Rainbow Children's Hospital

GUC-00085047
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 14 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036436

UHID

DISCHARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	INTIMATION	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	14/2/20						
Activity Sheet update by Pharmacy							

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

ACTIVITY RECORD FOR BILLING

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. Sangeetha

UHID No: 85047 IP No: 36436 Consultant: Dr. Mathangi Dept: LDR.

Date of Admission: 12/7/26. Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/7/26	6.10pm	LDR	4th floor	Devi/0190

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
14/7/26	HB	26022561	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
12/7	CTG - ①			009375	Shal 01407
	CTG - ②			009375	Shal 01407
	CTG ③			009375	[illegible] 0161
	CTG ④			009377	[illegible] 0161
	CTG ⑤			009384	Akalya 01808
13/7	CTG ⑥			009384	Akalya 01808
	CTG ⑦			009384	Akalya 01808
	CTG ⑧			009384	Akalya 01808
	CTG ⑨			009384	Akalya 01808
	CTG ⑩			009394	Akalya 01808
	CTG ⑪			009394	Shal 01407
	CTG - 12			009394	Shaleen 01407
	CTG - 13			009394	Shaleen 01407
13/7	Infusion Pump	13/7/26 8¹⁰ AM	13/7/26 4pm	726518	Shaleen 01407
	CTG - 14			009415	Shal 01407
	CTG - 15			009415	Shal 01407
	CTG - 16			009415	Shal 01407

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/7/26	Duplacement	(1)	172605	

ANY OTHER INFORMATION:

Delivery Details : Kiwi Assisted vaginal Delivery
Date : 13/7/26
Duration : 1 Hour
Time : 1pm to 2pm
Dr. Mathangi
Dr. Vinitha

Date: 14/7/26 Time: 6am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		14/7/25 @ 11.15AM			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

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 : IP18-00036436 **Admit Date** : 12-Jul-2026 **Admit Time** : 11:18 AM **UHID** : GUC-00085047

Patient Details :

Patient Name	: Mrs SANGEETHA C	**Age**	: 27 Y 8 M 12 D
Guardian	: Mr VIKRAM VARMAA	**DOB**	: 31-10-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 64, MARWAH FALTS, BF-1, FIRST FLOOR, BHARATHI NAGAR Tambaram West Kanchipuram Tamil Nadu INDIA 600045	**Phone No**	: 8838429544/ 9087751196
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr VIKRAM VARMAA **Relationship** : Husband

Contact Address : 64, MARWAH FALTS, BF-1, FIRST FLOOR, BHARATHI NAGAR Tambaram West Kanchipuram Tamil Nadu INDIA 600045 **Phone No** : 9087751196

Signature

tor Details :

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

Referral Doctor : Dr. Mathangi Rajagopalan **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 27000.00

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SANGEETHA C**	**Age :**	**27 Y 8 M 12 D**
IP No:	**IP18-00036436**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned 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: Mr. Vikram Varmaa
Relationship: Husband
Date: 12/7/2026 Time: 11:18AM
Witness Name: Jothi
Witness Signature:

Patient Address:
64, MARWAH FALTS, BF-1, FIRST FLOOR, BHARATHI NAGAR Tambaram West Kanchipuram Tamil Nadu INDIA 600045

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 : Sangeetha C	UHID Number : RUC: 00085047
Self/Attendant Name : Vikram Varma	Relation : Husband
Self/ Attendant Signature : Phone Number : 9087751196	Name & Signature of Financial Counselor

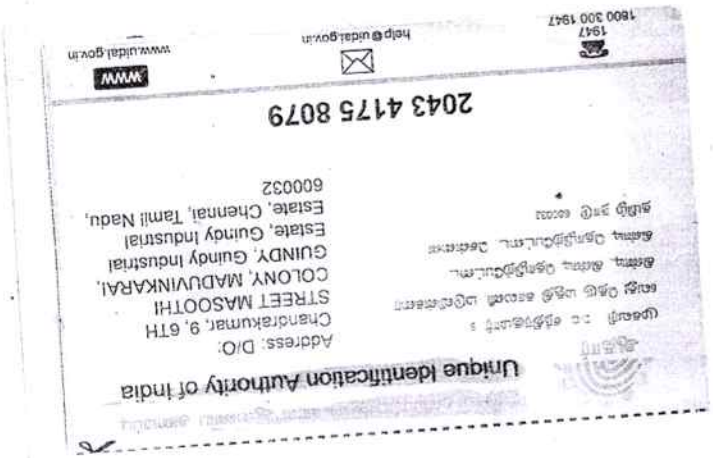
இந்திய அரசாங்கம்
Government of India

சங்கீதா
Sangeetha
தந்தை : சந்திரகுமார்
Father : Chandrakumar

பிறந்த நாள் DOB: 31/10/1998
பெண்மை / Female

2043 4175 8079

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



Mrs. Sangeetha

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

IP AD[illegible] OBSTETRICS

Presenting Complaints Able to Perm. Admitted for IOL.

LMP: 14/10/2025 EDD: 21/07/2026

Corrected EDD:

GA: 38+5 weeks

Obstetric Formula: Primigravida

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory: m/s: 3 years

J - PP, Spontaneous conception

Obstetric Examination

Fundal Height: Term

Present Pregnancy Record: -

Booked & immunised NT (N), FTS low risk

Anamoly scans (N)

Growth (N) HC - 5th %

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS

prev. post low lying placenta 2-7cm from os. (28+4 weeks)

Per Speculum Examination (-)

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Dr-Sheela

Cervix: ☑ Long, soft, posterior ☐ Partially effaced ☐ Effaced

Os: Closed _____ Dilated tip of finger

Membranes: ☑ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: ..... cm

Weight: 94.2 kg

Allergies: SOLANUM / DRY FISH

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: full Pallor: NO

Icterus: NO Edema: NO

Temp: N (98°F) PR: 94/min

BP: 120/77mmHg DTR: (+)

CVS: S1S2 (+) RS B/L AE (+)

Liver/Spleen: Soft Urine Output: adequate

DIAGNOSIS

Primigravida | 38+5 weeks | Hypothyroid | IOL

O positive

HC - 5th centile

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Father - T2DM, HTN Mother - Hypothyroid	Dental Surgery - × 10 years ago.
Medical History:	**Medication History:**
Hypothyroid in pregnancy	Tab. THYRONORM 37.5mcg OD
Plan of Care: I/T Dr. Mathangi - Admission. - parts preparation. - secure IV line. - Plan: Foley's induction 1:35pm ↓ ASP, 22F Foley bulb inflated with 50cc d/w and kept intracervically. minimal bleeding (+) - Inj. SUPACEF 1.5gm IV TDS (ATD) - post foley CTG now. - W/F bleeding. - W/F spont. foley's expulsion. - W/F PR > 100 bpm - Inform SOS.	**Investigations:** CTG

Doctor Name: Dr. Dhivyalakshmi
Signature: 16.12.25
Date & Time: 12/7/26, 11:20AM

Consultant Name: Dr. Mathangi
Signature: for 16.12.25
Date & Time: 12/7/26, 11:20 AM

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

RESULT SHEET

Date	1/7/20				O POSITIVE	
Time						
Hb	12.9					
PCV	40.6				ICT-	Neg
RBC	4.32					
WBC	13280				HIV	NR
N/L					HBsAg	
Platelets	2.49 lakh				VDRL	
CRP					Anti HCV	
ESR	38					
PCT						
RBS	F - 79				30/5	
Na	PP - 80				TSH -	2.26
K						
Cl					Rubella -	Immune
Ca/Mg						
Phosphate					ECG	(N)
Urea					Echo	EF 62-66%
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj					F -	83
T.Protein					1hr -	142
S.Albumin					2hr -	56
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

16/7/20

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 : 4/7/20 SLIUG - 37^{+4} weeks

X-Ray : placenta - posterior

ECHO : cephalic

CT : (7/7) AFI - 9.3 (SDP-5)

MRI HC/BPD 5th/5 centile EFW - 2967g (39th centile)

Others (ECG, Contrast Studies etc.,) : Dopplers - (N) study

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/7/26 4 pm	S/B Dr. Divyalakshmi	
	pt. c/o foley's expulsion	
	D/I Dr. Mathangi	
	Advice	
	– CTG STAT → Q4H	
	– W/F contractions, bleeding pv	
	– Reassess at 8pm & inform for plan: T. MISO 50 P/O.	
	– Inform SOS	
		164288
12/7/26 8.10pm	S/B - Dr Anandharaman	
	Able to PFM well	
	No complaints of pain	
T - (N)		
BP - 110/68mHg	O/E - GC fair, afebrile	
PR 86/min	no pallor/no pedal edema	
	CVS / RS NAD	
FH gud 130-140bpm		
	P/A - ut term	
	Not Active	
	Head unengaged	
	FH gud	

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	P/V - Cx 2cm long (uneffaced), soft	
	posterior	
MBS - 3/13	Os Admits 2 fingers	
	membranes (+)	
	Vertex @ brim	
NST - reactive	pelvis adequate	
	show (+) / no draining PV	
	C/D/W - Dr Mathangi madam	
		Advice
	-	Tab. Misoprostol 50mcg P/O
		stat @ 11pm
post miso	-	pre & post miso CTG
	CTG	- careful FHmonitoring
	↓	- Plenty of oral fluids
	reactive	- Reassess at 4Am.
		- Oc
		[signature] 156007

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/26 4 AM	S/B Dr Anandhaeman	
	pt reviewed	
	well	
	c/o Abdominal pain on & off	
T - (N)	Able to PFM well	
BP - 110/70 mmHg		
PR - 86/min	O/E - GC fair, afebrile	
	no pallor / no pedal edema	
CTG - reactive	CVS	
	B	NAD
	P/A uterus	
	not acting	
	Head unengaged	
	FHgood	
	P/V - Cx 2cm long, soft, posterior	
	Os 2cm dilated	
	membranes (+)	
	Head @ brim	
	pelvis adequate	
	show (+) / no draining PV	
	I SAP, PGE2 gel induction done @ 4.10 AM (13/7)	
		Adv
Informed Dr. Mathangi		- Normal diet
		plenty of oral fluids

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		- post gd CTG after 1 hr
		- careful FH monitoring
		- Follow drug chart
		- W/F contractions
		15600
13/01/2026	C/S/B Dr. Vinitha / Dr. Dhivyalakshmi / Dr. Shreedevi	
8 AM	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- To start INJ. SYNTO @
T-(N)	P° / PE°	2uml/hr
PR- 94/min	CVS /	- Liquid diet
BP- 110/70 mm Hg	RS / NAD	- Continuous CTG
	P/A- uterus @ Term	- W/F Contractions
	Mildly Acting	- Inform (SOS)
	Cephalic	- Follow drug chart
	FHS- good	
	MS 22/1	
9:25 Am	C/S/B Dr. Vinitha / Dr. Dhivyalakshmi	
	- Membranes ruptured Spontaneously @ 9:25 Am	
	Clear liquor seen	

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/07/2026 9:50 Am	C/s/b Dr. Mathangi	
	Membranes rupture spontaneous	
	P/A ut @ Term (3c'/25''/10')	Advice
	Cephalic	- All four's Position
Bed side USG	FHS - good	- Continuous CTG
- LOT	P/V - Cx - 0.5 cm long	- Continue INJ. SYNTO acceleration
- No loop of cord	OS - 2cm dilated	& titrate accordingly
CTG - Reactive	Membranes Absent	- INJ. PETHIDINE 50mg IM + INJ. PHENERGAN 25mg IM
	Vertex @ -2 small / cervical	- W/F contractions / Progress
	Clear liquor draining capd (+)	
	8	
13/7/26 11:10 AM	S/B Dr. Mathangi	
	pt reviewed	
Synto @ 12 ml/hr stopped	CTG - Decelerations upto 80 BPM	
	BBV (+)	
	↓	
	Inj. SYN-10 stopped	
	Left lateral position + IVF on flow	
	P/v: Cx 0.5 cm long.	
	Os 2cm - 3cm dilated.	
	Membranes (-)	
	Vx at -2	
	Clear liquor leaking pv (+).	
	Fetal scalp stimulation → CTG reactive	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Advice - Sitting position - Continuous CTG - W/F contractions. - T/O restart synto if CTG Reactive. - Inform SOS.	
13/7/26 1:20PM	S/B Dr. Mathangi pt. c/o pushing sensation P/V: Cx fully effaced OS fully dilated. membranes ⊖ V_A +1	Advice - Shift to LDR. - Ambonnage to bear down. - Inform OT/NICU.

104288

104288

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/4/26 1:35 pm	KIWI ASSISTED VAGINAL DELIVERY WITH RMLE. (Ind: Variable decelerations)	
	c/B - Dr. Mathangi A/B - Dr. Vinitha / Dr. Shreeden	
	↓ ASP, pt. ↓ Episiotomy perineum painted and draped. Local anesthesia infiltration given. Pt. encouraged to bear down. At crowning RMLE given. Kiwi cup applied in view of variable decelerations. An alive term ♂ baby delivered. Baby cried immediately after birth. Cord clamped and cut and baby handed over to pediatrician. Placenta and membrane delivered intoto. Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis secured.	
	P/A - Ut. firm & contracted well. P/V - No fundus bleeding PV. P/R - Rectal mucosa & sphincter tone (N)	

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B | Alive term BOY A | 13.07.26 @ 1:35pm B | 3.162kg Y | 8/10 9/10	
	Baby m/s [signature] 164708	Advice - (N) diet - oral fluids - monitor vitals - follow drug chart - CBC c/n 6am - W/F ↑bpm - meconium & inform 1st void. - DBF - Inform SOS

GUC-00085047 IP18-00036436
Mrs. SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(5)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/01/2026 5pm	C/S/B Dr. Akshitha / Dr. Shreeden	
PND -0	Patient voided - 400ml	Advice
	PVRU - 45ml	- Normal diet
T-(N)	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
PR-	P° | PE°	- Vitals Monitoring
BP-	CVS |	- Follow drug chart
	RS | NAD	- W/F ↑ Bleeding PV
Baby - M/s	P/A - uterus well contracted	- CBC c/m 6Am
B/L - Breast Soft	Soft	- Inform (SOS)
Passed stools (Minimal)	P/E - BWNL	
	Episound Intact	
	18/22/17	Shift to ward
13/01/2026 9PM	C/S/B Dr. Panitha.	
PND-0	Pt reviewed	Advice
T-(N)	o/e Pt GC fair	- (N) Diet
BP-110/90	afebrile	- Plenty of orals
PR-80/min	P° | PE	- CBC c/m 6Am
	CVS |	- Syrup Duphalac 15ml Stat.
Baby M/S	RS | NAD	- Vitals monitoring
1st Breast Soft		- Follow drug chart
Passed stools	P/A - Ut firm & Cont well	
Voided	P/E - BWNL	

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

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026 5:30AM	C/S/B Dr. Akshitha / Dr. Shreedevi	
PND-1		
	O/E Pt GC fair, Afebrile	Advice
T-(N)	P°/PE°	- Normal diet
PR-79/min	LWS/	- Plenty of oral fluids
BP-113/65mmHg	RS/NAD	- Vitals Monitoring
	P/A- Uterus well contracted	- Follow drug chart
Baby + m/s	Soft	- W/F ↑ Bleeding PV
B/L- Breast soft	L/E - BWNL	- Inform CBC reports
voiding freely	Epi wound Healthy	- Inform (SS)
Passed stools		
	16/07/26	

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 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

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

Date: .....

Department: .....

Shift: .....

S.No	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
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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Patie

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. THYRONORM	37.5mg	PO	OD		☐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 : ..... 16478 Dr. Divyalakshmi

Date & Time : 12/7/26, 11:20 AM

Nurse Name & Signature: ..... S. Shalini (64072)

Date & Time : 12/7/26 at 12pm

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
[illegible] MATHANGI RAJAGOPALAN

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: Ward

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	T. THYRONORM	37.5mcg	PO	OD	13/7/26 6AM	☑C ☐DC
2	T. AUGMENTIN	625mg	PO	TDS		☑C ☐DC
3	T. ACTON DR	1g	PO	TDS		☑C ☐DC
4	JUSTIN SUPPOSITORY	100mcg	PR	BD	13/7/26 2pm	☑C ☐DC
5	C. PAN D	40mg	PO	BD		☑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 : 13/07/2026

Nurse Name & Signature: M. Devi

Date & Time : 13/7/26 at 5.30pm

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
Patient 31-10-1998 27 Y 8 M 12 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

DRUG CHART

Date of Admission: 12/07/2026 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-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 94.2/kg Ward. OPR

DRUG : Tab. THYRONORM

Dose	Route	Frequency	Start Date
37.5mg	PO	OD	13/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions: empty stomach

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7
6am	SP	KH
	SA	CS

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1	12/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	12/7	13/7
8AM		SP
		SD
8pm	BJ	
	MD	
	SA	
11pm	SP	

DRUG : Tab. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	TDS	13/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7
8am		BB
		PK
2pm		
10pm	SS	
	KH	

DRUG : Tab. ACTON OR

Dose	Route	Frequency	Start Date
1gm	PO	1-1	13/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	13/7	14/7
8pm		BB
		PK
2pm		
10pm	SS	
	KH	

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Patient : Dr. MATHANGI RAJAGOPALAN

Weight. 94.2kg Ward. CDR

VARIABLE DOSE	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
12/7	2pm	Inj. SUPACEF	0.1ml	IV	16428	MD TJ
12/7	2.30 pm	Inj. TRAPIC	1gm	IV	16428	MD TJ
12/7/26	11 pm	T. MISOPROSTOL	50mcg	P/V	152063	SA SP
13/7/26	4.10AM	Inj PGE2 gel	0.3mg	Intra cervically	152063	SA SP
13/7/26	10.35 AM	INJ. PETHIDINE	50 mg	Im	82217	SP SN
13/7/26	10.35 AM	INJ. PHENERGAN	25mg	Im	82217	SP SN
13/7/26	1.40 PM	Inj. SYNTO	10 units	IM	16428	SP SN
13/7/26	1.40PM	Inj. TRAPIC	1gm	IV	16428	SP SN
13/7/26	1.45PM	Inj. CARBOPROST	250 mcg	IM	16428	SP SN

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 94.2kg Ward. LDR

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
12/7	2pm	IVF I(1) RL	IV	125 ml/hr	164275	TJ / ND	13/7/16	164285	TJ / ND
13/7	8¹⁰ AM	INJ. SYNTO 5U in 500ml RL	IV	24 ml/hr	182217	SP / SN	13/7/16	164285	TJ / ND
13/7	8¹⁰ AM	IVF 1 RL	IV	free flow	182217	SP / SN	13/7/16	164285	TJ / ND
13/7/16	1:35 pm	Inj. SYNTO 20 units in I(1) RL	IV	125 ml/hr	164280	TJ / ND	13/7/16	164280	TJ / ND

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C (F)
31-10-1998 27 Y 8 M 13 D
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

STAT / ONCE ONLY DRUGS

Name: .....

Weight: 94.2 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
13/7/26	2pm	T. MISOPROSTOL	600 MCG	PR	82217	TJ	MD
13/7/26	2pm	JUSTIN SUPPOSITORY	100 MCG	PR	82217	TJ	MD

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 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

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight 94.2kg Ward LDR

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
100mcg	PR	1-0-1	13/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date/Time	13/7	14/7
9Am	/	PL
9pm	SS/KH	

Daily Doctor's Endorsement by a Sign

DRUG : C. PAN D

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-1	13/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date/Time	13/7	14/7
7Am	/	KH
7pm	NS/VH	

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient S

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

12/7/26	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				20			20		18		19		19		20		19		19		18		18	
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %				97%			99%		99%		99		100		100		100		100		100		100	
	< 94 %																								
Administered O_2 (L/min.)					RA			RA		RA		RA		RA		RA		RA		RA		RA		RA	
Temp°c	40																								
	39																								
	38																								
	37				98.1			98.2		98.1		98		98		98		98		98		98		98	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90				94			90		80		80		88		80		77		78		80		76	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120				126			120		110		100		112		100		112		120		110		106	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70				77			80		70		60		78		60		70		81		76		68	
	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															
TOTAL ORANGE SCORES					0			0		0															
Nurse Initial																									

No. : RCH /FRM / CLINICAL / 053

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

Early Warning Observation Score Chart - Obstetrics

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

13/7/26

		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		22		22		22		20								20			
	0 - 10																									
Saturations	94 - 100 %	98%					98%		99%		99%		99%		99%				100%				99%			
	< 94 %																									
Administered O2 (L/min.)		RA					RA		RA		RA		RA		RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37	98.6°F					98.4°F		98		98		98		98.6				98.6				98.6			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	94 bpm																								
	90						75		80		80		80		78 bpm				78 bpm				79 bpm			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	110					124		110		110		100		110				100				113			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70					80		70		80		70		78				60				65			
	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		–		–		1		0				0				0			
TOTAL ORANGE SCORES		0					0		–		–		0		0				0				0			
Nurse Initial		SH																								

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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. : 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.

12/7/26		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		←	Admission 12/7/26.								
	11:00 am	water	100ml									SA
	12:00 pm	water	200ml								150ml	SA
	01:00 pm											SA
Total Intake : 300ml						Total Output : 150ml						
	02:00 pm	H20	150	RL 100						200	0	SA
	03:00 pm	H20	100	100							0	SA
	04:00 pm	Juice	100	100						150	0	SA
	05:00 pm	H20	150ml	100							0	SA
	06:00 pm	H20	100							200	0	SA
	07:00 pm	Milk	100							150	0	SA
Total Intake : 1100ml						Total Output : 700ml						
	08:00 pm	H20	100ml							200	0	SA
	09:00 pm										0	SA
	10:00 pm	H20	100							200	0	SA
	11:00 pm	H20	100								0	SA
	12:00 am	H20	100							200	0	SA
	01:00 am	milk	100							100	0	SA
Total Intake : 500ml						Total Output : 700ml						
	02:00 am	H20	100ml							200	0	SA
	03:00 am	milk	100ml								0	SA
	04:00 am			RL						150	0	SA
	05:00 am	H20	200ml	300ml						200	0	SA
	06:00 am	H20	100ml							200	0	SA
	07:00 am										0	SA
Total Intake : 800ml						Total Output : 750ml						

Total 24 hrs. Intake	2700ml	Total 24 hrs. Output	2300ml

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

13/02/2020

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	Water	100ml	Inf Spike 24ml	Inf RL 100ml					50ml	0	SP
	09:00 am	TC water	200ml	48ml						100ml	0	SP
	10:00 am	Water	250ml	72ml							0	SP
	11:00 am	water	200ml	96ml						200ml	0	SP
	12:00 pm	TC water	200ml	120ml						150ml	0	SP
	01:00 pm	Water	150ml.	168ml.							0	SP
Total Intake : 1050ml + 576ml + 100ml						Total Output : 600ml						
	02:00 pm	Wat	100ml								0	DM
	03:00 pm										0	DM
	04:00 pm	TLC	200ml							400ml	0	DM
	05:00 pm	Wat	100ml								0	DM
	06:00 pm										0	DM
	07:00 pm	NPO	NPO									
Total Intake : 500 ml						Total Output : 400ml						
	08:00 pm	H2O	200ml									
	09:00 pm	H2O	100ml							200ml	0	SP
	10:00 pm	H2O	100ml									
	11:00 pm									200ml	0	SP
	12:00 am											
	01:00 am	H2O	100ml								0	SP
Total Intake : H2O – 500ml						Total Output : U – 400ml						
	02:00 am	H2O	100ml							200ml		
	03:00 am										0	SP
	04:00 am									200ml		
	05:00 am	H2O	100ml								0	SP
	06:00 am	H2O	100ml				✓			200ml		
	07:00 am	H2O	200ml								0	SP
Total Intake : H2O – 500ml						Total Output : U – 800ml						

Total 24 hrs. Intake	H2O – 1700ml	Total 24 hrs. Output	U – 2000ml M – 1

GUC-00085047 IP18-00036436
Patient: Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: Primi 38+5wks / Hypothyroid / Induction of labour

Any Infection: ☐ Yes ☐ No ☑ Not Known
If Yes Specify: —

Surgery / Procedure: —
Post OP Day: —

	12/7/26 M	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E	13/7/26 N
BACKGROUND Date / Shift	12/7/26 M	12/7/26 E	12/7/26 N	13/7/26 M	13/7/26 E	13/7/26 N
Medical Condition (Any special condition to be noted):	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	Hypothy
Diet:	N-Diet	Normal	Normal	Normal diet	N diet	N
ASSESSMENT Allergy: Dry Fish / BRINJAL	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	NA	NA	NA	NA	NA	NA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98°F	98F	98F	98.6°F	96.8	98F
Res:	20/mt	20b/m	20b/m	20/mt	20bt	20
SpO_2:	97%	99%	100%.	98%	96%.	98%.
Pulse:	94/mt	92b/m	84b/m	94/mt	90bt	90
BP:	126/77	120/70	120/70	110/70	110/70	100/60
LOC:	Conscious	Conscious	Conscious	Conscious	Consc	Con
Fall Risk Score:	20	20	20	0	20	20
Pain Score:	0	0/10	2/10	1/10	2/10	0/10
Skin Integrity	Normal	Normal	Normal	Normal diet	N diet	N
Recommendations Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Physiotherapy:	NA	NA	N/A	NA	NA	NA
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	N-Diet	Normal	Normal	Normal diet	N diet	N diet
Critical Lab Test / Values:	NA		—	—	NA	NA
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Non Dependent	Dependent	Non Depent	Non Dependent	Depend	Depend
Post Operative Procedure Special Orders:	—		—	—	—	—
Handed Over By Name :	Shaleen 014072	Sri Kutch	Abalya	Shaleen 014072	Devi	Any
Signature / ID :	Shaleen 014072	016720	018080	Shaleen 014072	012070	[illegible]
Date:	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	14/7/26
Time:	1.30pm	7.30pm	8am	2pm	8pm	8am
Taken Over By Name :	Sri Kutch	Abalya	Shaleen 014072	Devi	Sany	
Signature / ID :	016720	018080	Shaleen 014072	012700	[illegible]	
Date:	12/7/26	12/7/26	13/7/26	13/7/26	13/7/26	
Time:	1.30pm	8pm	8am	2pm	8pm	

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

(1)

NURSING CARE RECORD

Date: 12/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12pm	→ Assess the patient condition → Monitor vital sign → Explain about Education (Normal Delivery process)	12:30 pm	→ Assessed the patient condition → Monitored vital sign → Explained about Normal Delivery process	Family Education given.	Reassessment was done	[signature] 014072
Afternoon	1:30 pm	Achieve acceptable pain and discomfort	2pm	* Assess pain using by pain scale * patient position comfortably	Reduced pain to some extend	Reassessment Done	[signature] 016120
Night	8pm	Achieve Acceptable pain & discomfort	8:30 pm	Assess pain using by pain scale patient position comfortable	Reduced pain lovess	Reassessment was done	[signature] 018080

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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

Date: 13/7/26

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	8Am	Achieve Acceptable. Pain Control & comfort.	8³⁰Am	→ Assess pain using pain scale Regulary. → Position patient comfortably → Provide non-pharmacological measure such as backcare	Relieve pain & Discomfort	Reassessment was done	Shalini 014072
Afternoon	2pm.	Achieve Acceptance pain control & comfort.	2³⁰pm	Assess pain using pain scale regularly Position patient comfortably Provide non pharmacological	Relieve pain & discomfort	Reassessment was done	[illegible] 01960
Night	8pm	maintain good nutritional status.	8³⁰pm	maintained good nutritional. Status.	Monitored input and output chart	Reassessment done	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

URSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes:	
12/7/26	11²⁰ Am	A New patient got admitts	
		Mrs. Sangeetha 27y/Fe under	
		Dr. Mathangi mam patient Patient	
		Came primi 38+5 wks IOL. k/c/o. Hypothyroid	
		Tab. Thyronorm 37.5mcg. Patient	
		Conscious & oriented. patient	Shalini
		Allergy. Dry fish / Brinjal.	2407?
		patient vitals sign checked	
		& recorded vitals sign are stable.	
		Part preparation done by sis. Nivetha.	
	11³⁰ pm	CTG Connected FHR is good.	Shal
		No Abdomen pain. PV Bleeding	2407?2
		Patient general condition is fair.	
	1 pm	CTG Disconnected Order by Dr. Divya.	
	1²⁰ pm	S/B. Dr. Sheela mam She PV	
		Examination done. Cervix 2cm long	
		soft posterior tip of finger.	
		Dr. Sheela mam ↓ Asp. 22 F foley.	Shalini
		insert, intracervically 50ml D-water insert	0407?2
		Traction given. Dr. Divya.	Shalini
	1⁵⁰ pm	CTG Connected	2407?2
		patient handing Over given to	Shalini
		Evening duty Staff	0407?
		Evening Duty	
	1.30 pm	patient care Handing over	
		taken from Morning duty Staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/20		Monitored vitals and Recorded. Maintained I/O. IV cannulation Done by SN. Devi 18G venflon in left Metacarpal. IV cannula observed. Pain assessment done	9/6/20
	2pm	Inj. Supcef 0.1mg IV given. Inj. Tramadol 1g IV given as per doctor order. Pain assessment Done.	9/6/20
	2.30pm	Patient dosent have any allergic Reaction after Inj. Supcef test dose 0.1ml IV. Inj. Supcef 1.5g IV given. Post Foleys CTO connected. PPE Monitoring. Pain assessment Done	9/6/20
	3pm	Post Foley CTO disconnected PPE Monitored. Maintained I/O. watching Contractions. Pain assessment Done.	9/6/20
	4pm	Foley bulb Expelled Informed to Dr. Dheeraj advised to connect CTO. PPE Monitoring. watching Contractions and Bleeding No other complaints	9/6/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/26	5 pm	FHR Monitored. Got disconnected	
		Patient General condition	
		Fair. watching contractions	
		Pain assessment Done.	
		watching contraction	S/N 01620
	6pm	Pain assessment Done. watching	
		contractions. Monitored	
		I/O. No any other complaints	S/N 01620
	7:30pm	Patient Care Handing over	
		given to Night duty Staff	S/N 01620
		Night duty	
12/7/26	7:30	patient care hand over	
	pm	taken from Evening duty staff	
		Nurse patient was stable	
		conscious ≤ oriented IV line	
		present ≤ patter FHR is good ⊕	
		pain assessment done score 1/10	
		more fall risk Assessment	
		was done score is 20 Braden's q	
		Assessment was done score is 27	
		Pt general condition fair	S/N Abarlya
	8pm	checked for vital signs	01850
		recorded pt vital are stable	
		provided comfortable position	S/N Abarlya
	9pm	CTG was connected as	01850
		per doctors order FHR is good ⊕	
			S/N Abarlya 01850

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
12/7/22	9:30 pm	⇒ Stoped CTU as per Doctors Orders FHR is good(+) TO Encourage Adequate Orally Plan for Tab' miso at 10pm ———	S/N Akalya 0180
	10:30 pm	⇒ CTU connected FHR is good(+) provided Left Lateral position. pt was stable ———	S/N Akalya 0180
	11pm	⇒ Stoped CTU as per Doctors Order FHR is good(+) Advised to Tab' miso 50mg Orally given to patient post miso CTU at 12Am ———	Akalya 0180
13/7/22	12Am	Post miso CTU was connected provided Left lateral position TO Encourage Adequate Orally pt general condition Fair ———	Akalya 0180
	12:40 Am	⇒ Dr: Anuradha Reddy Advised to stoped Next CTU at 3:30Am Reassessment at 1Am patient Vital are Stable All due medication given Inj: Supacef 1.5 gram IV given at 11pm. No complaints ———	S/N Akalya 0180
	2Am	patient was stable sleeping well pt is self voiding TO Encourage Adequate Orally pt general condition Fair ———	S/N Akalya 0180

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	3:30 Am	CTG was connected FHR is good (+) Provided Left lateral position. No compliants →	S/N Akalya 01805
	10 4 Am	Stoped CTG as per Doctors orders FHR is good (+) Dr: Anandhaswaj Do PV Examination findings was She is 2 cm dilated, 2 cm long Informed Dr: mathangi Advised to put cerviprime gel for Intracervically post gel at 5Am No compliants →	S/N Akalya 01805
	5Am	Post gel CTG connected as per Doctors orders. FHR is good (+) Pt was stable →	S/N Akalya 01805
	6Am	CTG disconnected as per doctor order - provide comfortable bed position. Pt vital signs checked & recorded. Pt taken morning bath care. Oral care. Encourage to take adequate oral fluid.	Dalpod RN
	7Am	Pt is stable. Pt had normal diet. provide comfortable bed position. Pt have 2 contractions in 10 minits for 15 secs. Encourage to take breathing exercise during contraction.	Dalpod RN

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
13/7/26	7.30AM	pt care hand over given	
		to morning duty staff	[signature]
		Morning duty on 13/7/26.	
13/7/26	7³⁰ Am	Report Received from Night	
		Duty Staff to Morning duty staff	
		patient conscious & Oriented	
		IV line patent, no swelling no pain	
	8Am	vital sign checked & Recorded	
		vital sign are stable	[signature]
	8¹⁰ Am	CTG Connected FHR is good	
		Inj. Synto 5units + IVF RL 500ml	
		24 ml/hr on flow.	
		IVF RL 500ml/hr Connected	
		No Contraction informed Dr. vinitha.	
		She advice Inj. Synto 48ml/hr.	
	8³⁰ Am	Inj. Synto 48ml/hr on flow	[signature]
		FHR is good.	
		patient general Condition is Fair	
		Inj. Synto 72ml/hr.	
	9²⁵ Am	patient Complaints of water leaking	
		s/b Dr. vinitha membrane Ruptured	
		Spontaneously. Clear liquor seen	[signature]
		Inj Synto 96ml/hr on flow.	
	9⁵⁰ Am	s/b Dr. Mathangi pv Examination	
		done cervix 0.5cm long, os 2cm	
		dilated membranes Absent, vertex -2 station	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continuous 13/7/26 →	
13/7/26	10 AM	All four position changed.	
		Inj. Synto. 20mu/hr on flow.	
		Patient general condition is fair	
		Flo chart maintain	Shalini 21407
	10:30 AM	Inj. Synto 144mu/hr on flow	
	10:35 AM	Inj. Pethidine 50mg Im given	
		Inj. phenergan 25mg Im given	Shalini 21407
		Patient general condition fair	
	11:10 AM	CTH Deceleration upto 88 Bpm	
		BBR (+). Inj. Synto stopped	
		Patient left lateral position changed	
		IVF RL on flow	Shalini 21407
		Dr. Mathrangi Vanithalaman PV Examination done. Cervix 0.5cm long. Os 2cm-3cm dilated membrane +, Vertex at -2. Clear liquor leaking, fetal scalp Stimulation.	
		CTH Reactive.	
	11:20 AM	Patient Sitting Position changed	
	11:30 AM	Restart Inj. Synto 20mu/hr on flow.	
		CTH ongoing on FHR is good	
		Patient general condition is Fair.	
	11:50 AM	Inj. Synto 144mu/hr in flow	
		CTH going on FHR is good	
		Flo chart maintain	
		Inj. Synto 168mu/hr in flow	Shalini 21407

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		T— Contineous 13/7/26 →	
13/7/26.		patient general Condition is Fair	
		I/o chart Maintain.	
	12⁵⁰pm	Inj. synto 192 ml/h on flow —	Shalini 014072
		patient general condition is fair	
		patient sitting position Change/	
		CTh going on FHR is good	
	1²⁰pm	patient complaints pushing	
		Sensation.	
		DR Mathangi mam pv Examination	
		done cervix fully effaced, os	
		fully dilated, membrane (−)	
		vertex +1, patient shifted LDR-II	
		The chart Maintain.	
	1³⁰pm	patient handing Over given to	
		Evening Duty Staff —	Shal 24072
1.36pm		Evening duty report on 13/7/26	
		& ASP Pt lithotomy position	
		perineum painted was draped.	
		Local anesthesia infiltration given	
		Pt encouraged to bear down. At	
		Crowning RMLE given Kiwi cup	
		applied in into of vaccum	
		deflections aim team boy	
		baby delivered baby cried	
		Immediately after birth cord clamped	
		and cut baby hand own	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(71)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		to pedication. Placenta and	
	continu.	Membram deliverd in toto episiotomy	
		inspected and sutured in 1 layer	
		using rapid using 'Monostars'	
		Sound. uterus was contracted	
		after delivery. vital checked &	
		recorded. Inj: Synto 20 in added	
		IV RL 1drm/ oh flow Inj: carbost	
		2ru mey Im given Inj: Tropic 1gm	
		slow IV given as per doctor order	
		Pt general condition is good	
		P/V bleeding minimal.	Devi/016760
	3.00pm.	Pt vital checked & recorded.	
		Pt taken diet P/V bleeding	
		minimal, uterus was contracted	
		BUBBLE B- Breast is soft no engorgement	
		U- uterus is contracted	
		B- Bowel movement present	
		B- Patient is self voided	
		L- Lochia rubra present	
		no foul smelling	
		E- REEDA assessment done.	
		H- Homan's sign negative	
		E- patient emotional status	
		is good.	
		Patient general condition is good	
		Pt was in comfortable.	Devi 016760

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

✓ ☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
18/7/26	4.00 pm	pt vitals checked & recorded	
		pt general condition is good	
		pt after delivery voided urine	
		[illegible] informed Dr Aushita mam	
		[illegible] with [illegible] 45m/in.	
		[illegible] pt condition informed	
		Dr Mathangi mam [illegible] in pt	
		shifted to ward	[illegible]
	6.10 pm	patient shifted to ward	
		pt handing over to 7th floor	
		staff. to be followed doctors	
		order	[illegible]
		Receiving notes:-	
	6.30 pm	pt Received From LDR to	
		7th Floor. She was conscious	
		& oriented well [illegible]	
		[illegible] well has normal lochia	
		Breast soft [illegible]	[illegible]
	7 pm	pt Received from [illegible]	[illegible]
		handing over [illegible]	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: ....
MRD NO: GUC-00085047 IP18-00036436 Mrs SANGEETHA C 31-10-1998 27 Y 8 M 12 D (F) Dr. MATHANGI RAJAGOPALAN ....
Age :..... Sex: ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 12/7/26 Time: 2pm
Location : Left Metacarpal
Size : 18G
Cannula inserted by : S/N. Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
12/7/26	2pm	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	5pm	☐Yes ☐No	☐Yes ☐No	Obsev	[illegible]
	7pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	9pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	11pm	☐Yes ☐No	☐Yes ☐No	Obsv	[illegible]
13/7	1Am	☐Yes ☐No	☐Yes ☐No	Obsv	[illegible]
	3Am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	5Am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	7Am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	8Am	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
	12pm	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
14/7	12am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	2am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
	6am	☐Yes ☐No	☐Yes ☐No	Obs	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	12/7	12/7/26 E	12/7/26 N
		Score		20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	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	20	20
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker
3UC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 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

(2)

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M 13/7/26	E 13/7/26	N 13/7/26
		Score		20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0		0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	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:			20	20	20
		Signature	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 006

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 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

Morse Fall Risk Assessment Form

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

BRADEN 'Q' SCALE

(1)

					Date : 12/1/26	12/1/26	12/1/26	13/1/26
					Time : M	E	N	M
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	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	27	27
				Evaluator's Name				

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

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

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

GUC-00085047
Mrs SANGEETHA C
IP18-00036436
31-10-1998
27 Y 8 M 13 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

BRADEN 'Q' SCALE

(2)

Date :	18/3/26	13/4/26						
Time :	G	N						
Mobility	1. Completely ... 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		
"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		
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		
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		
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		
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	3		
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		
				TOTAL SCORE	20	27		
				Evaluator's Name	DM 31/3/26	AY		

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

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

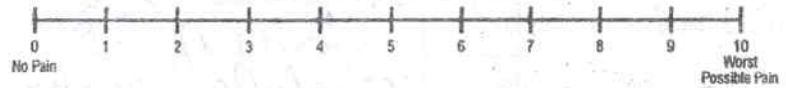
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
12/7	12pm	0/10	-	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	Shalini 01407
12/7/26	2pm	1/10	Back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	comfortable position	Shalini 01607
12/7/26	4pm	1/10	Back Pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Shalini 01607
12/7/26	8pm	4/10	Back pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfortable position	Akshaya 01808
13/7/26	12AM	1/10	Back pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Akshaya 01808
13/7/26	6AM	2/10	Lower Abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	Akshaya 01808
13/7/26	8AM	1/10	back pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Shalini 01407
13/7/26	12pm	1/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Shalini 01407
13/7/26	4pm	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Shalini 01607
BF 26	4AM	1/10	episiotomy site.	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Position changed	Sathya

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

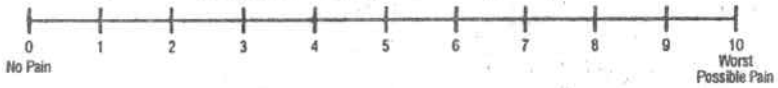
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp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

Re-assessment Frequency:

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis Primi 38+5 wk IOL Plan
2. Treatment and Care
3. ✓ Pain Management
4. ✓ Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
12/7	10pm	Informed Consent	Explain about Informed Consent (Normal vaginal Delivery)	patient	No learning barrier	Oral	None	verbalizes understanding	good	Sharlene 2407L
13/7	8AM	Pain Management	Explain about about Pain Management (Deep Breathing Exercise, Comfort position)	Patient	No learning barriers	Oral	None	verbalizes understanding	good	Shl 0140R

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 12/7/26 Time of Arrival: 11:20 AM Time Seen by Nurse: Sr. Shalini 0140 h

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: Reimi 38+5 wks, Induction of labour

3) **Vital Signs:** Temperature: 98°F Pulse: 94/m RR: 20/m SpO_2: 99% BP: 126/77 Weight: 94.2 kg

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 12/10/2025 EDD: 21/7/26 Gestational Age: 38+5 wks

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: Dental surgery × 10 year ago

b) Medical: H/o Hypothyroid (Tab. Thyronorm 37.5 mcg OD

Patient Sticker

7) **Allergy:** ☑ Yes ☐ No, If Yes : Deep fish, Brinjal

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: Hypothyroid Tab Thyronorm 37.5mcg od

9) **Prenatal Medical History:**

☑ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify Hypothyroid Tab. Thyronorm 37.5mcg od

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. Shalini 04072 Nurse Signature: S. Shalini

Date: 12/7/26 Time: 12.20 pm

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 12 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

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 12/7/26

Baseline Information:

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

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 Dry fish, Brinjal

Chief Complaints: Preeni 38+5 wks
Induction of Labour.

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Divya

Time Notified: 11:20 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	Dental surgery x 10 yrs ago	Nil

Blood Group: O Positive LMP: 14/10/25 EDD: 21/7/2026 Gestational age during admission: 38+5 wks

Contractions: — Vaginal Discharge: —

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

Height: ____ Weight: 94.2 kg BMI: ____

Temp: 98°F HR: 94/min RR: 20/min BP: 126/74 SpO_2 97%

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	Tab. Thyronorm 37.5 mcg od
☐ Anemia	☐ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other Father - T2DM, HTN, Mother Hypothyroid

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 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. Sangeetha

Orientation not given Reason: —

Nurse Signature: S. Shalini

Nurse Name: S. Shalini

Date & Time: 12/7/26 at 11:20 AM

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
Patient S 1-10-1998 27 Y 8 M 12 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

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 11/7/24

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	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	Shalini DMOT	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

PATIENT TRANSFER FORM

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

) No.	Date & Time of Admission	Date & Time of Transfer Order
	12/4/26 at 11.20 pm	13/4/26 at 6.10 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr Mathangi	Dr. Akshita	Pt Shifted to ward.
From Unit	**To Unit**	**Information to Attendant**
M/W	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**
IP file (1)	CXR-16	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. Para 1g	(10)
2.	C. Pan D. 40mg	(10)
3.	T. Augmentin 625	(10)
4.	Justin Suppository	(5)
5.		

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

Pt Shifted to ward. Order rec by Dr. Akshita

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SIN Devi	Dr. Akshita.

Patient & Clinical Records Received by : S. Mareena

Date & Time of Patient Received : 13/4/26 At 6.10 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

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 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

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: Baby in mothers side.

Continuity of Care: Date: 13/7/26

C - 1
H - 1
T - 2
C - 2
H - 2
8

Handover given by SINDen

Signature

Date & Time: 13/7/26 at 2.00 PM

Handover taken by .....

Signature .....

Date & Time: .....

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INSTRUMENTAL DELIVERY PROFORMA

Patient Label

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Mathangi
ANAESTHETIST	
ASSISTANT	Dr. Vinitha
DATE	13/07/2024
TIME	1:35pm
PLACE	LABOUR WARD / THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT NO

ANALGESIA
LOCAL / PUDENDAL
AMOUNT USED 10ml MLS
OF _____
EPIDURAL / SPINAL
GA

CTG
NORMAL / SUSPICIOUS / PATHOLOGICAL
(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
STATION OF PRESENTING PART -1 / 0 / +1 / +2 / +3

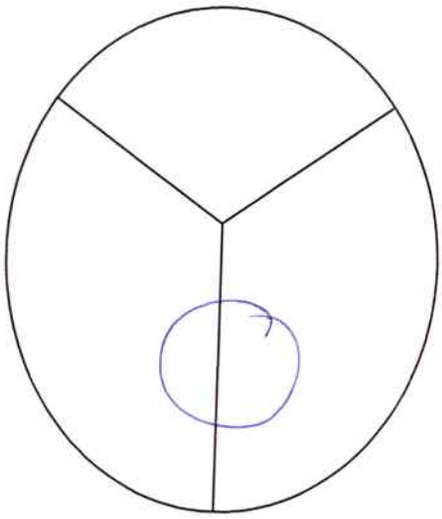
POSITION	DOA /	LOA /	ROA /	ROP /	LOP /	DOP /	LOT /	ROT
CAPUT	0	+	++	+++				
MOULDING	0	+	++	+++				

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

MANUAL ROTATION YES / NO	TIME OF APPLICATION 1:34pm	No. OF TRACTIONS -
ABANDONED YES / NO (FULL DETAILS IN NOTES)	TIME OF DELIVERY	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 2777	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	

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
P 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

LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☑ SROM ☐ PROM ☐ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☐ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: Variable decelerations

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 350ml

Blood Transfusion: .....

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 6 hours

2nd Stage: 10 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Boy

Weight: 3.162 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 13.07.2024 @ 1:35pm

LW Doctor: Dr. Mathangi

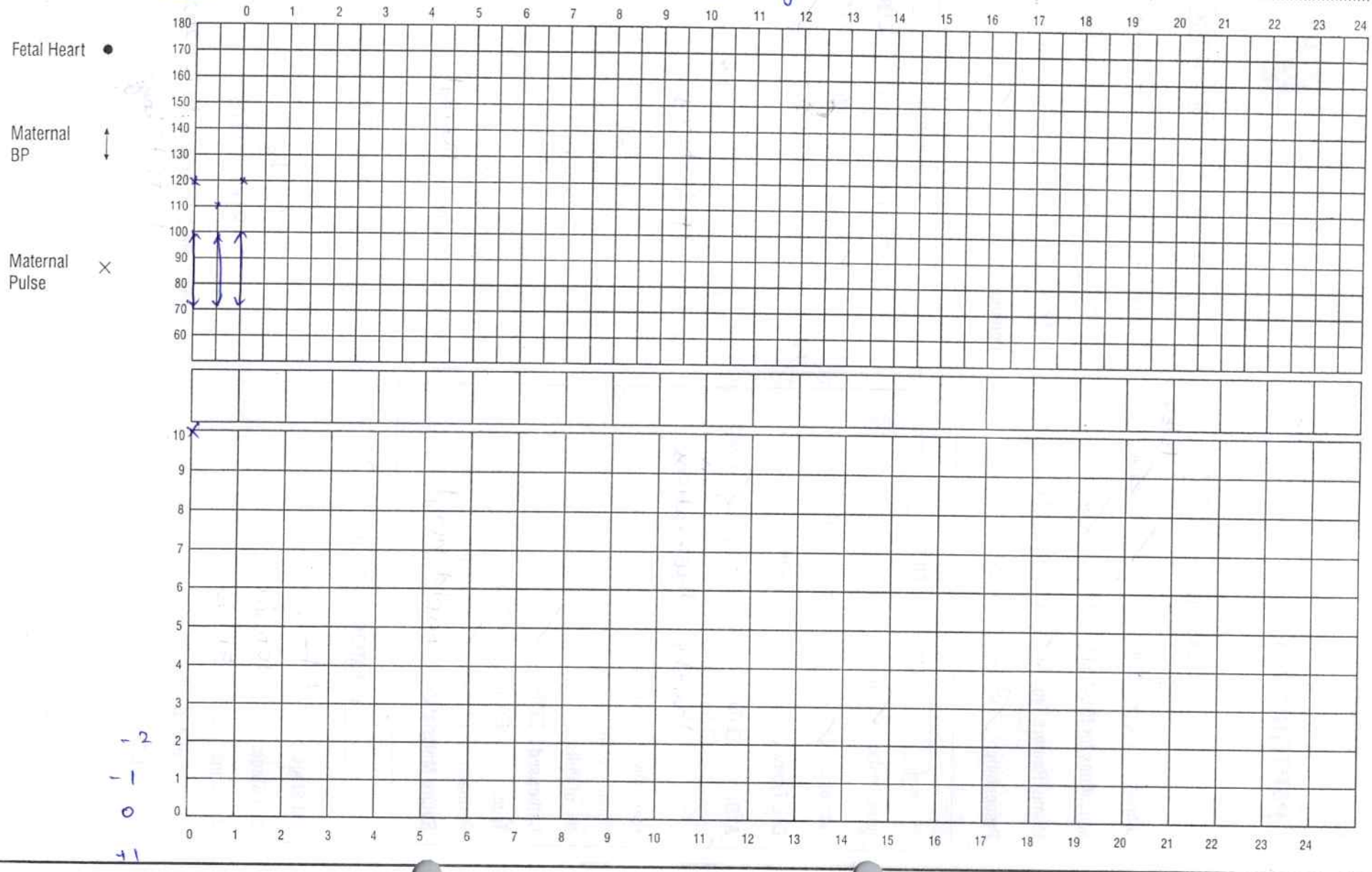
LW Sister: .....

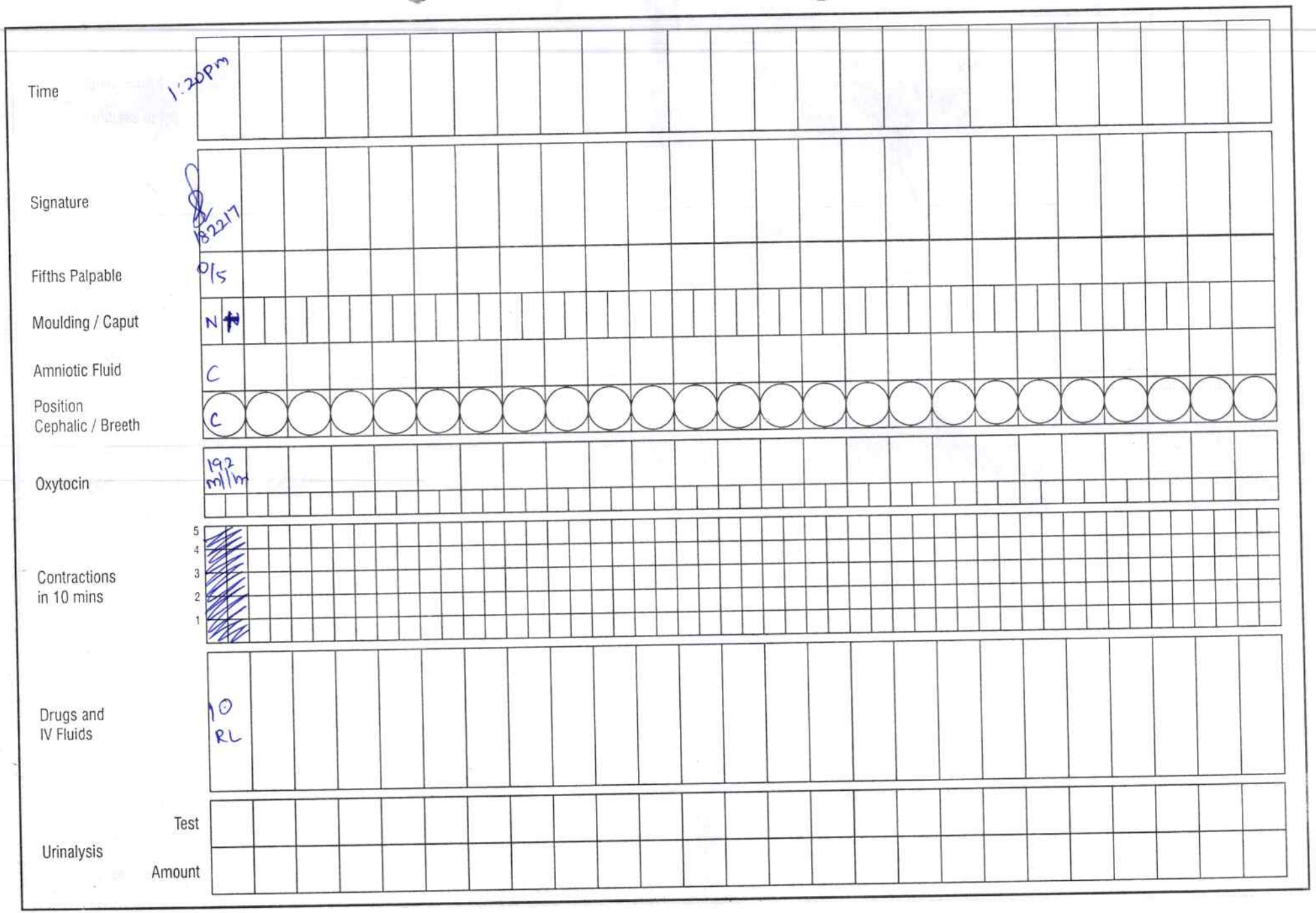
(P.T.O.)

PARTOGRAPH

Name: Mrs. Sangeetha. C Obstetrics Formula: Primi Blood Group Type: O- POSITIVE

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




Time
1:20Pm
Signature
82217
Fifths Palpable
0/5
Moulding / Caput
N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
192
m/m
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: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Mathangi

Consentee :
Signature : .....
Name : Sangeetha
Date & Time : 13/7/26 at 10AM

Patient Attendant :
Signature : .....
Name : Vikram Karmaa
Relationship with Patient: Husband
Date & Time : 13/7/26 at 10AM

Witness :
Signature : .....
Name : .....
Date & Time : .....

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Shreedevi
Date & Time : 13/07/2026

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

GUC-00085047 IP18-00036436
Mrs SANGEETHA C
31-10-1998 27 Y 8 M 13 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

You are scheduled for an induction of labor on 12/07/2026 (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: Signed
Name: Sangeetha
Date & Time: 13/7/26 at 10AM

Patient Attendant:
Signature: VK
Name: Vikram Varmaa
Relationship with Patient: Husband
Date & Time: 13/7/26 at 10AM

Doctor:
Signature: B182217
Name: Dr. Shreedevi
Date & Time: 13/07/2026

Witness
Signature: .....
Name: .....
Date & Time: .....