Birthright | Rainbow Children's Hospital

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 16 D (F)
Dr. SHEELA M

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		[illegible]	[illegible]				
Activity Sheet update by Pharmacy		[illegible]	[illegible]				

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Rainbow Children's Hospital — treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

ACTIVITY RECORD FOR BILLING

Name: MRS. SANJANA

UHID No: GUC-93454 IP No: 36320 Consultant: DR. SHEELA Dept: LDR

Date of Admission: 4/7/26 Time: ..... Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/7	9.20pm	LDR	707	16808

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
4/7/26	CBC, CRP, HVS		
	Urine R/E, Urine C/S	26021321	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/7/26	IV placement	1	172964	
5/7/26	cervical length	1	08989	

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

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

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital | BirthRight

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 15 D (F)
Dr. SHEELA M

DISCHARGE TRACKING SHEET

LOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	6/7/18 @ 11.50am		11.30am.		
	INTIME	OUT TIME			
Arrangement of File by Nursing	6/7/18 @ 11.50am				
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Fetal Medicine Report

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Your Right to a Safe Delivery

Patient name	Mrs. SANJANA RAJ	**Age/Sex**	33 Years / Female
Patient ID	GUC00093454	**Visit no**	2
Referred by	Dr. SHEELA	**Visit date**	06/07/2026

Pelvis Report

Indication(s)

TVS PELVIS

Second trimester abortion - cervical incompetance at 21 weeks 5 days on july 5 2026

Real time B-mode Ultrasonography of Pelvis done

Pelvis

Transabdominal and Transvaginal sonography of the pelvis done

Uterus appeared anteverted

Uterus measured 12.3 X 9.0 X 10.5 cm.

Normal appearing uterus with homogeneous myometrial echoes.

Uterus shows an anterior wall intramural fibroid measuring 3.1 x 2.3 cm

Endometrial thickness measured 15.7 mm

Endometrial cavity appears thickened , no vascularity on colour doppler

Right ovary measured 2.8 X 2.7 X 1.0 cm (Volume = 3.93 cc.)

Right ovary appeared normal.

Left ovary not imaged

Both adnexa appeared normal.

Impression

Anterior wall intramural fibroid

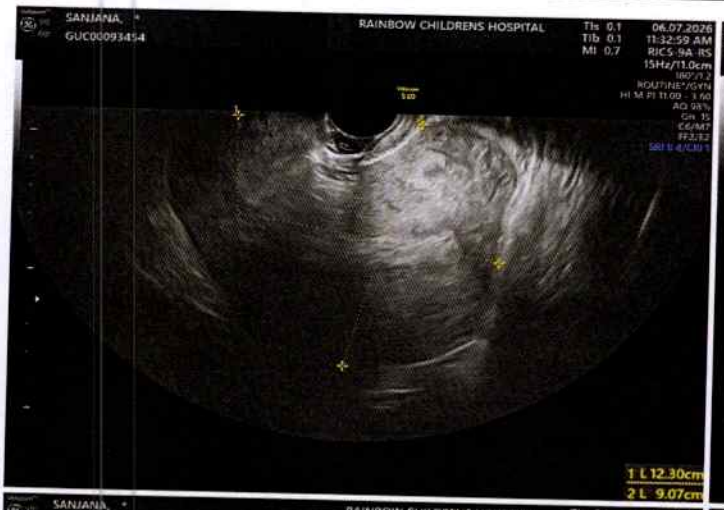
No evidence of retained products of conception in todays scan

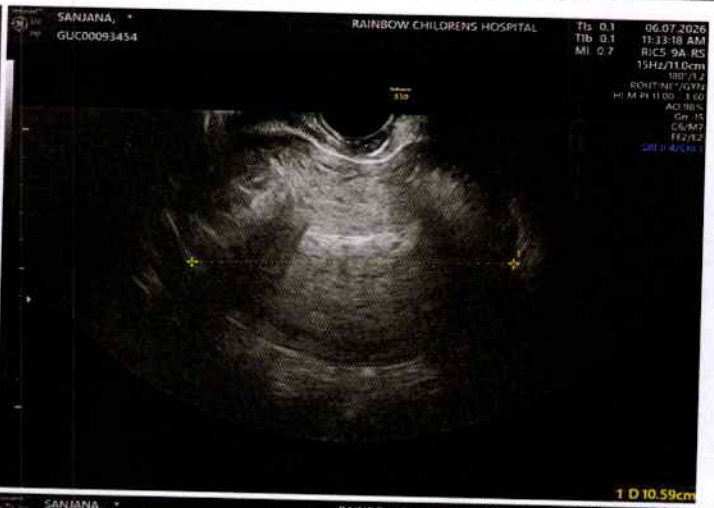
Thwishaa Ramesh

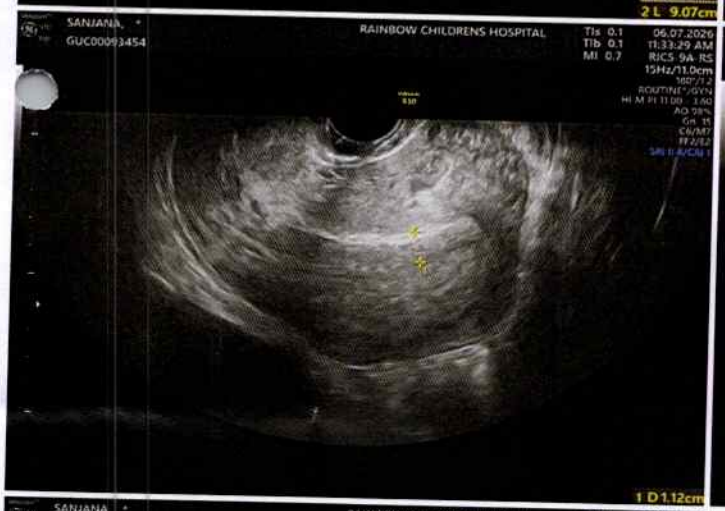
DR.THWISHAA RAMESH

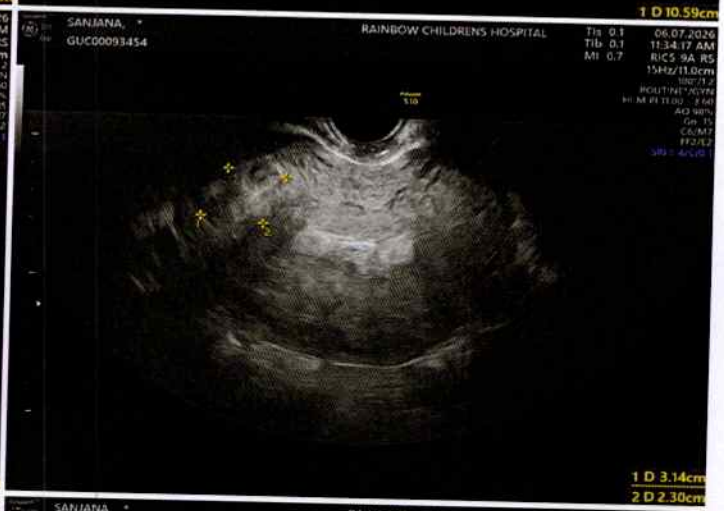
MBBS,MS OG, DNB OG, FOGS , ASSOCIATE CONSULTANT FETAL MEDICINE

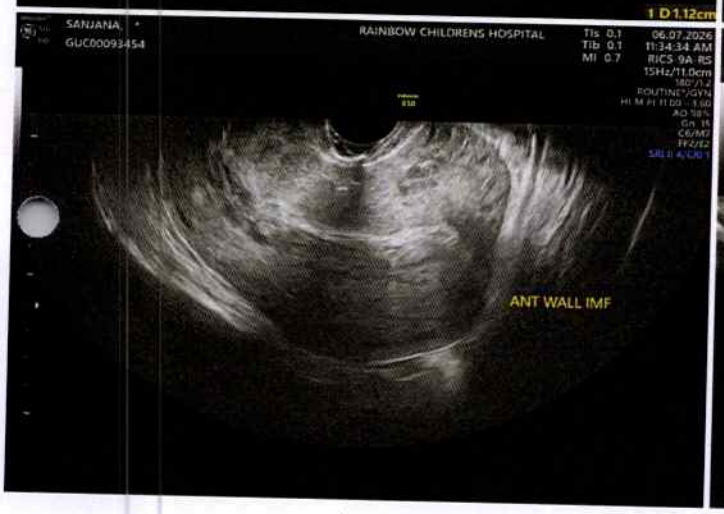
Patient name	Mrs. SANJANA RAJ	**Age/Sex**	33 Years / Fem
Patient ID	GUC00093454	**Visit no**	2
Referred by	Dr. SHEELA	**Visit date**	06/07/2026

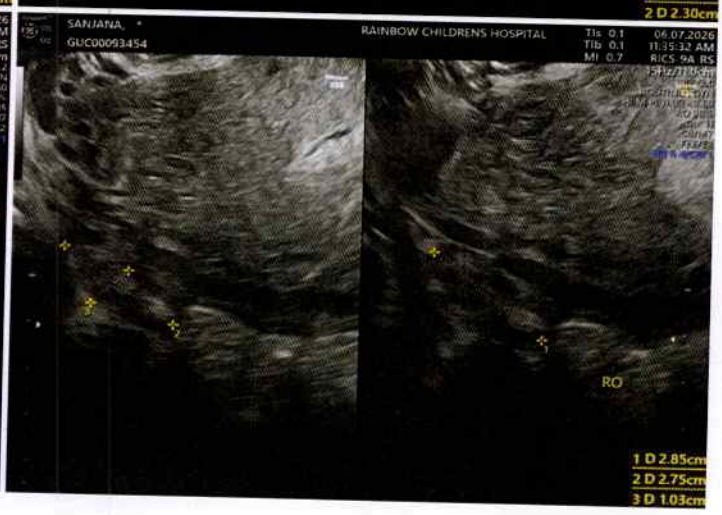




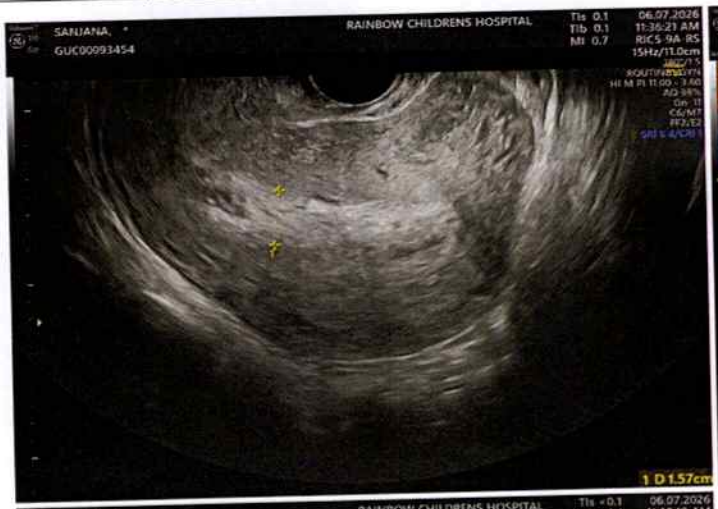


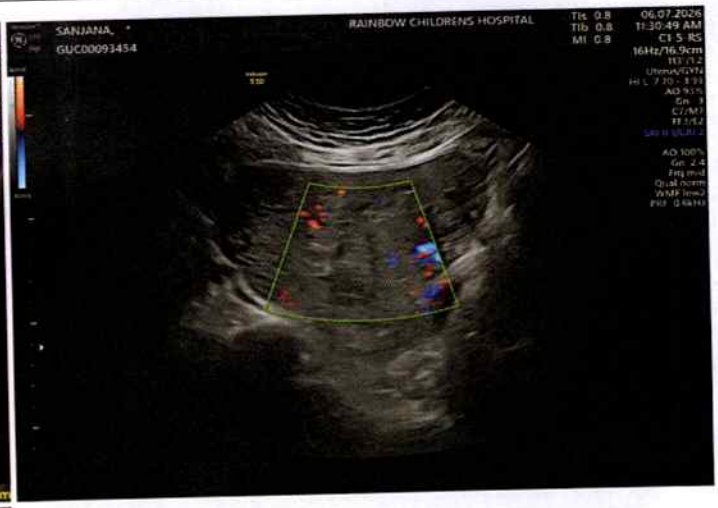


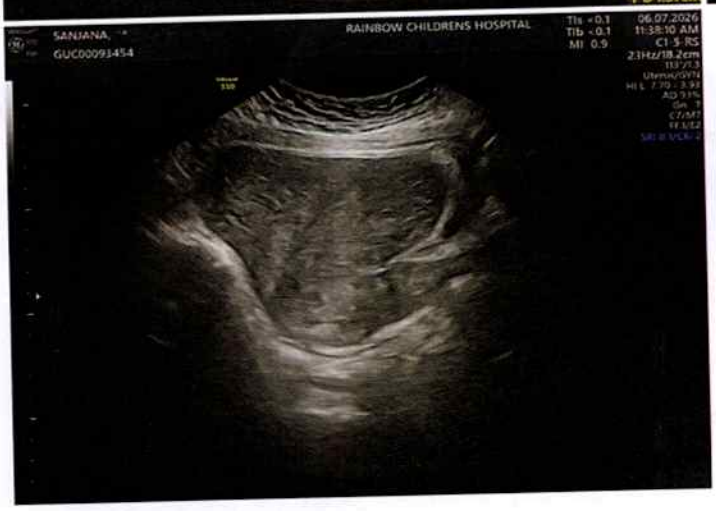




Patient name	Mrs. SANJANA RAJ	**Age/Sex**	33 Years / Fem
Patient ID	GUC00093454	**Visit no**	2
Referred by	Dr. SHEELA	**Visit date**	06/07/2026







Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036320 **Admit Date** : 04-Jul-2026 **Admit Time** : 08:51 PM **UHID** : GUC-00093454

Patient Details :

Patient Name	: Mrs SANJANA RAJ VASWANI	**Age**	: 33 Y 1 M 14 D
Guardian	: Mr RAJVASWANI	**DOB**	: 20-05-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 4 th floor bamana pride Madipakkam Madipakkam Chennai Tamil Nadu INDIA 600091	**Phone No**	: 9867555802
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr RAJVASWANI **Relationship** : Husband

Contact Address : 4 th floor bamana pride Madipakkam Madipakkam Chennai Tamil Nadu INDIA 600091 **Phone No** : 9324224411

Signature

Doctor Details :

Doctor Name : Dr. SHEELA M **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

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SANJANA RAJ VASWANI**	**Age :**	**33 Y 1 M 14 D**
IP No:	**IP18-00036320**	**Sex:**	**Female**
Consultant:	**Dr. SHEELA M**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: → R Vaswani

Name: > Raj Vaswani

Relationship: > HUSBAND

Date: 04-07-2026 Time: 8:57

Witness Name: Arun

Witness Signature:

Patient Address:

4 th floor bamana pride Madipakkam
Madipakkam Chennai Tamil Nadu
INDIA 600091

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 : > Sanjana Raj Vaswani	UHID Number : 93454
Self/Attendant Name : > Raj Vaswani	Relation : > HUSBAND
Self/ Attendant Signature : > R. Vaswani Phone Number : >	Name & Signature of Financial Counselor

Ref. No. : F / HW / CON / HR / 05

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

INFORMED CONSENT FOR HIGH RISK

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Patient Name : .. Age : .....

Gender : ☐ M .....

Ward / Bed No : 4/7/26

I/We .....have been explained by Dr. Sheela .....

about the medical condition and the proposed procedure.

I/We have been told that our patient .....has the

Following Medical Condition / Diagnosis

Primigravida / 21+5 weeks / cervical incompetance

Proposed treatment / Procedure / Operation:

CONSERVATIVE MANAGEMENT

I / (We the relative / legal guardian) have been explained in the language understood by me / us,

about the medical condition mentioned above and that our patient has following risks involved

Bleeding, PPROM, Spontaneous expulsion of fetus, Retained placenta, Manual removal of placenta, D and C, Rescue cerclage, NICU care, NICU stay.

I / We have been explained that our patient carrier a higher risk than usual and there reason for the I / We have been informed that the ongoing treatment in the ICU involves the risk of unsuccessful result, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results I / We have understood the consequences of not undergoing the proceed treatment. I / We hereby give (my / our) full consent for the above –mentioned treatment.

Name of the Doctor performing the procedure : Dr. Sheela. M

Patient Attendant :

Signature : .....

Name : Mrs. Sanja.....

Relationship with Patient: Patient.....

Date & Time : 04/07/2026.....

Witness :

Signature : .....

Name : Mr. Rajvaswani.....

Date & Time : 04/07/2026.....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Sheela.....

Date & Time : 4/7/26.....

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Pat

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Sanjana

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
C/o mucous discharge since 2days
Mucus with blood stained discharge today

Obstetric Formula:
Primi

Obstetric History:
G_1-PP, Spontaneous Conception,
Booked @ Abu Dhabi, ANC done there
Came to India now, NT Scan- (N)

Present Pregnancy Record:
Did Anomaly Scan at Abu dhabi - 23/6/26
SLIUG 20 wks + 1 day, FHS-138/min
Cx length - 4.2cm

RISK FACTORS:
Cervical Incompetence

Height: 162 cm
Weight: 86.8 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 77/min
BP: 110/67mmHg DTR:
CVS: S_1S_2 (+) RS B/L NVB (+)
Liver/Spleen: Urine Output:

LMP: 02/02/2026 EDD: 09/11/2026
Corrected EDD: GA: 21 weeks + 5 days
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Fundal Height: @ 22wks M/S - 4yrs ; NCM
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination: Bulging bag of membranes seen in vaginal canal, Cx rim not seen
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

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

DIAGNOSIS

Primi	LMP- 02/02/2026	GA - 21 weeks + 5 days
M/S-4yrs	EDD- 09/11/2026	Cervical Incompetence
NCM		Hyperthyroidism
D+ve	RMP	

Patient Sticker

Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
Hyperthyroidism not on Rx.	T. Duphaston 10mg 1-0-1
Plan of Care:	**Investigations:**
- Admission. - Inj Magnex forte 1.5g IV 12th (AM) - Foot End Elevation. - Emergency USG (for fetal viability, Cx length) - Inj Susten 200mg IV Stat. - Inj Rapic 1g IV Stat. (1 amp in 100 ml NS). - Inj Proluton 500mg IM Stat. - T. Depin 10mg tds. - Plan Cervical Encirclage on Monday 9AM.	HVS (after bleeding settles) (Taken) CBC, CRP urine R/E, C/S.

Doctor Name: Dr. Paritha / Dr. Shreedevi

Signature: 8182217

Date & Time: 04/07/2026

Consultant Name: Dr. Sheela M

Signature: for 8182217

Date & Time: 04/07/2026

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RESULT SHEET

Date	19/5/26	4/7/26				
Time						
Hb	12.0	11.6				
PCV		35			O - POSITIVE	
RBC	3.9	3.79				
WBC	9.0	14,360			8/3/26	
N/L		72/23			HIV - Non-Reactive.	
Platelets	2.78	3.02			RPR - Non-reactive	
CRP	6.05	8			HBs Ag - Non-Reactive	
ESR						
PCT					8/3/26	
RBS					HbA1C - 5.2	
Na					8/3/26	
K					TSH - 0.02	
Cl					FT4 - 18.40	
Ca/Mg					FT3 - 5.79	
Phosphate					8/3/26	
Urea					Rubella IgG - 18.2	
Creatinine					8/3/26	
ALP					Hb - Electrophoresis Normal	
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	182217	182217				

Date	19/5/26	4/7/26				
Time						
CUE - Alb	Absent	Nil				
CUE - Sugar	Absent	Nil				
CUE - Ketones	Absent	Negative				
CUE - PUS Cells		6-8				
CUE - RBC Cells	3/HPF					
CUE						
	Bacteria - Present					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
					Urine c/s,	
					- No pathogenic micro-organism grown.	

Culture and Sensitivities : .....

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.....

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23/06/2026

Radiology : USG : SLIUG Cervical length - 42.5mm

X-Ray : GA - 20W + 1 day

ECHO : EFW - 361 grams

CT : Placental - Posterior

MRI : SDP - 3.6 cm n

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

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[redacted]-1993 33 Y 1 M 14 D (F)
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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Informed High Risk Consent.	
4/07/2026 8:30pm	Patient, Mrs. Sanjana Raj, 33yrs, Primigravida / 21 weeks + 5 days / LMP on 3/2/2026 conceived spontaneously has come with complaints of Blood Stained mucoid discharge for past 3 hours with no complaints of pain abdomen. Patient was been booked in Abu Dhabi and her regular Anc visits in Abu Dhabi and came to India today On Per vaginal Examination → cervix was fully opened with bag of membranes in vaginal canal. patient has been explained the risks about preterm labor, increased Bleeding p/v, infection, risk of retained placenta and need for manual removal of placenta post delivery, NICU admission Patient also has been explained about rescue encirclage → Risks and complications and Benefits of procedure has been explained. Benefits of rescue encirclage like prolongation of pregnancy and Risks like preterm labor, PPROM, chorioamnionitis. Prolonged NICU stay for extreme preterm baby has also been explained. Benefits, Risks & Complications of rescue encirclage explained. Patient has been well explained about her condition and need for hospitalisation. Patient is also well aware that Doctor and the hospital is not responsible for any untoward complications & risks.	
	Patient	Attender	Doctor (DR. R. PAVITHRA)

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/7/2026 @ 4.45pm	S/B - Dr Thuirchaa.	
	SHIVA ~ 21 weeks + 4 days	
	Trans abdominal USG — Placenta posterior; Liquor (+); FHR (+)	
	Cx - No measurable Cx Length noted / Internal os open; funelling seen / Membranes protruding through open os to vagina	
	F/S/O - Cervical incompetance / No available cervical length noted	
		Dr Thuirchaa Ramesh Reg no 121378

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

(2)

Rainbow® Children's Hospital
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
05/07/2026	O/S/B Dr Pavithra.	
6AM	Pt reviewed	
	Pt c/o upper abd pain & backache (? Gastric pain / ? Labor pain).	
	O/E Pt GC fair	
T ⓝ	afebrile	C/I/T Dr. Sheela.
BP-90/50	P/PE	Advice
PR-80/min.	CVS / RS NAD	- Informed high risk consent for cervical incompetence.
USG	P/A - Ut 22wks	- Follow drug chart.
SLIUG FHS good.	Relaxed	- Vitals monitoring.
	FP ⊕	- Inj Tranpic 500mg IV stat.
	FHS good.	- To continue T. Duphaston 10mg BD.
		- To stop Iron & Calcium tab
	L/S - minimal bleeding P/V ⊕	- To W/H Depin tab.
		(Since BP- 90/50)
	(signature)	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/7/26. 8:40AM.	S/B Dr. Abhilla	
O+N	pt reviewed:	
	c/o burping (+)	
	c/o epigastric discomfort.	
	O/E: afebrile	Plan:
BP 110/80mmHg	GC fair	- FH monitoring
PR 86bpm.	P° /PE°.	- w/f pain, bleeding
SpO2 99% @RA.	P/A: uterus @ 22w	leaking P/V.
temp (N)	Relaxed	- inform (SOS).
	FH (+).	- F/U investigations.
		8:35
5/7/26. 3:30PM.	S/B Dr. Abhilla	
	pt reviewed.	
	c/o straining P/V.	
	O/E: afebrile	
BP 100/60 mmHg	GC fair	
PR 70bpm.	P° /PE°.	
SpO2 99%@RA.	P/A uterus @ 22w	
temp (N).	acting	
	↓	
	patient expelled fetus - MALE	
	of weight 459gms. at 3:45pm. on 5/7/26.	
Inj. Synto 10U in 500ml RL↓.		
	Placenta c̄ membranes expelled in toto	
	@ 4:10pm. on 5/7/26 of weight 267gms.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	↓ inj. Carboprost 250mcg IM.	
	Clots removed.	
	no undue bleeding P/V noted.	
	↓	
	check ET thin.	
		Plan:
		- encourage voiding.
		- w/f ↑ bleeding P/V.
		- check & measure 2 voides & inform.
		- check ~~PVRU~~
	[signature] 128435	
5/7/26. 8:30pm	S/B Dr. [illegible]	
	pt reviewed	
	no sp. complaints.	
	O/E: afebrile.	Plan:
	GC fair.	- monitor vitals.
BP 140/60mmHg.	P°/PE°.	- w/f ↑ bleeding P/V
PR 70bpm		- normal diet.
SpO2 99%@RA.	P/A: uterus well contracted	- ambulate
temp (N)	soft	- hydrate
First void		- Tab Cabergoline 0.5 x Stat
voided - 150ml.	L/E: BWNL.	- Inj. magnex ~~sulbacef~~ bright [illegible]
2nd void - 500ml	shift to ward	- follow duty orders
~~[illegible]~~ PVRU 85ml.	[signature] 128435	

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Docu. No. : RCH /FRM / CLINIC.

;TOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 15 D (F)
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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 7th Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ MAGNEX FORTE.	1.5gm	—	STOP	5/7/26 9pm	☐C ☐DC
2	CAP AUGMENTIN	625 mg	P/o	1-0-1		☑C ☐DC
3	TAB PARA	1gm	P/o	1-1-1		☑C ☐DC
4	CAP DMH D	·	P/o	1-0-1	5/7/26 7pm	☑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. Athelia

Date & Time: 5/7/26 12:43

Nurse Name & Signature: Sr. Fauziah 01672 06/07/26

Date & Time: 5/7/26 at 9.20pm

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

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Dr. SHEELA M

(1)

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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. DUPHASTON	10mg	PO	BD		☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 04/07/2026

Nurse Name & Signature: S/N. Tanuja 04/07/26

Date & Time : 4/7/26 at 8.30pm

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DRUG CHART

Date of Admission: 4/7/26 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI (F)
20-05-1993 33 Y 1 M 14 D
Dr. SHEELA M

REGULAR PRESCRIPTIONS

Weight. 26.8kg Ward. LDR

DRUG : INJ. MAGNEX FORTE

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	4/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: Stop after night dose today (5/7/26).

Date / Time	
4/7 9Am	SA SN
9pm	SP SN

Daily Doctor's Endorsement by a Sign

DRUG : T. DEPIN

Dose	Route	Frequency	Start Date
10mg	PO	1-1-1	4/7/26

Name & Signature of the Doctor Starting the Drugs: 124682

Additional Instructions:

Date / Time	
4/7 6Am	S/T W.H
2pm	WH
10pm	TJ MD

STOP

Daily Doctor's Endorsement by a Sign

DRUG : T. DUPHASTON

Dose	Route	Frequency	Start Date
10mg	PO	1-0-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date / Time	
5/7 9Am	SA SN
9pm	

STOP

Daily Doctor's Endorsement by a Sign

DRUG : INJ PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	IV	1-0-1	5/7

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	
5/7 9Am	SA SN
9pm	

STOP

Daily Doctor's Endorsement by a Sign

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Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Weight. 26.8kg Ward. ADR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/7/26	8.30 pm	INJ. MAGNEX FORTE	0.1 ml	Id	182217	TJ / MD
4/7/26	8.45 pm	INJ. SUSTEN	200 mg	Im	182217	TJ / MD
4/7/26	9pm	INJ. MAGNEX FORTE	1.5g	Iv	182217	TJ / MD
4/7/26	9pm	INJ. TRAPIC	1g	Iv	182217	TJ / MD
5/7/26	1AM	Inj PROCUTON	500mg	Iv	182217	TJ / MD
5/7/26	3AM	INJ. PANTOPRAZOLE	40mg	Iv	182217	TJ / MD
5/7/26	5.30 AM	Inj TRAPIC	500mg	IV		TJ / MD
5/7/26	9 PM	TAB CABERGOLINE	0.5mg	P/O	182217	SP / TJ

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Dr. SHEELA M

I.V. FLUIDS CHART

Weight. 86.2 kg Ward. .....

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/7/26	10.30 AM	1NF 10 RL	IV	75 ml/hr	122435	SA / SP	5/7/26		SD / SS

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 26.2kg Ward LDR

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

DRUG : SYP SUCRAFIL-O

Dose	Route	Frequency	Start Dt.
5ml	P/O	1-0-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/7	6/7
8AM	11:30 SAM SN	P.O 8:30
8PM	SP TJ	

DRUG : CAP AUGMENTIN

Dose	Route	Frequency	Start Dt.
625mg	P/O	1-0-1	6/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/7	6/7
9AM		PO SS
9PM		

DRUG : CAP PAN D

Dose	Route	Frequency	Start Dt.
1	P/O	1-0-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/7	6/7
7AM		NL APH
7PM	SP TJ	

DRUG : TAB PARA

Dose	Route	Frequency	Start Dt.
1gm	P/O	1-1-1	5/7/26

Name & Signature of the Doctor Starting the Drugs: 128435

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	5/7	6/7
8AM		NL APH
2PM		9AM PO SS
10PM		

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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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

4/7/26

		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				18		20	
	0 - 10																									
Saturations	94 - 100 %														99%				99%				99%		99%	
	< 94 %																									
Administered O_2 (L/min.)															RA				RA				RA		RA	
Temp°c	40																									
	39																									
	38																									
	37														98.6				98.6				98.6		98.6	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80														78				80				74		70	
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert														✓				✓				✓		50 ✓	
	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		01	
TOTAL ORANGE SCORES															0				0				0		0	
Nurse Initial															TW				TW				TW		TW	

On admission

68 76 60 50

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

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

		Date	5/7/26																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20	20	22		20		20		24		22	20					20				22			
	0 - 10																									
Saturations	94 - 100 %		100	100	99		97%		99%		99%		99%	99					99				100			
	< 94 %																									
Administered O_2 (L/min.)			NA	NA	NA		NA		NA		NA		NA	RA					1RA				RA			
Temp °C	40																									
	39																									
	38																									
	37		98.6	98.6	about		98.6		about		about		98.6						98.6				98.4			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		84	88	84		76		94		84		80						88				78			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110	108	100		94		100		108		100						120				110			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																		(84)							
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		80	60	80		56		80		70		70						70				80			
	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		0	0					0				0			
TOTAL ORANGE SCORES			0	0	0		0		0		0		0	0					0				0			
Nurse Initial																										

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

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BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

4/7/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm					on Admission						
	09:00 pm	A20	100							300ml	0	Tw
	10:00 pm	H20	100								0	Tw
	11:00 pm									250	0	Tw
	12:00 am	H20	150							100	0	Tw
	01:00 am	H20	800								0	Tw
Total Intake :		550ml				Total Output :				650		
	02:00 am	H20	100							300	0	Tw
	03:00 am										0	Tw
	04:00 am	H20	800							250	0	Tw
	05:00 am										0	Tw
	06:00 am	H20	150							300	0	Tw
	07:00 am	H20	100								0	Tw
Total Intake :		550ml				Total Output :				850ml		

Total 24 hrs. Intake	1100ml

Total 24 hrs. Output	1500ml

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

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FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	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
5/7/26												
	08:00 am	H2O	100							200	0	SA
	09:00 am										0	SA
	10:00 am	H2O	100	RL						100	0	SA
	11:00 am	H2O	100ml	500ml							0	SA
	12:00 pm									200	0	SA
	01:00 pm	H2O	100								0	SA
Total Intake :		900ml				Total Output :				500ml		
	02:00 pm	HW	100ml	IVF						200	0	MH
	03:00 pm	Jui	100ml	IVF							0	MH
	04:00 pm	HW	100ml	IVF							0	MH
	05:00 pm	HW	100ml	IVF						100ml	0	MH
	06:00 pm										0	MH
	07:00 pm	HW	100ml								0	MH
Total Intake :			1,100ml			Total Output :				300ml		
	08:00 pm	H2O	100ml							600	0	FNN
	09:00 pm	H2O	150ml							600ml	0	FNN
	10:00 pm	Milk	100								0	FNN
	11:00 pm										0	FNN
	12:00 am	H2O	100							300	0	SN
	01:00 am										0	SN
Total Intake :			450			Total Output :				900ml		
	02:00 am										0	SN
	03:00 am									250	0	SN
	04:00 am										0	SN
	05:00 am										0	SN
	06:00 am	H2O	100							250	0	SN
	07:00 am	Milk	100								0	SN
Total Intake :			300ml			Total Output :				600		

Total 24 hrs. Intake	2,650ml	Total 24 hrs. Output	2,300ml

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NURSING CARE RECORD

Date: 4/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8.30 pm	Early detection and prevent of complications	9pm	* Monitor vital signs * Assess for Bleeding, infection * observe laboratory Reports & diagnostic Findings	Done Early Detection and Reduced Complication to Some extend	Reassessment Done	6.7.26

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NURSING CARE RECORD

Date: 5/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Reduce risk of Hospital Acquired wound Infection	8:30 Am	maintain strict hand Hygiene use Aseptic Technique during procedures procedures.	patient was Stable	Reassessment was Done	SNAraly 01808
Afternoon	2pm	Reduced risk of Hospital Acquired wound Infection	2:30 Pm	maintained strict hand Hygeiene use Aseptic Technique during procedure.	patient was Stable	Reassessment was Done	Shalini
Night	8pm	Achieve acceptable Pain control & comfort	8:30 Pm	Assess pain using pain scale regularly position patient comfortable	patient feel better	Vitals are stable	

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NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
4/7/26	8.39pm	Admission Notes (4/7/26) Mrs. Sanjana Raj Vaswani/33Y F got admission under Dr. Sheela. patient came complaints of vaginal bleeding. Patient diagnosis is primi/21weeks+5days/cervical incompitance/Hypothyroidism. Monitored vitals and Recorded. Maintained I/O. patient General condition fair. Bed side scan done. FHR present. parts preparation Done. IV Cannulation done by S/N. Devi in left Metacarpal 18G venflon. IV cannula observed. Inj. Magnex Forte 0.1ml ID given. Inj. Tropic 1g IV given as per doctor order. Plan for cervical length scan. pain assessment done. parts preparation Done. No any other complaints	[signature] 01/6/20
	9pm	patient shifted for cervical length scan. Scan done by Dr Disha mam. patient dosent have any allergic Reaction after Inj. Magnex forte 0.1ml ID. Inj. Magnex forte 1.5g IV given.	[signature] 01/6/20

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
4/7/26	10pm	Cervical length scan done., CBC, CRP, HVS, Urine Routine/ Culture sensitivity sent to lab. Inj-susten 200mg IM given as per doctor order at 8:45PM. Pain assessment done. Observe for bleeding	[signature] 01.5.726
5/7/26	12AM	Monitored vital signs Maintained I/O. Administered medicines as per drug chart. PV Bleeding minimal. No other complaints. Patient General condition fair	[signature] 01.5.726
	1Am	Inj. proluton 500mg IM given as per doctor order. Monitored Vitals and Recorded. Patient General condition fair - No any other complaints	[signature] 01.5.726
	2AM	PV Bleeding minimal. Monitored vitals and Recorded. IV cannula observed. Patient General condition fair.	[signature] 01.5.726
	3Am	Patient complaints of Epigastric pain Informed to Dr. pavithra advised to Inj. Pan 40mg IV doctor order carried out. Maintained I/O. Monitored Vitals and Recorded	[signature] 01.5.72.

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(2)

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26	4AM	Monitored and Recorded vitals. Maintained I/O. PV Bleeding Minimal. No any other Complaints	[signature] 016720
	5:30 AM	Inj. Tropic 500mg IV given as per doctor order. Maintained I/O. patient conscious and oriented. No any other complaints	[signature] 016720
	6AM	Maintained I/O. Monitored Vitals and Recorded. Pain assessment Done. PV Bleeding Minimal BP 90/50mmHg. T. Dipine withhold Informed by Dr. Pavithra	[signature] 016720
	7AM	Morning care given to patient Maintained I/O. No any other complaints. Patient General Condition Fair	[signature] 016720
	7:30 AM	Patient care Handing over given to Morning duty staff	[signature] 016720
5/7/26	7:30 AM	Morning duty patient care hand over taken from Night duty staff Nurse pt was stable consious & oriented IV line present & pattern. No complaints	S N Atolya 018080

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
5/7/26	8Am	patient was stable conscious & oriented checked for vital signs & recorded patient vital are stable patient general condition fair →	S/N Akalya 018080
	9Am	Inj: magnex forte 1.5gram Inj: pan 40mg IV given to pt Tab: Duphaston 10mg orally given to patient →	S/N Akalya 018080
	10:30 Am	⇒ Dr: Akshitha Advised to RL 500ml connected maintaine flow, patient was stable →	S/N Akalya 01808
	11:30 Am	⇒ Dr: Akshitha Advised to Syp: Sucralfi-0 10ml for orally given to patient pt was foot end up and Elevation position FHR is good ⊕ →	S/N Akalya 018080
	12pm	⇒ checked for vital signs & recorded patient vital are stable checked for FHR is good ⊕ →	S/N Akalya 01808
	1:30 pm	⇒ patient care hand over given to Evening duty staff nurse. patient is foot & Elevation position →	S/N Akalya 018080

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 5/7/16	1:30pm	→ Evening Duty ← Patient report found Over taken from Morning duty staff. She is Conscious and Oriented, afebrile taking orally & tolerating well. Voided freely. Patient Vital signs stable. General condition fair. →	[illegible]
	2pm	→ Due medication given as per doctors Orders →	[illegible]
	2:45 pm	→ Patient having pain over the abdominal. Inf to Dr. Asitha mam. Advice TO Inj Tramadol c 100ml NS Iv given. →	[illegible]
	3:45 pm	→ Patient having spontaneous expulsion. Fetus expelled boy baby. Inj syntocin 10ui over 500ml NS R1 connected. PV bleeding mild excess. Fetus:[illegible] Uterus firm contracted well.	[illegible]
	4:10pm	→ Placent manual explained Plunt [illegible]	[illegible]
	4:30 pm	→ Patient vital signs checked & recorded. General condition fair →	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 5/7/26.	5pm	=> Tetu given to attender Patient vitals Stryen attach by Syntocin on flow.	Sig/01174
	6pm	=> Pv bleeding Normal Pad changed by Fx. uto Contracted well	Sig/01174
	7pm	=> Patient taken a Dinner no other compland pv bleeding normal	Sig/01176
	7.30pm	=> Patient vitals stryen often. Patient report hand over to Night duty staff	Sig/01174
5/7/26	7.40pm	Night duty Notes: patient details handed over taken from Evening duty staff. patient conscious & oriented. Vitals are checked & recorded. IV line kept In left hand. patient voided 130ml. patient hand normal diet. pv bleeding normal.	S/N Parameshwari 016808
	8.30pm	Dr. Akshitha saw the patient patient voided 600ml checked bedside scan advised	
	8.40pm	to patient shift to ward. Due medication given.	S/N Parameshwari 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 4/7/26

Baseline Information:

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

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: patient came complaints mucus with blood stained discharge

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified: 9pm

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

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

Blood Group: Otve LMP: 2/2/26 EDD: 9/11/26 Gestational age during admission: 21+5 days

Contractions: NIL Vaginal Discharge: YES

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

Height: 162cm Weight: 26.2kg BMI: 33.1

Temp: 98°F HR: 76 bt/m RR: 20bt/m BP: 100/60 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 ..26.. (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 ..Family..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Patient..

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

Orientation not given Reason: .....

Nurse Signature: ..S/N. Tamil 01620..

Nurse Name: ..S/N. Tamilselvi 01620..

Date & Time: ..4/7/26 at 9pm..

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 4/7/26 Time of Arrival: 9pm Time Seen by Nurse: 9pm

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 80bt/m RR: 20bt/m SpO_2: 99% BP: 100/60 Weight: 26.8kg

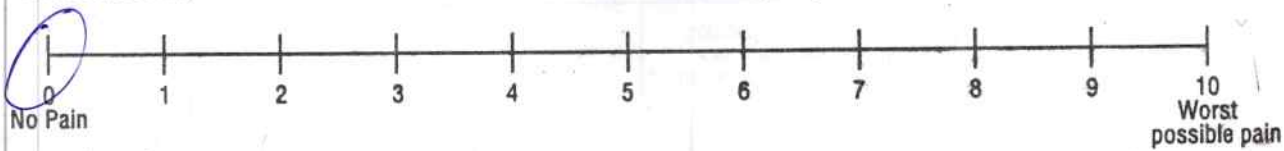
4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 2/2/26 EDD: 9/11/26 Gestational Age: 21+5 days

Uterine Contraction	☐ Yes	☑ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☑ Yes	☐ No	☐ NA	Onset since today	Time 8pm	Amount: N
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: NIL
- Duration: NIL Days / Weeks/ Months (Strike out which is not applicable)
- Character: NIL
- Frequency: NIL
- Interventions: NIL

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: Dr. Pavithra (8.30pm)

Nurse Name : S/N. Fauziah 0160 Nurse Signature: S/N 0160

Date: 4/7/26 Time: 8.30pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 4/7/26

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		0
Signature of the Nurse	Stv. Tanvi Sahi 01/07/26	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 4/7/26	M 5/7/26	E 5/7/26
		Score	0		
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	20
		Signature			Bhalish

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

Patient Sticker

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5/7/26 N		
		Score	20		
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0		
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0		
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		
IV / Heparin Lock or Saline	Yes	20	20		
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0		
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0		
Total Morse Fall Scale Score:			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-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

(1)

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PAIN ASSESSMENT FORM

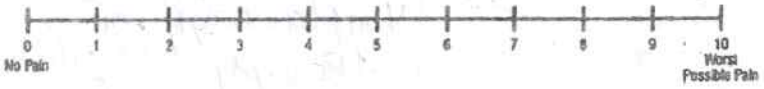
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
4/7/26	9pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	S/Staff Nurse 01/07/26
5/7/26	3AM	1/10	Epigastric Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Pharmacological Therapy	Staff Nurse 01/07/26
5/7/26	7AM	1/10	Epigastric Pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Non pharmacological therapy	Staff Nurse 01/07/26
5/7/26	8AM	0/10	NO pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	Staff Nurse 01/07/26
5/7/26	12pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	S/N Akalya 01/07/26
5/7/26	2pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	S/N Shalini
5/7/26	8pm	1/10	lower abdomen pain	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Provide comfortable position	Staff Nurse 01/07/26
6/7/26	2Am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	6.07.26
6/7/26	8Am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	6.07.26
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI (F)
20-05-1993 33 Y 1 M 14 D
Dr. SHEELA M

(1)

BRADEN 'Q' SCALE

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

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

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

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

Risk Score	Category	Action	Support Surfaces **(Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	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

Patient Sticker

BRADEN 'Q' SCALE

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

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				Date :	6/7/22			
				Time :	PM			
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4			
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-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			
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4			
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4			
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4			
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4			
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4			
				TOTAL SCORE	27			
				Evaluator's Name	[illegible]			

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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PHLEBITIS ASSESSMENT

Patient's Name:..

MRD NO:. GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Age :........ Sex: ☐ M ☐ F

Consultant ....

CANNULA 1

Date : 4/7/26 Time: 8.30pm
Location : Left-Metacarpal
Size : 18G
Cannula inserted by : S/N-Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
4/7/26	9pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
5/7/26	12AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	7:30 AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	9AM	☐Yes ☑No	☐Yes ☑No	Obser	SA
	11AM	☐Yes ☑No	☐Yes ☑No	Obs	SA
	1pm	☐Yes ☑No	☐Yes ☑No	Obs	SA
	3pm	☐Yes ☑No	☐Yes ☑No	Obs	SA
	5pm	☐Yes ☑No	☐Yes ☑No	Obs	SA
	7pm	☐Yes ☑No	☐Yes ☑No	Obs	SA
	9pm	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	12am	☐Yes ☑No	☐Yes ☑No	Obser	[illegible]
6/7/26	2am	☐Yes ☑No	☐Yes ☑No	Observe	[illegible]
	4am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	6am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00093454 IP18-00036320
Mrs SANJA [illegible] AJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis Dolomi/21+5d
2. Treatment and Care Plan
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
4/7/20	9pm	Medication & diagnostic test	Educated to patient and attendor about Medications	patient	NO	oral	none	verbal	Good	[signature] 01672
5/7/20	8Am	YES	Educated about the fall risk	pt	NO	orally	none	yes	good	[signature] 01808

Part - III: CODES

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

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

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

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

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

Doc No. : RCH / FRM / CLINICAL / 187

(1)

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Your Right to a Safe Delivery

PATIENT TRANSFER FORM

GUC-00093454 IP18-00036320
Mrs SANJANA RAJ VASWANI
20-05-1993 33 Y 1 M 14 D (F)
Dr. SHEELA M

Date & Time of Admission	Date & Time of Transfer Order
4/7/26 @ 8.51 pm	5/7/26 @ 9.30 pm

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Sheela	Dr. Akshitha	Further mgt

From Unit	To Unit	Information to Attendant
LDR	707	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Casesheet	Cervical length Scan Report due.	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Spoorthi 016808	Dr. Akshitha

Patient & Clinical Records Received by : Sushma 5/7/26 at 9.15 pm

Date & Time of Patient Received :

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