:	Surgical History:
Mother & Father ✓ Diabetic	NIL
Medical History:	**Medication History:**
NIL	NIL
Plan of Care:	**Investigations:**
C/I/T Dr. Mathangi - Admission - parts preparation - Secure IV line - Informed consent for IOL / NVD 2:45pm ↓ SAP, Induction of labour done with 22F Foley's inserted intracervically and bulb inflated with 65ml of distilled water - INJ. SUPACEF 1.5g IV TDS (AID) - H/F Foley's explusion - CTG Q 4th hourly - Shift to ward - Reshift to LDR @ 9pm - Post Foley's CTG @ 3:45pm	- CBC - CTG - Reactive

Doctor Name: .....
Signature: .....
Date & Time: 20/7/26

Consultant Name: Dr. Mathangi
Signature: .....
Date & Time: 20/7/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 6:30AM	S/B Dr. Akshita pt reviewed no sp. c/o O/E afebrile GC fair P° / PE°. P/A uterus @ term Tightening ⊕ cephalic FH ⊕ clinically liquor ⊕. P/V: Cervix soft posterior 2.5cms long 2 cms dilated membranes ⊕ PPR -3 station ↓ SAD, induced ⊂ PGE2 gel intracervically Plan: - w/f progression of labor. - post gel CTG @ 7:30AM	

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	c/s/B Dr. Pavithra / Dr: Shreeden	C/I/T Dr. Mathangi
8:30 Am	Post GTel CTG - Reactive	Advice
		- Normal diet
T-(N)	Pt GC fair, Afebrile	- To start INJ. SYNTO
PR- 88/min	P° / PE°	@ 24 ml/hr @ 9Am
BP- 100/60 mmHg	CVS /	- follow drug chart
	RS / NAD	- WIF contractions
	P/A - uterus @ Term	- Inform IS)
	Mildly Tightening (+)	
	Cephalic	
	FHS - good	
	§18221	
21/07/2026	c/s/B Dr. Mathangi	
9:15 Am		
	P/A - uterus @ Term	Advice
	2c/15"/10'	- All four's position
	Cephalic	- Continuous CTG
Bedside USG	FHS - good	- Continue INJ. SYNTO
- LOT	P/V - Cx - 2c, long	acceleration & titrate
- Single loop of	OS - 3cm dilated	accordingly
Cord the neck	Membranes (+)	- WIF contractions
	vertex @ - 3	
	↓ SAP, ARM done Clear liquor drained	
	Post ARM FHS - good	
	§18221	

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/01/2026 11:20Am	C/S/B Dr Mathangi	
	P/v - Cx - 1cm long OS - 3cm dilated Membranes - Absent Vertex @ - 3	Advice - Continuous CTG - Continue INJ. SYNTO and titrate accordingly - INJ. PETHIDINE 50mg + INJ. PHENERGAN 25mg - W/F Contractions
IG Reactive INJ. SYNTO @ 144ml/hr		
	18221	
21/01/2026 12pm	C/S/B Dr. Pavithra	
	- CTG - Decelerations upto 70bpm for 4mins - SYNTO stopped - IVF 10RL Rushed - Left Lateral Position - CTG - Then became reactive	
	18221	
21/	P/v - Cx - 1cm long OS - 3cm dilated Membranes Absent Vertex @ - 3	Advice - To start INJ. SYNTO @ 120ml/hr TO W/F contractions
	18221	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2024	C/S/B Dr. Mathangi	
1:30pm		Advice
	P/V- Cx- Thick effaced	- Shift to labour room
	OS- 5-6 cm dilated	- Continuous CTG
	Membranes Absent	- Continue INJ. SYNTO
CTG- Reactive	Vertex @ -2	acceleration
		- W/F contractions
	182217	
21/07/2024	C/S/B Dr. Mathangi	
2:pm	P/V- Cx - Fully effaced	Advice
	OS - Fully dilated	- Position for labour
	Membranes - Absent	- Encourage active Pushing.
CTG- Reactive	Vertex @ +2	
Persistent deceleration (+)		
	182217	

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(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/07/2021		
	2:11 PM KIWI ASSISTED VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	S/B : Dr. Mathangi	
	A/B : Dr. Vinitha / Dr. Shreeden	
	INDICATION: LOT / PERSISTENT DECELERATIONS / POOR MATERNAL EFFORTS.	
	↓ SAP, Patient in dorsolithotomy position. Local parts painted and draped. With good uterine contractions, full cervical dilation. 2% Lignocaine local infiltration given. A right mediolateral episiotomy given. In view of LOT / Persistent decelerations / Poor maternal efforts Kiwi cup was applied in vertex @ +2 station. Chignon created. An alive term boy baby was delivered with single loop of cord tight around the neck. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto. Episiotomy inspected and sutured in layers using rapid vicryl and 2-0 vicryl. A left lateral vaginal wall tear of size 1x1 cm noted and same sutured using rapid vicryl. Hemostasis secured	

Shoulder Dystocia noted McRoberts Manuevers + Suprapubic pressure given.

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Mrs NIVEDHA
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B 21/07/2026 ; 2:11pm	
	A Boy	
	B 3.207 kg	
	Y 8/10, 9/10.	
		Advice
		- Normal diet
		- Plenty of oral fluids
		- Vitals Monitoring
		- Follow daug chart
		- W/F ↑ Bleeding PV
		- CBC C/M 6 Am
		- Measure & Inform 1st void
		- Inform (SOS)
	182217	
21/07/2026	C/S/B Dr. Vinitha / Dr Sneedey	
5pm		
PND-0	Pt voided 360ml ; PVRU-Bladder collapsed	
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P°/PE°	- Normal diet
PR-73/min	CVS/	- Plenty of orals
BP-94/63mmHg	RS/NAD	- Vitals Monitoring
	P/A- Ut well contracted	- Follow daug chart
Baby - m/s	Soft	- W/F ↑ Bleeding PV
B/L - Breast soft	L/E - No undue bleeding PV	- CBC C/M 6Am
	182217 Epi wound Intact	- Shift to ward

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/2/26 9 pm	S/B - Dr Anandhaeswari	
PND #0	P2L2 / Kiwi Assisted vaginal delivery c̄ Rt mediolateral episiotomy	
T - (N)	No complaints	
PR - 86/m		
BP - 110/70 mHg	O/E GC fair, afebrile	Advice
SpO2 - 98% RA	no pallor / no PE	- Normal diet
Baby - m/s	CVS /	plenty of oral fluids
B/L Breast soft	RS / NAD	- vitals monitoring
	P/A - Ut contracted well	- CBC @ 6Am
	L/E - no undue bleeding PV	- W/F bleeding pv
	epi wound intact	
		[signature] 1560

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

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

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

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

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. Sreedevi 015221

Date & Time : 20/07/2021

Nurse Name & Signature: S.Nakalya 01808 01808

Date & Time : 20/7/2021

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

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(2)

MEDICATION RECONCILIATION FORM

Drug Allergies: NIL

☐ Not known any Drug Allergies

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

Shifting From: 6th FLOOR Shifted to: LDR/

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 : ....

Date & Time : ....

Nurse Name & Signature: Jacintha

Date & Time : 20/7/26 at 9pm Jey Poller

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR ..... Shifted to: 6th 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. AUGMENTIN	625mg	PO	TDS	—	☑C ☐DC
2	CAP. PAN D	40mg	PO	BD	—	☑C ☐DC
3	TAB. ACTON DR	1 Tab	PO	TDS	—	☑C ☐DC
4	JUSTIN SUPPOSITORY	100 mg	PR	BD	21/7/26 at 2PM	☑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 : 21/07/2026

Nurse Name & Signature: J NAkaya 01800 SO 01800

Date & Time : 21/7/26

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

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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:				

Signature .....

VERIFIED BY : Name .....

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Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 82.60kg Ward LDR

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	20/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	20/7	21/7
6Am	/	
3:30 pm		
2pm	SP / SP	
10pm	RV / DJ	

Stop

DRUG : TAB. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	21/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
8AM	/	B
2pm	/	
10pm	BV / SL	

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	21/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
7AM	/	BB / SL
7pm	SP / MM	

DRUG : T. ACTON OR

Dose	Route	Frequency	Start Date
1Tab	PO	1-1-1	21/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
8Am	/	B
2pm	/	
10pm	SL / SL	

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 82.60kg Ward 6th floor

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.	Date/Time	21/7	22/7
100mg	PR	1-0-1	21/7/24	9Am	/	PS
				9pm	SL	

Name & Signature of the Doctor Starting the Drugs: 82217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

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 ....

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

JNB-001...
Mrs NIVEDHA 28 Y 11 M 8 D
12-08-1997
Dr. MATHANGI RAJAGOPALAN

Weight. 82.6kg Ward. LDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/7/26	3 pm	INJ. SUPACEF	0.1ml 1	IV	82217	SP
21/7/26	6:30 AM	DINOPROSTONE GEL	0.5MG	P/V	12335	SP
21/7/26	1.30pm	INJ. PETHIDINE	50mg	IM	82217	SP
21/7/26	1.30pm	INJ. PHENERGAN	25mg	Im	82217	SP
21/7/26	2:12pm	INJ. SYNTO	10U	Im	82217	SP
21/7/26	2:13pm	INJ. TRAPIC	1g	IV	82217	SP
21/7/26	2:13pm	INJ. CARBOPROST	250mcg	Im	82217	SP
21/7/26	2:30pm	T. MISOPROSTOL	600 mcg	PR	82217	SP
21/7/26	2:30pm	JUSTIN SUPPOSITORY	100 mg	PR	82217	SP

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I.V. FLUIDS CHART

Weight. 82.60kg Ward: ICU

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/7/26	9AM	IVF 1⊙RL	IV	free flow	182217	TJ / SP	21/7	182217	SD / SP
21/7/26	9AM	INJ. SYNTO 50 in 500ml RL	IV	24 ml/hr	182217	TJ / SP	21/7	182217	SD / SP
21/7/26	9:11 PM	INJ. SYNTO 20 U in 500ml RL	IV	125 ml/hr	182217	SD / SP	21/7 @ 9pm	182217	SD / SP

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

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Early Warning Observation Score Chart - Obstetrics

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

Date: 20/7/26

On Admission

Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box) (>30 / 21-30 / 11-20 / 0-10)						20			20		20		20 b/m				20				20		18	
Saturations (94-100% / <94%)						100			100		99%		100%				99				99		99	
Administered O_2 (L/min.)						RA			RA		RA		RA				RA				RA		RA	
Temp°C (40 … <35)						98F			98F		97.4		97.6F				98.1				98.1		98	
Heart Rate (170 … 40)						80			80		86 b/m		80 b/m				80				90		89	
↑ Systolic Blood Pressure (190 … 50)						128			118		113		120				118				116		110	
↓ Diastolic Blood Pressure (130 … 40)						80			75		60		62 (72)				70				72		60	
NEURO RESPONSE [✓] (Alert / Voice / Pain / Unresponsive)						✓			✓		✓		✓				✓				✓		✓	
URINE mls / hour (>30 / <30)						✓			✓		✓		✓				✓				✓		✓	
Proteinuria (Protein ++ / Protein >++)																								
Lochia (Normal / Heavy / Foul)						–			–		✓		✓				✓				–		–	
Liquor (Clear / Pink / Green)						–			–		✓		–				–				–		–	
TOTAL YELLOW SCORES						0																		
TOTAL ORANGE SCORES						0			0		0						0				0		0	
Nurse Initial						[illegible]			[illegible]		[illegible]		[illegible]				[illegible]				[illegible]		[illegible]	

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

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(2)

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Early Warning Observation Score Chart - Obstetrics

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

	Date	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	16		18		20		20		20	20			20 b/m			20 b/m					18 b/m					
	0 - 10																										
Saturations	94 - 100 %	99%		99%		99%		99%		99%	98			100%			100%					99%					
	< 94 %																										
Administered O_2 (L/min.)		RA		RA		RA		RA		RA	RA			RA			RA					RA					
Temp °C	40																										
	39																										
	38																										
	37	98°F		98°F		98°F		98°F		98°F	98.2°F		98.8°F				97.2°F					98.4°F					
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	82		80		80		86		86																	
	70																										
	60																										
	50																										
	40																										
Systolic Blood Pressure ↑	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	100		112		110		118		112	110		104				106					110					
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
Diastolic Blood Pressure ↓	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50	60		70		70		60		70	78		62				70					72					
	40																										
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓	✓		✓				✓					✓					
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30	✓		✓		✓		✓		✓	✓		✓				✓					✓					
	< 30																										
Proteinuria	Protein + +																										
	Protein > + +																										
Lochia	Normal	✓		✓		✓		✓		✓	✓		✓				✓					✓					
	Heavy / Foul																										
Liquor	Clear / Pink	—		✓		—		—		—	—		—				—					—					
	Green																										
TOTAL YELLOW SCORES		0		0		0		0		0	0		0				0					0					
TOTAL ORANGE SCORES		0		0		0		0		0	0		0				0					0					
Nurse Initial		Priy		Priy		Priy		Priy		Priy	Priy		Priy				Priy					Priy					

(74) (64) (74)

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Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
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FLUID CHART

Sheet No. : 1

20/7/2026

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.

20/7/26		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											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :										Total Output :		
	02:00 pm	H2O	100									
	03:00 pm	TC	100							200	0	SA
	04:00 pm	H2O	100								0	SA
	05:00 pm									200	0	SA
	06:00 pm	H2O	100							100	0	SA
	07:00 pm	H2O	200ml								0	SA
Total Intake :		600ml.								✓	0	Rajan.
	08:00 pm									Total Output :	500ml + 1 time.	
	09:00 pm	H2O	100								0	SA
	10:00 pm	H2O	100							200	0	SA
	11:00 pm										0	DS
	12:00 am	H2O	100								0	DS
	01:00 am									200	0	DS
Total Intake :		300ml.									0	DS
	02:00 am	H2O	100							Total Output :	400ml	
	03:00 am	H2O	100ml							200ml	0	DS
	04:00 am	H2O	150ml.								0	DS
	05:00 am									200	0	DS
	06:00 am	milk	150ml.								0	DS
	07:00 am	H2O	200ml.							200ml.	0	DS
Total Intake :		700ml.									0	DS
										Total Output :	600ml	

Total 24 hrs. Intake	1600ml.

Total 24 hrs. Output	1500ml + 1 urine pass.

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

21/4/25

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	H2O	100	RL	Ryl syrup					150ml	0	
	09:00 am	Juice	100	500	24					200	0	
	10:00 am	H2O	100		72					150	0	
	11:00 am	H2O	100ml		120ml					100ml	0	
	12:00 pm	H2O	150ml		144ml					100ml	0	
	01:00 pm	H2O	100ml		120ml					100ml	0	
Total Intake :		1630 ml				**Total Output :**				800ml		
	02:00 pm	H2O	100		125						0	SA
	03:00 pm	H2O	200		125						0	SA
	04:00 pm	H2O	100		125						0	SA
	05:00 pm				125						0	SA
	06:00 pm	H2O	100ml		125					360	0	SA
	07:00 pm	H2O	150ml		125					✓	0	SA
Total Intake :		650 ml + 750ml.				**Total Output :**					0	MM
	08:00 pm	H2O	100ml							360ml + 1 time		
	09:00 pm	H2O	100ml							✓	0	Sukanya
	10:00 pm	H2O	200ml									
	11:00 pm	H2O	200ml								0	Sukanya
	12:00 am									✓		
	01:00 am	H2O	200ml								0	Sukanya
Total Intake :		800ml				**Total Output :**				2 times		
	02:00 am	H2O	200ml							✓		
	03:00 am										0	Sukanya
	04:00 am									✓		
	05:00 am	H2O	300ml								0	Sukanya
	06:00 am											
	07:00 am									✓	0	Sukanya.
Total Intake :		500ml				**Total Output :**				3 times		

Total 24 hrs. Intake	4330ml	Total 24 hrs. Output	1160ml 6 times Urine passed

JNB-00133043
Mrs NIVEDHA
12-08-1997 IP18-00036544
Dr. MATHANGI RAJAGOPALAN 28 Y 11 M 8 D (F)

NURSING CARE RECORD

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

Date: 20/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2pm	Achieve pain control & discomfort	2:30 pm	Assess pain using pain scale adequately position change	patient was stable	Reassessment was done	[signature] 01890
Night	8pm	Ensure adequate hydration and electrolyte balance	9 pm	→ Encouraged to take more oral fluids → Monitor intake and output chart	→ Intake good output adequate Monitored in I/O chart	Reassessment done	Jeg 014913

Docu. No: RCH /FRM / CLINICAL / 148

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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

NURSING CARE RECORD

Date: 21/7/26

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	Achieve acceptable pain control and comfort	8AM	* Assess pain using pain scale * Administer analgesic	Reduced pain to some extend	Reassessment done	01/07/26
Afternoon	2pm	Achieve Acceptable pain control & comfort	2:30 PM	Assess pain using pain scale Administer analgesics	Reduced pain to some extend	Reassessment was done	01/07/26
Night	8pm	=> Achieve acceptable pain control & comfort	9pm	=> Assessed pain using pain Scale => Administered analgesis	=> Reduced pain and comfortable	=> Patient was clinically good	01/07/26

JNB-00133043 IP18-00036544
Mrs NIVEDHA (F)
12-08-1997 28 Y 11 M 8 D
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes	
20/7/25	1pm	patient Come for Admission for IOL under Dr. mathangi. She is G2P1L1 previous NVD 38+5 days B+ve Blood group. Checked for vital signs & recorded patient vital are stable. Connected CTG FHR is good (+) parts preparation was Done patient general condition fair	Sathya 01808
	1:30 pm	Dr. pavithra Advised to stoped CTG FHR is good (+). Dr. mathangi Dr PV Examination finding 3cm long OS Admits one finger. plan for Foleys Induction. Pt Shifted to LDR II	Sathya 01808
	2:45 pm	Dr. mathangi Foleys 22 size c̄ 65ml D. water infiltration was Done, It placement was Done. Inj: supacef 1.5 gram after dilution O.I.M. Is given to pt. post Foleys CTG at 3:45pm. No complaints	Sathya 01808

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/7/26	3:45 pm	⇒ post Foley's CTG was connected FHR is good (+) NO Allergic reaction so Inj. supacef is given full Dose given to pt →	S/N Akalya 018080
	5pm	⇒ stoped CTG as per Doctors order FHR is good Pt shifted to ward →	Akalya 018080
	5:45 pm	⇒ pt care hand over given to 6th floor staff Nurse →	Akalya 018080
		Receiving Notes.	
20/7/26	5.45pm	patient Received from LOR to 6th floor. patient details hand over given from LOR staff. patient FV line pattern is healthy and observable Foley also present →	Pragaey 020[illegible]
	6pm	patient vitals checked and Recorded. vitals Normal. post Foley CTG completed @ 5pm. CTG 4th hrly.	
	7pm	patient Reshift @ 9pm → maintained intake and output chart →	Pravena 020[illegible]
	7.30pm	Hand over given from Night duty staff →	Praveena 020448

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Night Duty Notes	
20/7/26	7.30pm	patient details hand over	
		taken from Evening duty staff	
		patient active and oriented →	Jeq
		IV line present healthy	01U418
	8pm	patient on normal diet had	
		night dinner patient walked well	
		vitals checked and recorded	
	9.15pm	Patient details hand over given	
		to LDR staff →	Jey
20/7		Receiving Notes on (20/7/26)	01U918
	9.15pm	The Patient receiving from	
		6th floor to LDR the patient	
		Handing over taken from	
		6 th Floor staff →	[illegible]
		vital signs are checked &	021113
		Recorded vital signs are	
		Stable	
	10pm.	pt CTG was connected. →	[illegible]
		DR. Akshitha mam seen	021113
		the patient advice to	
		disconnect the CTG ordr.	
	10pm	Due medication was given	
		as per drug orders →	[illegible]
21/7/26	12AM	patient checked	021113
		vital sings vital are	
		stable patient on Nasal air	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

JNB-00133043 IP18-00036544
Mrs NIVEDHA 28 Y 11 M 9 D (F)
12-08-1997
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/18	Contin	patient consus and oriented Genral condition fair patient contraction comins & contraction coper inform to DR. Akshi	[signature] 07/7/18
	2 AM	patient on connecting FHR(+) 140b/m patient consious and oriented Genral condition fair patient mild pain	[signature] 7/7/17
	2.30 AM	S/B DR. Akshitha mam advis to on loca. Reactivity disconnecting FHR(+) 144 b/m patient consus and oriented Next on 3.30 Am patient on stop.	[signature] 07/7/18
	3.30 AM	patient on connecting FHR(+) 140b/m patient consi and orienlis mild pain	[signature]
	4 Am	S/B DR. Akshitha mam disconnecting order p/v examination 2cm long 2cm dilution advis 6Am gel plus Foley Removed by DR. Akshi	[signature]
	5 Am	patient both given patient mild pain patient consioy and oriented	[signature] 07/7/18

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	5.30 AM	patient voided patient on connecting FHR (+) 144 b/m patient conscious and oriented general condition fair	[signature] 21/7/26
	6 AM	patient checked vital signs vitals are stable patient due medication given CTG going on FHR (+) 142 b/m	[signature] 21/7/26
	6.30 AM	S/B DR. Akshitha advice CTG disconnected FHR (+) 142 b/m patient conscious and oriented S/B DR - Akshitha mam advice pt to SAP, induced c̄ PGE2 gel intracervically. Next post gel CTG @ 7:30 AM	[signature] 21/7/26
	7:20 AM	patient post gel CTG connecting FHR (+) 130 b/m patient conscious and oriented general condition fair FHR (+) 140 b/m	[signature] 21/7/26
	7.30 AM	patient handing over given morning duty staff nurse	[signature] 21/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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
21/7/26	7.30AM	Morning Duty (21/7/26) Patient care Handing over taken from Night duty staff. Monitored Vitals and Recorded. Maintained Plo CTG on connect. FHR Monitoring. watching contractions pain assesment Done. IV cannula observed	
	8AM	Monitored Vitals and Recorded. Maintained Plo. CTG on connected. FHR Monitoring. Pain assesment Done watching Contractions	
	9AM	Monitored Vitals. CTG on connect. FHR Monitoring. Inj. synto punit in RL soon on connected. RL soon on connect watching contractions	
	9.15AM	Dr. Nathangi mam advised Per Patient CX 2cm long, os 3cm dilated membrane Present Vx at -3. USAP, ARM Done clear Liquor drained. Post ARM FHR good. CTG connected. Inj. synto 2mu/hr on connected pain assesment Done	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

JNB-00133043
Mrs NIVEDHA
12-08-1997 IP18-00036544
Dr. MATHANGI RAJAGOPALAN 28 Y 11 M 8 D (F)

(4)

NURSES NOTES

Rainbow® Children's Hospital
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☑ No Known Drug Al...

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/1/7/20	10AM	Monitored vitals and Recorded. Maintained I/O. CTG on Connect- FHR Monitoring. Patient in All four position, Inj-synto on Connected	J Fuo 016...
	11am	patient maintain selfvoiding. CTG continue monitor. contraction checked 3 contraction 25sec In 10min	S/N paravagam 016808
	11.20 Am	Dr. mathangi saw the patient checked pv cx 1cm long os - 3cm dilated adviced to Inj: pethedine / Inj: Phenergan.	S/N paravagam 016808
	11.30 am	patient not willing for pain killer Informed to Dr. pavithra. position changed, Sitting position	S/N paravagam
	12pm	patient general condition fair. vitals are checked & recorded. 3contractions 25sec In 10min.	S/N paravagam 016808
	12.05 pm	patient wants painkiller Informed to Dr. Pavithra CTG Deceleration present Inj: synto stopped, 10RL Rushed.	S/N paravagam 016808
	01.00pm	Inj: Synto restated. CTG	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
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☑ No Known Drug Allergies
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26		continue monitor. RVP	
		onflow to the patient.	
	1.30pm	Inj: pethidine, Inj: phenergan	S/N parani
		Im given.	01688
		patient details, files handed	
		over given to Evening duty	
		Staff.	S/N parani 01688
		Evening duty	
	1:30	patient care hand over	
	pm	taken from morning duty staff	
		Nurse patient was stable	
		Conscious & oriented IV line present	
		pattern syntocin 144 ml/hr on	
		going FHR is good (+) patient is	
		4+5cm dilatation. patient	
		general condition fair	Akalya
	1:40	Dr mathangi as per	01800
	pm	Examination findings was shows	
		Sim to 6cm Advised to patient	
		shifted to LDR II	Akalya
		Kiwi Assisted vaginal	01800
		Delivery 21/7/2026	
	2:11	patient given to lithotomy	
	pm	position clean the perium for	
		povidon solution. Inj: Lox 2%.	
		Infiltration was done	
		poor maternal Efforts	S.N Akalya 01800

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

(5)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	contine Notes	⇒ kiwi cup Applied Baby	
		was delivered at 2:11pm	
		Immeditly cong the Baby	
		one loop of card around the Neck	
		Baby given to Dr prasana.	
		cord is clamped & cup was done	
		Inj syntocin 10U/IM Im given	
		Inj syntocin 20U/IS c RL500ml	
		Connected 125ml/hr placental	
		was Expelled Dr mathangi	
		Advised to Inj carboprost Im	
		given to patient Inj Traper 1gm	
		c NS100ml on flow connected	
		minimal of Bleeding patient	
		vital are stable suturing was	
		Done Tab miso 600mcg and	
		Justine suppose 100mcg kept the	
		pt count was done & disposable	
		pt general condition fair ⸻	S/N Akalya 018052
		Baby details:	
		Date:- 21/7/2026	
		Time:- 2:11pm	
		weight - 3.207kg	
		sex: Boby	
		Apgar score: 8/10 9/10	
		⸻	S/N Akalya 018052

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

JNB-00133043 IP18-00036544
Mrs NIVEDHA 28 Y 11 M 9 D (F)
12-08-1997
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	4pm	B - Breast is soft No Enlargement	
		U - Uterus was contracted & well	
		B - Bowel movement present	
		B - patient is self voiding	
		L - Lochia Rubra present	
		E - REEDA Assessment was done	
		H - Homans signs negative	
		E - pt Emotional good →	[illegible] 01808
	4:30 pm	⇒ patient is voided 360ml	
		Informed Dr. [illegible] on Bed	
		side post voiding scan was don	
		Advised to Bladder not [illegible]	
		pt shifted to ward →	[illegible] 01808
	5pm	⇒ patient shifted ward	
		patient is Normal diet To	
		Encourage Adequate [illegible] pt	
		care hand over given to 6th	
		floor staff Nurse →	[illegible] 01808
		Receiving notes.	
21/7/26	5.10pm	patient Received from LDR	
		to 6th floor, patient details	
		hand over taken from LDR	
		staff. patient was conscious	
		and oriented. →	[illegible]
	5.40pm	patient Ex line pattern is	
		healthy and observed.	
		EXF is going on →	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Your Right to a Safe Delivery

PHLEBITIS ASSESSMENT

Patient's Name:..

MRD JNB-00133043 IP18-00036544 No.:....................
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Age Dr. MATHANGI RAJAGOPALAN ....Sex: ☐ M ☐ F

Cons...........................

CANNULA 1

Date : 20/7/26 Time: 3pm
Location : Left metacarbal vein
Size : 18 G
Cannula inserted by : S/N Akalya 01883

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
20/7	3:30pm	☐Yes ☑No	☐Yes ☑No	Obs	SD
	6pm	☐Yes ☑No	☐Yes ☑No	Obse	SD
	8pm	☐Yes ☑No	☐Yes ☑No	OBS	DS
	10pm	☐Yes ☑No	☐Yes ☑No	OBS	DS
21/7	12AM	☐Yes ☑No	☐Yes ☑No	OBS	DS
	2AM	☐Yes ☑No	☐Yes ☑No	OBS	DS
	4AM	☐Yes ☑No	☐Yes ☑No	OBS	DS
	6AM	☐Yes ☑No	☐Yes ☑No	OBS	DS
	8AM	☐Yes ☑No	☐Yes ☑No	Observ	[illegible]
	10am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
	12pm	☐Yes ☑No	☑Yes ☐No	Observ	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Observ	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	healthy	Sulochana
22/7/24	12am	☐Yes ☑No	☐Yes ☑No	healthy	Sulochana
	4am	☐Yes ☑No	☐Yes ☑No	healthy	Sulochana
	8am	☐Yes ☑No	☐Yes ☑No	[illegible]	[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		

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

CANNULA 2

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

CANNULA 4

Date :   Time:

Location :

Size :

Cannula inserted by :

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

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

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

Phlebitis score:

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

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

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

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Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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PAIN ASSESSMENT FORM

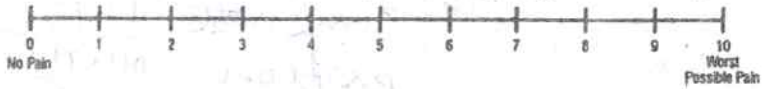
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/7/26	2pm	9/10		☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NVL	Abeye 01800
20/7/26	4pm	4/10	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Abeye 01800
20/7/26	8pm	6/10	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Teep 01491B
20/7/26	20pm	2/10	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Dief 01701
21/7/26	12Am	2/10	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	DK 0700
21/7/26	4Am	2/10	Back pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	DK 0700
21/7/26	6Am	2/10	Lower abdo pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	DK 0700
21/7/26	8AM	2/10	Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological therapy	Tee 0180
21/7/26	12pm	2/10	Lower abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position	Rajesh 0180
21/7/26	3pm	4/10	Suturing Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Abeye 01800

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.

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs drawn 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	20/7/26 3pm	20/7/26 8pm	21/7/26 8am
		Score		30	30
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	30	30
		Signature	0180	0180	

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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BRADEN 'Q' SCALE

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				Date : / Time :	20/7 2pm	20/7 8pm	21/7/26 8AM	21/7/26 2pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	3	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	26	27
				Evaluator's Name	[illegible] 018058	[illegible] 014113	[illegible]	[illegible] 01804

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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Part - I.

Patient's / Learner Language: Tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak

Access to Learn: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis UTI P14 3rd Day
2. Treatment and Care

Plan

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/7/26	6pm	Yes	Educated about the pain management	PT	No learning Barrier	Oral	None	Yes	good	
21/7/26	8am	yes	Educate & Inform about uterine contraction	Patient	None	oral	None	yes	good	
22/7/26	10am	Yes	Explained about Personal hygiene.	Patient	Nil	Verbal	Nil	Yes	—	

Part - III: CODES

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

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

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

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

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

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PATIENT TRANSFER FORM

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Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	20/4/26 at 1.12pm	20/4/26 at 9pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	Dr. Mathangi	Further Management
From Unit	**To Unit**	**Information to Attendant**
6th FLOOR	LDR	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Ipfile	CT → ①	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N. Jeentha	Dr. Mathangi

Patient & Clinical Records Received by : [signature] 20/4/2026

Date & Time of Patient Received : 20/4/2026 at 9pm.

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

(2)

PATIENT TRANSFER FORM

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Mrs NIVEDHA
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Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission 2017/26 at 12:45 pm	Date & Time of Transfer Order 2017/26 at 5:45pm
Consultant Name Dr. Mathangi	Transfer Ordered by Dr. [illegible]	Reason for Transfer Observation
From Unit LDR	To Unit 6th floor	Information to Attendant Yes ☐ No ☐
Number of Sheets in Clinical File Whole IP Files	Number of Imaging Films CTG (2)	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 ☐
pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[illegible] 01808	Dr. [illegible]

Patient & Clinical Records Received by : Praveena 02099

Date & Time of Patient Received : 2017/26 5.45pm.

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

PATIENT TRANSFER FORM

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Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission: 20/7/26 at 1:19pm	Date & Time of Transfer Order: 21/7/26 at 5pm
Treating Consultant Name: Dr. mathangi	Transfer Ordered by: Dr. vinitha	Reason for Transfer: Observation.
From Unit: LDR	To Unit: 6th floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole IP Files	Number of Imaging Films: CT - (14)	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 ☐

Pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
D/N Mathangi 01808	Dr. Vinitha

Patient & Clinical Records Received by : M. Mathangi 60784

Date & Time of Patient Received : 21/7/26 @ 5:10pm

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

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

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 20/7/18

Baseline Information:

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

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 Attenders

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

If yes, identify ....

Chief Complaints: Pt came for IOL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Sarojini

Time Notified: 1:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Blood Group: B +ve LMP: 22/10/17 EDD: 29/7/18 Gestational age during admission: 38+ 5days

Contractions: NO Vaginal Discharge: NO

Obstetric History: G 2 P 1 L 1 A — Previous LSCS NO

Height: 150 Weight: 82.60 kg BMI: 34.2

Temp: 98F HR: 80 b/m RR: 20 b/m BP: 110/70 mmHg 100y SpO₂ ....

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	—

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(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... mother - Diabetic / father Hypertz

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 ..... 23 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☑ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..... Husband .....

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... patient .....

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

Orientation not given Reason: ..... — .....

Nurse Signature: S/N Akalya 0180

Nurse Name: ..... SN Akalya 0180 .....

Date & Time: ..... 2017 Dec .....

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/7/26 Time of Arrival: 1pm Time Seen by Nurse: 1pm

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: POL

3) **Vital Signs:** Temperature: 98F Pulse: 80b/m RR: 20b/m SpO_2: 100% BP: 110/70mmHg Weight: 82.6kg

4) **Gestational Criteria:**

Gravida:	G 1	P 1	L 1	A —

LMP: 22/10/25 EDD: 29/7/26 Gestational Age: 38 5/7 days

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)

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

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

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

(P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 1:40pm

Nurse Name: S/N Akalza 018080 Nurse Signature: Sa 018080

Date: 30/7/26 Time: 1:30pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 20/7/20

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	7	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		1
Signature of the Nurse		
Action Plan		

Docu. No. : RCH / GDY /FRM / CLINICAL / 116

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

Patient Sticker

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INDUCTION OF LABOR CONSENT

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

You are scheduled for an induction of labor on 20/07/2026 (date) at 38 weeks + 5 days weeks of gestation).

The reason for your induction is Term

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

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

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

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

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

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

Patient

Signature:

Name: Mrs. Nivedha

Date & Time: 20/7/26

Patient Attendant:

Signature:

Name: Mr. VIJAYESH

Relationship with Patient: Husband

Date & Time: 20/7/26

Doctor:

Signature: 82217

Name: Dr. Shreedevi

Date & Time: 20/07/2026

Witness

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : ... JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN
..... 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: Dr. Mathangi

Consentee :

Signature : .....

Name : mrs. Nivedha

Date & Time : 20/7/2026

Patient Attendant :

Signature : .....

Name : mr. VIJINESH

Relationship with Patient: HUSBAND

Date & Time : 20/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : 20/07/2026 Dr. Shreedevi

Date & Time : 20/07/26

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Mathangi
ANAESTHETIST	
ASSISTANT	Dr. Vinitha
DATE	21/07/2026
TIME	2:11 pm
PLACE	LABOUR WARD (THEATRES)

CONSENT
(VERBAL) / WRITTEN

EPISIOTOMY
(YES) / NO

BLADDER EMPTIED?
FOLEY IN/OUT (NO)

ANALGESIA
(LOCAL) / PUDENDAL
AMOUNT USED ____ MLS
OF 10ml
EPIDURAL / SPINAL
GA

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

LIQUOR
(CLEAR) /BLOOD STAINED/ MECONIUM

ABDOMINAL FINDINGS
(0) /5 PALPABLE

VAGINAL EXAMINATION

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

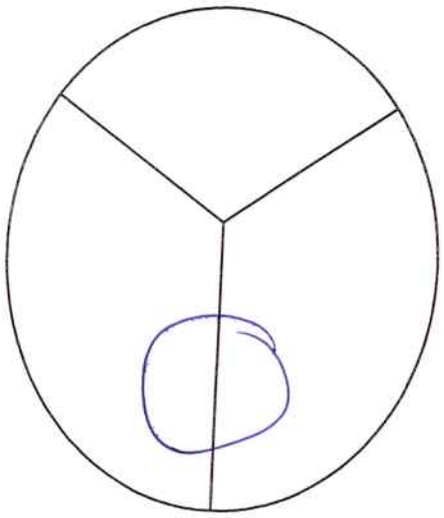
POSITION	DOA /	LOA /	ROA /	ROP /	LOP /	DOP /	(LOT) /	ROT
CAPUT	(0)	+	++	+++				
MOULDING	(0)	+	++	+++				

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

MANUAL ROTATION (NO)	TIME OF APPLICATION 2:10pm	No. OF TRACTIONS -
ABANDONED (NO) (FULL DETAILS IN NOTES)	TIME OF DELIVERY 2:11 pm	LENGTH OF DELIVERY -

Brief description of delivery and perineal repair.

(Please mark ventouse position on diagram)



EXTENT OF TEAR

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

SUTURE MATERIAL USED	**SUTURE TECHNIQUE**	**PR**	**PV**
2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER? Rapid vicryl 2-0 Vicryl	CONTINUOUS/INTERUPTED SKIN CLOSED? YES/NO	YES / NO	YES / NO
FOLEY CATHETER YES NO REMOVE .... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	**SWAB COUNT** PRE – REPAIR Correct POST – REPAIR Correct	**ANTIBIOTICS** YES / NO (PRESCRIBE ON DRUG CHART)	**ANALGESIA** YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO	

PARTOGRAPH

JNB-00133043 IP18-00036544
Mrs NIVEDHA
12-08-1997 28 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ None ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: Single loop of cord tight around the neck

Shoulder Dystocia: ☑ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

AVD: ☐ Outlet ☐ Low Forceps ☑ Ventouse (Kiwi) ☐ Trails of Forceps

Indications: LOT / persistent decelerations / poor maternal efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl & 2-0 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: Nil

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 6 hours

2nd Stage: 10 mins

3rd Stage: 5 min

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Boy

Weight: 3.207 kg

APGAR: 8|10, 9|10

Date and Time of Delivery: 21|07|2026; 2:11 pm

LW Doctor: Dr. Mathangi

LW Sister: .....

(P.T.O.)

PARTOGRAPH

Name: Mrs. Wivedha

Obstetrics Formula: G2 P1 L4

Blood Group Type: B- POSITIVE

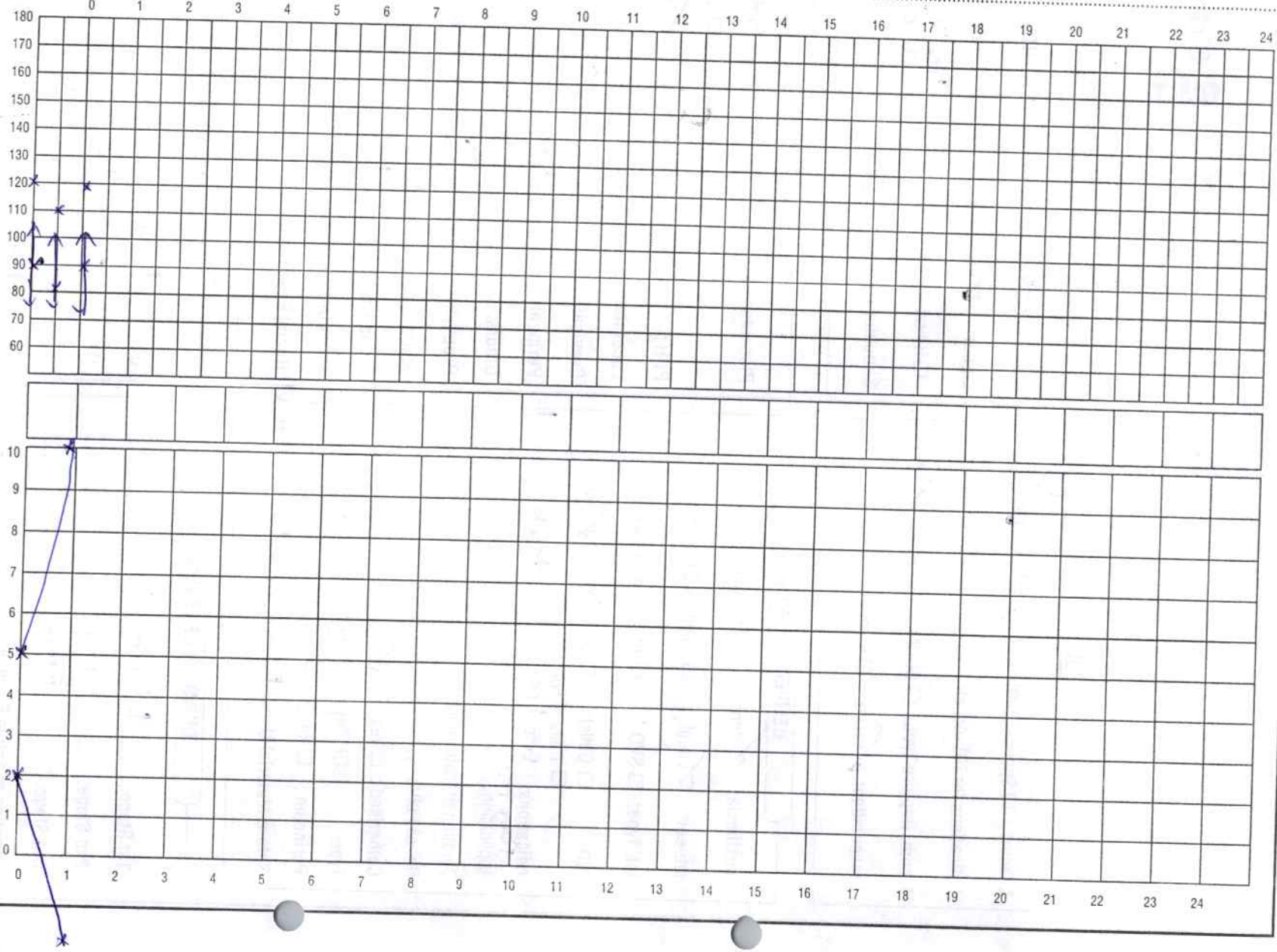
Memb. Ruptured: SROM PROM ARM

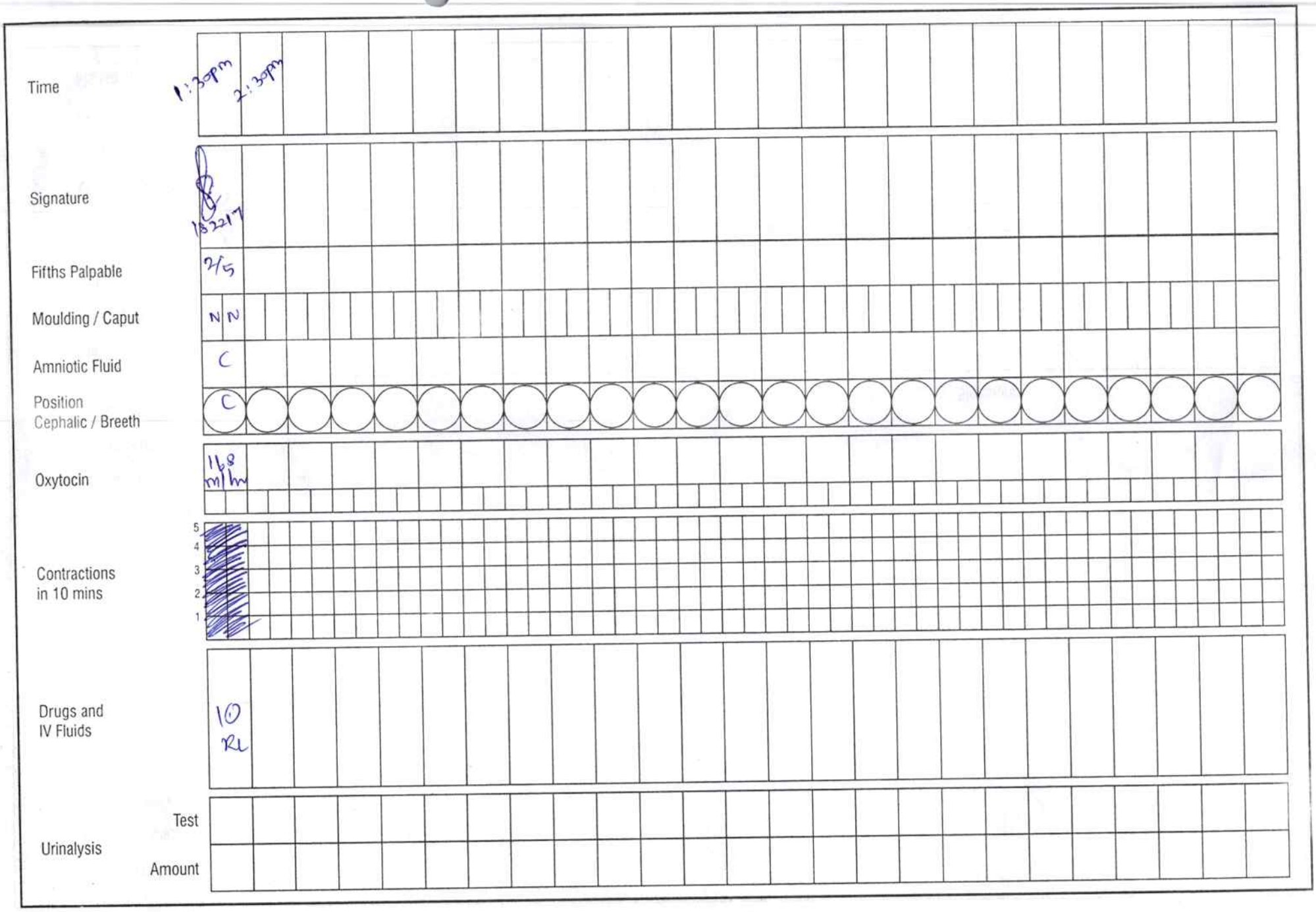
Risk Factors:

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
1:30pm
2:30pm
Signature
18/2/17
Fifths Palpable
2/5
Moulding / Caput
N
N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
11.8
ml/hr
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: .....

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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