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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date: 28/7/26

Name of the GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

UHID No: ..

Gender: .....

Ward: .....

Room No: .....

Certified that in respect of the above patient:

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

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 28/7/26

Time: 10.15 AM

Pharmacy Sign

Date: .....

Time: .....

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

GUC:-00091490 IP18-0
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 1
Dr. MATHANGI RAJAGOPALAN

Birthright Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIM E	OUT TIME	NAME & SIGNATUR E	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		28/7/24 10.57AM	DN 01421				
Activity Sheet update by Pharmacy							

ACTIVITY RECORD FOR BILLING

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital — treat the little.

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

Name: MRS. SUBASHINI

UHID No: 91490 IP No: 36625 Consultant: DR. MATHANGI Dept: IDR

Date of Admission: 26/7/26 Time: 7.30 pm Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/7/26	4.30pm	IDR	510	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Krishnadas to be cause (Phone order)	27/7/26		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/7/20	CBC	2412 7	
28/7/20	Diet counselling Individy	1734006	
	Diet analysis		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/7/26	CTG - (1)			010035	
27/7/26	CTG. 2			010035	
27/7/26	CTG. 3			010035	
27/7/26	CTG - 4			010095	
27/7/26	CTG - 5			010095	
27/7/26	CTG - 6			010095	
27/7/26	Infusion pump	9Am	4 pm	1733781	
	CTG (7)			01034	
	CTG (8)			01034	
	CTG (9)			01034	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/7/26	IV placement	1	14333309	Shalini 01407L

ANY OTHER INFORMATION:

Normal vaginal Delivery
Date: 27/7/2026
Time: 10:45Am to 11:45Am
Duration: 1hr
Dr: Mathangi
Dr: Akshitha

Date: 28/7/26 Time: 10.15am Prepared By: [signature] 01207C

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 01207C			

Rainbow Children's Hospital | BirthRight

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

UHID- _ FLOOR- NAME OF CONSULTAN

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary		28/4/26 at 10.20AM			
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

PARTOGRAPH

Rainbow® Children's Hospital
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LABOUR

Labour: ☐ Spont ☐ IOL-PGE 1 ☑ E2 ☑ Others

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☑ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

AVD: ☐ Outlet ☐ Low Forceps ☐ Ventouse
☐ Trails of Forceps

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl .....

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy .....

Others: .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 300ml .....

Blood Transfusion: .....

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

Ractal Examination: .....

DURATION OF LABOUR

1st Stage: 4hours .....

2nd Stage: 10mins .....

3rd Stage: 5mins .....

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Boy .....

Weight: 2.577kg .....

APGAR: 8/10, 9/10 .....

Date and Time of Delivery: 27/07/2021 11:09 AM

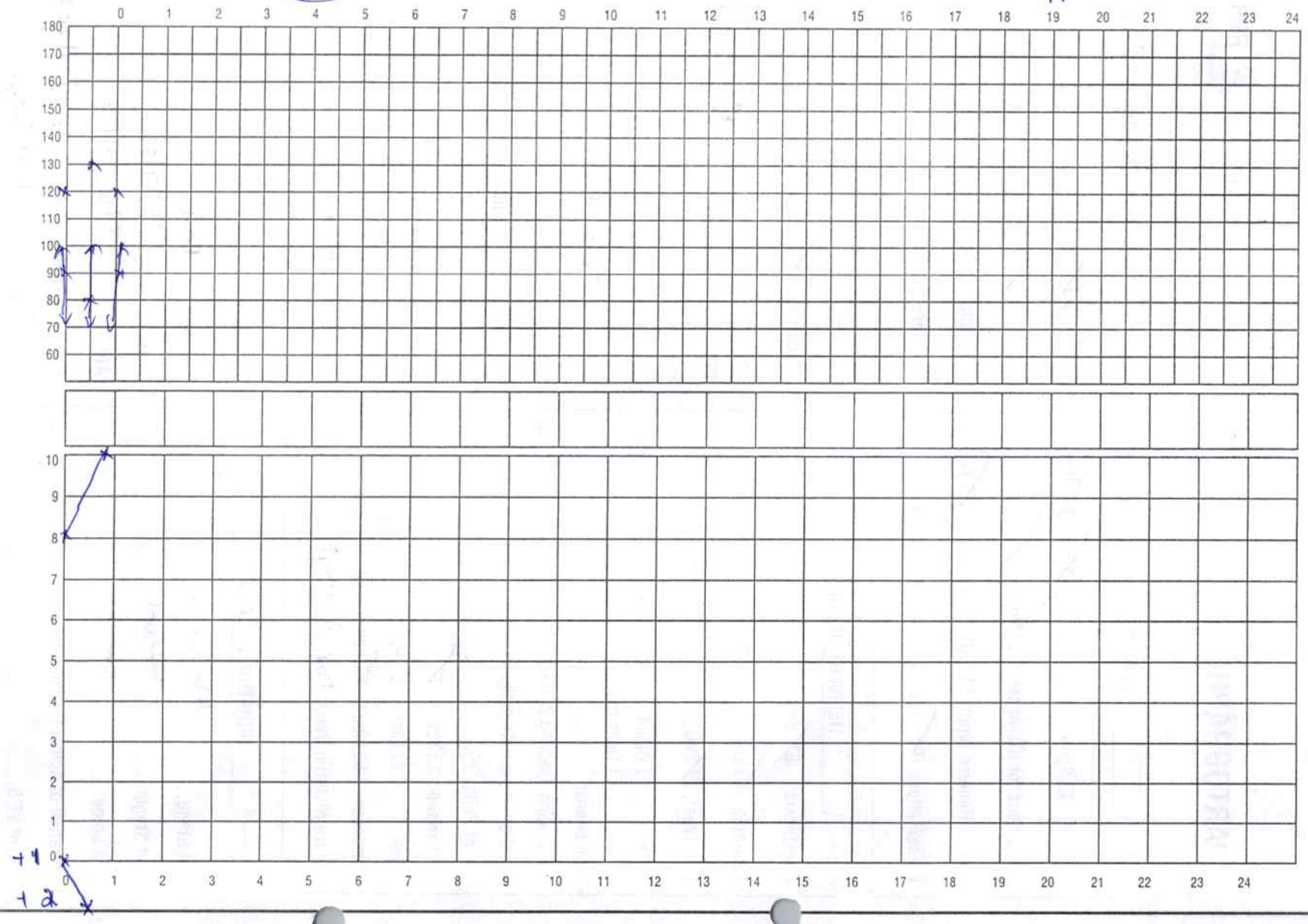
LW Doctor: Dr. Mathangi .....

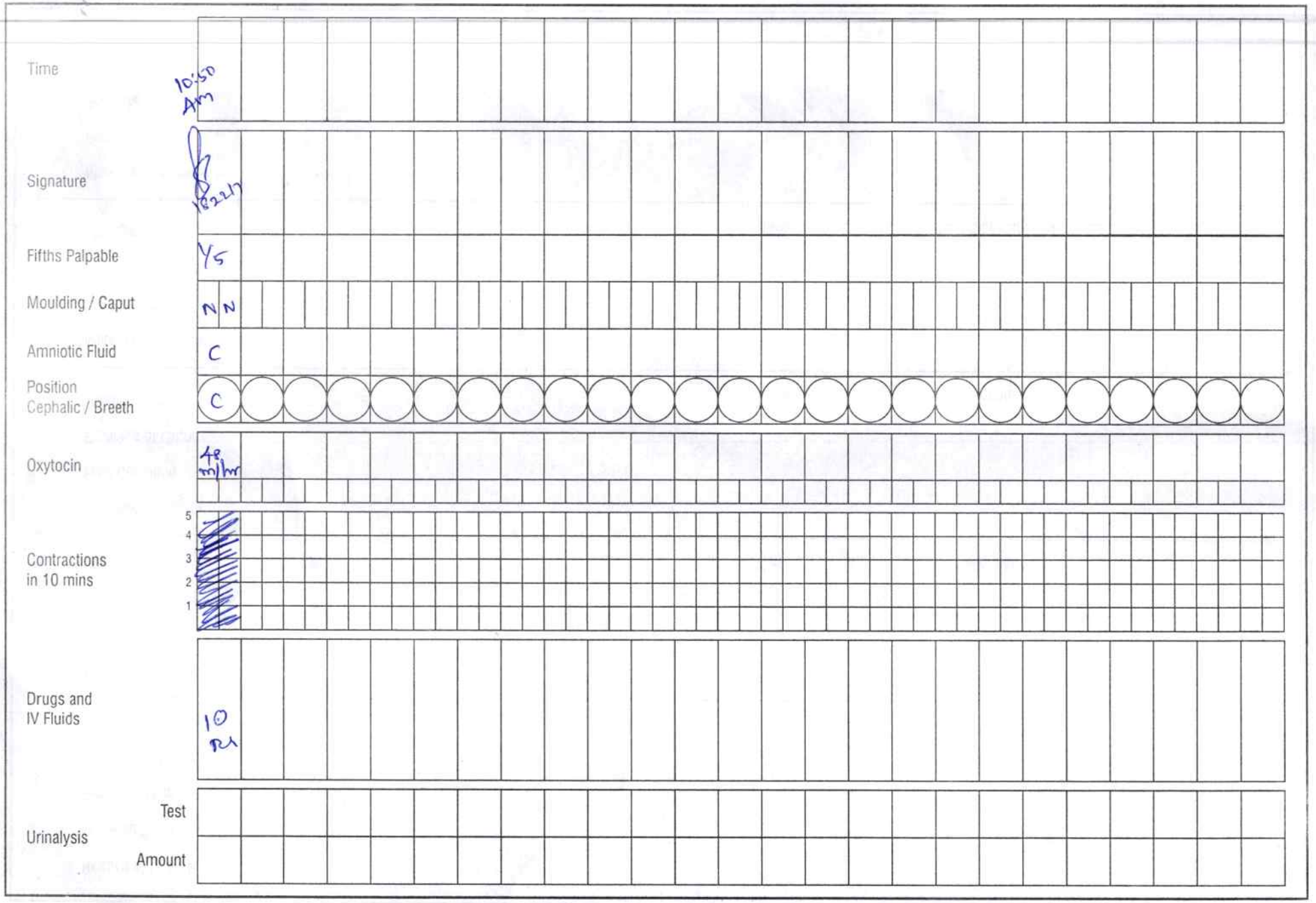
LW Sister: .....

PARTOGRAPH

Name: Mrs. Subashini J Obstetrics Formula: G2A1 Blood Group Type: O-POSITIVE

Memb. Ruptured: SROM PROM (ARM) Risk Factors: GDM on insulin | FGR with (N) dopplers




Time
10:50 Am
Signature
18224
Fifths Palpable
Y5
Moulding / Caput
N N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
4e m/hr
Contractions in 10 mins
5
4
3
2
1
Drugs and IV Fluids
10 RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

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 : IP18-00036625 **Admit Date** : 26-Jul-2026 **Admit Time** : 07:30 PM **UHID** : GUC-00091490

Patient Details :

Patient Name	: Mrs SUBASHINI J	**Age**	: 30 Y 11 M 9 D
Guardian	: Mr DANIEL RAJ	**DOB**	: 17-08-1995
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.5/2, RBS ILLAM, ELAIYALWAR KOVIL STREET, NEAR PERUMAL KOVIL Saidapet Madras Chennai Tamil Nadu INDIA 600015	**Phone No**	: 8825682765/ 9087110467
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr DANIEL RAJ **Relationship** : Husband

Contact Address : NO.5/2, RBS ILLAM, ELAIYALWAR KOVIL STREET, NEAR PERUMAL KOVIL Saidapet Madras Chennai Tamil Nadu INDIA 600015 **Phone No** : 9087110467

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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TEL NO :044-40122444
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SUBASHINI J**	**Age :**	**30 Y 11 M 9 D**
IP No:	**IP18-00036625**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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 [redacted] of the patient.

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. Daniel Raj

Relationship: Husband

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

Witness Name: Jothi

Witness Signature:

Patient Address:

NO.5/2, RBS ILLAM, ELAIYALWAR
KOVIL STREET, NEAR PERUMAL KOVIL
Saidapet Madras Chennai Tamil Nadu
INDIA 600015

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 : Subasthini	UHID Number : RUC:00091490
Self/Attendant Name : Daniel Roy	Relation : Husband
Self/ Attendant Signature : Phone Number : 9087110467	Name & Signature of Financial Counselor

भारत सरकार

Government of India

आधार

Issue Date : 31/12/2013

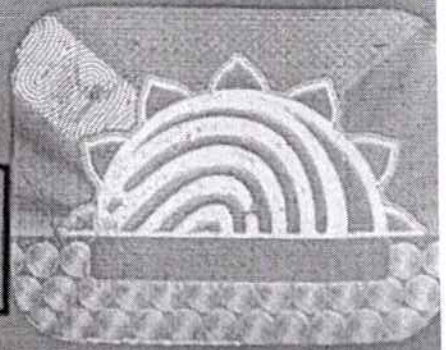
சுபாஷினி ஜனார்தனன்

Subashini Janarthanan

பிறந்த நாள் / DOB : 17/08/1995

பெண் / Female

9238 8128 7653



आधार पहचान का प्रमाण है, नागरिकता का नहीं।

Aadhaar is a proof of identity, not of citizenship.

9238 8128 7653

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

AADHAAR

முகவரி: கேர் ஆப்: ., 5/2 ஆர் பீ எஸ் இல்லம், இளையால்வர் கோவில் தெரு, சைதாப்பேட்டை, சென்னை, தமிழ் நாடு, 600015

Address: C/O: ., 5/2 RBS ILLAM, ELAIYALWAR KOIL STREET, Saidapet, Chennai, Tamil Nadu, 600015

Print Date : 29/07/2023

9238 8128 7653

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

GUC-00091490
Mrs SUBASHINI J IP18-00036625
17-08-1995 30 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RBS CHART

own steps

Date	Time	RBS (mg/dl)	IVF %	Signature
			Inj. Hiasp 10 units.	
26/7/26	6³⁰ pm.	96 mg/dl	Dr. Parithra	Shalini
26/7/26	9³⁰ pm	86 mg/dl	10pm: Inj. Lantus 16 units. s/c.	Shalini 2140 hr
27/7/26	5⁴⁰ Am.	96 mg/dl.	DR. Parithra	Shalini 0140 hr
27/7/26	9:50Am	130mg/dl	Dr: Akshitha	S/N Abarna @1800
27/7/26	1:30pm	126 mg/dl	Dr. Akshitha	S/N Abarna @1800
27/7/26.	3.30 pm	114 mg/dl	Dr. Divyalakshmi	[illegible]
27/7/26	7.45pm	96 mg/dl.	Dr. Divyalakshmi	Shalini
27/7/26	9.10 pm	103 mg/dl	Dr. Divya mar.	[illegible]
28/7/26	6 Am	75mg/dl	Dr. Divyamar	[illegible]
28/7/26	10.45pm			

own steps

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to pfm well.
Pt came for ROL
No c/o pain abd / bleeding p/v.

Obstetric Formula:
G2A1

Obstetric History:
I - Spont. miscarriage, 7 weeks, medical mgt done on March 2025.
II - PP (Assisted conception).

Present Pregnancy Record:
Early SCH @ 13 weeks.
NT - (N) | (N) UA at Doppler
FTS - low risk, ↑ risk pre-eclampsia
Anomaly Scan - (N) Study.

RISK FACTORS:
GDM on insulin
Inj Lantus 0-0-24.
Inj FIASP 14-16-18.

Height: 161 cm
Weight: 76 kg
Allergies: Nil
Breast: ☐ Normal ☐ Abnormal
General Examination:
Consciousness:
Icterus:
Temp: (N)
BP: 118/70
CVS: S1S2 (+)
Liver/Spleen:
Pallor: No
Edema: No
PR: 80/min
DTR:
RS NVBS (B)
Urine Output:

LMP: 2/11/2025 EDD: 9/08/2026
Corrected EDD: GA: 38 weeks.
Menstrual History: Regular : ☐ Yes ☑ No Irregular.

Obstetric Examination
Fundal Height:
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 3/5th.
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

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

Vaginal Examination
Soft, midposition.
Cervix: 2cm ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 1cm 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
30 years
G2A1
0 live
M/S - 34 wks
NCM.

LMP - 2/11/2025
EDD - 9/8/2026

GA - 38 weeks.

GDM on insulin FTAR

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History: Both parents - Diabetic.	**Surgical History:** Nil
Medical History: GDM on insulin for past 3 months on Inj Lantus 0-0-24 / Inj FIASP 14-16-08.	**Medication History:** 21/5/26 Urine c/s - E.coli (50,000 CFU/ml) Rxed c T. Taxim O 200mg 1-0-1.
Plan of Care: C/I/T Dr. Mathangi - Admission CTG 26/7/2026 8:15 PM - ↓ SAP, Foley bulb inserted intracervically and instilled with 65cc distilled water. - Post foley CTG after 1 hour. - CTG 4th hourly monitoring. - Inj SUPACEF 1.5g IV 1-1-1 (ATD). - W/f contractions.	**Investigations:**

Doctor Name: Dr. Pavithra.
Signature: [signature] 1MY682
Date & Time: 26/7/2026

Consultant Name: Dr. Mathangi.
Signature: [signature] 1MY682.
Date & Time: 26/7/2026.

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RESULT SHEET

Date	20/6/26	28/7/26				
Time						
Hb	11.2	10.1				
PCV		30				
RBC		3.19				
WBC		12,790				
N/L		84/12				
Platelets	2.0	1.95			Bld Gp / D +ve	
CRP						
ESR						
PCT					HIV	
RBS					HBsAg / VDRL	NR.
Na						
K					TSH - 0.56.	
Cl						
Ca/Mg					HBA1C - 5.4 %.	
Phosphate						
Urea					14/7	
Creatinine					FBS - 82	
ALP					PPBS - 102	
SGPT						
SGOT					28/5/26	
T.Bil/Conj					Echo - EF 60.1 %	
T.Protein					(N) LV systolic fn.	
S.Albumin					NO ASDMA.	
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L		82217				

124682

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 21/07/2026 SLOVG ... AC-54.

Cephalic EFW- 2.3kg (3+)

X-Ray : .....

ECHO : 7HS good (N) fetal pupple.

Placenta- Posterior

CT : .....

Liquor (N)

MRI .....

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

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Dr. MATHANGI RAJAGOPALAN

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MEDICATION RECONCILIATION FORM

Drug Allergies: ....

☑ Not known any Drug Allergies

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

Shifting From: CDR Shifted to: 5th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. AUGMENTIN	625mg	PO	TDS		☑ C ☐ DC
2	C. PAN D	40mg	PO	BD		☑ C ☐ DC
3	T. PARACETAMOL	1g	PO	TDS		☑ C ☐ DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD		☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi [signature] 82217

Date & Time : 27/07/2020

Nurse Name & Signature: D. Saberan [signature]

Date & Time : 27/7/2020 at 2:30pm

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

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	O/S/B Dr. Pavithra	
26/07/2026 9 PM	Pt reviewed.	
	Pt c/o foley expelled.	C/F/T Dr. Mathangi.
	O/E	Advice
	P/A - Ut term	- CTG 4th hourly monitoring.
	Relaxed	- W/f contractions.
	Cephalic	
	FHS good	
CTG - Reactive		
	P/V - Cx 2cm long, soft, midposition.	
	OS admits 2 finger loose	
	memb (+) (BOM (+))	
	Vx @ -3 station.	
		[signature] 1mg682
26/07/2026		
	9:30 PM → Post Dinner CBG - 86 mg/dl.	
	C/F/T Dr Krishnadas.	
	- To have short loading carbohydrate.	
	- To give Inj LANTUS 16 units Stat (2/3rd)	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/2021	C/S/B Dr. Pavithra.	
5AM	Pt reviewed.	
	O/E P/A - Ut term	
	mildly acting 1c/15'/10"	
	cephalic	
	FHS good	
CTG BHR - 150bpm Beat to Beat variability (+) Acceleration (+) upto 10 upbeats.	P/V - Cx Rcm long, soft	
	OS admits 2 finger loose	
	memb (+)	
	Vx @ -3 station	
		Advice
		C/I/T Dr. Mathangi
		- To keep Dinoprostone gel after trace improves
Fasting CBG 96mg/dl		- continue CTG.
		- W/f contractions.
28/07/2021	CTG - Reactive.	
6AM	↓ SAP, Dinoprostone gel kept intracervically.	
		Advice
		- Post gel CTG @ 7am
		- W/f contractions

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
	8:15 Am	C/I/T Dr. Mathangi
	GA - 38 wks + 1 day Post GCI CTG - Reactive	Advice
T-(N)	O/E	- To start INJ. SYNTO 24 ml/hr
PR- 77/min	Pt GC fair,	Afebrile @ 9 Am
BP- 108/70 mmHg	P° / PE°	- Normal diet
	CVS / RS / NAD	- Vitals Monitoring
CTG- Reactive		- Follow drug chart
	P/A- uterus @ Term	- CBG 2nd hourly
	Mildly Acting (2c/15"/10')	monitoring & Insulin
	Cephalic	as per Dr. Krishnadhas sir
	FHS- good	orders
		- W/F contractions
	182217	- Inform (SOS)
27/07/2026	C/S/B Dr. Mathangi	
9:15 Am		
	P/A - uterus @ Term	Advice
	Mildly Acting (2c/15"/10')	- Liquid diet
	Cephalic	- Continuous CTG
Bed side USG	FHS - Good	- Continue INJ SYNTO
- ROP	P/V - Cx - Thick effaced	acceleration & titrate at
- one loop anterior to the	OS - 2cm dilated	12 ml/hr
neck	membranes - Present	- W/F contractions
	Vertex @ -1	- All four's position
	↓ SAP. ARM done clear liquor drained	- Inform (SOS)
	Post ARM - FHS - good	
	182217	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/2026	C/S/B Dr. Akshitha / Dr. Shreedevi	
10:50 Am		
	P/A - Uterus @ Term	Advice
	Moderately Acting	- Shift to labour room
	Cephalic	- Inform NICU.
CTG - Reactive	FHS - good	
INJ SYNTO @ 6cm/hr	P/V - Cx - Well effaced	
	OS - 8-9 cm dilated	
	Membranes Absent	
	Vertex @ +1 to +2 station	
	18221 7	
27/07/2026	C/S/B Dr. Mathangi	
11 Am		Advice
	P/V - Cx - Fully effaced	- Position for labouring
	OS - fully dilated	- Encourage active pushing
CTG - Reactive	Membranes - Absent	
INJ. SYNTO @ 48ml/hr	Vertex @ + 2 station	
	18221 7	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/07/2026 11:09AM	NORMAL VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	S/B: Dr. Mathangi	
	A/B: Dr. Akshitha / Dr. Shreeden	
	↓SAP, Patient in dorsolithotomy position. Local parts painted and draped. with good uterine contractions, full cervical dilation and good maternal efforts. 2% lignocaine local infiltration given. A right mediolateral episiotomy given to deliver an alive term boy baby. Baby cried immediately after birth. Cord clamped and cut baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto. Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis achieved.	
	P/A- uterus well contracted	
	P/V- No undue bleeding PV	
	P/R- Rectal mucosa and sphincter tone Normal	
	B | 27/07/2026 11:09AM	
	A | Boy	
	B | 2.577 kg	
	Y | 8/10, 9/10	

Shoulder Dystocia Noted McRobert's maneuver & Suprapubic pressure given

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		- Normal diet
		- Plenty of oral fluids
		- Vitals monitoring
		- Follow drug chart
		- W/F ↑ Bleeding PV
		- Measure & Inform 1st void
		- CBC c/m 6Am
		- Inform (SOS)
		- Pre dinner CBG
		- FBS / PPBS c/m 6Am
	18:22	- 6 Point CBG profile
29/7/26	S/B Dr. Divyalakshmi / Dr. Shreedevi	
3pm	pt reviewed	
	Nil c/o	
PND-0	pt. voided 450ml	
	post void - Bladder collapsed	
T-(N)		
PR-82	O/E: pt ac fair, afebrile	
BP-118	pol/PED	
SPO2-100%		
	P/A: soft,	
Baby m/B	ut-firm and well contracted	
Breasts soft		
	L/E: Epi intact.	
	Bleeding WNL.	

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

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IP18-00036625

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		- Normal diet
		- Plenty of oral fluids
		- vitals Monitoring
		- follow drug chart
		- W/F ↑ Bleeding PV
		- CBC c/m 6Am
		- 6 point CBG profile (pre meal & post meal after 1 hour)
		- Inform (SOS)
		- FBS / PPBS c/m 6Am.
28/07/2021	C/S/B Dr. Akshitha / Dr. Shreedevi	
9Am		
PND-1	O/E Pt GC fair, Afebrile	Advice
	P° / PE°	- Normal diet
T-(N)	CVS /	- Plenty of oral fluids
PR- 82/min	RS / NAD	- vitals Monitoring
BP- 108/59mmHg	P/A - uterus well contracted	- Follow drug chart
	Soft	- W/F ↑ Bleeding PV
Baby - M/s	LIE - BWNL	- To do PPBS and inform as CBG after 2hrs of breakfast
B/L - Breast Soft	Epi wound Healthy	
voiding freely		- Process discharge.
Passed stools		
FBS - 75mg/dl	18221	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-00091490 IP18-00036625
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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: EDR 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	Inj LANTUS	0-0-24	SC	0-0-1	26/7	☐C ☑DC
2	Inj FIASP	14-16-8	SC	1-1-1	26/7	☐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. Pavithra 124682

Date & Time : 26/07/2026 @ 7pm.

Nurse Name & Signature: SN. Tamilselvi 26/7/26

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

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DRUG CHART

Date of Admission: 26/7/26 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-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 76.90kg Ward 222

DRUG : Inj SUPACEF

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

Name & Signature of the Doctor Starting the Drugs: 124682

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	26/7	27/7
8am	SA	SP
4pm	/	STOP
8pm	SP MD	—
	D1 D2	

DRUG : T. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	27/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/7	28/7
8Am	/	SP
2pm	SP	
10pm	PST	
	D1	D2

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	27/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/7	28/7
7Am	/	PST
7pm	SP	

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	27/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/7	28/7
8Am	/	SP PST
2pm	SP	
10pm	PST	

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 76.9 kg Ward. LDR

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.	

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
26/7	8 30 pm	Inj SUPACEF	0.1 mL	id		SP / MM
26/7	10 pm	Inj LANTUS	16 units	Stat Subcutaneous		SP / MD
27/7	6 AM	PGE2 gel	0.5 mg	Intra cervically	82217	SP / MD
27/7	7 50 AM	INJ. FIASP	7 units	SC	82217	SP / MD
27/7	11:10 AM	INJ. SYNTO	10 U	IM	82217	SA / SP
27/7	11:15 AM	INJ. TRAPIC	1g	IV	82217	SA / SP
27/7	11:15 AM	INJ. CARBOPROST	250 mcg	Im	82217	SA / SP
27/7	11:45 AM	INJ. MISOPROSTOL	600 mcg	PR	82217	SA / SP
27/7	11:45 AM	JUSTIN SUPPOSITORY	100 mg	PR	82217	SA / SP

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Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 76.90kg Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
27/7	5AM	IVF 1 ORL	IV	100ml/hr	[signature] 14468	MD / SP	27/7/20	[signature] 182217	SP / MD
27/7	9AM	INJ. SYNTO 5U in 500ml RL	IV	24 ml/hr	[signature] 182217	SA / SP	27/7	[signature] 182217	SA / SP
27/7	9AM	IVF 1ORL	IV	free flow	[signature] 182217	SA / SP	27/7	[signature] 182217	SA / SP
27/7	11:10 AM	INJ. SYNTO 20U in 500ml RL	IV	125 ml/hr	[signature] 182217	SG / SP	27/7		[signature] / SN

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

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 7.6 Ward LDR

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Dt.
80mg	PR	1-0-1	27/7/26

Name & Signature of the Doctor Starting the Drugs: B182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	27/7	28/7
9AM	✓	✓
9pm	✓	

DRUG : C. LACTARE

Dose	Route	Frequency	Start Dt.
2 Tab	PO	2-2-2	28/7/26

Name & Signature of the Doctor Starting the Drugs: B182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	28/7
8AM	✓
2pm	
~~10pm~~	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

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

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

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

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

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

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

GUC-00091490 IP18-00036625
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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

26/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20												20					20				20			
	0 - 10																								
Saturations	94 - 100 %												99%					98%				97%			
	< 94 %																								
Administered O_2 (L/min.)													RA					RA				RA			
Temp °c	40																								
	39																								
	38												98F												
	37																	98.6F				98.4F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90												80												
	80																	76/mt				77/mt			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120												118												
	110																	110				108			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60												72					65				70			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert												✓					✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30												✓					✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal												–					–				–			
	Heavy / Foul																								
Liquor	Clear / Pink												–					–				–			
	Green																								
TOTAL YELLOW SCORES													0					0				0			
TOTAL ORANGE SCORES													0					0				0			
Nurse Initial													[illegible]					[illegible]				[illegible]			

On admission

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

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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Your Right to a Safe Delivery

rning Observation Score Chart - Obstetrics

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

27/7/26	Date																								
	Time	(8)	9	(10)	11	(12)	1	(2)	3	(4)	5	6	7	(8)	9	10	11	(12)	1	2	3	(4)	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		20		20		20		20				20				20				20			
	0 - 10																								
Saturations	94 - 100 %	100		100		100		99		99				96				98				98%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA		RA		RA				RA				RA				RA			
Temp°c	40																								
	39																								
	38																								
	37	98F		98F		98F		98		98				98F				98F				98F			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	80		81		87								88				78b/m				98b/m			
	90																								
	80																								
	70							80		82															
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								101
	150																								
	140																								
	130	120		118		122								120				120							
	120							110		118															
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																	(90)				(57)			
	120																								
	110																								
	100																								
	90																								
	80																								
	70					80																			
	60	60		60																					
	50							70		72				69				70							
	40																					43			
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			
TOTAL ORANGE SCORES		0		0		0		0		0				0				0				0			
	Nurse Initial	[illegible]		[illegible]		[illegible]		[illegible]		[illegible]				[illegible]				[illegible]				[illegible]			

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 1

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

26/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	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	←				on admission					→	
Total Intake :						**Total Output :**						
	08:00 pm	water	20ml							150ml	0	
	09:00 pm										0	
	10:00 pm	water	150ml								0	
	11:00 pm									150ml	0	
	12:00 am										0	
	01:00 am	water	100ml								0	
Total Intake	450ml					**Total Output :**	300ml					
	02:00 am									150ml	0	
	03:00 am										0	
	04:00 am	water	200ml							100ml	0	
	05:00 a.m	water	150ml	Inf RL 500ml							0	
	06:00 am	Milk	200ml							200ml	0	
	07:00 am	water	100ml							200ml	0	
Total Intake :	650ml + 500ml					**Total Output :**	680ml					

Total 24 hrs. Intake	1600ml

Total 24 hrs. Output	980ml

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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.

27/7/26		Intake				Output					IV Site	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H2O	100ml	Inj. Syntoci	RL					200	0	SA
	09:00 am			24ml	500ml					200	0	SA
	10:00 am	TC	100	48ml							0	SA
	11:00 am	TC	100	48ml							0	SA
	12:00 pm	H2O	100	125							0	SA
	01:00 pm			125							0	SA
Total Intake :		1270ml		Inj syntoci				Total Output :		400ml		
	02:00 pm	H2O	100ml	125ml							0	DS
	03:00 pm	H2O	100ml	125ml						450ml	0	DS
	04:00 pm			125ml							0	DS
	05:00 pm	H2O	100ml	125ml							0	SA
	06:00 pm	H2O	100ml	125ml							0	SA
	07:00 pm	H2O	50ml	125ml						✓	0	SA
Total Intake :		400ml + 750ml.						Total Output :		450ml + 1 times		
	08:00 pm	H2O	100ml	125ml							0	[illegible]
	09:00 pm	H2O	100ml							✓	0	[illegible]
	10:00 pm	milk	120ml								0	[illegible]
	11:00 pm										0	[illegible]
	12:00 am	H2O	100ml							✓	0	[illegible]
	01:00 am										0	[illegible]
Total Intake :		545ml						Total Output :		2 times		
	02:00 am									✓	0	[illegible]
	03:00 am										0	[illegible]
	04:00 am										0	[illegible]
	05:00 am										0	[illegible]
	06:00 am	H2O	130ml								0	[illegible]
	07:00 am	H2O	70ml							✓	0	[illegible]
Total Intake :		200ml						Total Output :		2 time		

Total 24 hrs. Intake	3,165ml	Total 24 hrs. Output	850ml + 5 times.

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NURSING CARE RECORD

Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	8pm	Prevent falls & injury	8pm	→ Keep bed in low position with side Rails up → Ensure call bell is within reach → Assist during Ambulation	Ensure Safety	Reassessment way done	Shalini OHOTL

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NURSING CARE RECORD

Date: 27/7/2026

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	Achieve acceptable pain control & comforte	8:30 Am	Assess pain using pain scale regularly position change pt comfortably	patient was stable	Reassessment was Done	[signature] D/8080
Afternoon	2pm	Achieve acceptable pain control & comfortable.	2.30 pm	Assess pain using pain scale. regular position change pt comfortable	patient vitals are stable	Reassessment done	[signature] 01/
Night	8pm	Maintain fluid Balance		Assess the mother and provide iv fluids as per duty chart order.	mother intake of plenty of fluid.	Reassessment done	[signature]

Docu. No: RCH /FRM / CLINICAL / 148

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(1.)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/7/26	7pm	Admission Notes (26/7/26)	
		Mrs. Subashini / 30 years / Female got admission under Dr. Mathangi maam. patient diagnosis is G2A1 / 38 weeks / GDM on Insulin. Monitored vitals and Recorded. Maintained I/O. Parts preparation Done. CTG Connected. FHR Monitoring. orientation given. patient General condition fair. No any other complaints. pain assesment Done	
	7.30pm	patient care Handing over given to Night duty staff	
		Night Duty on 26/7/26	
	7.30pm	Report Received from Evening duty staff to Night Duty Staff Patient Consious & Oriented vital sign Checked & Recorded CTH going on FHR is good. CTH stop order by Dr. Pavithra	
	8.10pm	S/o. Dr. Pavithra PV Examination done Cervix 2cm long, Soft Midposition Uterus Contracted.	
	8.15pm.	Dr. Pavithra ↓SAP foley bulb inserted intracervically and instilled c bsce.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Continuous 26/7/26 →	
26/7/26		distilled water inseet	
		Patient general Condition is Fair	
		New IV line inseet Lt Hand 18G	
		Metacarpal inseet. IV line patent	
		No swelling.	
	8.58pm	Inj. Supacef 0.1mg Id given	Shalini OHOT
		Tlo chart Maintained.	
	9pm	Patient Complaints foley Expelled	
		S/o: Dr. Parithra Pr Examination	
		done - cervix 2cm long soft Mid position	
		os admits 2 finger loose membrane (+)	
		Vertex @ -3station	Shalini OHOT
	9.30pm	Inj. Supacef 1.5gm IV given. No Allergy Reaction	
		CBC checked Hb 8mg/dl informed	
		Dr. Parithra she advice Inj. Lantus	
		16 units s/c	
	10pm	Inj. Lantus 16units s/c given	Shalini OHOT
		Patient general condition Fair	
	11.30pm	CTG Connected FHR is good	
		Tlo chart Maintained.	
	12pm	vital sign Checked & Recorded	
		vital sign are stable.	
	12.30pm	CTG Disconnected order by Dr. Parithra	
		Patient is sleeping well	Shalini OHOT
		Tlo chart Maintained.	
	2Am	Patient is sleeping well	
	4Am	vital sign Checked & Recorded	

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← Contineous 27/7/26 →	
27/7/26	4AM	vitals sign are stable	
	4²⁰AM	CTG connected FHR is good —	Shalini 01407
		patient laftteral position changed.	
	5Am	S/B DR Parithra PV examination	
		done cervix 2cm long, soft	
		Os admitts 2 finger loose membrane (+)	
		vertex @ -3 station.	Shalini 01407
	5⁴⁰Am.	CBG checked 96mg/dl fasting CBG	
		informed DR parithra.	
		I/o chart maintain.	
	6Am	CTG Disconnected Order by DR Parithra.	
		S/B DR. parithra ✓ SAP. Dinoprostone	
		gel. kept in intracervically.	
		Patient laft lateral position changed	Shalini 01407
	6⁵⁰Am	patient Morning care given	
	7Am	CTG connected FHR is good	
		I/o chart maintain —	Shalini 01407
	7¹⁵Am	Patient handing over given to	
		Morning duty staff —	Shalini 01407
		Morning duty	
	7:30	patient care hand over	
	Am	taken from Night duty	
		staff Nurse patient was	
		stable conscious & oriented	
		IV line present & pattern	
		Pt general condition fair →	Akalya 01808

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7/26	8Am	⇒ checked for vital signs recorded patient vital are stable she have a 2 contraction for 15 to 20 seconds & more fall risk Assessment was done Dr: pavithra Advised to Inj: Fiasp 7units given at 7:50Am CBG monitor 3hrs once →	Akalya 01805
	9Am	⇒ Dr: Akshitha Advised to Inj: syntocin 5units c RL 500ml connected 24 ml/hr for Infusion continue monitor CTG to Encourage Adequate walls →	Akalya 01805
	9:15 Am	⇒ Dr: mathangi Do p/v Examination findings was she is 2cm dilatated Thick Effaced ↓ ARM Done a clear liquor Advised to put All fours position To Encourage Adequate walls FHR is good ⊕ →	Akalya 01805
	9:50Am	⇒ checked for CBG 130mg/dl Informed Dr: Akshitha FHR is good ⊕ syntocin ongoing Pt was stable →	Akalya 01805
	11Am	⇒ patient complaints of pushing sensation Informed Dr: Akshitha Do p/v Examination findings was she is 9cm shifted to LDR II	01805

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Normal vaginal delivery	
27/7/26	11:09	=> patient given to lithotomy	Steriltech
	Am	position. clean the perium for	Man.: 2025 - 06
		povidone solution Inj: Lox 2%	Exp.: 2030 - 06
		Infilration was done To	Ref.: 106.303.0500 Lot.: 14176
		Enlovrage to pusshing pt was	STEAM Green = Sterilized SV: 121°C - 15 min. 134°C - 3,5 min.
		stable Baby is delivered at 11:9	6 Type ISO 11140
		Am a live Boy Baby Immeditly	
		cring The Baby cord is clamped &	
		cut was done cord Blood	
		collected & sented to lab.	
		Inj: syntocin 20 units & RL 500ml	
		connected 125ml/hr Inj: syntocin 10 units	
		Im given to pt placental was	
		Expelled Dr: mathangi	
		Advised to Inj: Trapic 1gram & NS 100ml	
		connected Inj: carboprost 1ml	
		Im given to patient minimal of	
		Bleeding pt vital are stable	
		sutring was done count corrected &	
		disposed Tab: miso 600mg	
		J.uterine 100mg kept the pt	
		provided comfortable position	
		Date:- 27/7/26	
		Time:- 11:09 Am	→ S/ Nithalya
		weight 2.577kg 8/10 9/10	01808
		sex :- Boy APGAR score!	

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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
27/7/26	12pm	B - Breast is soft	
		U - uterus was contracted	
		B - Bowel movement present	
		B - Pt is self voiding	
		L - Lochia Rubra present	
		E - REEDA Assessment was done	
		H - Homan sign negative	
		E - pt Emotional good	Akalya
	1:30 pm	⇒ checked for CBG pre Lunch	01808
		CBG 126 mg/dl Informed	
		Dr. Akshatha Advised to post	
		1hr Luch CBG Check Then	
		Informed minimal of Bleeding	Akalya
	1:30pm	⇒ patient care hand	01808
		Over given to Evening duty	
		Staff Nurse	Akalya
		evening duty (27/7/26)	01808
	1:30 pm	patient handing over	
		taken morning duty staff	
		Nurse patient conscious and	
		oriented, normal condition.	
		Pv bleeding minimal	[signature]
	2pm	patient checked	
		vitals are stable patient	
		normal condition Pv	
		B - Breast was soft.	
		Both Breast.	

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27 H pos	Confir	U - uterus was contraction	
		B - Bowel movement present	
		B - patient till now	
		not clear passed	
		L - Lochia self Rubra	
		present	
		R - REEDA Assessment	
		done Episiotomy suture	
		healthy	
		H - Homan's sign	
		Negative	
		E - pt emotion	
		status good	[signature]
	8 pm	patient voided	
		450 ml inform to DR. Diyalin	
		mam advi bed side	
		USG scan was done	
		post void Bladder	
		collapse patient shifted	
		to ward order com	
		cont	[signature]
	3.30 pm	patient checked	
		CBG - 114 mg/dl inform	
		to DR. Diyalakshmi patient	
		p/v bleeding minimal	[signature]
	4:30 pm	patient handing over	
		given 5th floor staffs also	[signature]

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ..Nil..........

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
27/7	5.00pm	Receiving Notes	
		=> The patient receiving from	
		LDR to 4th floor. patient is	
		conscious oriented. IV line is	S.A[illegible]
		pattern.	
		=> The apetient is Normal diet	0/a[illegible]
		=> The patient is CBC 6am	
		4 6 point CBG (pre-meal 4	
		post meal after 1 hour.	[illegible]
		=> FBS, PPBS. 6am	
		=> The [illegible] syndro [illegible]	[illegible]
		over [illegible] [illegible]	
	7.00pm	=> Due Medication is given	
		as per drug chart [illegible]	
		4 [illegible]	
		=> The [illegible] I/O chart	[illegible]
		maintain [illegible]	
	7.30pm	=> The [illegible] patient has	
		over from evening duty	
		staff.	
		Night duty.	
	7.30pm	Patient details hand	
		over taken from the	
		Evening duty staff	
		patient was conscious	
		& oriented. IV line	[illegible]
		patent	

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☐ Drug Allergies .... Nil.

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	7.45pm	Check The RBS 96mg/dl. Inform to the Doctor Divya mam. Advised for take to Food after 1hr recheck.	[signature] 02
27/7/18	8pm	Check The vital sign. vitals are the stable. Iv line patent. CP ++, PP ++, CRT <300	
	9.10pm	Check The RBS → 96mg/dl Inform to the Dr. Divya mam. mam Advised No Need for morning FBS Check 2hr Befor CBG. & Then stop.	[signature] 0208
	10pm	Due medication as give for the drug chart order. IV line patent No other complaint	[signature] 0208
	12Am	Check The vital sign. vitals are the stable monitor I/O chart	[signature] 0208
28/7		patient was stable. No other complaint, Iv line patent. B → Breast was soft U → Utrus was contracted B → Bowel movement present B → patient was voiding urine Normaly L → Lochia rubra present	

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Patient Sticker

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		E → Emotional status are good	
		H → homon's sign Negative	
28/7/2026	12.00AM	Check The vitals given	
		No other complaint	
		Dr line patter. vitals	[signature]
		are the stable.	
	6.00am	Due to mediation as per	
		drug chart order. To collect	
		The Sample and send to lab	[signature]
		Check The RBS - 75 mg/dl	
		Inform to Doctor Dr Nyamam.	
	7AM	monitor I/O chart No	
		other complaint.	[signature]
		Dr line patter.	
	7:30AM	patient details handover	
		given to the Morning	[signature]
		duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 26/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Husband

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

If yes, identify

Chief Complaints: Patient admitted for Induction of labour

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Ravithra

Time Notified: 7.10pm

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

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

Blood Group: O+VE LMP: 2/11/25 EDD: 9/8/26 Gestational age during admission: 32 weeks

Contractions: NIL Vaginal Discharge: NIL

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

Height: 161cm Weight: 76 kg BMI: 28

Temp: 98F HR: 80b/m RR: 20b/m BP: 112/70 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	

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Family History: ☐ No Abnormalities Detected Both parents
☐ 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 ..28.. (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected
☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

NUTRITIONAL SCREENING:
☑ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.
☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected
Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:
☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused
☐ Others .....
Inform consultant for positive criteria

SOCIAL SCREENING:
1. Marital Status: ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. Special Habits: **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No
Social History: Lives With ..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. Subashini..
Orientation not given Reason: .....

Nurse Signature: ..SN. Tamil 26/7/20..
Nurse Name: ..SN. Tamilselvi..
Date & Time: ..26/7/20 at 7pm..

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 26/7/26 Time of Arrival: 7PM Time Seen by Nurse: 7PM

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: Admitted for IOL

3) **Vital Signs:** Temperature: 98°F Pulse: 80b/m RR: 20b/m SpO_2: 99% BP: 112/70 Weight: 76

4) **Gestational Criteria:**

Gravida:	G 2	P —	L —	A 1

LMP: 2/11/25 EDD: 9/8/26 Gestational Age: 33 weeks

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

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

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

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

6) **Past History:**

a) Surgeries: NIL

b) Medical: NIL

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: GDM ON INSULIN
Inj. Lantus 0-0-24
Inj. FIASP 14-16-08

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.

Nurse Name : S/N. Tamilselvi 26/7/20 Nurse Signature: S/N 26/7/20

Date: 26/7/20 Time: 7pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 26/7/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		01
Signature of the Nurse	SN. Tamilselvi 01/7/26	
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.

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BRADEN 'Q' SCALE

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				Date :	26/7	26/7	27/7	27/7
				Time :	E	N	M	E
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	28	28	27	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	26/7/26 N	26/7/26 M	27/7/26
		Score	0	20	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	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	[signature]	[signature] 01/8/26	[signature] 01/8/26

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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(2)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	27/7/26 E	27/7/26 N	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			20	20	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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Patient's Na GUC-00091490 IP18-00036625 ....
MRD NO:.... Mrs SUBASHINI J 17-08-1995 30 Y 11 M 9 D (F) ....
Dr. MATHANGI RAJAGOPALAN
Age :........... ☐ M ☐ F
Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 26/7/26 Time: 8³⁰ pm
Location : Lt Matacarpal (Lt. Hand)
Size : 18 G
Cannula inserted by : S/N. Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
26/7	8³⁰ pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
26/7	10 pm	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
27/7	12 Am	☐Yes ☑No	☐Yes ☑No	observe cannula	[signature]
	2 am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	4 am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	6 am	☐Yes ☑No	☐Yes ☑No	obser	[signature]
	8 am	☐Yes ☑No	☐Yes ☑No	obsc	[signature]
	10 AM	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	12 PM	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	2 pm	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	4 pm	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	[illegible]	☐Yes ☑No	☑Yes ☐No	clean	[signature]
	8 pm	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	10 pm	☐Yes ☑No	☐Yes ☑No	obse	[signature]
	12 AM	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	2 am	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	4 am	☐Yes ☑No	☐Yes ☑No	obs	[signature]
	6 am	☐Yes ☐No	☐Yes ☐No	obs	[signature]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis G2P1/38weeks
2. Treatment and Care
3. Pain Management
4. Informed Consent
5. Medication / Therapy (safety, effects/ side effect, interactions)
6. Discharge Medication
7. Infection Control Measures
8. Diagnostic Test / Procedures
9. Nutrition / Diet
10. Fall Risk Education
11. Safe use of Medical Equipment / Implantable Devices Safety
12. Patient's / Family Rights
13. Risk / Safety

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
26/7/26	7pm	Informed consent	Informed to patient and attender about consent	patient	NO	oral	None	Verbal	Good	Staff Nurse 01/07/26
27/7/26	8AM	YES	Explained about the Breath in/ Breath out	pt	NO	Oral	None	Verbal	good	S/NA 01/8/26

Part - III: CODES

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

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

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

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

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

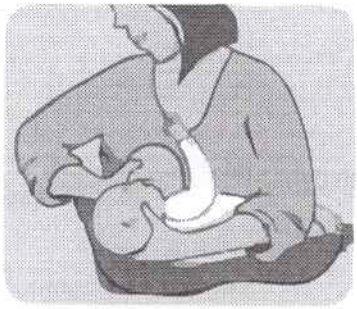
1. Breastfeeding initiated?
   ☐ a. Yes ☐ b. No

2. If No, Reason .....

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

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

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



Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: —

Continuity of Care: Date: 27/7/2021

Baby is mothers side
good latching
L - 2
A - 1
T - 2
C - 2
H - 2
9

Handover given by S/N Akalya 018050

Signature SA 018050

Date & Time: 27/7/2021

Handover taken by .....

Signature .....

Date & Time: .....

①

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PATIENT TRANSFER FORM

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Mrs SUBASHINI J
17-08-1995 30 Y 11 M 9 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	26/7/2026 at 7:30 pm	27/7/2026 at 4:30 pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
DR. mathangi	DR. [illegible]	[illegible]
From Unit	To Unit	Information to Attendant
LDR	5th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
[illegible]	[illegible]	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. para – ×9	[illegible] – ×1
2.	T. [illegible] – ×9	cm – ×1
3.	T. [illegible] – ×10	
4.	[illegible] – ×1	
5.	[illegible] – ×1	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N [illegible]	DR. [illegible]

Patient & Clinical Records Received by : S. [illegible]

Date & Time of Patient Received : 27/7/26 at 5:00pm.

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

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

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

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INDUCTION OF LABOR CONSENT

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

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

You are scheduled for an induction of labor on 26/07/2026 (date) at 38 weeks (weeks of gestation).

The reason for your induction is Term 702 / FGR / GDM on insulin

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

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

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

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

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

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

Patient
Signature: Subashini J
Name: Mrs. Subashini (Patient)
Date & Time: 26/7/26 @ 9.00 pm

Patient Attendant:
Signature:
Name: Daniel Raj
Relationship with Patient: Husband
Date & Time: 26/7/26 @ 9.00 pm

Doctor:
Signature:
Name: Dr. Pavithra.
Date & Time: 26/7/26 @ 9.00 pm

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

GUC-00091490 IP18-00036625
Mrs SUBASHINI J
17-08-1995 30 Y 11 M 10 D (F)
Dr. MATHANGI RAJAGOPALAN

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INFORMED CONSENT FOR VAGINAL BIRTH

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

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

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Mathangi.

Consentee :

Signature : .....

Name : Mrs. Subashini (Patient)

Date & Time : 26/7/26 @ 9.00Pm.

Patient Attendant :

Signature : .....

Name : Daniel Raj

Relationship with Patient: Husband.

Date & Time : 26/7/26 @ 9.00Pm.

Witness :

Signature : .....

Name : .....

Date & Time : 26/7/26 @ 9.00Pm

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Panitha.

Date & Time : 26/07/2026 @ 9PM.

ANTENATAL RECORD

G01 - 91490

Dr. Mathangi

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Antenatal No: _____

Reg.No: _____

PERSONAL DETAILS

Name: Mrs. Subashini Age 30y Date of Birth _____ Education: _____

Occupation: _____ Phone No: _____ Mobile: _____

Husband's Name: _____ Age _____ Education: _____ Occupation: _____

Address: _____

Mobile: _____ E-mail Id: _____

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
$G_2 A_1$ Assisted conception GDM	LMP - 2/11/25 EDD - 11/8/26

HISTORY

Year of Marriage: 3yrs

Menstrual History: Previous Periods

Consanguinity:

Contraception:

LMP 2/11/25 EDD 11/8/26 Corrected EDD

OBSTETRIC FORMULA:

Gravida 2 Para Live Abortions 1

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
G_1 - Spontaneous miscarriage @ 7weeks, Medical, March 2025							
G_2 - PP, Assisted conception							

Medical History: PCOS

Family History: Both parents DM

Surgical History: Nil

Allergies: Nil

INVESTIGATIONS

MATERNALEVALUATION

Blood group & Rh: Wife Husband ICT

VDRL Neg HIV Neg HbsAg Neg TSH GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
8/1/26		15/1/26	
Hb - 12.9		FBS - 109	
Plt - 3.0		PPBS - 177	
RBS - 133		4/4/2026	
TSH - 0.56		Hb - 11.8	
HbA1c - 6.61		Plt - 4.08	
Urine R/E		TSH - 0.95	
Pus cells (+)		HbA1c - 5.4	
		Urine R.E - Bacteria (+)	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
15/3/2026			
FBS - 100			
PPBS - 135			

Tetanus Toxoid: 1st dose _____ 2nd dose _____

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	NT - Scan - Normal ; FTS - Low risk ↑ risk of preeclampsia									
TIFFA	Anomaly Scan - (N) ; Placenta - (L) Lateral high, Ted Right									
Growth scan	Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
Others										

Were any Prenatal diagnostics done-Yes ☐ No ☐ If yes, please specify the details below:

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT

Name: Mrs. Subashini Corrected EDD: _____ Parity _____

SYSTEMIC EXAMINATION

Height _____ CVS _____

Weight: _____ Respiratoy System: _____

BMI: _____ Breasts: _____ Thyroid: _____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
6/6/26	75.7	115/67							
20/6/26	76	101/65							
6/7/26	75.6	93/64							
14/7/26	76.5	104/70							
21/7/26	76.9	111/72							

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEI ☐ PGE2 ☐

Mode of delivery: SVD ☐ AVD ☐ Vacuum ☐ Forceps ☐

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

Baby details: Girl ☐ Boy ☐ Wt:_____ Apgar score:_____

Postpartum Period:_____

_____

_____