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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: .....

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Name of the Patient: .....

UHID No: .....

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 4/7/20

Time: 8.30 PM

Pharmacy Sign

Date: .....

Time: .....

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

Rainbow Children's Hospital

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		8-30pm					
Activity Sheet update by Pharmacy							

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

BirthRight BY RAINBOW HOSPITALS
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ACTIVITY RECORD FOR BILLING

Name: Mrs. Shenbagam

UHID No: ..... IP No: ..... Consultant: ..... Dept: .....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	7.00 pm	MICU	4th floor	Shalini 01407

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
2/7	~~RBS~~	(1036)	[illegible]
2/7	~~U/R: urine culture~~	(1044)	[illegible]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
2/7 ①	CTG (1)	[illegible]		00883	[illegible] 0407
				8806	[illegible]
				8851	Balu 020685
2/7. ②	CTG — ②			8873	[illegible]
3/7/2 ③	CTG — ③			894	[illegible]
3/7/26 ④	CTG — ①			8915	[illegible]
4/7/26 ⑤	CTG — ①				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
3/7/26	Cervical length	1	2272	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 9/7/26 Time: 8:30pm Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

GUC-00040299
Mrs SHENBAGAM S IP18-00036287
21-05-1993 33 Y 1 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTAN

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

Fetal Medicine Report

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Patient name	Mrs. SHENBAGAM S	**Age/Sex**	33 Years / Female
Patient ID	GUC00040299	**Visit no**	7
Referred by	Dr. MATHANGI RAJAGOPALAN	**Visit date**	03/07/2026
LMP date	04/11/2025	**LMP EDD**	11/08/2026[34W 3D]

OB - 2/3 Trimester Scan Report

Indication(s)

Cervical length

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal and Transvaginal

Single intrauterine gestation

Case History

Gravida - 2 , Para - 1 , Male alive - 1

Maternal

Cervix measured 3.80 cm in length.

Fetus

Survey

Presentation - Cephalic

Placenta - Posterior

Liquor - Normal

Single deepest pocket = 3.9

Fetal activity present

Cardiac activity present

Fetal heart rate - 157 bpm

Impression

Single gestation corresponding to a gestational age of 34 Weeks 3 Days

Gestational age assigned as per LMP

Placenta - Posterior

Presentation - Cephalic

Liquor - Normal

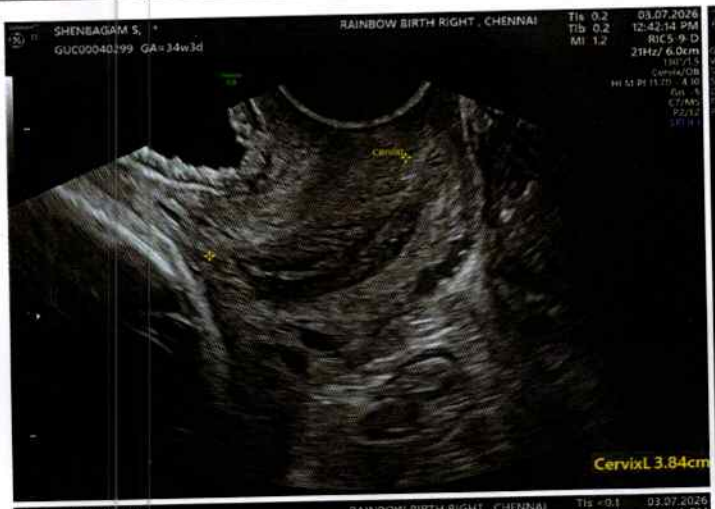
DR SOWBHAGYA LAXMI K MBBS,MS(OBG),DNB(OBG)

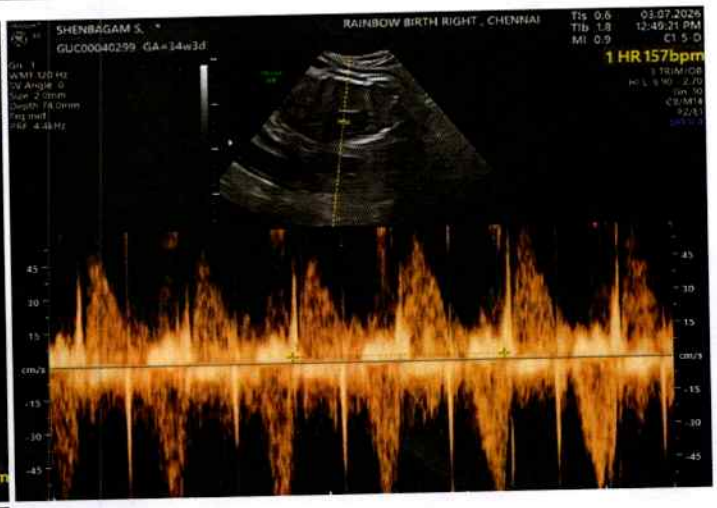
Fellowship in adv laproscopy and Feto-Maternal medicine

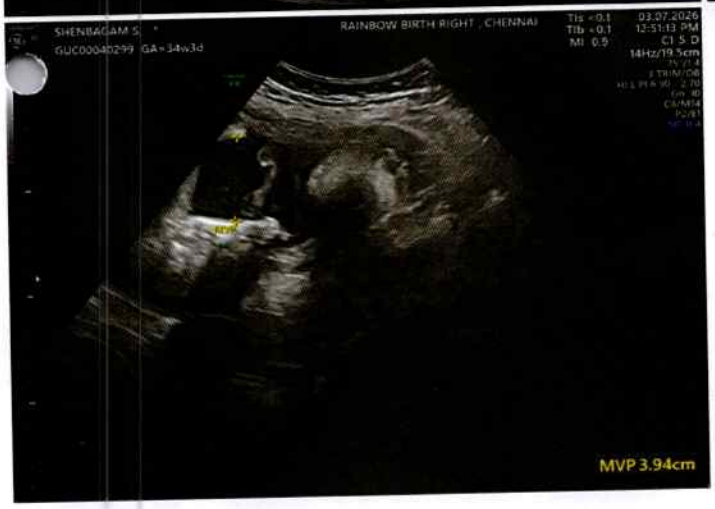
Disclaimer

I declare that while conducting ultrasound imaging on this patient, I have neither detected nor disclosed the sex of the fetus to anybody in any manner.

Patient name	Mrs. SHENBAGAM S	**Age/Sex**	33 Years / Fema
Patient ID	GUC00040299	**Visit no**	7
Referred by	Dr. MATHANGI RAJAGOPALAN	**Visit date**	03/07/2026







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 : IP18-00036287 **Admit Date** : 02-Jul-2026 **Admit Time** : 05:24 PM **UHID** : GUC-00040299

Patient Details :

Patient Name	: Mrs SHENBAGAM S	**Age**	: 33 Y 1 M 11 D
Guardian	:	**DOB**	: 21-05-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: 3/21,DR.AMBEDKAR ST,BHARATJI NAGAR, NESAPAKKAM K K Nagar Chennai Tamil Nadu INDIA 600078	**Phone No**	: 7358567696
		E-mail	: shenbadhajo@gmail.com

Admission Details :

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

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

Contact Details :

Name : **Relationship** :

Contact Address : **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

Door No.157 to 160, Anna Salai, Guindy, Guindy ,Chennai ,Tamil Nadu, INDIA ,600015.
TEL NO :044-40122444
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SHENBAGAM S**	**Age :**	**33 Y 1 M 11 D**
IP No:	**IP18-00036287**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: S. SIVARAM

Relationship: Brother

Date: 02/07/26 Time: 5:28 pm

Wittness Name: V. Naveen Antony

Wittness Signature:

Patient Address:

3/21,DR.AMBEDKAR ST,BHARATJI NAGAR,NESAPAKKAM K K Nagar
Chennai Tamil Nadu INDIA 600078

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

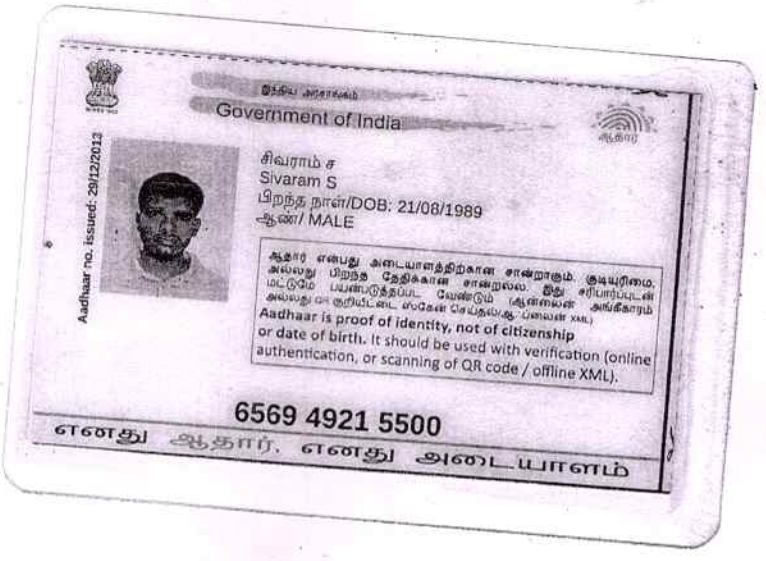
BILLING POLICY

- 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. Shenbagam. S	UHID Number : GUC-40299
Self/Attendant Name : S. SIVARAM	Relation : Brother.
Self/ Attendant Signature : Phone Number : 9884018511	Name & Signature of Financial Counselor



இந்திய அரசாங்கம்
Government of India

சிவராம் ச
Sivaram S
பிறந்த நாள்/DOB: 21/08/1989
ஆண்/ MALE

Aadhaar no. issued: 29/12/2012

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது ஒ 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).

6569 4921 5500

எனது ஆதார், எனது அடையாளம்

இந்திய தனிநபர் அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

முகவரி:
S/O: சண்முகம், 3/21, அம்பேத்கார் தெரு, பாரதி நகர், நெசப்பாக்கம், கலைஞர் கருணாநிதி நகர், கலைஞர் கருணாநிதி நகர், சென்னை, தமிழ் நாடு - 600078

Address:
S/O: Shanmugam, 3/21, AMBEDKAR STREET, BHARATHI NAGAR, NESAPAKKAM, Kalaignar Karunanidhi Nagar, PO: Kalaignar Karunanidhi Nagar, DIST: Chennai, Tamil Nadu - 600078

Details as on: 24/05/2024

6569 4921 5500

VID : 9176 7469 7461 3662

1947 | help@uidai.gov.in | www.uidai.gov.in

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

Shenbagam

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints: Able to PFM well. C/o pain abdomen + backpain since morning. No c/o abnormal discharge pv / (N) bowel & bladder habits.

LMP: 04/11/2025

EDD: 11/08/2026

Corrected EDD:

GA: 34^{+2} weeks

Menstrual History: Regular: ☑ Yes ☐ No
M/S: 4 years.

Obstetric Formula: $G_2P_1L_1$

Obstetric Hostory:
I - Boy, SVD, 2.9 kg, 3 years. Rainbow AGH Guindy
II - PP, spontaneous conception.

Present Pregnancy Record:
- Booked & immunised
- NT (N). FTS screen Neg.
- Anamoly & Growth scans (N)

Obstetric Examination

Fundal Height: ~34 weeks

Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe — 1c/15-20sec/10 mins

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others ______

Head Fifths Palpable: 5/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

preterm pains

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination (−)

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated ______

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 151 cm

Weight: 65.9 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: full

Pallor: No

Icterus: No

Edema: No

Temp: Normal

PR: 80/min

BP: 106/75 mmHg

DTR: (+)

CVS: S_1S_2 (+)

RS: B/L AE equal.

Liver/Spleen: soft

Urine Output: adequate

DIAGNOSIS

$G_2P_1L_1$, O positive | Previous NVD, LCB - 3½ years | 34^{+2} weeks | Preterm pains

(P.T.O)

Docu. No. : RCH /FRM / CLINICAL / 087

Patient Sticker

Family History:	Surgical History:
Mother - T2DM	Nil
Medical History:	**Medication History:**
Inj: FCM 500mg in 100ml NS given on 30/6/26.	Nil
Plan of Care: I/T Dr. Mathangi Advice: - Admission - Inj: BETNESOL 12mg IM Stat followed by 2nd dose tomorrow after 24 hours - Tocolysis with Tab. NIFEDEPINE 10mg TDS. - W/F contractions. - Inform SOS. - CTG BD (8AM / 9PM) - Shift to ward.	**Investigations:** CTG urine (routine / C/S.) CBG - 95mg/dl

Doctor Name: Dr. Anjalakshmi
Signature: 16428
Date & Time: 2/7/26, 5pm

Consultant Name: Dr. Mathangi
Signature: for 16428
Date & Time: 2/7/26, 5pm

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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Date: ..... Department: ..... Shift: .....

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

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RESULT SHEET

Date	20/6/26				O POSITIVE	
Time						
Hb	10.2					
PCV						
RBC						
WBC					ICT -	Neg
N/L						
Platelets	2.52				HIV	NR
CRP					HBSAg	
ESR					VDRL	
PCT					Anti HCV	
RBS	F-89					
Na	PP-68.					
K					Rubella - Immune	
Cl						
Ca/Mg					Hb Electrophoresis	(N)
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

16/6/26

Date	2/7/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-4					
CUE - RBC Cells	Nil					
CUE						
	Bacteria (+)					
	Nitrite - Negative					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities : .....

.....

.....

.....

2/7/26

Radiology : USG : SLIUG - $34+2$ weeks

X-Ray : cephalic

ECHO : placenta - posterior

CT : AFI - 13.8

MRI : Cx - 3.80 cm

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

20/6

EFW - 1.9 kg (42nd centile)

UHID 00040299 IP18-00036287
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Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 10pm	S/B Dr. ...	
	Pt reviewed	
	Able to perform well	
T (N)		
BP- 104/64	O/E	Advice
PR- 88/min.	Pt GC fair	W/f contractions
	afebrile	CTG BD [9am/9pm]
	P/PE:	Inj Betnesol 2nd dose
CTG- Reactive	CVS / RS NAD	12mg IM on 3/7/26 @ 5:15pm.
		To continue Tocolysis
	P/A- Ut 34wks	(T Depin 10mg tds)
	Relaxed	
	cephalic	
	FHS good.	14680
3/7/26 9AM	S/B Dr. Harshita	Dr. Shreedevi:
	Pt reviewed.	
1st dose steroid: 5:15pm 2/7/26.	no sp complaints	Plan:
	O/E: afebrile	- monitor vitals.
BP 98/60mmHg	GC fair	- CTG BD
PR 72bpm.	P°/PE°	- inj. Betnesol 5:15pm 3/7/26.
SpO2 99% @ RA	P/A: uterus @ 32w	
Temp (N)	Relaxed	- continue tocolysis
	cephalic	(check BP before
	FH (+)	dose & inform)
	clear liquor (N)	- DFMC

23425

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

GUC-00040299 IP18-00036287
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/07/2026	C/S/B Dr. Dhivyalakshmi /	Dr. Shreedevi
	GA-34w+3d	
3:15pm	Pt reviewed	Advice
	Able to PFM well	- Normal diet
T - (N)	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
PR - 72/min	P° / PE°	- Vitals monitoring
BP - 100/60 mmHg	CVS / RS NAD	- Follow drug chart
		- Strict FKC
	P/A - Uterus @ 34 weeks	- CTG BD (8Am - 8pm)
No contractions / Tightening in 10mins	Relaxed	- INJ. BETNESOL 12mg IM @
	Cephalic	5:15 pm today (2nd dose)
	FHS - good, FM (+)	- Continue Tocolysis
	FP (+)	- Inform (SOS)
	182217	
3/7/26 9pm	Dr. [illegible]	ANC steroids covered
G2P1L1	Pt reviewed	
[illegible]	No complaint	→ Normal diet
GA 34wks+3d	Able to PFM well	→ Plenty of oral fluid
T normal	O/E P- / PE -	→ Strict FKC monitoring
BP 115/72 mmHg	CVS / RS NAD	Vitals monitoring
PR 80 bpm	P/A - Ut 34 wks	→ Follow drug chart
SpO2 98% [illegible]	Relaxed	
NST reactive	Cephalic	
	FH good	
	L/E No abnormal discharge / bleeding	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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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: NICU 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 : 164288 Dr. Divyalakshmi

Date & Time : 2/7/26 @ 5pm

Nurse Name & Signature: S. Shalini (014072)

Date & Time : 2/7/26 at- 5pm

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

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DRUG CHART

Date of Admission: 2/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As required Medication)

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

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

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

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

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 65.9kg Ward. CDR

DRUG : Tab. NIFEDEPINE

Dose	Route	Frequency	Start Date
10mg	PO	1-1-1	2/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: Inform BP

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	
1AM		
9AM		
5pm		

DRUG : Tab. FERRONOMIC PLUS

Dose	Route	Frequency	Start Date
1 tab	PO	BD	3/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	2/7	3/7	4/7
8AM			
8PM			

DRUG : Tab. DICALIS

Dose	Route	Frequency	Start Date
1 tab	PO	OD	3/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7
2pm		

DRUG : T. MARTIFUR

Dose	Route	Frequency	Start Date
100mg	PO	1-1-1	3/7/26

Name & Signature of the Doctor Starting the Drugs: 182251

Additional Instructions: x (7) days

Daily Doctor's Endorsement by a Sign

Date/Time	3/7	4/7
8Am		
2pm	5.15pm	
10pm		

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG : T. NIFEDIPINE				Date ▸ Time ▾	3/7	4/7
Dose	Route	Frequency	Start Dt.	8Am	—	[illegible]
10mg	PO	1-0-1	3/7/26			[illegible]
Name & Signature of the Doctor Starting the Drugs: [signature] 82217						
Additional Instructions:				8pm	[illegible]	
Daily Doctor's Endorsement by a Sign						

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
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Weight. 65.9kg Ward. LDR

DRUG :	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
Route / Start Date		Dose		Dose		Dose		Dose	
Name & Signature of the Doctor		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		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	
Route / Start Date		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
Additional Instructions:		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
		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
2/7	5:15pm	Inj. BETNESOL	12mg	IM	164288	AS
2/7	5:15 pm	Tab. NIFEDEPINE	10mg	PO	164288	AS SS.
3/7/26	5:15pm	INJ. BETNESOL	12mg	Im	822147	SA RJ

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Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 65-9/09 CDN Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

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Early Warning Observation Score Chart - Obstetrics

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

2/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																							
	21 - 30																							
	11 - 20									20			20	20					20			18		
	0 - 10																							
Saturations	94 - 100 %									98%			99%	97%					98%			99%		
	< 94 %																							
Administered O2 (L/min.)										RA			RA	RA					R			R		
Temp°c	40																							
	39																							
	38																							
	37									98.6°F			98.3°F						98.3°F			98.6°F		
	36												98°F											
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100																		88bpm			88bpm		
	90									90bpm			88bpm											
	80													114bpm										
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressure ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120									106			90	64					98			90		
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
	40																							
NEURO RESPONSE [✓]	Alert									✓			—	✓					—			—		
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30									✓			—	✓					✓			✓		
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal									—			—	✓					✓			—		
	Heavy / Foul																							
Liquor	Clear / Pink									—			—	—					✓			✓		
	Green																							
TOTAL YELLOW SCORES										0			0	0					0			0		
TOTAL ORANGE SCORES										0			0	0					0			0		
Nurse Initial										VB			VB	VB					VB			VB		

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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

3/7	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	16b/m				16b/m				18b/m				18b/m				18				18			
	0 - 10																								
Saturations	94 - 100 %	98%				99%				98%				98%				99%				98%			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA				RA				RA				RA							
Temp °c	40																								
	39																								
	38	98°F								98°F				98°F				98°				98			
	37					98.2°F																			
	36																								
	35																								
	< 35																								
Heart Rate	170 – 40	70b/m				72b/m				84b/m				80b/m				82b/m				83b/m			
Systolic Blood Pressure ↑	190 – 50	97 (69)	108 (75)			100 (70)				93 (67)				114				98				100			
Diastolic Blood Pressure ↓	130 – 40	60	69			60				60				73				58				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	0			0				0				0				0				0			
TOTAL ORANGE SCORES		0	0			0				0				0				0				0			
	Nurse Initial	[illegible]	[illegible]			H.				[illegible]				VD				[illegible]				[illegible]			

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FLUID CHART

Sheet No. : 1

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

21/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm	← Admission 21/7/26								→		SP
	04:00 pm	Water	150ml								No	SP
	05:00 pm										IV	SP
	06:00 pm									150ml	Urine	SP
	07:00 pm	water	500ml				Stool passed			180ml		S
Total Intake :		500ml				**Total Output :**				330ml		
	08:00 pm					Mouth Paint						Baby
	09:00 pm	IC water	200ml							250ml	No	Baby
	10:00 pm	Milk	200ml							100ml	IV	Baby
	11:00 pm	"										Baby
	12:00 am	Water	100ml							50ml	time	Baby
	01:00 am											Baby
Total Intake :		500ml				**Total Output :**				600ml		
	02:00 am	Water	100ml							100ml	NO	Baby
	03:00 am					Mouth Paint						Baby
	04:00 am	Water	200ml							150ml	IV	Baby
	05:00 am											Baby
	06:00 am									200ml	Urine	Baby
	07:00 am	Feed	200ml									Baby
Total Intake :		400ml				**Total Output :**				450ml		

Total 24 hrs. Intake	1400ml	Total 24 hrs. Output	1080ml

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/7	08:00 am	Coff	100ml								NO	ML
	09:00 am	water	100ml				stool passed			200ml	IV	ML
	10:00 am	Milk	100ml									ML
	11:00 am	water	150ml								line	ML
	12:00 pm	water	150ml							220ml		ML
	01:00 pm						stool passed					ML
Total Intake :		600 ml						**Total Output :**		420ml		
	02:00 pm	water	200									Rfey
	03:00 pm	water	150							200	NO	Rfey
	04:00 pm	milk	200								IV	Rfey
	05:00 pm	water	200							250		Rfey
	06:00 pm	water	150								line	Rfey
	07:00 pm									200		Rfey
Total Intake :		900ml						**Total Output :**		650ml		
	08:00 pm	Tea	200ml									PSD
	09:00 pm									200ml	NO	PSD
	10:00 pm	Milk	200ml									PSD
	11:00 pm									200ml	IV	PSD
	12:00 am	water	100ml							100ml		PSD
	01:00 am	water	100ml							100ml	line	PSD
Total Intake :		600ml						**Total Output :**		600		
	02:00 am										NO	PSD
	03:00 am	water	100ml							200ml		PSD
	04:00 am										IV	PSD
	05:00 am											PSD
	06:00 am									200ml	line	PSD
	07:00 am	Milk	200ml									PSD
Total Intake :		300ml						**Total Output :**		400ml		

Total 24 hrs. Intake	2,400ml	**Total 24 hrs. Output**	2,120ml

GUC-00040299 IP18-00036287
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NURSING CARE RECORD

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Date: 2/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	5pm	→ Pain patient & Family Education	5:30 pm	→ Assess the patient condition → Monitor vital sign → Maintain Hygiene → explain Disease Condition & problem	Knowledge can be improved.	Reassessment was done	Shalini 01407
Night	8pm	Relieve pain & Discomfort.	9pm.	→ Assess the Pts' condition → Monitor vitals → Provide Comfortable position	Patient is Stable. Pain is reduced	Reassessment done.	Balaji 02068

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: ....

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	7-30AM	To prevent infection	8AM	→ Assessed general condition. → monitored vital signs → monitored I/O chart	Improving patient condition	Improving patient condition	[signature]
Afternoon	1.30 Pm	Maintain fluid volume	2pm	maintain oral intake maintain I/o chart	Improving fluid volume	Re assessment Done	[signature] 607...
Night	8pm	Maintain nutritional status	10pm	Assessed the [illegible] Monitor vitals Administed medication Maintain I/o chart	Maintained good nutritional status	Assesment Done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes:	
2/7/26	4²⁰ Am	A New patient got admitts	
		Mrs. Shenbagam under DR. Mathangi	
		patient. Patient Came for G2P1L1	
		O +ve, Previous NVD, 34+2 wks.	
		Preterm pains.	Shaline 01407
		Patient conscious & Oriented.	
		vital sign checked & Recorded	
		vital sign are Stable	
		CTG Connected FHR is good	
		S/b. DR. Divya She Contraction	
		Checked 1 Contraction 15 to 20 sec.	
		DR- Divya mam advice To do. Scan	Shaline
		Cervix length.	01407
		Patient shifted Cervix length scan.	
		patient Received from predelivery	Shaline 01407
		CTG Connected FHR is good	
		S/B. DR. Mathangi mam. Contineous	
		Same treatment, observation	Shaline 01407
	5¹⁵ pm	Tab. Nifidipine 10mg p/o given	
		CBG checked 95mg/dl.	
	5¹⁵ pm	Inj. Betanosol 12mg Im given	
		CTG Disconnected Order by DR. Diya	Shaline 01407
		DR. Divya mam advice shifted to	
		ward, Part preparation, IV line	
		no need Order by DR. Divya	Shaline 01407
	7pm	patient shifted to 4th floor ward	

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Receiving Notes on 2/2/26	
	7.20pm	The patient received from the LDR. The patient is conscious and oriented	@15280
		vitals are checked and recorded temp is normal	
		PP +++ CP ++ CRT <2s	
	7.30pm	H/o chart is maintained No any other complaints	
	7.40pm	The patient details handovers given to night duty staffs.	@15280
		Night duty Notes-	
2/2/26	7.40pm	The patients details handing over taken from evening duty staff. patient is conscious. No IV line. →	Baleej 020685
	8pm	Vital Signs checked & Recorded Vitals are stable. →	Baleej 020685
	9.00pm	CTG done. Informed to Dr. Pavithra mam. →	Baleej/020685
	10pm	Dr. Pavithra mam seen the patient. Advised to Inform 1AM BP 98/51(G) MMS	Baleej/020685
3/2	1am	Vital Signs checked & Recorded Vitals are stable. →	Baleej/020685

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Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Notes ←	
3/7	1am.	BP. Inform to Dr. Pavithra	
		team advice to manual BP-check	P.S. [signature] 019384
		and phone call order.	
		T- Nifidip -long given. as per	
		order.	
	3AM	pt was slept well. No any	
		pain & contraction pt was	
		comfortable.	
	4AM.	Vitals are checked record.	P.S. [signature] 019384
		Vitals are stable / PP/c	
	6AM.	maintained I/O chart	
	7.30AM	pt c/o mild pain & contraction.	
		Inform to Dr. Pavithram mam	
		order watch for 1 orient contraction	P.S. [signature] 019384
		after 1 orient no contraction.	
		pain was reduced.	
	7-30pm	Pt details Handy are given	
		to the Morning duty S/N.	
		→ Morning duty ←	
3/7	7-30PM	patient taken over from	
		night duty staff conscious &	[signature]
		awake.	
	8AM	Vital signs checked & recorded.	
		No other complaints.	
		PP ++ / CP ++ / UPT [illegible].	

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue ←	
3/7/26	9 AM	due medication's are given	
		as per doctor's order	
		Dr Akshitha seen the	[signature]
		Advised to check BP	
		& continue medication's	
		as per order	[signature]
	10AM	Dr. Akshitha through phone	
		call order Advised to	
		do cervical length	[signature]
	12pm	vital signs checked &	
		recorded. No other	
		complaints of pain &	
		contractions	[signature]
	12.30 pm	scan informed. CTG staff	
		informed dr. [illegible] mam.	
	1..	[illegible] maintained.	
	1.30 pm	Dr. Akshitha mam advised	
		by stop CTG.	
	1.30 pm	Handing over given to	
		evening duty staff nurse	[signature]
3/7/26		Evening Duty	
	1.30pm	Patient details handing	
		over taken from morning	
		Duty Staff. Patient is conscious	
		and oriented. Patient is on	[signature]
		room air.	612893

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/7/26		(Continue) →	
	2pm	Due medications are given as per Doctor's order.	
		No any other complaint Patient is stable	Basi 012893
	4pm.	Vital signs are checked and recorded. vital signs are stable.	Basi 012893
	5pm	Due medication given as per the drug chart	
	6pm	Dr. Mathangi mam rounds was done adv to give T. Nifedipine BP	
		Administer the medication as per doctor's order	
	7.30pm	The patient details handover given to night duty staffs	015280
		→ Night Duty 3/7/26 ←	
3/7/26	7.30pm	pt details handing over taken from day duty s/N. Pt was conscious & oriented. NOAD in pt under the care as pt had normal diet	

Patient Sticker

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ Continue Note ←	
3/7/26	8pm.	Checked the BP - Inform to the Dr. Sridevi mam order T-Nifedipine-10mg given with all check seen.	[signature]
	9pm.	CTG connected songay. Dr: Jennifer mam came & seen the pt advised to continue further treatment	[signature]
	10pm	Due medication given as per drug chart order.	
	12AM.	Vitals are checked recorded, vitals are stable	[signature]
	2Am	Pt sleeping well. No any fresh complaints.	
	4AM.	Vitals are checked recorded, vitals are stable PP/CP	
	6AM.	Vitals recorded T/O chart.	
	7.30pm	Pt details Handing over given to the next duty staff.	[signature]

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ..... NIL .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/7/26 Time of Arrival: 4.20pm Time Seen by Nurse: S/N. Shalini 04075

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

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

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

3) **Vital Signs:** Temperature: 98.6°F Pulse: 80/mt RR: 20/mt SpO_2: 98% BP: 106/75 Weight: 65.9 kg

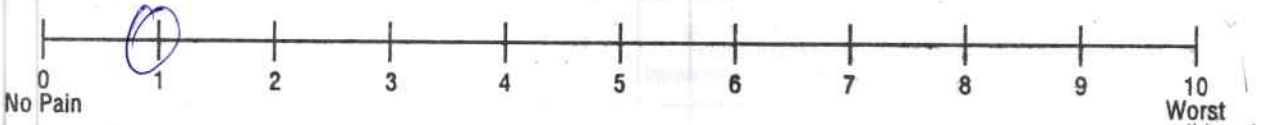
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A -

LMP: 04/11/2025 EDD: 11/08/2026 Gestational Age: 34+2 wks

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 2/7/26	Time 3pm	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

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



- Location: Lower Abdomen Pain
- Duration: 1 Days / Weeks/ Months (Strike out which is not applicable)
- Character: Mild
- Frequency: 10 sec
- Interventions: Comfortable position

6) **Past History:**

a) Surgeries: Nil

b) Medical: Nil

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: DR Divya

Nurse Name : S/N. Shalini Nurse Signature: S. Shalini 014072

Date: 21/7/26 Time: 5pm

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Mrs SHENBAGAM S
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 2/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes, identify –

Chief Complaints: G2 P1L1 34+2 wks Preterm pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Divya

Time Notified: 4.20 pm

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: O+ve LMP: 04/11/26 EDD: 11/08/26 Gestational age during admission: 34+2 wks

Contractions: 1 contraction 15 to 20 sec Vaginal Discharge: –

Obstetric History: G 2 P 1 L 1 A – Previous LSCS –

Height: 151 Weight: 65.9kg BMI:

Temp: 98.6°F HR: 80/mt RR: 20/mt BP: 106/75 SpO_2 98%

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

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

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ...Mother – T2 DM...

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ...28... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others ...

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ...Patient...

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

Orientation not given Reason: ...–...

Nurse Signature: ...S. Shalini...

Nurse Name: ...S. Shalini 01407r...

Date & Time: ...2/7/26 4²⁰pm...

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 2/7/26

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

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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Morse Fall Risk Assessment Form

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

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

☐ Ensure patients use their prescribed eye glasses if any, in the hospital

☐ Use chairs with arm rests

☐ Use safety straps on stretchers and wheelchairs while transporting patients

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

☐ Assist and/or supervise ambulation. Reinforce to always call for assistance

☐ Hourly safety check

☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

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BRADEN 'Q' SCALE

				Date :	2/7	2/7	3/7	3/7
				Time :	E	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	22	28
				Evaluator's Name	[signature] 014072	Balu [signature] [illegible]	[signature]	[signature] 012893

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

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

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

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Patient's Name:..

MRD NO:............................Room No.:...................

Age :.................... Weight :...............Sex: ☐ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

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 2

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/7	5pm	Treatment Care	Explain about Treatment & Care	Patient	No learning barrier	Oral	None	verbalized understanding	Good	Shalini 01407
3/7/26	9AM	Infection control Measure	Health education given about infection control Measure	patient	NO	Oral	None	verbalized	good	Shalini 01407

Part - III: CODES

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

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

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

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

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

Patient Sticker

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

P.T.O

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

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

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

9. Additional notes: .....

Continuity of Care:

Date: .....

Handover given by .....

Signature .....

Date & Time: .....

Handover taken by .....

Signature .....

Date & Time: .....

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PATIENT TRANSFER FORM

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	2/7/26 at 5.24 pm	2/7/26 at 7 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Mathangi	DR. Divya	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	4th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
op file	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Nifedipine 10mg	(10)
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. Shalini 014072	DR. Divya

Patient & Clinical Records Received by : [signature] 015760 2/7/26 @

Date & Time of Patient Received : 7.15 pm

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

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

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

GUC-00040299 IP18-00036287
Mrs SHENBAGAM S
21-05-1993 33 Y 1 M 11 D (F)
[illegible] MATHANGI RAJAGOPALAN

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
2/7/26	5^10 pm	95mg/dl	DR: Divya	S-Shalini 01407