GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 12 D (F)
Dr. PRIYADHARSHINI S M

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	16/7/26 @ 6pm						
Activity Sheet update by Pharmacy							

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

ACTIVITY RECORD FOR BILLING

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Name: Mrs. Varsha G

UHID No: 92505 IP No: 36487 Consultant: Dr. priyadharshini Dept: LDR

Date of Admission: 15/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

	Date	Time	From	To	Signature of Nurse
	15/7/26	6.45pm	LDR	706	
	15/7/26	10.45pm.	7th floor	LDR	
	16/7/26	8.50 AM	MICU	7th Floor	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
17/7/26	HB, PCV	26022957	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/7/26	CTG - (1)			009563	
15/7/26	CTG - (2)			009563	
15/7/26	CTG (3)	9:00PM	10:00PM	9576	
	CTG - (4)			009574	
	CTG - (5)			009574	
	CTG - (6)			009574	
	CTG - (7)			009574	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/7/26	IV placement	1	1727970	016808
16/7/26	Diet Counselling	1	1728392	A. 618556
16/7/26	physio	1	1728393	607778

ANY OTHER INFORMATION:

16/07/2026 4 Am – 5 Am

Normal vaginal delivery

Dr. Priya dharshini

Dr. Divyalakshmi

Date: 16/7/26 Time: 10pm Prepared By: [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature] 016902			

Rainbow Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 12 D (F)
Dr. PRIYADHARSHINI S M

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	11.15 AM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		11.25 AM	P.P 60726'		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BED SIDE CHECK LIST FOR NURSES

Date:	15/7	16/7							
Doctor's Orders	Yes	yes							
Carried out or not	Yes	yes							
Bed Side									
Structured Handover done	Yes	yes							
IV Site	Yes	yes							
Central Lines	NA	NA							
Arterial Lines	NA	NA							
Feeding Catheter	NA	NA							
Urinary Catheter	NA	NA							
Skin Care	Yes	Yes							
Eye Care	Yes	yes							
Mouth Care	Yes	yes							
Sterillum Bottle, Stethoscope	Yes	yes							
Suction Bottle (Should be clean & empty)	NA	NA							
Intubation Tray	NA	NA							
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA							
Ventilator Tubing,(Any Water, Blood)	NA	NA							
Humidification	NA	NA							
Check all Infusion (Labelling,Correct Preparation)	NA	NA							
Chest Physio & Neb	NA	NA							
Handed Over By Name :	Abini	PW							
Signature :		PW							
Date & Time:	15/7/24 @9pm	16/7/24 8AM							
Hand Over Taken By Name :	PW								
Signature :									
Date & Time:	16/7/24 8AM								

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 : IP18-00036487 **Admit Date** : 15-Jul-2026 **Admit Time** : 04:48 PM **UHID** : GUC-00092505

Patient Details :

Patient Name	: Mrs VARSHA G		
Guardian	: NARESH A	**Age**	: 26 Y 11 M 10 D
Gender	: Female	**DOB**	: 05-08-1999
Occupation	:	**Religion**	:
Address (H)	: PT 24, RAMAKRSHNA NAGAR, ANANDA NAGAR, SANTHOSHPURAM Selaiyur Chennai Tamil Nadu INDIA 600073	**Martial Status**	:
		Phone No	: 8925025861/ 9176336903
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : MICU 805 **Ward Name** : 8F-OT COMPLEX

Room No : MICU 805 **Admission Type** : First Visit

Contact Details :

Name : NARESH A **Relationship** : Husband

Contact Address : PT 24, RAMAKRSHNA NAGAR, ANANDA NAGAR, SANTHOSHPURAM Selaiyur Chennai Tamil Nadu INDIA 600073 **Phone No** : 8925025861

S.A.Naresh.

Signature

Doctor Details :

Doctor Name : Dr. PRIYADHARSHINI S M **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Priyadharshini S M **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

Rainbow Children's Hospital
BirthRight by Rainbow

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs VARSHA G**	**Age :**	**26 Y 11 M 10 D**
IP No:	**IP18-00036487**	**Sex:**	**Female**
Consultant:	**Dr. PRIYADHARSHINI S M**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 805**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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: A.Naresh.

Name: NARESH. A

Relationship: HUSBAND

Date: 15/07/26 Time: 04:48PM

Witness Name: P. Thamarai Selvan

Witness Signature:

Patient Address:

PT 24, RAMAKRSHNA NAGAR, ANANDA NAGAR, SANTHOSHPURAM Selaiyur Chennai Tamil Nadu INDIA 600073

Rainbow Children's Hospital | BirthRight BY RAINBOW HOSPITALS

BILLING POLICY

- Billing Cycle: - Bed charges will be calculated based on 12PM to 12PM checkout. Settlement post 12PM, room rent will be charged for half day extra & post 6PM, it will be charged for full day. Less than 24 hours stay will be considered as one day.
- Room Rent inclusive of Bed, Nursing, Consultation Charges and all other charges, like Diet, Investigations, IP or OP Procedures, Equipment, Cross Consultations, Blood/ Blood Products, Implants, Ward Consumables, Infection Preventive Measure Charges, Pharmacy and Consumables will be charged extra.
- 5% GST Charges applicable on more than INR 5,000/- Bed Charges which was effective from 18.07.2022 as per the GST Council.
- As per the G.O.I. guidelines, we can collect Rs 1,99,999/- only in cash mode, balance patient can pay through Credit Card/ Debit Card/ NEFT / RTGS / Demand Draft and Online Payment.
- In the event of TPA / Cashless denial or approval not received due to any reason then hospital tariff will be applicable and any discount or special rates given to TPA's / Corporate won't 9eapplicable.
- If the Surgery/ Procedures performed in emergency hours (8PM-6AM), Public Holiday and on Sunday will be charged 30% extra.
- Asst. Surgeon and Anesthetist Charges will be charged 30% on the Surgeon Charges.
- Admission will be done according to the ward category chosen by the patient; charges will be applicable as per the ward category. All charges vary as per Room category, except Pharmacy and consumables.
- Patient / Guardian Self Attested Government ID proof is mandatory to submit at the admission.
- TPA/Insurance Processing Fee applicable for all Insurance Cases.
- In our hospital there is "No Discounts Policy". Kindly co-operate.
-
- No Duplicate/ Second copy of OP or IP bill will be issued.
- In case the patient is shifted from lower category to higher category, all the charges like consultant visits, investigations, operations and procedures etc. from the date of admission will be charged according to the higher category.
- If the patient is shifted to the ICU, the attendant should vacate the room. If the attender occupies the room, it will be charged as per dual occupancy.
- Room eligibility is purely subject to TPA approval. Proportionate difference of the bill amount is applicable in case the patient opts for higher category higher than the TPA approved, which has to paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/ HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, Etc., credit cannot be extended. These items are not payable to us as per insurance company norms (Depends on the TPA/Insurance Co. T&C).
- It takes time for cash discharge is a minimum 3-4hrs. and in the case of insurance, it will take a minimum 6-7hrs.
- Difference, if any between the final bill amount arid amount permitted / approved by the TPA or total bill amount in case of denial from TPA, has to be paid by the patient.
- Two attendants are permitted with patients in Deluxe, Private Rooms and only one is permitted in the rest of the categories of rooms. No attendant is permitted in ICU's.
- All the refunds more than Rs.5.000/- will be refunded through NEFT within 7 Bank working days.
- Patient attendant can collect for Interim/provisional bill of the patient from the billing section on daily basis. Interim Bill shall be based on the acknowledged services in HIS. Final Bill of the patient may vary from the Interim bill based on actual update taken on the day of discharge. It is requested that patients/attendants enquire daily about the bill amount from billing section and pay the outstanding as on that day. You are requested to clear your outstanding amount on daily basis before 12 PM. **Patient bill outstanding should not be increase more than 10,000/-**

DECLARATION

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

Patient Name : Mrs. VARSHA. S	UHID Number : 92508
Self/Attendant Name : Mr NARESH. A.	Relation : HUSBAND
Self/ Attendant Signature : SA. Naresh. Phone Number :	Name & Signature of Financial Counselor

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

Patient Stic

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Able to perceive fetal movements well
PA was admitted for safe confinement
No c/o Lower Abdominal Pain, bleeding or leaking PV

LMP: 25/10/2025
Corrected EDD:
EDD: 01/08/2026
GA: 37 weeks + 4 days

Obstetric Formula:
Primi

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Hostory:
G_1 - PP, Spontaneous conception

Obstetric Examination

M/s-1yr; NCM

Fundal Height: Term

Present Pregnancy Record:
Booked and immunised
T Scan - Normal, FTS - Low risk
Aromaly Scan - Normal

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

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

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

Height: 160.5 cm
Weight: 67.9 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR: 95/mt
BP: 101/73mmHg DTR:
CVS: S_1S_2 (+) RS : B/L NVBS (+)
Liver/Spleen: Urine Output:

↓ SAP, Stripping done.

DIAGNOSIS

Primi M/s - 1year NCM AB +ve	LMP - 25/10/2025 EDD - 01/08/2026 RMP	GA - 37 weeks + 4 days FGR with normal dopplers Admitted for Spontaneous progression

(P.T.O)

Patient Sticker

Family History:
Father - T_2DM

Surgical History:
Nil

Medical History:
H/o Anxiety Attacks occasionaly
Last episode one month back.

Medication History:
Nil

Plan of Care:
C/S/B Dr. Priyadharshini

- Admission
- Parts preparation
- secure IV line
- W/F Spontaneous progress of labour.
- CTG @ 4th hourly
- Shift to ward
- Reshift on orders

Investigations:
CTG - Reactive

Doctor Name: Dr. Akshitha / Dr. Shreedevi
Signature: [signature]
Date & Time: 15/07/2026

Consultant Name: Dr. Priyadharshini
Signature: [signature]
Date & Time: 15/07/2026

GUC-00092505
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M
IP18-00036487

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	14/6/20	1/7/20				
Time						
Hb	10.6	9.3				
PCV	31.6	28				
RBC	3.65					
WBC	8500					
N/L	69.21/22.45					
Platelets	2.57					
CRP						
ESR						
PCT						
RBS	FBS-88.8 PPBS-124.2					
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

AB - POSITIVE

HIV
HBsAg
HCV
VDRL
} Non-Reactive

14/6/20
TSH - 3.960

HBA1C - 5.4

ECG
ECHO

18/6/20 18/6/20

(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 : 15/07/2026 SLIUG EFW - 2415 grams (61.1/e)

X-Ray : Cephalic

ECHO : Placenta - Posterior Doppler - Normal.

CT : Liquer - Normal

MRI SDP - 5.4

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

GUC-00092505
Mrs VARSHA G IP18-00036487
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

(1)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	S/B Dr. Mohana / Dr. Divyalakshmi	
9:25pm	pt reviewed	
	Able to PFM well. c/o backpain	
37+4 weeks	O/E: pt GC fair, afebrile	Advice
	po [PEO]	- (N) diet.
T - N	CVS / RS NAD	- ↑ oral hydration.
PR - 80 /min		- monitor vitals
BP - 110/70 mmHg	P/A: at term	- follow drug chart
CTG - Reactive @ 5:30pm	Relaxed	- CTG STAT.
	Cephalic	- Shift to LDR
	FHS good	on orders
		- Inform SOS
	L/E: clear liquor leaking (+)	
15/7/26		
9:35pm	C/D/w Dr. Priyadharshini 10.4.28	
	pt has backpain	
	No abdomen pain as of now	
	Advice:	
	- Inj. TAXIM 1gm IV BD (ATD)	
	- Drapes watch.	
	- Shift to LDR.	
CTG - Reactive	- Plan: SPOL followed by	
	Inj. ? Ginto tmrw morning.	
	- NO ENEMA	
	- CTG STAT.	

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/20 11 pm	Pt. received in LDR	
	S/B Dr. Mohanapriya.	
CTG reactive	P/A: wt ~~[illegible]~~ term Cephalic 2c/15-20sec/10 min FHS good	
	P/V: Cx 50% effaced os 3 cm dilated Vertex at -2 membranes absent Clear liquor draining pv	
		I/c Dr. Priyadharshini
		~~Advice:~~
		- CTG Q2H.
		- plan: Spontaneous progression.
		- I/F pressure symptoms
		- Reassess at 4 Am.
		- Inform SOS
	104288	

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

(2)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26	S/B Dr. Mohana	
4 AM	pt. received.	
SJ + 5 weeks	Able to PPM well.	
	c/o pain abdomen on and off.	
T: N	P/A: at term	Advice
PR: 80/min	2c/15 sec/10 min	- Shift to LDR
BP: 110/70 mmHg	cephalic	- Inform MCH
	FHS good	- Encourage to bear down.
CTG reactive	P/V: Cx fully effaced.	
	Os fully dilated.	
	membranes (+).	
	Vx at -1 station.	
	pelvis gynaecoid.	
	clear liquor leaking pv.	16/7/26

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026 4:40 PM	NORMAL VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	C/B - Dr. Priyadharsini S M A/B - Dr. Dhanjalakshmi S R	
	↓ ASP, pt ↓ lithotomy position, perineum painted and draped. Pt. encouraged to bear down. Local anesthesia infiltration given. At crowning, RMLE given. With good maternal effort, she delivered an alive term GIRL baby with one loop of cord around the neck. Baby cried immediately after birth. Delayed cord clamping done and cord clamped and cut and baby handed over to pediatrician. Placenta and membranes delivered intoto. Episiotomy inspected and sutured in layers using vicryl rapid. Hemostasis secured.	
	P/A - Uterus firm and contracted well. P/V - No undue bleeding PV. P/R - Rectal mucosa and sphincter tone Normal	

One loop of cord around neck
Delayed cord clamping

GUC-00092505
Mrs VARSHA G
05-08-1999
Dr. PRIYADHARSHINI S M
IP18-00036487
26 Y 11 M 11 D (F)

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B / A / B / Y — Alive term GIRL 16-07-2026 at 4:40 Am. 2.494 kg 8/10, 9/10	
	Baby M/S	Advice - Normal diet. - plenty of oral fluids. - monitor intake. - follow chart. - Hb/PCV c/m 6 am. - Measure and inform 1st void. - W/F T bpv - DBF - Inj. TAXIM 1gm IV STAT - Inform SOS.
	T64788	

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
8:30 AM		
PND - 0	Pt voided 200ml	
		Advice
T - (N)	O/E Pt GC fair, Afebrile	- Normal diet
PR - 94/min	P° / PE°	- Plenty of oral fluids
BP - 110/70mmHg	CVS / RS / NAD	- vitals Monitoring
		- Follow drug chart
Baby - M/S	P/A - Ut well contracted	- W/F ↑ Bleeding PV
B/L - Breast Soft	Soft	- Hb/PCV c/m 6AM
	L/E - BWNL	- Inform (SOS)
	Epi wound - Intact	- Measure & inform 2nd void
	182217	Shift to ward
16/7/26. 4 PM.	S/B Dr Abhilitha	
PND#0	pt reviewed	voiding freely
AB-tve.	no sp c/o	passed stools.
	o/e afebrile	
BP 110/80mmHg.	GC fair	Plan
PR 80bpm.	P° / PE°.	Normal diet
SpO2 99% @ RA	P/A uterus WC	hydrate.
temp (N)	soft	ambulate.
B/L breast soft	BS (+)	Hb/PCV c/m 6AM.
Se evation (+)	L/E BWNL.	W/f ↑ bleeding PV
Baby M/S		
EBF	127635	

GLIC-00012505
Mrs VARSHA G	P18 00038187
05-08-1999	26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26	S/B Dr. Vinitha	
8:45PM	Pt reviewed; No c/o ; Passed stools	
	O/E: GC fair; Afebrile	
BP: 110/80	P° IPE°	
PR: 86/min		
	P/A: Uterus contracted	
SpO₂: 99%-RA	soft ; BS ⊕	
T: Ⓝ		Adv:
	L/E: BWNL	Normal diet
		Plenty of fluids
		Vitals monitoring
		Ambulation
[signature] 121113		Hb / PCV 4M 6am
		Inform SOS
17/07/2026 9Am	C/S/B Dr. Pavithra / Dr. Shreedevi	
PND - 1	Pt reviewed, Nil c/o	Advice
	O/E Pt G/C fair, Afebrile	- Normal diet
T (N)	P° IPE°	- Plenty of oral fluids
PR - 72 /min	CVS	- Vitals Monitoring
BP - 102/68 mmHg	RS NAD	- Follow drug chart
	P/A - ut well contracted	- W/F ↑ Bleeding PV
Baby - M/S	Soft	- Process discharge
B/L Breast soft	L/E - BWNL	- Inform (SOS)
voiding freely	Epi wound Healthy	
Passed stools		
Hb - 9.3	[signature]	
PCV - 28	182217	

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

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

Patient Sticker

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Pat Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	-	-	-	-	-	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi

Date & Time : 15/07/2024

Nurse Name & Signature: S. Parameshwari 01/8808

Date & Time : 15/7/24 @ 4 PM

GUC-00092505
Mrs VARSHA G IP18-00036487
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: ....LDR.......... Shifted to: ....706..........

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	–	–	–	–	–	☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi [signature] 182217

Date & Time : 15/7/26

Nurse Name & Signature: 15/7/26 @ 6.45

Date & Time : S/N Parameshu [signature] 016808

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

GUC-00092505
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M
IP18-00036487

(3)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU Shifted to: 7th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. TAXIM - O	200 mg	PO	BD		☑C ☐DC
2	TAB. PANTOPRAZOLE	40mg	PO	BD	16/7/26 at 7AM	☑C ☐DC
3	TAB. ZERODOL-P	1 Tab	PO	BD		☑C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi TS2217

Date & Time : 16/07/2026

Nurse Name & Signature: Shalini 04078

Date & Time : 16/7/26 at 8:30 Am

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 15/7/26 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-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

REGULAR PRESCRIPTIONS

Weight. 67.9 kg Ward. HDR

DRUG : Inj. TAXIM

Dose	Route	Frequency	Start Date
1gm	IV	1-0-1	15/7

Name & Signature of the Doctor Starting the Drugs: [signature] 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	15/7	16/7
	11AM	
	11PM	SP/DS

DRUG : Tab. TAXIM-O

Dose	Route	Frequency	Start Date
200mg	PO	1-0-1	16/7

Name & Signature of the Doctor Starting the Drugs: [signature] 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7
	8AM	N/PC
	8PM	DS

DRUG : Tab. PAN

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	16/7

Name & Signature of the Doctor Starting the Drugs: [signature] 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7
	7AM	SP/DS
	7PM	SM/RA

DRUG : Tab. ZERODOL-P

Dose	Route	Frequency	Start Date
1tab	PO	1-0-1	16/7

Name & Signature of the Doctor Starting the Drugs: [signature] 16428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	16/7	17/7
	8AM	N/PC
	8PM	DS

Patient Sticker

Weight. 67.9 kg Ward. 1 DR

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
15/7	10.45PM	Inj: TAXIM	0.1ml	ID	16428	AA SS
16/7 DC	2AM	T. PARACETAMOL	1gm	PO	16428	SP DS
16/7	4.40AM	Inj: SYNTO	10 units	IM	16428	SP DS
16/7	5AM	T. MISOPROSTOL	600mcg	PR	16428	SP DS
16/7	5AM	JUSTIN SUPPOSITORY	100mg	PR	16428	SP DS
16/7	5AM	Inj: TAXIM	1gm	IV	16428	SP DS

GUC-00092505 IP18-00036487
Mrs VARSHA G
[illegible]-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

I.V. FLUIDS CHART

Weight. 67.9 kg 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
15/7/26	4.30 pm	IVC 1 RL	IV	free flow	18225	SP / SN	15/7/26	18224	SP / SN
16/7/26	4:40 pm	Inj. SYNTO 20 units in 500ml RL	IV	125 ml/hr	16478	SP / DS	16/7/26	16429	SP / DS

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

15/7/26	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		22	18			18		20		20
	0 - 10																							
Saturations	94 - 100 %									99		99		98%		98	100			100		99		100
	< 94 %																							
Administered O_2 (L/min.)										RA		RA		RA		RA	RA			RA		RA		RA
Temp°C	40																							
	39																							
	38									98F		98F		98F		98.6F								
	37																98			98		98		98
	36																							
	35																							
	< 35																							
Heart Rate	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100									95		90		90										
	90															80 HR								
	80																80			90		88		80
	70																							
	60																							
	50																							
	40																							
Systolic Blood Pressue ↑	190																							
	180																							
	170																							
	160																							
	150																							
	140																							
	130																							
	120																							
	110																							
	100									101		100		115		112	104			110		104		110
	90																							
	80																							
	70																							
	60																							
	50															(74)								
Diastolic Blood Pressure ↓	130																							
	120																							
	110																							
	100																							
	90																							
	80																							
	70																							
	60																							
	50																							
	40																							
NEURO RESPONSE [✓]	Alert									✓		✓		✓		✓	✓			✓		✓		✓
	Voice																							
	Pain																							
	Unresponsive																							
URINE mls / hour	> 30									✓		✓		✓		✓	✓			✓		✓		✓
	< 30																							
Proteinuria	Protein + +																							
	Protein > + +																							
Lochia	Normal									–		+		–		+	–			–		–		–
	Heavy / Foul																							
Liquor	Clear / Pink									–		+		–		–	–			–		–		–
	Green																							
TOTAL YELLOW SCORES										0		0		0		0	0			0		0		0
TOTAL ORANGE SCORES										0		0		0		0	0			0		0		0
Nurse Initial																								

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ning Observation Score Chart - Obstetrics

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

		Date	15/7/20.																				
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20				20				22				20				18				22			
	0 - 10																									
Saturations	94 - 100 %		99%				100%				99%				99				99				98%			
	< 94 %																									
Administered O_2 (L/min.)			RA				4L				RA				RA				RA				RA			
Temp°c	40																									
	39																									
	38																									
	37		98.6F				98.6F				98.6°C				98.6F				97.6F				97.8F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		92				84				88				104				120				72			
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110				103				140				107				106				102			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		70				80				80				69				79				68			
	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				1				0				0			
TOTAL ORANGE SCORES			0				0				0				0				0				0			
Nurse Initial																										

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight® BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : C

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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											
15/7/26	05:00 pm	H2O	100ml	RL 500ml						150ml	0	
	06:00 pm										0	
	07:00 pm	H2O	100							100	0	
Total Intake :		200 + 500 = 700ml				**Total Output :**				250		
	08:00 pm	H2O	150ml									
	09:00 pm	H2O	150ml							300ml	0	
	10:00 pm	H2O	100ml								0	
	11:00 pm									200	0	
	12:00 am	H2O	150								0	
	01:00 am									150	0	
Total Intake :		550ml				**Total Output :**				650ml		
	02:00 am	Juice	200ml	RL	Syrup						0	
	03:00 am	H2O	200							200	0	
	04:00 am									150	0	
	05:00 am	H2O	200	50ml	125						0	
	06:00 am				125						0	
	07:00 am				125					150	0	
Total Intake :		1475ml				**Total Output :**				500ml		

Total 24 hrs. Intake	2725ml

Total 24 hrs. Output	1400ml

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 2

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.

15/7/26.		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	H20	100							0	0	
	09:00 am										0	V.A
	10:00 am	H20	300ml							300ml	0	V.A
	11:00 am	Coffee	200ml								0	V.A
	12:00 pm	Soup	200ml							400ml	0	V.A
	01:00 pm	H20	300ml								0	V.A
Total Intake : 1,100 ml						Total Output : 700ml						
	02:00 pm	H20	200								0	Sf
	03:00 pm									200	0	Sf
	04:00 pm	H20	250				✓			100	0	Sf
	05:00 pm	H20	250							~~100~~	0	Sf
	06:00 pm	"	150							100	0	Sf
	07:00 pm	~~H20~~	150								0	Sf
Total Intake : 1000 ml						Total Output : 400						
	08:00 pm	H20	150ml								0	AA
	09:00 pm	H20	150ml							300ml	0	AA
	10:00 pm	Milk	100ml								0	AA
	11:00 pm									250ml	0	AA
	12:00 am	H20	100ml							150ml	0	AA
	01:00 am	H20	150ml								0	AA
Total Intake : 600ml						Total Output : 700ml						
	02:00 am	H20	100ml							200ml	0	AA
	03:00 am										0	AA
	04:00 am	H20	100ml							200ml	0	AA
	05:00 am										0	AA
	06:00 am	Milk	100ml							350ml	0	AA
	07:00 am	H20	200ml								0	AA
Total Intake : 500ml						Total Output : 750ml						

Total 24 hrs. Intake	3,250ml	Total 24 hrs. Output	2,150ml

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

NURSING CARE RECORD

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 15/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	4pm	Reduce the risk of hospital acquired Infection	4-30 pm	Maintain strict hand hygiene. Use aseptic technique any procedures	Patient maintain hand hygiene	FHR good	01/6808
Night	8pm.	Reduce the risk of Hospital acquired Infection.	10PM	Maintain strict hand hygiene Use asepsis technique. any procedures.	Patient maintain hand hygiene.	FHR good.	02/7/26

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 16/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify............
- ☑ Maintain Fluid Balance (crossed out, "no" written above)
- ☐ 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	Prevent falls & injury	8:30 Am	-) Keep Bed in low position with side Railsup -> Ensure call bell is within reach. -) Assist during Ambulation	Ensure Safety	Reassessment was done	[signature] 2440
Afternoon	2pm	Prevent falls & Injury	6pm	Keep Bed in low position with side rails. Ensure call bell is with in reach	Ensure Safety	Done.	[signature]
Night	8pm	To maintain fluid Balance.	9pm	To Asses the general condition. To monitor vital sign. To maintain Rio Clo.	Maintained fluid volume.	Reassessment was don	[signature] 0984

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

(C)

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	4pm	ADMISSION NOTES: Patient Admission on 15/7/2026. patient came for safe confinement. patient voided. CTG connected. patient general condition fair. vitals are checked & recorded. patient diagnosis primi/GA 37wt 4D/ FGR with normal dopplers / spontaneous progression. patient FHR tachy Informed to Dr. priyadharshini. patient medical history of Anxiety attacks occasionaly Last episode one month back. patient side no complaints of pain. There is no allergic history & past surgical history. CTG discontinued	S/N pava... 016808
	4.20pm	Dr. priyadharshini saw the patient checked PV Cx 1cm long, os 2cm dilated ↓ SAP, stripping done. Dr. priyadharshini adviced to next CTG 5pm, 1ORL 500ml Rush.	S/N pava... 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092505 IP18-00036487
Mrs VARSHA G 26 Y 11 M 10 D (F)
05-08-1999
Dr. PRIYADHARSHINI S M

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/7/26	4.30pm	parts preparation done.	
		✓ SDP, IV line stat In	
		left cephalic vein. IVF RL	
		connected.	S/N paran 08 016808
	5pm	patient voided. CTG connected	
		FHR good. fetal movements	
		well.	S/N paran 08 016808
	5.40pm	CTG Informed to Dr. Akshitha	
		adviced to CTG disconnect	
		4th hrly CTG, watch for	
		spontaneous progress.	
		doctors orders carried	
		out. Vaginal birth consent	
		uptained.	S/N paran 08 016808
	6.45pm	patient shifted to ward.	
		patient details, files handed	
		over given to 7th floor	
		staff. next CTG @9.40pm	S/N paran 08 016808
		Receiving notes:-	
	6.50pm	pt Received from LDR to 7th floor	
		She was conscious & oriented	
		[illegible] & [illegible] were	
		vital sign are stable general	
		condition is fair	[illegible]
	7.30pm	pt Reamnt [illegible] all to [illegible]	
		[illegible] Sleep	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

264/P

(2)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
15/4/26	7:30pm.	patient details Handing Over taken from Evening duty Staffs. Bed Side Assessment done. Conscious & Oriented. IV line (+) Patten. Patient Self voids Urine. No any other complaints. patient taken diet. ⟶	Staff Nurse
	8PM.	patient vitals Dig checked & recorded. vitals are Stable. No Chart Monitored. ⟶	Staff Nurse
	9:20 PM	Patient clo. leaking Inform the Dr. Divyalakshmi man. Advised CTG STAT, SIB the Patient clear liquor leaking (+). Patient Inj Taxim Start ATD todo vitals are monitor. Patient Shift to LDR. ⟶	Staff Nurse.
	10.45pm.	Patient Inj Taxim ATD given full drug todo. No any pain & complaints. ⟶	Staff Nurse
		patient details Handing over to LDR Staff. ⟶	Staff Nurse

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Patient receiving notes	
15/7/16	10.45pm	pt mrs. varsha received	
		from 4th floor to LDR.	
		pt care hand over taken from	
		4th floor staff. pt conscious	
		oriented. IV line ⊕ cy pattern.	
		pt had normal diet. she have	
		3 contractions in 10minute for	
		15 secs. provide comfortable	
		bed position. DVT, Braden Q,	
		morse fall risk assessment done.	[illegible]
	11pm	pt vital signs checked cy	
		recorded. pt have no do	
		allergy, itching. Inj. Taxim 1gm	
		IV given as per doctor order.	[illegible]
	12am	pt vital signs checked cy	
		recorded. CTG connected as per	
		doctor order FHR ⊕. Encourage	
		to take adequate oral fluid	[illegible]
	12.30am	CTG disconnected as per	
		doctor order. IV line pattern.	
		maintain I/O chart.	[illegible]
	9am	pt is stable. Encourage	
		to take breathing excersise	
		during contraction. maintain	
		I/O chart. CTG connected as	
		per doctor order FHR ⊕.	[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

(3).

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26	2AM	pt c/o back pain. Dr. Mohana Dr. Divyalakshmi advice to give T. Para 1gm order carried out. T. Para 1gm oral given as per doctor order.	Sn/[illegible]
	2:30AM	CTG connected as per doctor order FHR ⊕. N/L line pattern. 500 ml RL slow IV IV flow connected as per doctor order. Encourage to take adequate oral fluid.	Sn/[illegible]
	4AM	pt vital signs checked & recorded. maintain the chart. Pt is going FHR ⊕. Dr. mohana did PV examination cx well effaced, os fully dilated. Pt shifted to labour room. Encourage to take breathing exercise during contraction.	Sn/[illegible]
	4:40AM	Dr. priyadharshini came did PV examination. cx well effaced os fully dilated. Lithotomy position provided. parts painted. Inj. 10% 2% given in perinium. Encourage to push during contraction. Pt is pushing. RMLE Episiotomy done. next page.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/26		A single baby delivered	
continue		Normal vaginal delivery.	
		Baby cried at birth.	
		Delayed cord clamping done.	
		Dr. Srilakshmi received the	
		baby. Inj. Synto 10U IM, Inj. Synto	
		20U in 500 RL on flow slow	
		commenced. as per doctor order.	
		placenta expelled. pt have	
		minimal PV bleeding.	
		Date - 16/07/2026	
		Time - 04.40AM	
		Sex - Girl	
		weight - 2.494kgs.	
		Baby mothers side. PM	
		Episiotomy suture done. + miso	
		600mcg insertion suppository	
		kept PR By Dr. Priyadharshini	
		Dr. Priyalakshmi assisted for	
		delivery. Pt vital signs checked &	
		recorded. BP-110/70 PR-80bpm	
		RR-18bpm Temp-98F.	[illegible]
	5.AM	DBF given to baby	
		sucking good placed the	
		baby on mothers side. Encourage	
		to take adequate oral fluid	[illegible]

6 STEAM Type ISO 11140 Green = Sterilized
Man.: 2025 - 06 Exp.: 2030 - 06 Ref.: 106.303.0500 Lot.: 14176
SV: 121°C - 15 min. 134°C - 3,5 min. Sterintech

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
16/7/20	6AM	pt vital signs checked & recorded. maintain the chart.	
		B - Breast soft	
		U - uterus contracted	
		B - she is on self voids	
		B - Bowel movement present	
		L - lochia rubra present	
		E - REEDA assessment done	
		H - Homans sign negative	
		E - pt emotional status good.	
		Inj. Taxim 1gm IV given at 6Am as per doctors order.	[illegible]
	7Am	pt voided 150ml urine, Informed to Dr. Mohana / Dr. Divya lakshmi. p/v bleeding is minimal. Administered medication as per doctors order.	[illegible]
	7.30Am	pt was hand over given to morning duty staff.	[illegible]
	7.30Am	Morning duty notes 16/7/20 Hand over taken from NH duty staff patient conscious and oriented IV line pattern IVF-RL 125ml/hr on flow PV bleeding minimal, vitals are checked and recorded general condition fair →	Shalini [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/7/26	8AM	B - Breast is soft	
		U - uterus contracted well	
		B - Bowel movement present	
		B - Last output 200ml at 7am.	
		L - Lochia RUBRA present NO	
		E - REEDA assessment done foul smelling Episiotomy wound [illegible]	
		H - Homan's sign negative.	
		E - patient emotional	S/N
		status is good →	Shalini 01/4pm
	8:30AM	patient had breakfast	
		no complaints general	
		condition is fair →	S/N Shalini 01/4pm
		Receiving Notes	
	8:40am	Mother received from LDR to	
		7th floor. Mother was stable	
		and well pt on normal diet	
		vital monitoring followed during	
		chart Inform and void pt on	
		well ambulated	60778
	9:00am	Vitals was checked and recorded	
		maintained I/O chart	60778
	10:00am	B - Breast is normal	
		U - Uterus is contracted	
		B - Bowel movement is normal	
		B - Urine was well voided	
		L - Lochia Rubra is present	
		E - Reeda scale is present.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

C ON FORM

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

Diagnosis : .....

Hospital : .....

.....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Postnatal Care and advices. / Z06.

Signature:

Findings and Recommendations : S/B Physiotherapist note

Do's and Don'ts advised

- Avoid lifting weights
- Lying down posture
- Sitting posture advised
- Breast feeding posture
- Coughing and Huffing technique
- Bilateral leg raise should be avoided.
- Rice protocol.

Consultant :

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

1) BE

2) Ankle mobilisation

3) Knee mobilisation

4) Pelvic bridging

5) Ankle rr kegel exs

6) posterior pelvic tilt.

Review after 2 weeks.

18/07/26.

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

BRADEN 'Q' SCALE

					Date : 15/7/16	15/7/16	16/7	16/7
					Time : 8pm	8pm	8Am	2pm
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to 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	27	27	27	27
				Evaluator's Name				

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

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

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

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

BRADEN 'Q' SCALE

2

				Date : / Time :	16/7	17/7		
				Time :		[illegible]		
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		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3		
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4		
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4		
FRICTION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4		
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	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		
				TOTAL SCORE	27	27		
				Evaluator's Name	[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

GUC-00092505
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M
IP18-00036487

(1)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

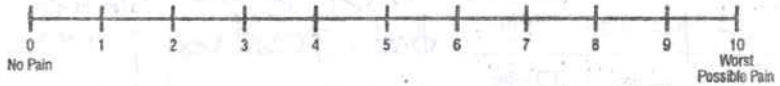
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
15/7/26	5pm	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NO pain	
15/7/26	8pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	No pain	
15/7/26	11pm	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable bed position	
16/7/26	1AM	2/10	lower abdomen	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Deep breathing	
16/7/26	4AM	1/10	Episiotomy site	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	
16/7	8AM	1/10	Episiotomy wound	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	comfort position	
16/7	7PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
16/7	8PM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
17/7	4am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	
17/7/26	8am	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Nil	

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

2

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PAIN ASSESSMENT FORM

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

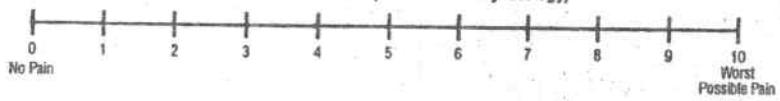
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 –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

(P.T.O)

Docu.No: RCH /FRM / CLINICAL / 152

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	5pm 16/7/26	8pm 15/7/26	8 AM 16/7
		Score	20	20	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00092505
Mrs VARSHA G IP18-00036487
05-08-1999
Dr. PRIYADHARSHINI S M 26 Y 11 M 11 D (F)

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	16/7	16/7	17/7/20
		Score	2pm	8pm	8AM
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	~~20~~	0	0
Total Morse Fall Scale Score:			20		
		Signature			

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient's Name: ....
MRD NO: GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M
Age : .... M ☐ F
Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 15/7/26 Time: 4.30pm
Location : Left cephalic vein
Size : 18G
Cannula inserted by : S/N paramesvari 016808

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
15/7/26	5pm	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
15/7/26	10pm	☐Yes ☑No	☐Yes ☑No	patton	[illegible]
16/7/26	12Am	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	2Am	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	4Am	☐Yes ☑No	☐Yes ☑No	observ	[illegible]
	6Am	☐Yes ☑No	☐Yes ☑No	obser	[illegible]
	8Am	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	10Am	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	"	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	"	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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 : 16/7/26 at 6pm
RX any initiated : ☐Yes ☐No ☐NA If Yes specify-
Phlebitis score: 0/5

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:

[illegible]

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-00092505
Mrs VARSHA G
05-08-1999
Dr. PRIYADHARSHINI S M
IP18-00036487
26 Y 11 M 10 D (F)

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

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

Identified Education Needs:

1. Diagnosis Primi/ 37wt 4D
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		
15/7/26	5pm	yes	Educate & Inform about Plan of treatment	patient	None	oral	NOne	yes	good	
16/7	8AM	Yes	Educate about breast Feeding Position	patient	None	oral	NO	oral	good	
17/7/26	10AM	yes	Explain about Nutrition	patient	None	oral	NO	yes	Good	

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

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 15/7/26

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 Paramesuari 016808	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

Treating Consultant Name: Dr. priyadharshi	Date & Time of Admission: 15/7/26 @ 4.49pm	Date & Time of Transfer Order: 15/7/26 @ 6.45pm
From Unit: LDR	Transfer Ordered by: Dr. Akshitha	Reason for Transfer: further mgt
Number of Sheets in Clinical File: Casesheet	To Unit: 7th floor	Information to Attendant: Yes ☐ No ☐
	Number of Imaging Films: CTG	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/No parameswari 016808	Dr. Akshitha

Patient & Clinical Records Received by : S. Nirmal

Date & Time of Patient Received : Nurse 15/7/26 at 6.48 pm

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

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

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

(2)

GUC-00092505 IP18-00036487 Mrs VARSHA G 05-08-1999 26 Y 11 M 10 D (F) Dr. PRIYADHARSHINI S M	Date & Time of Admission 15/7/26 @ 4.48pm	Date & Time of Transfer Order 15/7/26 @ 10.45pm
Treating Consultant Name Dr. priyadharshini	Transfer Ordered by Dr. Diyalakshmi.	Reason for Transfer Further management.
From Unit LDR	To Unit 7th floor.	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature] 15/7/26.	[signature]

Patient & Clinical Records Received by : S. pooja [signature]

Date & Time of Patient Received : 15/7/26 10:45pm.

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

Mrs. Varsha

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PARTOGRAPH

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: one loop around neck

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: 2° tear

Others:

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 2,300ml

Blood Transfusion: -

Other Details (if any): -

Ractal Examination: (N)

DURATION OF LABOUR

1st Stage: 10 hrs

2nd Stage: 50 mins

3rd Stage: 10 mins

Duration of Active Pushing: -

No. of VE'S: -

BABY DETAILS

Gender: GIRL

Weight: 2.494 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 16/7/26, 4:40 PM

LW Doctor: Dr. Mohanapriya

LW Sister:

(P.T.O.)

PARTOGRAPH

Name: Mrs. Varsha

Memb. Ruptured: SROM PROM ARM

Obstetrics Formula: P1L1

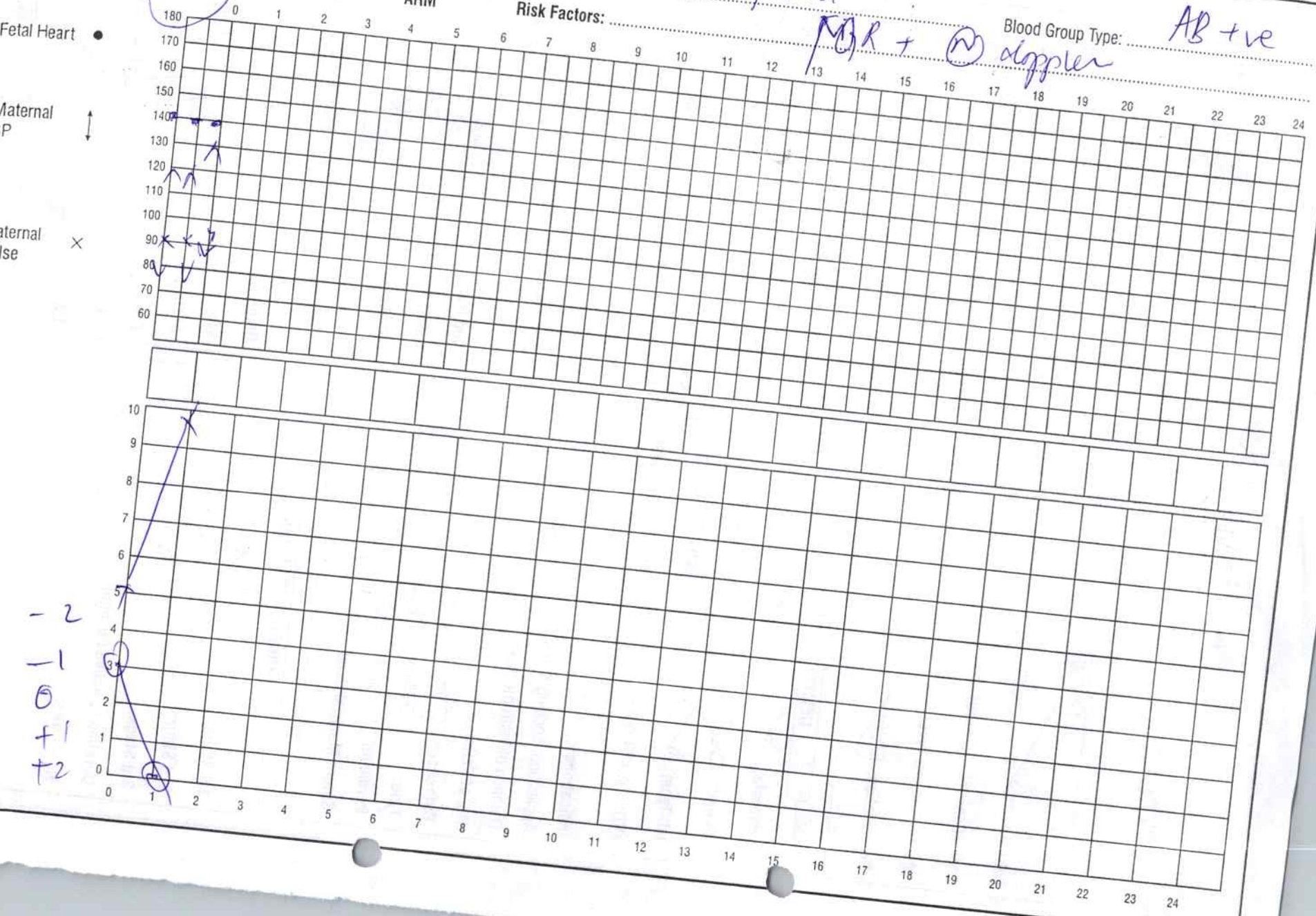
Risk Factors: MSR + (N) doppler

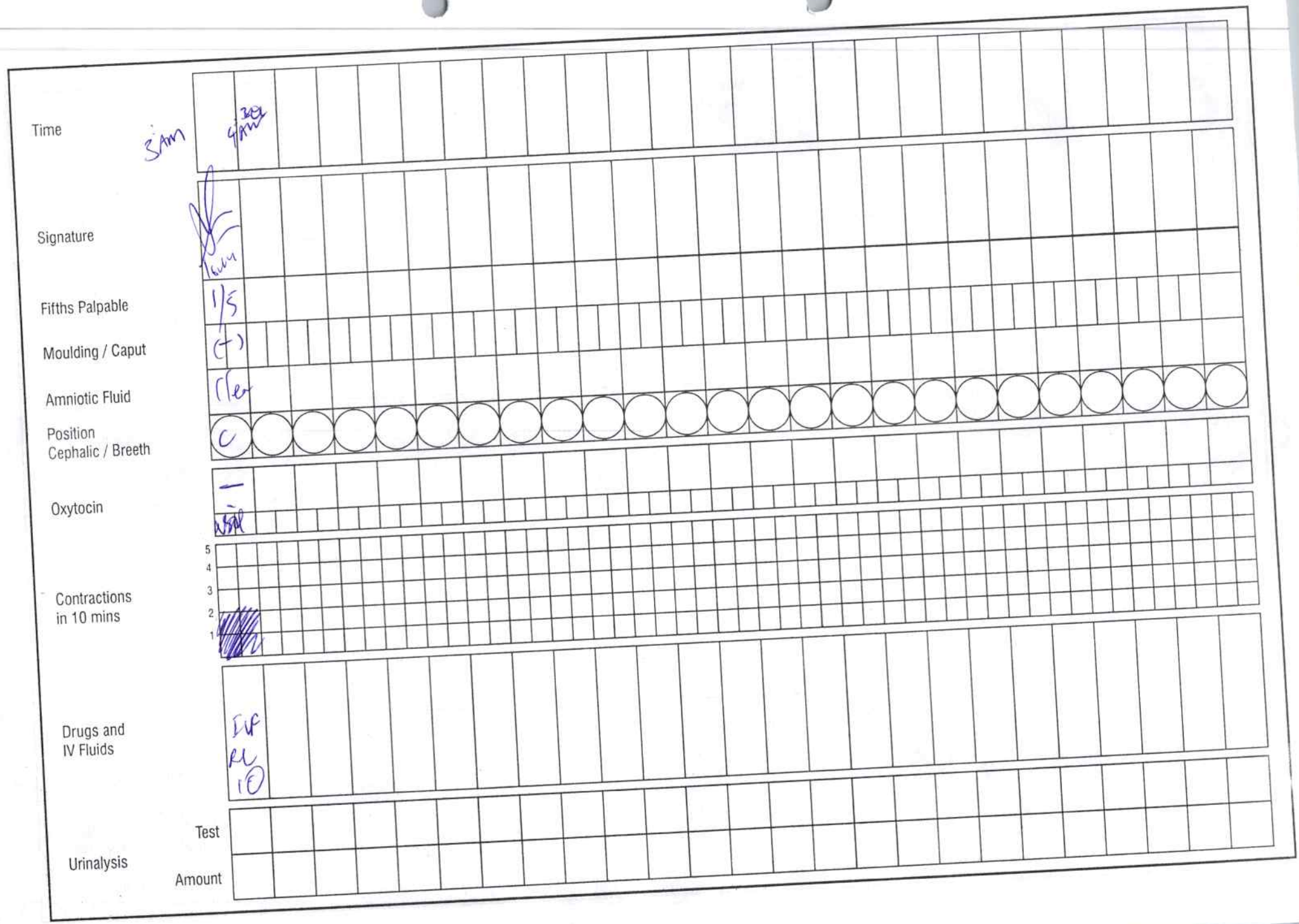
Blood Group Type: AB +ve

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
3am
4am
Signature
Fifths Palpable
1/5
Moulding / Caput
(+)
Amniotic Fluid
Position
Cephalic / Breeth
C
Oxytocin
5
4
3
2
1
Contractions
in 10 mins
Drugs and
IV Fluids
IV
RL
10
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: .....

PATIENT TRANSFER FORM

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

Date & Time of Admission	Date & Time of Transfer Order
15/7/26 at 4.48 PM	16/7/26 at 8.50 AM

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. priyadharshini	Dr. Pavithra	Further treatment

From Unit	To Unit	Information to Attendant
NICU	7th Floor	Yes ☑ No ☐

Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
Files	CD	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab Zerodol sp.	8
2.	Tab. Pan 40mg	9
3.	Under Pad	2
4.	Tab. Taxim-O 200mg	10
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
[signature]	Dr. pavithra

Patient & Clinical Records Received by : [signature]

Date & Time of Patient Received : 16/7/26 @ 8.50 AM

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

INFORMED CONSENT FOR VAGINAL BIRTH

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

Gender: ☐ Male ☐ F : ..... 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. Priyadharshini

Consentee :

Signature : Varsha

Name : Mrs. Varsha

Date & Time : 15/7/2026 @ 6pm

Patient Attendant :

Signature : A. Naresh

Name : Mr. Naresh

Relationship with Patient: Husband

Date & Time : 15/7/2026 At 6pm

Witness :

Signature : .....

Name : .....

Date & Time : .....

Doctor (who is taking the consent) :

Signature : 182217

Name : Dr. Shreedevi

Date & Time : 15/7/2026 @ 6pm

ANTENATAL RECORD

GWC: 92505

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Antenatal No:

Reg.No:

DR. Priyadharshini

PERSONAL DETAILS

Name: MRS. VARSHA. G Age 26 Date of Birth Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address:

Mobile: E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
	LMP - 25/10/2025 EDD - 01/08/2026

HISTORY

Year of Marriage: Menstrual History: Previous Periods

Consanguinity: Contraception:

LMP EDD Corrected EDD

OBSTETRIC FORMULA:

Gravida **Para** **Live** **Abortions**

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS

Medical History: Family History:

Surgical History: Allergies:

INVESTIGATIONS

MATERNAL EVALUATION

Blood group & Rh: Wife AB +ve   Husband   ICT

VDRL N/R   HIV N/R   HbsAg N/R   TSH 3.960   GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
11/12/25	HB	11.9	
	PCV	35.7	
	Urea	14.98	
	Creatine	0.61	

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
14/6.		FBS - 83	
		2hr OGTT - 124	
		TSH - 3.96.	
		Hb - 10.6.	
		PCV - 31.6.	

Tetanus Toxoid: 1st dose ✓ 2nd dose ✓

FETAL EVALUATION

ULTRASONOGRAPHY

First trimester	
TIFFA	

Growth scan

Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
15/7	37wk	Cephalic	2.4	9%	AC - <5%.	(N)			

Others	Dopplers (N)

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

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT
				ECG / Echo.

Name:_____ **Corrected EDD:**_____ Parity_____

SYSTEMIC EXAMINATION

Height 160.50cm CVS_____

Weight:_____ Respiratoy System:_____

BMI:_____ Breasts:_____ Thyroid:_____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
24/6/26	66.9	100/74							
7/7/26	67.9	101/78							
15/7/26.	68.9	106/72			CTG.				

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice
				Dr. Pujadhanshri 9884679202	

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:_____

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 15/7/26 Time of Arrival: 4pm Time Seen by Nurse: 4pm

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: safe confinement

3) **Vital Signs:** Temperature: 98°F Pulse: 95bpm RR: 20bpm SpO_2: 99% BP: 101/73 mmHg Weight: 67.9kg

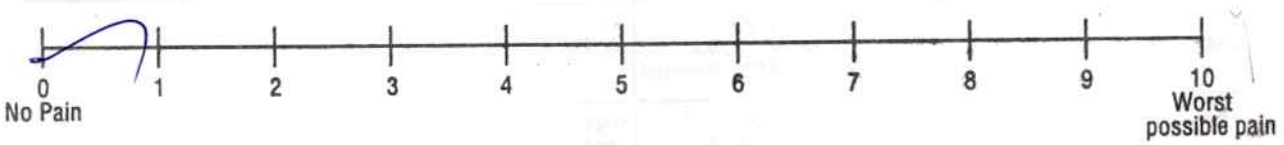
4) **Gestational Criteria:**

Gravida:	G	P –	L –	A –

LMP: 25/10/25 EDD: 1/8/2026 Gestational Age: 37wk4D

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

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



- Location: 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: H/o anxiety attacks occasionally

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 4pm

Nurse Name : S/N Parameswari Nurse Signature: [signature] 6/1808

Date: 15/7/26 Time: 4.20pm

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 10 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 15/7/26

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: came for safe confinement

Doctor Notified on Admission: ☐ Yes ☑ No

Name of the Doctor: Dr. Akshitha

Time Notified: 4 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
H/o anxiety attacks occasionaly	NIL	NIL

Blood Group: AB positive LMP: 25/10/25 EDD: 1/8/26 Gestational age during admission: 37wt4D

Contractions: NIL Vaginal Discharge: NIL

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

Height: 160.5cm Weight: 67.9kg BMI:

Temp: 98°F HR: 95bpm RR: 20bpm BP: 101/73 mmHg 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	

(P.T.O)

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... father - T2DM .....

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 ..... 27 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... Mrs. Varsha .....

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

Orientation not given Reason: ..... —

Nurse Signature: ..... 16808 .....

Nurse Name: ..... S. Parameswari .....

Date & Time: ..... 15/7/26 @ 4.25pm .....

GUC-00092505 IP18-00036487
Mrs VARSHA G
05-08-1999 26 Y 11 M 11 D (F)
Dr. PRIYADHARSHINI S M

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 16/07/2026 Time: 1PM

Origin: — Height: 160.5cm Weight: 67.9kg BMI: ☑ ~ 26 kg/m² ☐ ~ 28 kg/m² ☐ ~ 30 kg/m²

Food Allergies: —

Diagnosis: Normal Vaginal Delivery c RMLE

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: Varsha

Name: VARSHA . G

Date & Time: 16/07/26 @ 1PM.

Dietician's

Signature: A. N (018336)

Name: A. Sadiya Feeleen

Date & Time: 16/07/26 @ 1PM.

(P. T. O)

DIETARY NOTES

Date	Time	Notes	Sign
16/07/26.	8:40AM.	Normal Vaginal Delivery @ RMLF @ 4:40AM. - Patient is on Normal Diet. - Patient is Stable. Oral intake is Better. - Advised to take well-Balanced diet. - Consume easy-digest foods. RDA. Values— Energy - +600 Kcl. Protein - +17-19 g/d. Include galactogogues foods for milk secretion - Garlic, fennel and Oats (etc)	A.M (01833 6)
17/7/26.	8:30AM.	- Patient is on Normal Diet - Patient is Stable. Oral intake is Adequate. - Stools Passed. - Include protein - Iron rich foods.	A.M (01833 6)