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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Name of the Patient: GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

Date: 24/7/26

UHID No: .....

Gender: .....

Ward: 6th Floor

Room No: 614

Certified that in respect of the above patient:

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

Patient Authorised Sign	Nurse Sign	Pharmacy Sign
Date:	Date: 24/7/26	Date: .....
Time:	Time: 1000 hrs	Time: .....

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

Rainbow Children's Hospital

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 28 D (F)
UHID- Dr. LUCETTA AMELIA DIAS

HARGE TRACKING SHEET

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing	24/8/26						
Activity Sheet update by Pharmacy		10am					

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

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ACTIVITY RECORD FOR BILLI

Name: MRS. VYSHNAJA VIJAYAN

UHID No: 72743 IP No: 36659 Consultant: DR. LUCETTA Dept: LDR

Date of Admission: 21/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	3:40pm	LDR	6th floor	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR. Krishnadas	22/7/26	To be raised	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/7/26	Malarial parasite Smear Dengue Ns, Dengue Igg, Dengue Igm Scrub Typus Igm	Ab023533	
22/7/26	urine routine	3538	
23/7/26	CBC / CRP / procalcitonin	23654, 23656	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7/26	CTG - (1)	[illegible]		009345	[signature]
	CTG - (2)	[illegible]		009868	[signature] 01808
21/7/26	CTG (3)	[illegible]		009509	[signature]
22/26	CTG (4)	[illegible]		18009875	[signature]
22/7/26	CTU (5)			09909	[signature]
23/7/26	CFM (6)			9925	[signature]
23/7/26	CTU - (7)			9960	[signature]
24/7/26	CFM - (8)			9974	[signature]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV placement	(1)	1730830	
22/7/26	IV placement	(1)	32188	
23/7/26	Used small parts	(1)	9936	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

Date: 24/7/26 Time: 10am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 28 D (F)
Dr. LUCETTA AMELIA DIAS

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	24/7/26 at 10am				
	INTIME	OUT TIME			
Arrangement of File by Nursing	24/7/26	10am			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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Patient Name	Mrs VYSHNAJA VIJAYAN	Patient Ph.No	9566091613
Age	32 Y 7 M 27 D	Requisition No	R2618-009936
Gender	Female	Collected on	23-07-2026 10:09 AM
IP / Bill No.	IP18-00036559	Received On	23-07-2026 10:26 AM
UHID No.	GUC-00072743	Reported On	23-07-2026 10:26 AM
Ref. Doctor	LUCETTA AMELIA DIAS	Ward / Bed No	

USG - PERI ANAL REGION

FINDINGS

- **Evidence of ill defined mixed echoic left peri anal collection ~ measuring around 29 x 28 x 21 mm - s/o abscess, Vol ~ 8.5 cc with a sinus tract seen extending into skin surface over a length of 22 mm, maximum thickness around 6.5 mm.**
- **Significant surrounding fat stranding noted.**
- **Right perianal region appear normal.**

Suggested MRI perianal region / fistulogram for complete evaluation.

Dr. PRASANNA KUMARAVEL
MBBS, MDRD
Reg No: 92729

Print Date/Time : 23-07-2026 10:26 AM Printed By : REVATHI S

Note: Clinically correlate , Kindly discuss if necessary

Rainbow Children's Medicare Limited
CHENNAI : No. 157 to 160, Anna Salai, Near Little Mount Metro Station, Guindy, Tamil Nadu - 600015
SHOLINGANALLUR : No. 493/42A2B, OMR ECR Link Road, Chennai, Tamilnadu - 600119
For Appointments call: 1800 2122
CIN : L85110TG1998PLC029914
info@rainbowhospitals.in
www.rainbowhospitals.in

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 : IP18-00036559 **Admit Date** : 21-Jul-2026 **Admit Time** : 12:46 PM **UHID** : GUC-00072743

Patient Details :

Patient Name	: Mrs VYSHNAJA VIJAYAN	**Age**	: 32 Y 7 M 25 D
Guardian	: Mr PRASHATH	**DOB**	: 26-11-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Alandur Chennai Tamil Nadu INDIA 600016	**Phone No**	: 9566091613
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr PRASHATH **Relationship** : Husband

Contact Address : Alandur Chennai Tamil Nadu INDIA 600016 **Phone No** : / 9566091613

Signature

Doctor Details :

Doctor Name : Dr. LUCETTA AMELIA DIAS **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

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 VYSHNAJA VIJAYAN**	**Age :**	**32 Y 7 M 25 D**
IP No:	**IP18-00036559**	**Sex:**	**Female**
Consultant:	**Dr. LUCETTA AMELIA DIAS**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

Relationship: Husband

Date: 21/07/2026 Time: 12:46 PM

Witness Name: A. Sivasankari

Witness Signature: A.

Patient Address:
Alandur Chennai Tamil Nadu INDIA
600016

BILLING POLICY

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

DECLARATION

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

Patient Name : Mrs. Vyshnaja Vijayan	UHID Number : GVC-0007273
Self/Attendant Name : PRASANTH	Relation : Husband.
Self/ Attendant Signature : Phone Number :	Name & Signature of Financial Counselor

இந்திய அரசாங்கம்
Government of India

இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

பதிவேட்டு எண்/ Enrolment No.: 0000/00453/94885

To
வைஷ்ணவ விஜயன்
Vyshnaja Vijayan
W/O PRASANTH,
NO 4,
1ST FLOOR RAJA STREET 5TH LANE,
ALANDUR,
VTC: Alandur,
PO: Alandur,
District: Kancheepuram,
State: Tamil Nadu,
PIN Code: 600016,
Mobile: 9566091613

Signature Not Verified
Digitally signed by UIDAI Unique Identification Authority of India
Date: 2024.06.11 16:52:12 GMT+05:30

உங்கள் ஆதார் எண் / Your Aadhaar No. :

9983 6842 1853

VID : 9161 4269 5253 0482

எனது ஆதார், எனது அடையாளம்

Government of India

Aadhaar no. issued: 31/05/2016

வைஷ்ணவ விஜயன்
Vyshnaja Vijayan
பிறந்த நாள்/DOB: 26/11/1993
பெண்/ FEMALE

ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. இது சரிபார்ப்புடன் மட்டுமே பயன்படுத்தப்பட வேண்டும் (ஆன்லைன் அங்கீகாரம் அல்லது QR குறியீட்டை ஸ்கேன் செய்தல்/ஆஃப்லைன் XML)

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

9983 6842 1853

எனது ஆதார், எனது அடையாளம்

Government of India

AADHAAR

தகவல் / INFORMATION

- ஆதார் என்பது அடையாளத்திற்கான சான்றாகும், குடியுரிமை அல்லது பிறந்த தேதிக்கான சான்றல்ல. பிறந்த தேதி என்பது ஆதார் எண் வைத்திருப்பவரால் சமர்ப்பிக்கப்பட்ட விதிமுறைகளில் குறிப்பிடப்பட்டுள்ள பிறந்த தேதி ஆவணத்தின் ஆதாரம் மூலம் ஆதரிக்கப்படும் தகவலின் அடிப்படையில் அமைந்துள்ளது
- இந்த ஆதார் கடிதத்தை UIDAI நியமித்த அங்கீகார நிறுவனத்தால் ஆன்லைன் அங்கீகாரம் அல்லது ஆப் ஸ்டோர்களில் கிடைக்கும் எம் ஆதார் அல்லது ஆதார் QR ஸ்கேனர் செயலியை பயன்படுத்தி QR குறியீடு ஸ்கேனிங் அல்லது www.uidai.gov.in ல் கிடைக்கும் பாதுகாப்பான Q R குறியீடு ரீடர் செயலியை பயன்படுத்தி சரிபார்க்க வேண்டும்.
- ஆதார் தனித்துவமானது மற்றும் பாதுகாப்பானது
- ஆதார் பதிவு செய்யப்பட்ட நாளிலிருந்து ஒவ்வொரு 10 வருடங்களுக்குப் பிறகும் ஆதாரில் அடையாளம் மற்றும் முகவரிக்கான ஆவணங்கள் புதுப்பிக்கப்பட வேண்டும்.
- பல்வேறு அரசு மற்றும் அரசு சாரா பலன்கள் / சேவைகளைப் பெற ஆதார் உங்களுக்கு உதவுகிறது
- உங்கள் மொபைல் எண் மற்றும் மின்னஞ்சல் ஐடியை ஆதாரில் புதுப்பிக்கவும்.
- ஆதார் சேவைகளைப் பெற mAadhaar செயலியை பதிவிறக்கவும்.
- ஆதார்/பயோமெட்ரிக்ஸைப் பயன்படுத்தாதபோது பாதுகாப்பை உறுதிசெய்ய, ஆதார்/பயோமெட்ரிக்ஸ் லாக்/அன்லாக் அம்சத்தைப் பயன்படுத்தவும்.
- ஆதார் கோரும் நிறுவனங்கள் ஒப்புதலைப் பெற வேண்டிய கட்டாயம் உள்ளது

- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

Unique Identification Authority of India

Details as on: 11/06/2024

முகவரி:
க/பெ பிரசாந்த், எண் 4, முதல் தளம் ராஜா தெரு ஐந்தாவது லேன், ஆலந்தூர், ஆலந்தூர், காஞ்சிபுரம், தமிழ் நாடு - 600016

Address:
W/O PRASANTH, NO 4, 1ST FLOOR RAJA STREET 5TH LANE, ALANDUR, Alandur, PO: Alandur, DIST: Kancheepuram, Tamil Nadu - 600016

9983 6842 1853

VID : 9161 4269 5253 0482

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GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 26 D (F)
Dr. LUCETTA AMELIA DIAS

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FORM

Doctor Name : .... Date : .... Time : ....

Diagnosis : ....

Hospital : ....

Referred for : ☐ Opinion ☐ Co-Management ☐ Transfer of care

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature:

Findings and Recommendations :

1915
22/7/26

S/B Dr. [illegible]

Paroxysmal fever with chills / rigors
[illegible] deformation
Perianal abscess → I&D done ATC-ok.
?? Consistent with Peri-anal abscess related fever.

Culture report pending
Ⓟ - General surgeon opinion.
- Piptaz 4.5g 1-1-1 ([illegible])
→ continuous infusion if possible.
- CBC, CRP, PCT tomorrow
- Pelvic / Perineal Ultrasound → If inconclusive → MRI may be needed

Consultant :

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

- Chase [illegible] cul[ture].

(Recent admission)

- TB gene X-port on the pus. | AFB — Stain.

- If no improvement in 24 hour, escalate X

N MEROPENEM (+ N Vancomycin. may be needed for MRSA cover !

[signature]
67876.

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Stick

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

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Pt came with c/o fever c chills, 1 episode yesterday
* c/o pain over anal region
* c/o constipation on & off * No c/o burning micturition

LMP: 10/12/2025
EDD:
Corrected EDD: 16/09/2025
GA: 30 weeks + 3 days

Obstetric Formula: $G_2 A_1$

Menstrual History: Regular: ☐ Yes ☑ No
M/s - 5 years, NCM

Obstetric Hostory:
G1 - missed miscarriage @, D&C done
G2 - Spontaneous conception

Present Pregnancy Record:
Booked and Immunised, NT Scan - NT - 5mm
Amniocentesis - QFPCR, Microarray - (N) study
Anomaly Scan - Normal.

Obstetric Examination

Fundal Height: At 30 weeks

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others ______

Head Fifths Palpable: ______

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

Perianal Abscess

Height: 163.6 cm
Weight: 66.1 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: 98 °F PR: 110/min
BP: 90/60 mmHg DTR: ↑
CVS: S1S2 (+) RS B/L NVBS (+)
Liver/Spleen: Urine Output:

Per Speculum Examination

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

L/E → White discharge (+)

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☐ Effaced

Os: Closed ______ Dilated ______

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G2 A1	LMP - 10/12/2025	GA - 30 weeks + 3 days
A1 - Negative	EDD - 16/09/2026	Fever for Evaluation
M/s - 5 yrs NCM	IRMP	Perianal Abscess.

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

Family History:	Surgical History:
Nil	* D & C done 2022 * Perianal abscess (I & D) was done @ 9 weeks.
Medical History:	**Medication History:**
* Hypothyroid since conception * OI done 4 cycles	T. THYRONORM 12.5mcg od
Plan of Care:	**Investigations:**
C/S/Ps for Dr. Lucetta. - Admission - Inj Piptaz 4.5g IV 1—1—1 (A7D) - CTG Monitoring. - Cansoft CL daily night for 7 nights. - Temp chart hourly monitoring. - IV Paracetamol 1g SOS	- CBC - CRP - Pus from (L) perianal abscess site (Swab).

Doctor Name: Dr. Pavithra / Dr. Shreedevi
Signature: [signature]
Date & Time: 21/07/2026

Consultant Name: Dr. Lucetta
Signature: For [signature]
Date & Time: 21/07/2026

Pati

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RESULT SHEET

Date	2/7	27/6/26	21/7	23/7/26
Time				
Hb		10.5	10.9	10.1
PCV		31		30
RBC		3.53		3.46
WBC		8,800	18700	8,670
N/L		69/22		68/21
Platelets		2.86	2.75	2.21
CRP	22		22	43
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

A+ - NEGATIVE

HBsAg, HIV I & II, HCV } Non-Reactive

ICT - Negative

TSH - 3.08
FT4 - 1.36
FT3 - 3.06

ECG, ECHO } Normal.

Procalcitonin - 2.3

MP/MF - Negative
Scrub Typhus IgM - Negative
Dengue NS1 - Negative
Deng IgM → Negative
Dengue Ig G → Positive

Perianal Abscess c/s

Heavy growth of E.coli

18/7/26 16/7/26 18/7/26

Docu. No. : RCH /FRM / CLINICAL / 0138

(P.T.O)

Date	22/7/26					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones.	Negative					
CUE - PUS Cells	2~4					
CUE - RBC Cells	1~3					
CUE						
	Bacteria (+)					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
	22/7/26					

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26	S/B Dr. Vinitha / Dr. Shree Devi	
2:45 pM	Pt reviewed ; No c/o	
	O/E: GC fair ; Afebrile	
	P° / PE°	
CTG - Reactive	P/A: Ut 30 w ;	
PR: 90/min	Relaxed ;	
SpO2: 100% @ RA	FH good	
BP: 110/60		Adv:
T: (N)	CRP - 22, WBC - 18700, Hb - 10.9, Plt - 2.75	C/D/W Dr. Lucetta
		· FHR monitoring Q1H
		※ · CTG at 8pm
		· Vitals monitoring
		· Temp chart hourly monitoring
		· Follow drug chart
		· Carsoft CL HS x7 nights
VAR 21113		· Shift to ward
21/7/26		· Inform SOS
9 pm	S/B Dr. Anandeshwari / Dr. Durgalakshmi	
	pt reviewed	
	Able to PFM well. No fever spike today	
30+3 weeks		Advice
	O/E: pt GC fair; P° / PE°	- Hourly FH till 12 Am
T - 98.3°F		then 6 AM then
P - 94/min	P/A: Ut ~ 30 wks	Q1H.
BP - 110/64 mmHg	Relaxed	- CTG Next 6 am
Eating freely	FPP, FH good	- Temp monitoring
passed stools		Strictly Q 2H
	L/E: NAD	- Inform SOS

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16428

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2021	C/S/B. Dr. Jayaveena / Dr. Shreedevi	
	7:30pm	
GA-30wks + 4 days	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet
T-98.8 F	P°/PE°	- Plenty of oral fluids
PR - 108/min	CVS / RS NAD	- vitals monitoring
BP- 107/71 mmHg		- Hourly FHR till 12pm &
	P/A - uterus @ 30weeks	then 4am, 6am then Q4H
CTG - Reactive	Relaxed	- Next CTG @ 10pm
	FHS - good	- Temperature monitoring
		Strictly Q 2hrly
		- Inform SOS,
	82017	- To do USG Pelvis / Perianal
22/7/2021	S/B Dr. K. Vinodini	
10:00pm		
	pt reviewed	Adv
	No specific c/o.	
	O/E - GC fair, Afebrile	1) To do CTG now
	No P/PE ⊖	2) Rest follow the order
GA-30weeks + 4days	CVS / RS NAD	
	P/A - Uterus ~ 30weeks	
	Relaxed	
	FHS ⊕ good.	120007
	CANSOFT - CL vaginal	
	pessary kept PV.	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/07/2026	C/S/B Dr. Vinitha / Dr. Shreeden	
9:15 Am		
GA - 30w+5d	Pt reviewed,	Nil. c/o Advice
	Able to PFM well	- Normal diet
T-(N)	No further fever spikes	- Plenty of oral fluids
PR- 82/min	O/E Pt GC fair, Afebrile	- vitals Monitoring
BP- 109/70mmHg	P° / PE°	- Follow drug chart
	CVS /	- CTG 4th hourly
CTG-Reactive	RS / NAD	- Temp. monitoring
	P/A - uterus @ 30 weeks	Strictly @ 2hrly
	Relaxed	- To do USG pelvis / Perianal today
	FHS - good	- Hourly FHR.
		- Inform (SOS)
	18/22/1	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26 11:45 AM	S/B Dr. Lucetta	
	USG - Peri anal region done - Evidence of ill defined mixed echoic lt peri anal collection - measuring around 29 X 28 X 21 MM - S/o abscess, vol - 8.5 cc with sinus tract extending into skin surface over a length of 22 MM, max thickness 6.5 MM	
	D/W Dr Harish.	
	↓ SAP, parts painted and draped ↓ Local anaesthesia, sinus tract orifice extended using artery forceps Pt withstood the procedure well	
		Adv: . Continue Inj. Piptaz . Temp charting . Inform SOS
	12/7/23	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/26	S/B Dr Priyalakshmi / Dr. Sheeda	
3pm	- pt reviewed Nil c/o No fever today Able to PFM well.	
30+5 weeks		
T - 98°F PR - 98/min BP - 110/70 mmHg	O/E: pt GC fair, afebrile PO / PEO CVS / RS / NAD	Advice - SVD due - Oral fluids - monitor vitals - Hourly FHS. - Temp. charting - follow drug chart.
	P/A: wt ~ 30-32 wks Relaxed cephalic FHS good.	
	C/E: Absent dry	
~~23/7/26~~ ~~8:40pm~~	~~S/B Dr~~ Nda	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/B Dr Nikila	
28/7/20 8:40 pm	Pt seen	
	c/o complaints	
	o/e hydration fair	P: wt 30-32 wb
	Afebrile	Relaxed
CTG Reactive	PR/BP	At prod, Regular (140 bpm)
	vitals stable	
		L/E NAD.
		Advise
		plenty of oral fluids
		T° charting
		vitals monitoring
		RAP/FKC (FHR)
		NST monitoring
	Nikila.	Informed

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. FERRONOMIC PLUS	1 Tab	PO	OD		☐C ☑DC
2	Tab LIVOGEN	1 Tab	PO	BD		☑C ☐DC
3	Tab SUPRACAL 2000	1 Tab	PO	OD		☑C ☐DC
4	Tab. SUSTEN SR	200mg	PO	BD		☑C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 21/07/2026

Nurse Name & Signature: S/N. Tanuja Devi 21/7/26

Date & Time : 21/7/26 at 12.50pm

Patient St

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DRUG CHART

Date of Admission: 21/7/26 Drug Allergies: ..... ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: INJ. PARACETAMOL				Date / Time	21/7 10.30 pm	22/7 5am
Dose: 1g	Route: PO	Frequency: SOS	Start Date: 21/7/26		GB SL	GB SL
Doctor's Signature: 82217		Valid Period	Pharm.			4pm SP
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 .....

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Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

REGULAR PRESCRIPTIONS

Weight. 66.1 kg Ward. LDX

DRUG: INJ. PIPTAZ

Dose	Route	Frequency	Start Date
4.5g	IV	1-1-1	21/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
6am		JB/SL
2pm	SJ/SJ	
10pm	JB/SL	

Stop V.AAV 23/7/23

DRUG: T. LIVOGEN

Dose	Route	Frequency	Start Date
1Tab	PO	1-0-1	21/7/22

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
8AM		
8pm	JB/SL	

DRUG: T. SUPRACAL 2000

Dose	Route	Frequency	Start Date
1Tab.	PO	0-1-0	21/7/22

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7	24/7
2pm	4.30pm SP/MM	SP/SJ	JB/SL	

DRUG: T. SUSTER SR

Dose	Route	Frequency	Start Date
200mg	PO	1-0-1	21/7/22

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7	24/7
8Am		PS/MM	PS/SP	
8pm	JB/SL	SJ/SJ	SP/MM	

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 66.1kg Ward 614

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Dt.
12.5 MCG	P/O	1-0-0	22/7/24

Name & Signature of the Doctor Starting the Drugs: 15600

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
6 AM	JB SL	SL	SL NM

DRUG : CANSOFT CL

Dose	Route	Frequency	Start Dt.
1 CAP	P/V	0-0-1	21/7/24

Name & Signature of the Doctor Starting the Drugs: 15600

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7	23/7	24/7
9 PM	JB SL	SL	SL	NM

DRUG : INJ PIPTAZ

Dose	Route	Frequency	Start Dt.
4.5 g	IV	1-1-1-1	22/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7	24/7
10am	SL	SL	NM
6am	SL		
12pm	JB HH	JB SP	
6pm	SL	SL	

DRUG : T. LIVOGEN

Dose	Route	Frequency	Start Dt.
1 tab	P/O	0-0-0-1	22/7

Name & Signature of the Doctor Starting the Drugs: 12113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	22/7	23/7
8pm	SL	SL

Signature .....

VERIFIED BY : Name .....

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REGULAR PRESCRIPTIONS

Sheet No: .... 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 ....

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Date

Weight. 66.1 kg Ward. LDN

VARIAB	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
21/7/26	12:40 pm	INJ. PARA	1 g	IV	12/11/3	TJ / SP
21/7/26	12:50 pm	INJ. PIPTAZ	0.1 ml	ID	12/11/3	TJ / SP
21/7/26	1.30 pm	INJ. PIPTAZ	4.5 g	IV		TJ / SP

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Mrs VYSHNAJA VIJAYAN
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Dr. LUCETTA AMELIA DIAS

I.V. FLUIDS CHART

Weight. ..... Ward. .....

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

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

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Early Warning Observation Score Chart - Obstetrics

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

21/7/26	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					18		19	19					20b/m				20b/m				20b/m			
	0 - 10																								
Saturations	94 - 100 %					99%		99	100					100%				100%				100%			
	< 94 %																								
Administered O_2 (L/min.)						RA		RA	RA					RA				RA				RA			
Temp °c	40																								
	39																								
	38																								
	37					98.6		98.8	98.7		98.1°F			98.3°F				97.8°F				99.2°F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110					110																			
	100							98																	
	90								89																
	80													94b/m				96b/m				94b/m			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130													110											
	120																	100				106			
	110							100	107																
	100					90																			
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130													(73)				(77)							
	120																					(64)			
	110																								
	100																								
	90																								
	80																								
	70																								
	60					60		60	61					63				69				70			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert					✓		✓	✓					✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30					✓		✓	✓									✓							
	< 30													✓								✓			
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal					–		–	–					–				–				–			
	Heavy / Foul																								
Liquor	Clear / Pink					–		–	–					–				–				–			
	Green																								
TOTAL YELLOW SCORES						0		0	0					0				0				0			
TOTAL ORANGE SCORES						0		0	0					0				0				0			
Nurse Initial						[illegible]		[illegible]	[illegible]					[illegible]				[illegible]				[illegible]			

22/7/86

FHR.

4.15pm – 152 b/m.
8pm – 150 b/m.
9pm – 160 b/m.

23/7/86
12am – 150 b/m

6am – 148 b/m.

7am – 150 b/m

Temperature.

4pm – 98.7°F.
8pm – 98.1°F
9pm – 97.4°F.

12pm – 98.3°F
12am – 98.1°F
4am – 98.4°F
6am – 97.7°F.

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

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Early Warning Observation Score Chart - Obstetrics

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

22/8/26

		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/m				20/m				25/m				20/m				20/m				20/m				
	0 - 10																									
Saturations	94 - 100 %	98%				98%				99%				100%				100%				100%				
	< 94 %																									
Administered O_2 (L/min.)		RA				RA				RA				RA				RA				RA				
Temp °C	40																									
	39																									
	38																									
	37	① 97.5°F				① 97.8°F				① 99.4°F				① 98.6°F				① 98.1°F				① 98.2°F				
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	① 90bl/m				① 92bl/m				① 108/m				① 90/m				① 80b/m				① 92bl/m				
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130	120				105				107				102				112				109				
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50	(90)				(68)				180				71				(71)				(79)				
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	79				72				71				62				69				80				
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓				
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	—				—				✓				✓				—				—				
	Heavy / Foul																									
Liquor	Clear / Pink	—				—				✓				✓				—				—				
	Green																									
TOTAL YELLOW SCORES		0				0				0				0				0				0				
TOTAL ORANGE SCORES		0				0				0				0				0				0				
Nurse Initial		SB				A																				

23/7/26.

FHR

8pm - 158 b/m
9pm - 145 b/m.
12am - 156 b/m.
6am - 150 b/m.
7am - 155 b/m

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Dr. LUCETTA AMELIA DIAS

(3)

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Early Warning Observation Score Chart - Obstetrics

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

23/7/26	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			18					20				20				20				20			
	0 - 10																								
Saturations	94 - 100 %	99%			100%					98%				98%				98%				98%			
	< 94 %																								
Administered O_2 (L/min.)		RA			RA					RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37																								
	36	97.1°F			98°F					96.8°F				98.1°F				98.1°F				98		98.0°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100				88b/m																				
	90	94b/m								85b/m				96b/m				96b/m				87b/m			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	114			110					120				111				110				115			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	69			81					78				70				74				78			
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓			✓					✓				✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓			✓					✓				✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓			✓					✓				–				–				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓			✓					✓				✓				–				✓			
	Green																								
TOTAL YELLOW SCORES		0			0					0				0				0				0			
TOTAL ORANGE SCORES		0			0					0				0				0				0			
Nurse Initial		VV																							

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

Patient Stick

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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 1

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

21/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	←				on Admission				→		
	01:00 pm	H2O	150							200	0	TVO
Total Intake :		150ml				Total Output :				200		
	02:00 pm										0	SA
	03:00 pm	H2O	200ml							✓	0	SA
	04:00 pm										0	M.M
	05:00 pm	H2O	150ml							✓	0	M.M
	06:00 pm	H2O	100ml							✓	0	M.M
	07:00 pm	H2O	100ml								0	M.M
Total Intake :		550ml.				Total Output :				3times.		
	08:00 pm										0	2 bowels
	09:00 pm	H2O	200ml							✓		
	10:00 pm			100ml							0	2 bowels
	11:00 pm	H2O	300ml	100ml						✓		
	12:00 am	H2O	200ml								0	2 bowels
	01:00 am	H2O	100ml									
Total Intake :		800ml + 200ml				Total Output :				(2) times		
	02:00 am										0	2 bowels
	03:00 am	H2O	100ml									
	04:00 am									✓	0	2 bowels
	05:00 am	H2O	200ml	100ml								
	06:00 am			100ml							0	2 bowels
	07:00 am	H2O	200ml							✓	0	
Total Intake :		400ml + 200ml				Total Output :				(2) times		

Total 24 hrs. Intake	2400ml	Total 24 hrs. Output	200ml (7) times

Docu. No. : RCH /FRM / CLINICAL / 092

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FLUID CHART

Sheet No. : 2

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

22/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	motion ~~Diarrhoea~~	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml								0	
	09:00 am	H2O	150ml				✓			✓		
	10:00 am	SOUP	100ml								0	
	11:00 am									✓		
	12:00 pm	H2O	100ml								0	
	01:00 pm	H2O	150ml							✓		
Total Intake : 600ml						Total Output : 3 times						
	02:00 pm										0	
	03:00 pm	H2O	75ml									
	04:00 pm	H2O	125ml								0	
	05:00 pm	H2O	125ml							390ml		
	06:00 pm	Tea	200ml									
	07:00 pm									600ml	0	
Total Intake : 585ml						Total Output : 990ml						
	08:00 pm										0	
	09:00 pm	H2O	200									
	10:00 pm									350		
	11:00 pm	H2O	200								0	
	12:00 am											
	01:00 am										0	
Total Intake : 400ml						Total Output : 350ml						
	02:00 am											
	03:00 am									300	0	
	04:00 am	H2O	200									
	05:00 am										0	
	06:00 am	H2O	200							125		
	07:00 am										0	
Total Intake : 400ml						Total Output : 425ml						

Total 24 hrs. Intake	1985 ml.	Total 24 hrs. Output	1615 ml.

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26-11-1993 32 Y 7 M 26 D (F)
Dr. LUCETTA AMELIA DIAS

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FLUID CHART

Sheet No. : 3

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.

23/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	~~Diarrhoea~~ Motion	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2o	250ml							300ml.	0	
	09:00 am	Tea	200ml							250ml.		
	10:00 am										0	
	11:00 am	H2o	250ml							220ml		
	12:00 pm	H2o	200ml								0	
	01:00 pm									250ml.		
Total Intake :		1000 ml.				**Total Output :**				1020 ml.		
	02:00 pm											
	03:00 pm	H_2O	100ml							200	0	
	04:00 pm	Milk	100ml				✓					
	05:00 pm	H_2O	100ml.							200	0	
	06:00 pm											
	07:00 pm	H_2O	100ml							100	0	
Total Intake :			400ml			**Total Output :**				500ml	M-1	
	08:00 pm	soup	50ml									
	09:00 pm	H_2O	100ml								0	
	10:00 pm	H_2O	200ml				✓			200ml		
	11:00 pm	H_2O	100ml								0	
	12:00 am									300ml		
	01:00 am	H_2O	50ml								0	
Total Intake :			500ml			**Total Output :**				500ml	M-1	
	02:00 am											
	03:00 am	H_2O	100ml							100ml	0	
	04:00 am	H_2O	100ml				✓					
	05:00 am									200ml	0	
	06:00 am	H_2O	100ml									
	07:00 am	milk	100ml							50ml	0	
Total Intake :			830 ml			**Total Output :**				350ml	M-1	

Total 24 hrs. Intake	2830 ml	Total 24 hrs. Output	2550 ml

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Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

NURSING CARE RECORD

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

Date: 21/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12.30 pm	- Achieve acceptable pain control and	1pm	* Assess pain by using pain scale * position comfortably * Administer analgesic	Reduced pain to some extend	Reassessment Done	Ann 01/8/26
Afternoon	2pm	Achieve Acceptable pain control & discomfortable	2:30 pm	Assess pain by using pain scale position comfortably Administer Analges	Reduced pain to same Extend	Reassessment was Done	Ready 01/8/26
Night	8 pm	Promote cleanliness and Comforts		Assess the daily bath, oral care maintain hand hygiene.	monitored Intake & output Charts	Reassessment was done	01/8/26

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 26 D (F)
Dr. LUCETTA AMELIA DIAS

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

NURSING CARE RECORD

Date: 22/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Assess the patient. Monitor vital's Maintain I/O Administer medication.	1pm	-> Assessed Patient general condition -> Administered Medications as per doctor's order	Maintained I/O Chart for the patient.	Patient was Stable.	[signature] GOT784
Afternoon	2pm	Achieve acceptable pain comfort and discomfort.		Assess pain using by pain Scale regularly	To reduce pain Comfortable Position	Patient was Clinically Normal	[signature] O2
Night	8 Pm	* Assess the Patient condition * Monitor vital sign * Monitor I/O chart * Administer medication as per dr's order		* Assessed the patient condition * Monitored vital sign * Monitored I/O chart * Administer medication as per dr's order	Patient vital sign are stable.	Patient was stable.	[signature] 0073

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

Patien

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	12pm	ADMISSION NOTES:	
		patient Admission	
		on 21/7/26. patient c/o fever	
		ē chills 1 episode yesterday	
		c/o pain over anal region	
		c/o constipation. patient	
		general condition fair.	
		Vitals are checked & recorded.	
		Patient diagnosis G_2P_1	
		GA 30w+3D/ fever for	
		Evaluation.	S/N parameshri 016808
	12:30pm	Dr. lucetta saw the patient	
		adviced to CBC, CRP, Pus	
		from (L) perianal abscess	
		site (swab). sample	
		collected op basis sended.	
		CTG connected.	S/N parameshri 016808
	12:40pm	IV cannulation Done by S/N. Anusya	
		18G venflon in Left Metacarpal	
		IV cannula observed. Inj. para	
		1g IV given as per doctor	
		order	[signature] 016120
	12:50pm	Inj. Piptaz 0.1ml ID given as per	
		doctor order. Maintained	
		I/o. No any other complaints	
		CTG disconnected. FHR Monitored	
		Next CTG at 1:45pm	[signature] 016120

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00072743 IP18-00036559
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26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/20	1:30pm	patient dosent have any allergic reaction after Inj. piptaz 0.1ml ID. Inj. piptaz 4.5g IV given as per doctor order	[signature] 01620
	1.35pm	patient care Handing over given to Evening duty staff	[signature] 01620
		Evening duty	
	1:35 pm	patient care hand over taken from morning duty staff nurse patient was stable consious & oriented IV line present & pattern FHR is good ⊕ patient general condition fair	[signature] 01808
	2pm	CTG was connected as per doctor order FHR is good ⊕ patient was stable no Allergic reaction No complaints	[signature] 01808
	2:30 pm	stoped CTG as per Doctor order FHR is good ⊕ reaction Advised to pt shifted to ward	[signature] 01808
	3:30 pm	pt shifted to ward pt care hand over given to 6th floor staff nurse Next CTG at 6pm / hrFHR monitor	[signature] 01808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

(2)

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/7/26	3.40pm	Receiving notes.	
		Patient Received from LDR.	
		to 8th Floor. patient details.	
		hand over taken from LDR.	
		Staff. Patient was Conscious	
		and oriented. →	Raveena 02087
		Patient IV line pattern	
		is healthy and observed.	
		Patient FHR and temperature	
		is hourly. →	Raveena 02087
	4pm	Patient vitals checked and	
		recorded. vitals Normal. →	Raveena 0208-
	5pm.	Dr. Luetta Amelia mam seen	
		the patient advice to continue	
		with temperature and FHR →	Raveena 020
	7pm	maintained Intake and	
		output chart →	Raveena 020
	7.30pm	Hand over given from	
		Night duty staff →	Raveena 02087
		Night Duty Notes	
21/7/26	7.30pm	patient details hand over taken	
		from Evening duty staff patient	
		active and oriented IV line	
	8pm	healthy Patient in Normal	
		diet had dinner →	Jey 0114013
		vitals checked and recorded	
		CTG started at 8pm Ended	
		at 9pm	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

Rainbow Children's Hospital
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7	9pm	Dr. Dhivya mam seen the	
		patient advised to check after	
		12am 4hrly FHR and Temp	
	10pm	Temp 99.6F informed to Dr.	Jey
		Anesmari mam advised to given	
	10.30pm	given Inj para 1g IV given	
	11pm	Temp re checked 99.4F	
22/7/26	12am	vitals checked and recorded	Jey
		IV line healthy FHR 156b/m	ON
		informed to Dr. Divya mam	
	2am	Temp rechecked 97.4F	
	4.30am	Temp 99.2F informed to Dr. Dhivya	
		mam advised to give depit	Jey
		sponging and check fever inform	ON
	5.45am	Dr. Divya mam advised to	
		do Urine R/E, Dengue NS1 IgG, IgM	
		Scrub Typhus IgM and mp and mF	
		done has Per doctor order	Jey
	6am	CTG started Temp 97.4F	ON
	7Am	Dr. Anesmari mam checked pus	
		vaginal 2-3ml with bedside	Jey
	7.30am	patient taken bath. after	ON
		Breakfast to put CTG advised	
		by Dr. Anesmari mam	
	8Am	Handed over given to Morning	Jey
		duty staff	ON

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 26 D (F)
Dr. LUCETTA AMELIA DIAS

(3)

NURSES NOTES

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Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Morning duty 22/7/26.	
22/7/26	8Am	Handing over taken	
		From Night duty staff.	
		patient conscious & oriented	
		vital's checked and recorded.	
		vital's are stable now.	
		IV line present. BP monitoring	
		hrly. Continue the	[signature]
		same treatment.	016??
	9Am.	morning medications	
		given as per as	[signature]
		doctor's order. ——→	01621?
	10AM	patient had no complaints. patient	
		sleep well.	
	11AM	Dr. Lucetta mam seen the patient. IV	
		piptaz 4.5gm 6th hourly.	[signature] 020046.
	12PM	vitals checked and recorded.	
		T- checked no fever. Fetal is good	
	1PM	maintained I/O chart recorded.	[signature] 020046
		Dr. Lucetta mam seen the patient.	
		pus drained. IV paracetamol	
		(SOS). continue IV piptaz. c/o 8PM today	[signature]
	1.30PM	Handing over given to evening	020010
		duty S/N.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty Notes.	
22/1/26	1.30pm.	patient details hand over taken from Morning duty Staff. patient was conscious and oriented. →	[signature]
	2pm	patient IV line pattern is healthy and observed. Due medication given as per drug chart. →	Pravana [signature]
	2.30pm	Dr. Krinitha mam phone call Advice to if fever means inform to immediately →	[signature]
	3pm	patient temperature and ATR checked and Recorded →	[signature]
	4pm.	patient vitals checked and Recorded. patient T.99.4F informed LDR doctor Mam Advice to give inj paracetamol-1g. After start CTG and physician opinion →	[signature]
	5pm.	patient Temp- is Reduce 98.8°F CTG is connected. →	Praveena [signature]
	6.30pm	Dr. Krishnadas sir seen the patient Advice for inj Piptaz 4.5g IV over 1hr and to do CBC, CRP, Procalito	

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26-11-1993 32 Y 7 M 26 D (F)
Dr. LUCETTA AMELIA DIAS

(4)

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26		tomorrow and pelvic	
		ultrasound if need mean	
		MRF and gene xpert & AFB	
		stain if no improvement	
		escalate to change plan	
		Rx meropenem and vancomy	
		-cin. →	Preet O206
	4pm	maintained intake and	
		output chart →	Preet
	7:30pm	Hand over given from	
		Night duty staff →	Pradeep 0??
		Night duty 22/7/26	
22/7/26	7:30pm	→ Patient handover taken	
		by evening duty S/N →	Cenny
		→ Patient clinically stable	OD129
	8pm	→ Provide health education	
		→ Provide comfortable bed	
		Position →	Cenny
		→ Checked vital signs	OD129
		→ Patient vitals is stable	
		→ Checked FHR also 150b/m	
		Marked and recorded	
	10pm	→ connected CTG 1 hour	
		going after that stop →	Cenny
		→ attender asking for	OD129
		Don't check full nyt Temp	
		and FHR, Informed to	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26		DR-Vinodhini mam, doctor advice, ok no need to checks, again morning need to check PHR and temp → gene x-pert and AFB stain not raised in old sample, that one Informed to DR-Vinodhini mam, doctor advice wait I will ask DR-Lucetta mam, after that need to raise that sample. →	Lowry 08/26
23/7/26	12am	=> Checked vital signs => Patient vitals is stable. => administered IV medicine and administered oral medicine @ 4pm as per drug chart order → => PHR is 150 bpm Noted and documented →	Lowry 08/26
	4am	=> again checked vital signs => Patient vitals is stable => Monitored intake and output chart => Patient clinically stable. => patient IV line is patent →	Lowry 08/26
	5.16am	=> Sent sample CBC & CRP procalcitonin Sent to Lab	Lowry 08/26

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NURSES NOTES

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☐ No Known ...

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	6am	=> administered medications as per drug chart order	
		=> Checked FHR - 155 b/m and temperature also checked 97.8°F, Marked & recorded	Laxmy 02109
	7am	=> Checked FHR - 150 b/m Marked and recorded.	
		=> Patient Clinically Stable.	
	7.30 AM	=> patient details handover given to morning duty Staff.	[signature]
23/7/26		Morning duty notes.	
	7.30AM	patient details handing over taken from night duty sis. vinda, temperature and BP, FHR normal, CTG - 8am normal done.	[signature] 02004
	8am	vitals checked and recorded CTG connected. FHR good well normal, due medication given as per doctor order.	[signature] 02004
	8.45AM	CTG photos send to Dr. LDR call. advice CTG - stop.	[signature]
	10AM	patient sleep well. no complaints.	
	11AM	Dr. Lucetta mam seen the pt if 24 hrs no fever. tomorrow discharge	[signature]

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/7/26	11 AM	mam procedure to do excel pus. and local anesthesia given.	
	12PM	Dr. Hiccha mam caution in. Frapic 1gm flom1 NS given. gauze dressing done.	[signature]
	12.30PM	Dr. Vinitha mam gauze removal. No seepage, Bleeding No.	[signature]
	1PM	Due medication given as per prescription order.	
	1.30PM	Handing over given to evening duty S/N.	[signature]
		Evening Duty Notes	
23/7/26	1.30pm	patient details hand over taken from Morning duty staff patient active and oriented In line healthy.	[signature]
	2pm	patient had lunch totally well for foods.	[signature]
	3pm	Due drugs given as per order patient sleeping comfortable no any complaints	[signature]
	4pm	vitals checked and recorded FHR hourly Monitored baby FHR 152 b/m recorded	[signature]
	6pm	Due drugs given as per order I/O chart maintained & recorded	[signature]
	7.30pm	Hand over given to night duty staff	

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①

PAIN ASSESSMENT FORM

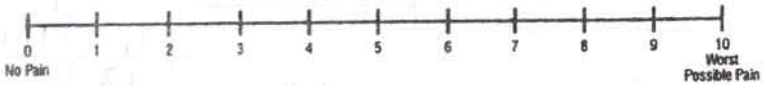
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/7/26	6pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
21/7/26	9pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
22/7/26	3Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
22/7/26	8Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	[signature]
22/7/26	2pm.	1/10	–	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable Position	[signature]
22/7/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
23/7/26	3Am	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
23/7/26	11AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]
23/7/26	4pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	NIL	[signature]
23/7/26	10Pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	[signature]

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 drawn up
Activity	Laying quietly normal position, moves easily	Squirming shifting back and forth, tense	Arched, right, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams of sobs, frequent complaints
Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

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

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

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BRADEN 'Q' SCALE

(1)

					F	N	N
				Date :	21/7	21/7	21/7	22/7
				Time :	12pm	2pm	9pm	8AM
Mobility	1. **Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	2. **Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. **Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	4. **No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. **Bedfast :** Confined to bed	2. **Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. **Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. **All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	1. **Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. **Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. **Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. **No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. **Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. **Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. **Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	4. **Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	1. **Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. **Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. **Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. **No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift 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	27	27	28	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	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ 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	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ 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	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ 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	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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BRADEN 'Q' SCALE

(2)

					Date : 22/7	22/7	23/7	23/7
					Time : 2P		4P	4pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	28	28
				Evaluator's Name				

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

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

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(1)

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	M 21/7/26	E 21/7/26	N 21/7/26
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30		0	0
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	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			

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

Mrs. VYSHNAJA VIJAYAN

Patient Sticker

(2)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	M	E	N
		Score	22/7/26	22/7/26	22/7
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	20
	No	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			

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

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 26 D (F)
Dr. LUCETTA AMELIA DIAS

(3)

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	M 23/7	E 23/7	N 23/7
		Score		30	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10		10	10
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	30	30
		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

(1)

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PATIENT TRANSFER FORM

GUC-00072743 IP18-00036559
Mrs VYSHNAJA VIJAYAN
26-11-1993 32 Y 7 M 25 D (F)
Dr. LUCETTA AMELIA DIAS

...o.	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 at 10:26pm	21/7/2026 at 3.40pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Lucetta	Dr. Vinitha	Observation
From Unit	To Unit	Information to Attendant
LDR	6th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Whole IP Files	CTG → (2)	Yes ☐ No ☐ → If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐
Pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Aksalya 01800	Dr. Vinitha

Patient & Clinical Records Received by : Praveena 00547.

Date & Time of Patient Received : 21/7/26. @ 3.40pm.

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

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

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

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 21/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☐ No

Source of Information: ☐ Patient ☐ Family ☐ Others

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

handed over to ...Husband...

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

If yes , identify .....

Chief Complaints: Complaints of fever & chills / c/o pain over anal region / c/o constipation

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. pavithra

Time Notified: 12pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid	Perianal Abscess drainage D & C - 2022	—

Blood Group: A, Negative LMP: 10/12/25 EDD: 16/9/25 Gestational age during admission: 30w+3D

Contractions: Nil Vaginal Discharge: (+)

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

Height: 163.6cm Weight: 66.1kg BMI: .....

Temp: 98°F HR: 110bpm RR: 20bpm BP: 90/60mmHg SpO_2 99%

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

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

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

Risk of Pressure Sore: ☑ Yes ☐ No Score ..21.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Husband..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Mrs. Vijaya Vijayan..

Name of Person Orientation was given to: ..Mrs. Vijaya Vijayan..

Orientation not given Reason: ..-..

Nurse Signature: .....

Nurse Name: ..S. Parameswari..

Date & Time: ..21/7/26 @ 12:15p..

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/7/26 Time of Arrival: 12pm Time Seen by Nurse: 12.00pm

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

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

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: c/o fever / chills, constipation

3) **Vital Signs:** Temperature: 98°F Pulse: 110bpm RR: 20bpm SpO_2: 99% BP: 90/60mmHg Weight: 66.1kg

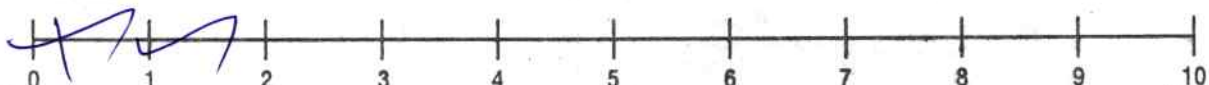
4) **Gestational Criteria:**

Gravida:	G 2	P # -	L -	A 1

LMP: 10/12/25 EDD: 16/9/25 Gestational Age: 30wt3D

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

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



- Location: lower abd perianal region
- Duration: 2 Days / Weeks/ Months (Strike out which is not applicable)
- Character: moderate pain
- Frequency: 1 min once
- Interventions: provide comfortable position

6) **Past History:**

a) Surgeries: D&C / perianal drainage

b) Medical: Hypothyroidism

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: ...T. Thyronorm 12.5...

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ...12pm...

Nurse Name : ...S/N Parameswari... Nurse Signature: ...[signature] 016808...

Date: ...21/3/26... Time: ...12.25pm...

GUC-00072743 IP18-00036559
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...SSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 21/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 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		01
Signature of the Nurse	S/N parameshwari 016808	
Action Plan		

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

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 22/07/2026. Time: 12:35 PM

Origin: — Height: 163.6cm Weight: 66.1kg BMI: ☑ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: NIL

Diagnosis: G2A1 | GA-30 weeks+3 days | Fever for Evaluation | Abscess Perineal
• Hypothyroid since conception

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: VSNajix

Name: VYSHNAJA VIJAYAN.

Date & Time: 22/07/26 12:35PM

Dietician's

Signature: A. Sadiqa (018336)

Name: A. Sadiqa Fasheen

Date & Time: 22/07/26 12:35PM

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
21/07/26	2:50PM.	- Patient is on Soft Diet. - Patient is Stable. Oral intake is Better. - Advised to take easy-digest foods. - Consume small-frequent meals - Plenty of fluids - 2.5-3 l/d.	A.M (018336)
22/07/26	08:59AM.	- Patient is on Soft Diet - - Tolerated liquids - - Patient is Stable. Oral intake is Adequate - - Advised to take well-Balanced, easy-digest foods. - To include protein-Iron rich foods. RDA. Values - Energy - +350 Kcl Protein - +23 g/d.	A.M (018336)
23/7/26.	10 AM -	- Patient is on Soft - Normal Diet - Patient is Stable. Oral intake is Adequate - - Advised to take protein-Iron rich foods. - Plenty of fluids. - Stools Passed.	A.M (018336)