GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 24 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		2/7/16 @ 6m					
Activity Sheet update by Pharmacy		1305					

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ACTIVITY RECORD FOR BILLING

Name: Mrs. Vishali

UHID No: 85334 IP No: 36595 Consultant: Dr. Mathangi Dept: LDR.

Date of Admission: 24/7/26 Time: 5.38 Am Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	6.45pm	LDR	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
25/11/24	ABC	26w2384c	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/7	CTH - (1)			009472	Shailendra Singh
	CTH - (2)			010000	Devi 01/07/60
	CTH - (3)			010000	Devi 01/07/60
	CTH - (4)			010000	Devi 01/07/60
	Infusion pump	8.15 am.		1732353	Devi 01/07/60
	CTH - 5			010000	Devi 01/07/60
	CTH - 6			010000	Devi 01/07/60
	CTH - 7			010000	Devi 01/07/60

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/7/26	IV placement	1	(1730)16A	Shalini SNP IP

ANY OTHER INFORMATION:

Vaccum Asst Normal Vaginal delivery
done 24/7/26 at 12.30 pm.
12.15 pm to 1.15 pm.
Dr. Priyadharshini
Dr. Vinitha.
SIN Dem 24/7/26

Date: 24/7/26 Time: 6pm Prepared By: SN

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Children's Hospital | BirthRight

DISCHARGE TRACKING SHEET

UHID- FLOOR- -NAME OF CONSULTANT-

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ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	25/7/26 @ 1pm		SH		
	INTIME	OUT TIME			
Arrangement of File by Nursing	25/7/26 @ 1pm		SH		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036595 **Admit Date** : 24-Jul-2026 **Admit Time** : 05:38 AM **UHID** : GUC-00085334

Patient Details :

Patient Name	: Mrs VISHALI K	**Age**	: 27 Y 11 M 23 D
Guardian	: Mr YADHUNAATH	**DOB**	: 01-08-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: NO.68/6, 4TH CROSS STREET, SBI COLONY Chromepet Chennai Tamil Nadu INDIA 600044	**Phone No**	: 9677299448/ 9790901813
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : Mr YADHUNAATH **Relationship** : Husband

Contact Address : NO.68/6, 4TH CROSS STREET, SBI COLONY Chromepet Chennai Tamil Nadu INDIA 600044 **Phone No** : 9677299448 / 9677299448

R. Yadhunaath.

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 111.92

Payor Name : SELFPAY

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs VISHALI K**	**Age :**	**27 Y 11 M 23 D**
IP No:	**IP18-00036595**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: R. Yadhumaath

Name: R. Yadhumaath

Relationship: Husband

Date: 24-07-2026 Time: 05:38

Witness Name: Irwin

Witness Signature:

Patient Address:
NO.68/6, 4TH CROSS STREET, SBI COLONY Chromepet Chennai Tamil Nadu INDIA 600044

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 :> Vishali. K	UHID Number : 85334
Self/Attendant Name : > Yadhunaath. R	Relation :> Husband.
Self/ Attendant Signature : R. Yadhunath. Phone Number : 9790901813	Name & Signature of Financial Counselor

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Patient

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

lower abdominal pain

Obstetric Formula: P0000

Obstetric History: Primigravida.

LMP: 25/10/25 EDD: 1/8/26.

Corrected EDD: GA: 38+6 weeks

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: term size

Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe 3/10-15'/10 min

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 2/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:

M/S-1yr, spontaneous conception.

RISK FACTORS:

G. Hypothyroid - (T. Thyroxine 37.5 µg)

Per Speculum Examination

Draining: ☐ Present ☑ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced 50% 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: 164 cm

Weight: 92 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: + Pallor: –

Icterus: – Edema: –

Temp: (N) PR: 90.

BP: 120/70 DTR: +

CVS: (N) RS (N)

Liver/Spleen: Urine Output:

DIAGNOSIS

primigravida / 38+6 weeks / G. Hypothyroid

Patient Sticker

Family History:

Mother } DM.
Father

Surgical History:

Nil

Medical History:

Nil.

Gestational hypothyroidism.

Medication History:

~~Nil~~

Now on T. Thyroxine 37.5 mg. (since 3/7/26) pSev 25mg

Plan of Care:

Admission.

for spontaneous progress of labour

AAP/ FHRM

NST monitoring.

WIF contractions.

vitals monitoring

Investigations: BPW.

3/7

Hb - 11.3

PLT = 2.25L

FBS - 75

PPBS - 87

TSH = 4.680

6/7/26 USG

SIUG 36+2

Cephalic.

Pl-posterior Placenta.

SDP - 4.5

CRP > 1

EFW = 2702gr

Doctor Name: Dr. Nikita. N

Signature:

Date & Time: 24/07/26

Consultant Name: Dr. Mathangi

Signature:

Date & Time: 24/7/26.

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RESULT SHEET

Date	3/7/26	10/12/26.				
Time	9AM.					
Hb	11.3					
PCV	34				10/12	
RBC	3.84					
WBC	10,480.				Bld - B Pve.	
N/L	70/23.					
Platelets	2.25					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg					10/12/26.	
Phosphate					HIV - Neg	
Urea					HBsAg - Neg	
Creatinine		12.9			Anti HCV - Neg.	
ALP		0.54			RPR - NR	
SGPT					Igg Rubella (+)	
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						

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

(P.T.O)

FBS 75
PPBS 87
T SH 4.680

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 : 8/2/26 SLP 36+2 | Cephalic pl-post. | ADP-4.5 | EFW = 2702gm..

X-Ray : .....

ECHO : IUFU ECHO - NO RWMA, EF - 64% (N) LV | RV

CT : .....

MRI .....

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 5:30 pm.	c/o/w Dr. Priyadarshini Admission CTG monitoring for spontaneous progressing labours.	
24/7/26 8 am	S/B Dr. Nikita / Dr. Vinitha Pt reviewed; NO 40 P1A: TOLM; 2/15" /10' / FH Good. P1V: Cx: 50% effaced OS: 2cm dilated Vx: -3 station Membs (A) (P1B Dr. Nikita)	Adv: c/o/w Dr Periyadharshini To start Inj Syntocinon Continuous CTG
	VSHP 12113	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/8/26 9:20 am	S/B Dr Priyadharshini	
	Pt reviewed; No Yo	
	O/E: GC fair; Afebrile	
	P°/PE°	
	P/A: At term;	
	Cephalic	
	2/20"/10'	
	FH good	
	P/V: Cx: Well effaced	
	OS: 2cm long	
	Vx: -2 station	
	Memb (+)	
	↓SAP, ARM done; Clear liquor	
		Adv:
		· Continue systo
		· Inj Drotin STAT
		· Inj Epidosin 2cc at 10:30 am

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(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 11:50Am	S/B Dr. Vanitha	
	pt. c/o pushing sensation	
Syntocin @ 120ml/hr	p/v: Cx fully effaced	
CTG - Reactive	os fully dilated	
	membranes (-)	
	Vx ant +1	
		Advice
		- Shift to Labour room
		- Encourage to bear down!
24/7/26 12:20pm	S/B Dr: Priyadharshini	
	pt. reviewed.	
	p/v: Cx fully effaced	Advice
	os fully dilated	vacuum assisted delivery
	membrane (-)	in view of
CTG - Reactive	Vx ant +1	poor maternal efforts

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/07/2026 12:30pm	VACUUM ASSISTED VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	Ind: Poor maternal effects.	
	I/B - Dr. Priyadharshini. S. M. P/B - Dr. Vanitha / Dr. Divyalakshmi	
	↓ ASP, pt. ↓ lithotomy position, perineum painted and draped. Local anesthesia infiltration given. At crowning, RMLE given to delliver. Vacuum cup applied with vertex at +2 station. Chignon created. With single traction, cephalic term BOY baby was delivered. Baby cried immediately after birth. Delayed cord clamping done. Cord clamped and cut and baby handed over to pediatrician. Placenta and membranes delivered intact. Episiotomy inspected. NO extensions. Episiotomy sutured in layers using rapid vicryl. Hemostasis secured.	
	P/A - uterus firm and well contracted. P/V - NO undue bleeding PV. P/R - Rectal mucosa & sphincter tone normal.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	B | Alive term BOY	
	A | 24.07.2026 at	12:30pm
	B | 3.359 kg	
	Y | 8/10 , 9/10.	
		Advice
	Baby m/s	- Normal diet
		- plenty of oral fluids
		- monitor vitals
		- follow drug chart
		- W/R T bpm
		- Measure & inform 1st void.
		- CBC d/n 6am
		- DBF
		- Inform SOS.
	16/7/26	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/07/26 6:15 pm	S/B Dr. Divyalakshmi pt- received comfortable	
PND-D	O/E: pt GC fair, afebrile pd/PEO	Advice - (N) diet - oral fluids - monitor vitals. - follow drug chart - CBC c/m 6am - w/f T bpv - Inform SOS - DBF - Hegimen next visit & inform
T-(N) PR: 90/min CVS BP: 110/70 mmHg RS/NAD SpO2 - 99% @RA P/A: soft.		
Baby m/s uterus well contracted		
Pt. voided ~550ml pvr ~100ml	O/E: Cpi intact BWNL	
	Shift to ward	16/7/26

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Ponnitha.	
24/07/2026		
10:30pm	Pt received	
PNDO	O/E	
	Pt GC fair	Advice
	afebrile	- (N) DIET.
T (N)	P/PE	- Plenty of orals.
BP- 112/70mmHg.	CVS	- Vitals monitoring.
PR- 92/min	RS/NAD	- Follow dring chart.
SpO2- 100% RA.	P/A- SOFT.	- CBC C/m 6Am.
	Ut firm & cord well	- Syrup Duphalac 10ml stat.
Baby- M/S.		
B/L Breast Soft.	C/E- Epi wound intact.	
		MYLAN.
Voiding freely		
Not passed stools	S/B Dr. Thenicia	
25/7/26.		
9:20AM.	pt reviewed.	
	voiding freely	
PNDO#1	Hb=6.9 passed stools	Plan
B the.	O/E: afebrile	- normal diet
	GC fair	- hydralde
BP 100/60mmHg	P° /PE°	- ambulate.
PR 84bpm.	P/A bowel sc	- follow dug order.
SpO2 99% @RA	soft	- inj FCM 1gm. today
temp (N)	BS (+)	- interm (SOS)
B/L breast soft	LIE BWHL.	
secretions absent		28/7/26

Baby M/S
DBF.

Patient Sticker

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Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	37.5mg	PO	OD		☐C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature : 24/7/26 Dr. Divyalakshmi

Date & Time : 24/7/26, 6 AM

Nurse Name & Signature: S. Shalini (01907Z)

Date & Time : 24/7/26 at 6AM

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 705

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYROXINE	37.5mg	PO	OD	24/7/26 @6am	☐C ☐DC
2	T. AUGMENTIN	625mg	PO	TDS	-	☐C ☐DC
3	T. ACTON OR	1gm	PO	TDS	24/7/26 @	☐C ☐DC
4	C. PAN D	40mg	PO	BD	-	☐C ☐DC
5	INSTIN SUPPOSITORY	100mg	PR	BD	24/7/26 @12-4pm	☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : 16478 Dr. Dayalakshmi S R

Date & Time : 24/7/26-

Nurse Name & Signature: Sr. parameshwari 16808

Date & Time : 24/7/26 @ 4pm

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

GUC-00085334
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036595

Rainbow® Children's Hospital
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DRUG CHART

Date of Admission: 24/7/96 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:				

Signature .....

VERIFIED BY : Name .....

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 92/9 Ward. LDL

DRUG : 1. THYROXINE

Dose	Route	Frequency	Start Date
37.5µg	PO	OD	24/7/18

Name & Signature of the Doctor Starting the Drugs: 158079.

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
24/7 on	25/7	
SN	ES/FP	

DRUG : Tab. AUGMENTIN

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

Name & Signature of the Doctor Starting the Drugs: 164281

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
24/7	25/7	
8AM	SS/NS	
2pm	SP	
10pm	ES/FP	
	10/1	

DRUG : Tab. ACTON OR

Dose	Route	Frequency	Start Date
1gm	PO	1-1-1	24/7

Name & Signature of the Doctor Starting the Drugs: 164281

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
24/7	25/7	
8AM	SS/NS	
2pm	SP	
10pm	ES/FP	

DRUG : Tab. PAN-D

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

Name & Signature of the Doctor Starting the Drugs: 164281

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time		
24/7	25/7	
8AM	EP/ES	
7PM	SS/AD	

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Dr. MATHANGI RAJAGOPALAN

Weight. 92 kg Ward. CDR

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
24/7/26	9.30 am	INJ. DROTIN	2cc	IM	12113	MD SA
24/7/26	9.35 am	INJ. SUPACEF	(TD) 0.1ml	ID	12113	MD SA
24/7/26	10 AM	INJ. SUPACEF	1.5 g	IV	12113	MD SA
24/7/26	10.30 AM	INJ. EPIDOSIN	2cc	Slow IV	12113	MD SA
24/7/26	11.00 am	INJ. PETHIDINE	50 mg	IM		MD SA
24/7/26	11.00 am	INJ. PHENERGAN	12.5 mg	IM		MD SA
24/7/26	11.40 am	INJ. EPIDOSIN	2cc	slow IV		MD SA
24/7	12.30 am	Inj. SYNTO	10 units	IM	16426	MD SA
24/7	12.35 am	Inj. TRAPIC	1gm	IV	16426	MD SA

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Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 92/cg Ward. CCU

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
24/7	15 8 pm	1 Θ RL	IV	125 ml/hr	121113	MD / SA	24/7/18	16/7/18	MD / SA
24/7	8 15 pm	Inj Synto 5U in 1 Θ RL	IV	24 ml/hr	121113	MD / SA	24/7/18	16/7/18	MD / SA
24/7	12:30pm	Inj SYNTO 5units in 500ml RL	IV	125 ml/hr over 4 hr	16/7/18	MD / SA		16/7/18	MD / SA

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

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01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

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STAT / ONCE ONLY DRUGS

Name: Vishali

Weight: 92kg kgs

Sheet No: 01

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
24/7	12.40 PM	T. MISOPROSTOL	600 mcg	PR		ND	SA
24/7	12.40 PM	JUSTIN SUPPOSITORY	10 Dmg	PR		ND	SA
24/7	11 PM	Syrup Duphalac	15ml	PO		ES	EP
25/7/26	10 AM	INS FCM	1gm	IV		NS	SA

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27 Y 11 M 23 D (F)

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight 92 kg Ward LDR

Sheet No: ....

DRUG : JUSTIN SUPPOSITORY				Date/Time: 24/7, 25/7
Dose	Route	Frequency	Start Dt.	
100 mg	PR	1-0-1	24/7	10AM
Name & Signature of the Doctor Starting the Drugs: [signature] 104288				
Additional Instructions:				11pm
Daily Doctor's Endorsement by a Sign				

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

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

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

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

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

Docu. No. : RCH /FRM / CLINICAL / 108

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

Pa

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Early Warning Observation Score Chart - Obstetrics

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

		Date	24/7/26																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																						20				
Saturations	94 - 100 %																										
	< 94 %																						98%				
Administered O2 (L/min.)																							RA				
Temp°C	40																										
	39																										
	38																										
	37																										
	36																						98.6				
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																						96				
	80																										
	70																										
	60																										
	50																										
	40																										
Systolic Blood Pressue ↑	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																						120				
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
Diastolic Blood Pressure ↓	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																						70				
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				
TOTAL ORANGE SCORES																							0				
Nurse Initial																							SK				

Admission on 96/4

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

GUC-00085334 IP18-00036535
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

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Early Warning Observation Score Chart - Obstetrics

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

		Date: 24/7/26																						
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		22		22		20		20		20		20		18				20				22			
	0 - 10																									
Saturations	94 - 100 %		99		99		99		99		100		100		100				100%				100%			
	< 94 %																									
Administered O_2 (L/min.)			RA		RA		RA		RA		RA		RA		RA				RA				RA			
Temp °C	40																									
	39																									
	38								98F		98F		98F													
	37		98		98		98								97.6F				98.2F				98.4F			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90								88		86		90		100				102				102			
	80		90		90		90																			
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120		110		110		110		130		100		110		113				116				105			
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		70		60		70		80		70		70		76				70				65			
	50																									
	40																									
NEURO RESPONSE [✓]	Alert		✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		✓		✓		✓		✓		✓		✓		✓				✓				✓			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Heavy / Foul																									
Liquor	Clear / Pink		✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Green																									
TOTAL YELLOW SCORES			0		0		0		0		0		0		0				0				0			
TOTAL ORANGE SCORES			0		0		0		0		0		0		0				0				0			
Nurse Initial			V		V		V		V		V		V		V				V				V			

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FLUID CHART

Sheet No. : 1

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

24/7/26

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	← Admission 24/7/26 →										
	04:00 am	Water	100ml							150ml	NO IV line	
	05:00 am	Water	100ml									
	06:00 am									100ml		
	07:00 am	TC Water	200ml								0	
Total Intake :		400ml				Total Output :				350ml		

Total 24 hrs. Intake	400ml	Total 24 hrs. Output	350ml.

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FLUID CHART

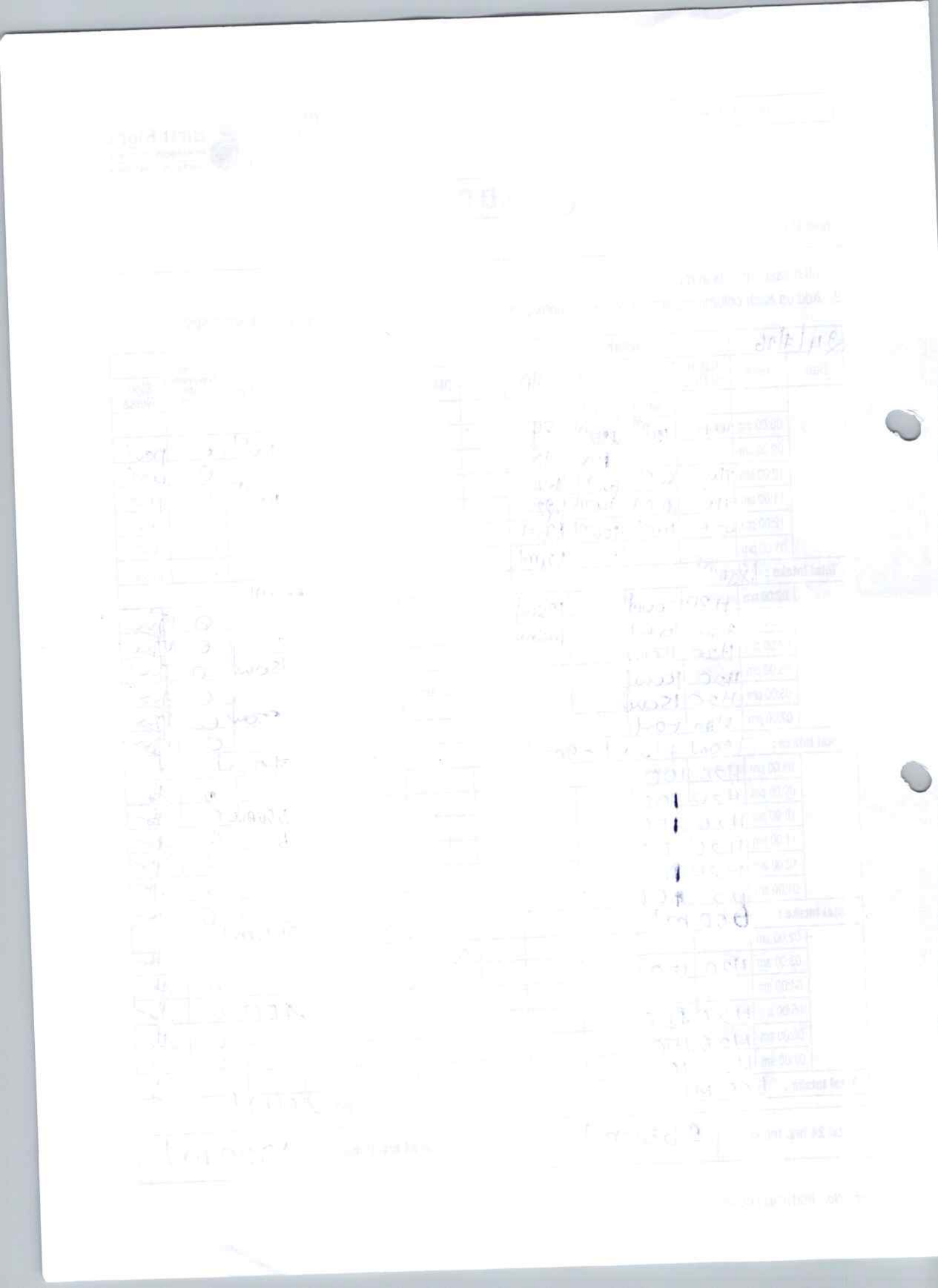
Sheet No. : .....

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.

24/7/26		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	water	100ml		24						0	
	09:00 am			200	48					100ml	0	pari
	10:00 am	Tlw	50ml	100ml	62						0	pari
	11:00 am	Tlw	50ml	100ml	120					100ml	0	pari
	12:00 pm	water	100ml	100ml	120ml						0	pari
	01:00 pm				42ml						0	pari
Total Intake : 1250ml						Total Output : 200ml					0	pa.
	02:00 pm	H20	200ml		125ml						0	
	03:00 pm	H20	100ml		125ml						0	
	04:00 pm	H20	150ml							150ml	0	
	05:00 pm	H20	100ml								0	
	06:00 pm	H20	150ml								0	
	07:00 pm	H20	50ml							550ml	0	
Total Intake : 750ml + 150ml = 900ml						Total Output : 700ml					0	
	08:00 pm	H20	100								0	
	09:00 pm	H20	200								0	
	10:00 pm	H20	200							500ml	0	
	11:00 pm	H20	100							b	0	
	12:00 am	H20	100								0	
	01:00 am	H2	200								0	
Total Intake : 600 ml						Total Output : 500ml					0	
	02:00 am										0	
	03:00 am	H20	150								0	
	04:00 am										0	
	05:00 am	H20	200							400	0	
	06:00 am	H20	150								0	
	07:00 am	H20	100								0	
Total Intake : 600 ML						Total Output : 400ml					0	

Total 24 hrs. Intake	2350ml

Total 24 hrs. Output	1800 ml



Patient Sticker

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: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	5pm	Prevent falls & injury	5pm	→ Keep bed in low position with side Rails up → Ensure call bell is within reach → Assist during Ambulation	Ensure Safety	Reassessment was done	5pm 21/07/22

Patient Sticker

NURSING CARE RECORD

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Date: .....

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	for.	Relieve pain and discomfort	8.30 am.	Assess pain using pain scale regularly Position patient Comfortably.	Pt feel better	Reassessment was done.	ben 01/8/08
Afternoon	2pm	Achieve acceptable pain control & comfort	2.30 pm	~~Assess~~ pain using Pain scale regularly Position patient comfortable	Patient Feel better	Patient pain level reduced.	01/8/08
Night	for pain	- Assessed the patient pain condition - Provide Painkiller as per Doctor's Ord	12m	- Assess the patient level condition - Provided Painkiller as per Doctor's ord	Provided painkiller as Per Doctor's Ord	Patient feel better	

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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
24/7/26	4.30 AM	Admission Note:	
		A New patient got	
		admitted Mrs. Vishali 27yr/F. patient	
		under Dr. Mathangi mam patient.	
		Patient came for Preni 38+6 wks	
		K/c/o. Hypothyroid, Lower Abdominal pain	
		since Morning 1.30 AM	Shalini 0140 hr
		patient Consious & Oriented.	
		NKA Allergy Reaction, vital sign	
		Checked & Recorded. vital sign are stable	
		CTG Connected FHR is good Contraction check 3 Contraction in 15 to 20 sec	
		S/s. Dr Nikita she pr Examination done	
		cervix 50% effaced, os 2cm dilated	Shalini 0140 hr
		she Dr. Nikita mam informed Dr. Priyadharshini	
		she advice patient admitted. Spontaneous.	
		part Preparation done.	
		CTG Disconnected Order by Dr. Nikita	
		Patient bath done.	Shalini 0140 hr
		I/o chart Maintain	
		Patient general condition is Fair	
	7 AM	New IV line insert 18G Rt Metacarpal	
		IV line patent, NKA swelling, No pain	Shalini 0140 hr
		I/o chart Maintain	
	7.30 AM	Patient handing Over given to	
		Morning duty staff	Shalini 0140 hr

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	7.30 am	Morning duty report on 24/7/26 Pt taken over from the night duty staff Pt conscious & oriented to time present Pt general condition is good.	
	8 AM	patient had breast fast no complaints tolerated well general condition is fair.	
	9.20 am.	S/B DR. Priyadharshini Advised did PV examination ↓ ASP ARM done clear liquor Advised PIV 2cm fall effused continue sym to & CTG monitor Inj. Dexin lamp 1M & after 1hour Episodic dec slow IV to be give order Carried out →	
	9.30 AM	Inj. Duphalac lamp 1m given at 9.30 AM. →	
	9.35 am	Inj. Sulbact 1.5 gm IVTD 0.1 ml In given as per doctors order.	
	10.00 am	Pt vital record & neurological observation is good. Infusion on flow Inj. Sym to run on flow Inj. Sulbact 1.5 gm 1st dose given no allergy as per doctors order.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085334
Mrs VISHALI K IP18-00036595
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/11/20	am 10.30	Inj. Epidosin 2cc Iv given as per doctors order reaction PEA is good	— Devi 0/11/20
	am 11.00	Pt c/o in pain Informed Dr. Priyadharshini mam and Inj. Pefadim and Inj. Pharyem 2gm Iv given as per doctors order Inj. Syno 1do on flow	— Devi 0/11/20
	pm 12.00	patient vital record & informed SIB Dr. Priyadharshini mam. Vacuum ASSISTED vaginal delivery. ↓ ASP Pt lithotomy position perineum painted and draped. Local anesthesia injection given at episiotomy point given. to baby, cup applied with vertex at 2 position with single traction, an alive term boy baby was delivery baby cried immediately after birth Decayed cord clamping done. Cord clamped and cut. Baby handed over paediatrician present and membranes delivery Pph. Episotomy Inspected no extension episiotomy sutured in layer, using vicryl Hemostasis	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Contin		Shifted down after cleaning IV site 10ml NS given IV site added IV fluid 12ml/hr flow IV: Tramadol 1gm in 50ml NS given as per doctors order & miso bonney PR Justin suppository 100mg PR given PV vitals checked & recorded PV bleeding minimal Mother contacted & general condition is good	
		B - 24/7/26 at 12.30 PM	
		A - B04	
		B - 3.3g	
		4 - 8/10, 9/10	Devi 10/7/26
1.30 pm		patient file handing over to evening duty staff to be followed doctors order.	Devi 10/7/26
24/7/26	1.40pm	Evening duty Notes: patient details handed over taken from morning duty staff. patient conscious & oriented. Vitals are checked & recorded. IV line kept in left hand. IV line pattern. PV bleeding normal.	S/N Prasanna 10/8/26
	2pm	patient had normal diet.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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(3)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	contin	Due medication given. Vitals are stable. patient side no complaints. Direct breast feeding given. baby sucking well.	S/N parameshwara 016808
	3 pm	post partum assessment done. B → Breast soft. Direct breast feeding given. No breast engorgement. U → Uterus contracted. pv bleeding normal. B → patient not voided B → Bowel movement present L → Lochia rubra present. No evidence of foul-smelling E → REEDA assessment done H → Homan's sign negative E → Patient emotional status good.	S/N parameshwara 016808
	3.30pm	patient voided 150ml informed to Dr. Divyalakshmi advised to measure next voide.	S/N parameshwara 016808
	4.30pm	patient side no complaints pv bleeding normal. orals encouraged.	S/N parameshwara 016808
	5.30pm	patient general condetion	S/N parameshwara 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	Contd	Fair. Vitals are checked & recorded. Baby mother side. Patient voided stool Informed Dr. Divyalakshmi advised to Next voide measure.	S/N passed 01688
	6.30pm	Dr. Divyalakshmi saw the patient advised to patient shift to ward.	S/N passed 01688
	6.45pm	patient shifted to ward. patient details, files handed over given to 7th floor staff.	S/N passed 01688
		Receiving Note:	
	6.50pm	Patient Receiving from LDR to 7th floor. Patient details handing Over taken from LDR Staff. Bed Spot Assessment done. Conscious & Oriented, IV line @ patton. No any Other complaints.	
	7pm	Patient vitals Sign checked & recorded. vitals are Stable. Fetal chart monitored. Patient Next voide measure Dr. Divyalakshmi Inform. Patient taken Normal diet. due medication & drug given. Tomorrow CBC to do.	
	7.30pm	patient details handing Over to night duty Staff.	

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/7/26 Time of Arrival: 4.30 AM Time Seen by Nurse: Shri Shalini

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

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

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

3) **Vital Signs:** Temperature: 98.6°F Pulse: 90/mt RR: 20/mt SpO_2: 98% BP: 120/70 Weight: 92 kg

4) **Gestational Criteria:**

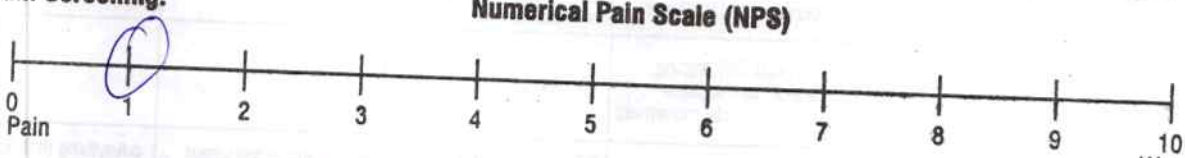
Gravida:	G 1	P -	L -	A -

LMP: 25/11/25 EDD: 1/08/26 Gestational Age: 38+6 wks

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 24/7/26	Time 1.30 AM	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)



- Location: Lower Abdomen pain
- Duration: 1 day Days / Weeks/ Months (Strike out which is not applicable)
- Character: Mild
- Frequency: loses, 15-20 mins
- Interventions: Comfortable position

6) **Past History:**

a) Surgeries: Nil

b) Medical: Hypothyroid - Tab: Thyroxine 37.5 mcg

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☑ Others: Tab. Thyroxin (Hypothyroid 37.5mcg

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: Dr. Nikita

Nurse Name : S. Shalini Nurse Signature: S. Shalini

Date: 24/4/26 Time: 4.30 am

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 24/7/26

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: Pain 38+6 wks
Induction of Labour

Doctor Notified on Admission: ☑ Yes ☐ No
Name of the Doctor: Dr. Nikita
Time Notified: 4.30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Gestational Hypothyroidism Tab. Thyroxine 37.5mcg	Nil	Nil

Blood Group: B+ve LMP: 25/11/25 EDD: 1/8/26 Gestational age during admission: 38+6 wks

Contractions: 3 Contraction 15 to 20 sec Vaginal Discharge: Nil

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

Height: 164 kg Weight: 92 kg BMI: 39.21

Temp: 98.6°F HR: 90/mt RR: 20/mt BP: 120/70 SpO_2 98%

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

☑ Hypothyroidism	☐ Rh Incompatibility	☐ Fertility Treatment
☐ Hyperthyroidism	☐ Previous LSCS	☐ Preterm Labour
☐ Hypertension	☐ Gestational Hypertension	☐ Others: (Specify)
☐ Diabetes	☐ Bad Obstetric History	Tab. Thyroxine 37.5mcg
☐ Anemia	☑ Obesity (BMI)	
	☐ Twins / Multiple Pregnancy	

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..father , Mother - Diabetes..

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ..23.. (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..husband..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..patient..

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

Orientation not given Reason: ..-..

Nurse Signature: ..S. Shalini GNM..

Nurse Name: ..S. Shalini GNM..

Date & Time: ..24/7/26 at 9.30 Am..

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 24/7/26

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
Parity ≥ 3	1	1 or 2
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		1
Elective caesarean section		2
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	1	
Signature of the Nurse	Shalini 01/07/26	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

GUC-00085334
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BRADEN 'Q' SCALE

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

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

Patient ID

BRADEN 'Q' SCALE

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					Date :				
					Time :				
Mobility	**1. Completely immobile:** Does not make even slight changes in body or extremity position without assistance.	**2. Very limited:** Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	**3. Slightly limited:** Makes frequent through slight changes in body or extremity position independently.	**4. No limitations:** Makes major and frequent changes in position without assistance.					
"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.					
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.					
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.					
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."					
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.					
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.					
				TOTAL SCORE					
				Evaluator's Name					

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	⓫ Regular Turning Schedule ⓬ Enable as much activity as possible ⓭ Protect the heels ⓮ Use pressure redistribution surfaces ⓯ Manage moisture, friction and shear ⓰ Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	⓱ Use the Same Protocol as for **"At Risk"** Patients ⓲ Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
10-12	High Risk	⓳ Follow the same protocol as for **"Moderate Risk"** Patients ⓴ In addition to regular turning schedule ㉑ Make small shifts in their position frequently	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
Less than 9	Severe Risk	㉒ Use same protocol as for **"High Risk"** Patients ㉓ Add a pressure redistribution surface for patients with severe pain or with additional risk factors.	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	24/7	24/7 N	24/7/26 E
		Score		20	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	20
		Signature	Shalini 01/07/26	Dani 01/07/26	01/07/26

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Patien GUC-00085334 IP18-00036595
Mrs VISHALI K
MRD I 01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN
Age :.. ..Sex: ☐ M ☐ F
Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 24/7/26 Time: 7AM
Location : Rt Metacarpal
Size : 18 G
Cannula inserted by : S/N. [illegible] Shalini 21407

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/7/26	7AM	☐Yes ☐No	☐Yes ☐No	observe Cannula	Shal
	9AM	☐Yes ☐No	☐Yes ☐No	observ	Shal
	11AM	☐Yes ☐No	☐Yes ☐No	observ	Shal
	1PM	☐Yes ☐No	☐Yes ☐No	observ	Shal
	3PM	☐Yes ☐No	☐Yes ☐No	observ	Shal
	5PM	☐Yes ☐No	☐Yes ☐No	observ	Shal
	7PM	☐Yes ☐No	☐Yes ☐No	patn	VL
	11PM	☐Yes ☐No	☐Yes ☐No	patn	VL
	1AM	☐Yes ☐No	☐Yes ☐No	patn	VL
	3AM	☐Yes ☐No	☐Yes ☐No	patn	VL
	5AM	☐Yes ☐No	☐Yes ☐No	patn	VL
	7AM	☐Yes ☐No	☐Yes ☐No	patn	VL
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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PAIN ASSESSMENT FORM

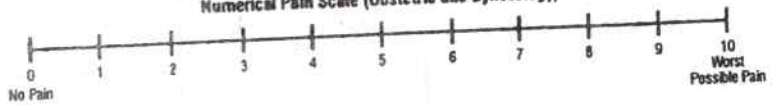
Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7/26	8 am	1/10	Lower cervical region	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
24/7/26	2pm	2/10	episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	provide comfortable position	[illegible] 016800
24/7/26	6pm	1/10	episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☑ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	provide comfortable position	[illegible]
25/7/26	2AM	1/10	EPISI site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	comfort patient	[illegible]
				☐ 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)

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis Pleural effusion 38+1 b/g
2. Treatment and Care

Plan

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

Part - II

Date	Time	Need identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
24/1/26	5AM	Informed consent	Explain about Informed Consent (Normal vaginal delivery)	Patient	No learning barrier	Oral	None	verbalized understanding	good	Shalet DYOH
25/1/26	8am	yes	explained about Breast feeding	Patient	No	Oral	no	Yes	Good	DY

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

(1). None
2. Obtain translator
3. Reassurance & Support
4. Teach Family / Others
5. Respect values & beliefs
6. Respect Cultural / Religion Preference
7. Other, Specify .....

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:
   - [x] a. Yes
   - [ ] b. No

7. For Caesarian mothers: (N/A)
   - [ ] a. Mother is required sit and feed from the 4th feed
   - [ ] b. Please explain football hold

8. NICU admission: (N/A)
   - [ ] a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: .....

Date: .....

Continuity of Care:

I - 2
A - 2
P - 1
C - 2
H - 1
8

Handover given by ..... S/N Paramasivai PN16808

Signature .....

Date & Time: 24/7/2026 @ 2pm

Handover taken by ..... Sony

Signature .....

Date & Time: 24/7/26

PATIENT TRANSFER FORM

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Your Right to a Safe Delivery

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant Name: Dr. mathangi	Date & Time of Admission: 24/7/26 @ 5.38am	Date & Time of Transfer Order: 24/7/26 @ 6pm
From Unit: LDR	Transfer Ordered by: Dr. Divyalaksh	Reason for Transfer: Further mgt
Number of Sheets in Clinical File: Casesheet	To Unit: 705	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.	C. Augmentin	10
2.	T. Para	9
3.	C. Pan	10
4.	Fustid	5
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N parameswari 016808	Dr. Divyalaksh

Patient & Clinical Records Received by : Sony 6/7/26 @ 7pm

Date & Time of Patient Received :

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

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

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

You are scheduled for an induction of labor on ..... (date) at ..... (weeks of gestation).

The reason for your induction is .....

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

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

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

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

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

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

Patient

Signature: Vishali.c

Name: Mrs. Vishali

Date & Time: 24/7/26

Patient Attendant:

Signature: R. Yadhumaath

Name: R. Yadhumaath

Relationship with Patient: Husband

Date & Time: 24/7/26

Doctor:

Signature: 12113

Name: Dr. Vinitha

Date & Time: 24/7/26

Witness

Signature: .....

Name: .....

Date & Time: .....

INFORMED CONSENT FOR VAGINAL BIRTH

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BY RAINBOW HOSPITALS
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GUC-00085334
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036595

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

Gender: ☐ Male [ate : ..... 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: .....

Consentee :

Signature : S Vishali

Name : Mrs. Vishali

Date & Time : 24/7/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : R. Yadhunath

Name : R. Yadhunaath

Relationship with Patient: Husband

Date & Time : 24/7/26

Doctor (who is taking the consent) :

Signature : 12/7/26

Name : Dr Vinitha

Date & Time : 24/7/26

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Priyadharshini
ANAESTHETIST	-
ASSISTANT	Dr. Vanitha
DATE	29-07-26
TIME	12:29 PM
PLACE	LABOUR WARD / THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT NO

ANALGESIA
LOCAL / PUDENDAL
AMOUNT USED 10 MLS
OF 2% LOX
EPIDURAL / SPINAL
GA

CTG
NORMAL / SUSPICIOUS / PATHOLOGICAL
(WRITE FULL DETAILS IN MAIN NOTES IF NOT NORMAL CTG)

LIQUOR
CLEAR / BLOOD STAINED / MECONIUM

ABDOMINAL FINDINGS
/ /5 PALPABLE

VAGINAL EXAMINATION

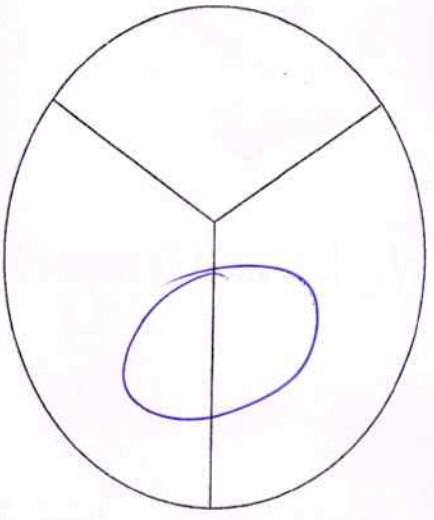
NUMBER OF CMs DILATED 10 cm
STATION OF PRESENTING PART -1 / 0 / +1 / +2 / +3

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

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

MANUAL ROTATION YES / NO	**TIME OF APPLICATION** 12:29 pm	**No. OF TRACTIONS** 1
ABANDONED YES / NO (FULL DETAILS IN NOTES)	**TIME OF DELIVERY** 12:30 pm	**LENGTH OF DELIVERY**

Brief description of delivery and perineal repair.
(Please mark ventouse position on diagram)



EXTENT OF TEAR

EPISIOTOMY / 1ST degree / 2ND degree / 3A / 3B / 3C / 4TH degree
(If 3rd or 4th, please complete proforma)

SUTURE MATERIAL USED	**SUTURE TECHNIQUE**	**PR**	**PV**
2/0 VICRYL (number.....) 3/0 VICRYL (number.....) OTHER? 2777	CONTINUOUS/INTERUPTED SKIN CLOSED? YES/NO	YES / NO	YES / NO

FOLEY CATHETER	**SWAB COUNT**		**ANTIBIOTICS**	**ANALGESIA**
YES / NO REMOVE ..... (SHOULD REMAIN IN SITU FOR MIN OF 12HRS IF REGIONAL BLOCK USED)	PRE – REPAIR correct POST – REPAIR correct		YES / NO (PRESCRIBE ON DRUG CHART)	YES / NO (PRESCRIBE ON DRUG CHART)
	PARACETAMOL 1GM PR YES / NO	**DICLOFENIC 100MGS PR** YES / NO		

PARTOGRAPH

GUC-00085334 IP18-00036595
Mrs VISHALI K
01-08-1998 27 Y 11 M 23 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ None ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: ..... P.O.R maternal effort

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: ..... ~ 350 ml

Blood Transfusion: .....

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

Ractal Examination: ..... Normal

DURATION OF LABOUR

1st Stage: ..... 10 hours

2nd Stage: ..... 10 mins

3rd Stage: ..... 15 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: ..... BOY

Weight: ..... 3.359 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: ..... 24/7/26 @ 12:30pm

LW Doctor: ..... Dr. Vinitha

LW Sister: ..... S/N Anusuya

(P.T.O.)

PARTOGRAPH

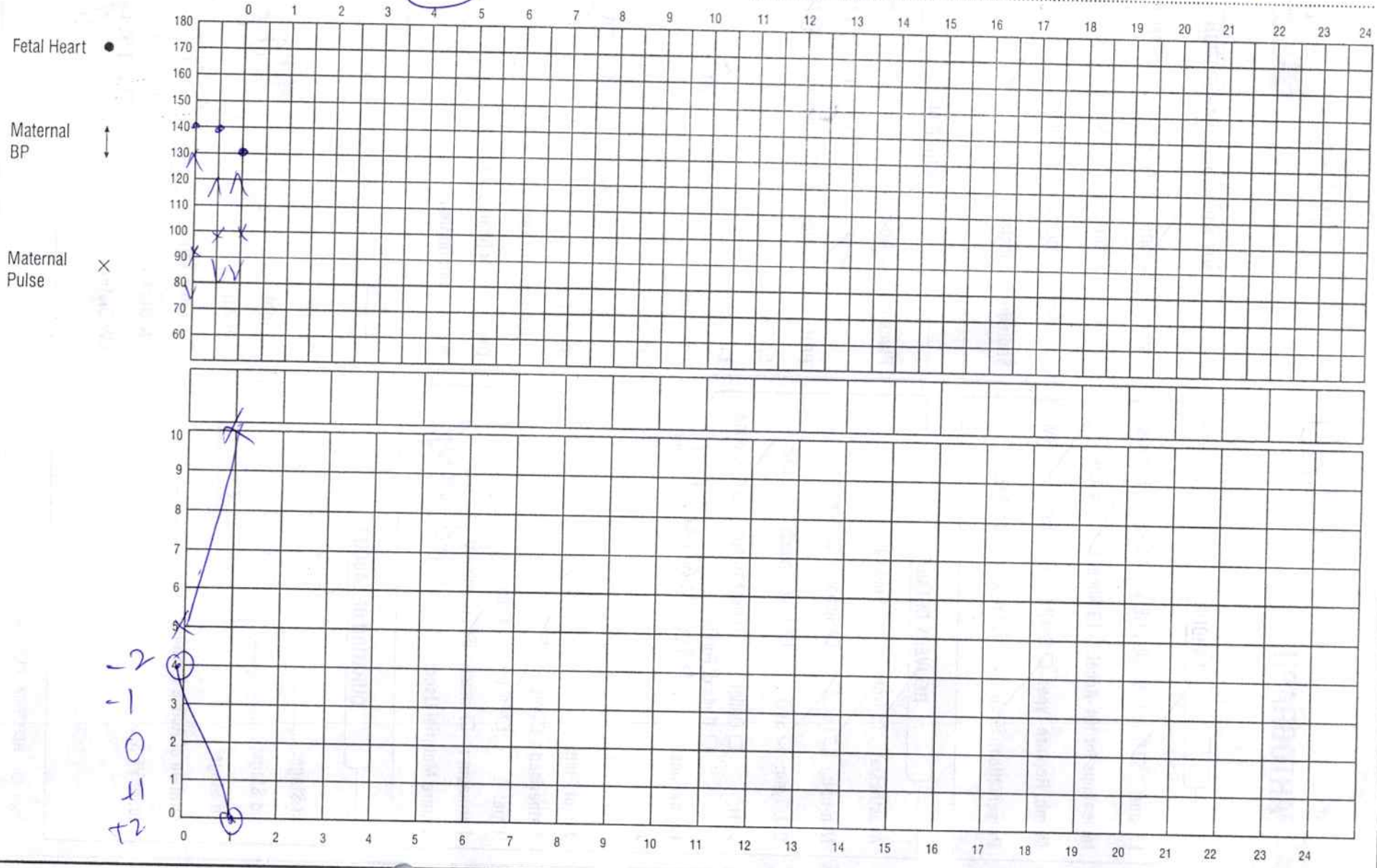
Name: Mrs. Vishali

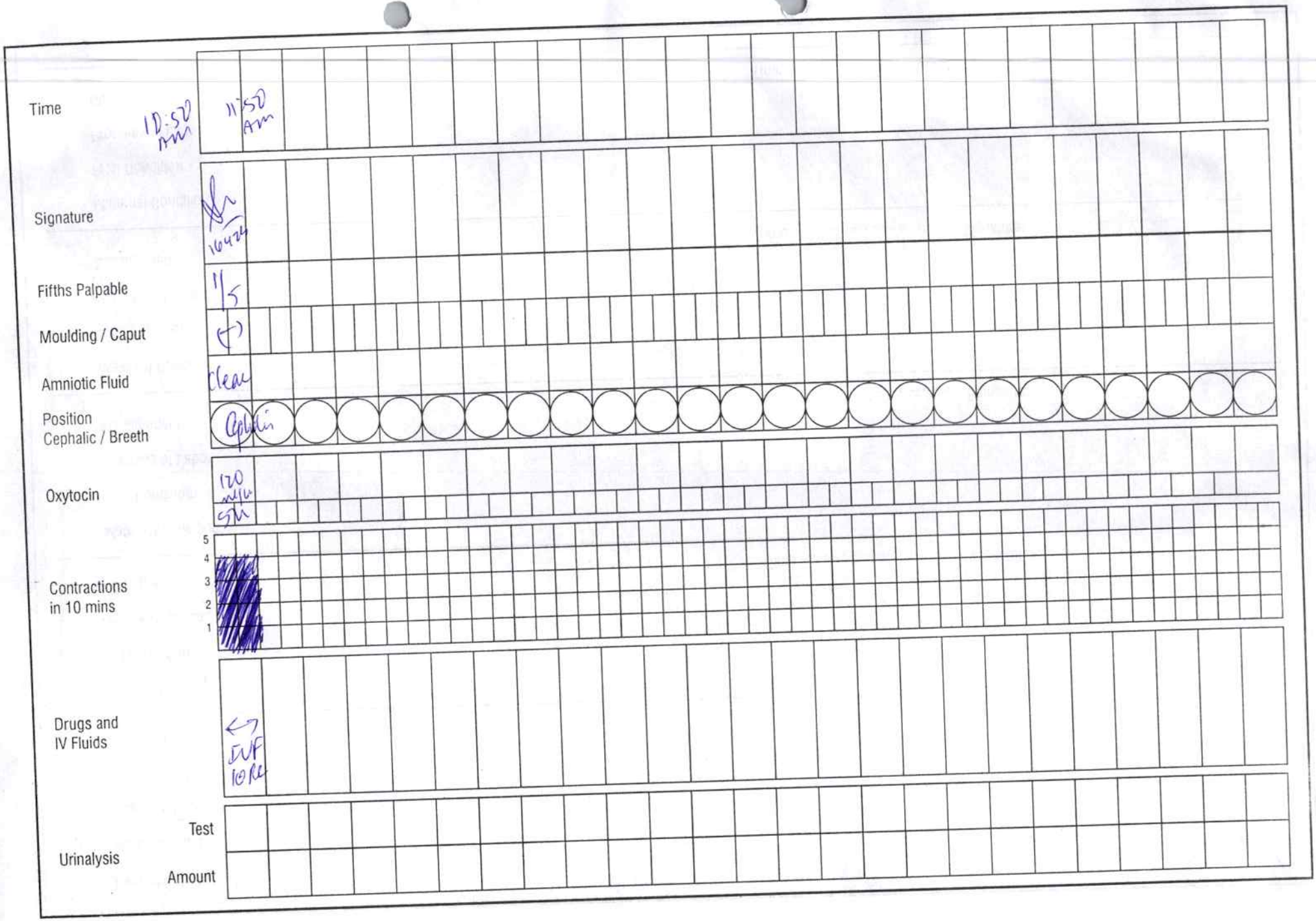
Obstetrics Formula: Primi

Blood Group Type: B POSITIVE

Memb. Ruptured: SROM PROM (ARM)

Risk Factors:




Time
10:50 AM
11:50 AM
Signature
16424
Fifths Palpable
1/5
Moulding / Caput
(+)
Amniotic Fluid
Clear
Position
Cephalic / Breeth
Oxytocin
120 mIU
5%
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
IVF
10 Re
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: .....