GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

BirthRight Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing	8.10 Am	8.20 Am	Sm 04492				
Activity Sheet update by Pharmacy							

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
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Rainbow® Children's Hospital

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ACTIVITY RECORD FOR BILLING

Name: Mrs. Rashmica Rajendhran

UHID No: 94294 IP No: 36664 Consultant: Dr. nithya Dept:

Date of Admission: 29/7/26 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/7/26	4pm	~~LDR~~	606.	[illegible] 01/7/26
30/7/26	11:45am	606	LDR	Preeti 0520hrs
30/7/26	4pm	MICU	6th floor	[illegible] 0440hrs

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC	29/7/26	173242024.	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/7/26	HB, PCV ✓	26024277	✓
30/7/26	HB, PCV ✓	26024388	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1)	CRY -1			010199	Dem
2)	CRY -2			010202	Dem
3)	CRY - 3			010206	Dem
4)	CRY - 4			010206	Dem
29/7	Infusion Pump.	7am	29/7/26 @ 12pm	1732355	
	CRY - (5)			010210	
	CRY - (6)			010210	
	CRY - (7)			010210	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/7/26	IV placement	1	1734320	[illegible]
29/7/26	2 O PRBC received	2.	1734327	[illegible]
29/7	Catheterisation	1	17342403	[illegible]
29/7	IV Placement	1	1734539	[illegible]
30/7	IV Placement	1	1734958	[illegible]
30/7	blood transfusion	1	17324958	[illegible]
31/7	physio	1	1735235	[illegible]
31/7	Diet counselling and Diet Analysis	1	1735234	[illegible]

ANY OTHER INFORMATION:

29/7/26
Normal Vaginal delivery.
11:30 Am to 12:30 pm
Dr. Nithya Dr. [illegible] Dr. Ravathi [Ped]
DR. Avsitha. Dr. Sri devi
DR. [illegible] SIN. Aneeta.

Date: 30/7/26 Time: 8Am Prepared By: [illegible signature]

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

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29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

DISCHARGE TRACKING SHEET

.OOR- 6th Floor NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing		8/4/2018 9.00AM			
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 : IP18-00036664 **Admit Date** : 29-Jul-2026 **Admit Time** : 01:35 AM **UHID** : GUC-00094294

Patient Details :

Patient Name	: Mrs RASHMICA RAJENDHRAN	**Age**	: 34 Y 0 M 0 D
Guardian	: Mr HARISH RAJAGOPALAN	**DOB**	: 29-07-1992
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: BF2, PALLAVA HEIGHTS, 54, 5TH ST, MYLAPORE Mylopore Chennai Tamil Nadu INDIA 600004	**Phone No**	: 9962629068/ 8056171442
		E-mail	: rashmicarajendran@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr HARISH RAJAGOPALAN **Relationship** : Husband

Contact Address : BF2, PALLAVA HEIGHTS, 54, 5TH ST, MYLAPORE Mylopore Chennai Tamil Nadu INDIA 600004 **Phone No** : / 9962629068

Signature

Doctor Details :

Doctor Name : Dr. Nithya Ramachandran **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 20000.00

Payor Name : SELFPAY

Rainbow Children's Hospital
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs RASHMICA RAJENDHRAN**	**Age :**	**34 Y 0 M 0 D**
IP No:	**IP18-00036664**	**Sex:**	**Female**
Consultant:	**Dr. Nithya Ramachandran**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: Mr. HARISH RAJAGOPALAN.

Relationship: HUSBAND.

Date: 29/07/26 Time: 01:35 AM

Witness Name: P. Thamaraj Selvan

Witness Signature:

Patient Address:

BF2, PALLAVA HEIGHTS, 54, 5TH ST, MYLAPORE Mylopore Chennai Tamil Nadu INDIA 600004

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CONSENT FORM FOR TRIAL OF LABOR & REPEAT CESAREAN SECTION

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Patient Name : Mrs. Rashmica ... Husband's Name : Mr. Harish. R

You have had a previous cesarean section although 'once a [illegible]' used to be the rule; some women may choose to attempt a "trial of labor" for a vaginal birth after cesarean section (VBAC). Your doctor will review the records of your cesarean section to determine whether or not you may attempt labor.

Suitability for trial of labor for VBAC assessed based on factors like:

- When was the last cesarean done
- What is the type of scar on the uterus (Transverse / Vertical)
- Any complications during / after previous cesarean
- where was it done
- interval between pregnancies
- The course of your current pregnancy

You will have an opportunity to discuss this in detail with your doctor. Large studies have found a success rate of vaginal deliveries in 50 to 60% for women who have a trial of labor. The alternative to a trial is to have a repeat cesarean section without labor.

If you quality for a vaginal delivery after cesarean Section, you need to understand the benefits and risks of a trial of labor. This will enable you to make an informed choice to either plan a trial of labor or a repeat cesarean section.

BENEFITS AND RISKS OF TRIAL OF LABOR FOR VBAC:

Benefits :

- Vaginal delivery after cesarean section include a shorter hospital stay and recovery period for you.
- A vaginal delivery is considered safer than a cesarean section for the mother, with less blood loss and less risk of infection.
- The baby may benefit from vaginal birth by less remaining lung fluid after the first breath.

Risk :

- May require a cesarean section during labor with a higher risk infection.
- There is a small (< 1-2%) risk of the uterus opening in the area of the old scar. If this happens. it will cause distress, Permanent injury or death to your baby, excessive bleeding and rarely may require a hysterectomy (removal of the uterus).

BENEFITS AND RISKS WITH PLANNED LSCS:

Benefits :

- No risk of uterine rupture in women undergoing LSCS.
- Less risk of birth-related asphyxia for baby when compared with VBAC.

Risk :

- Longer hospital stay and recovery period
- Increased risk of neonatal respiratory morbidity (TTN)
- Increase the risk of serious complications in like adherent placenta, injury to bladder, bowel or ureter, hysterectomy: blood transfusion.

The risk of anesthetic complications in extremely low, irrespective of whether you opt for planned VBAC or planned LSCS.
Your doctor will answer any further questions that you may have.

Please initial here that :

I have read and understand the risk and benefits of each procedure. I have had the opportunity to have my questions answered and elect for:

A trial of labor for ABAC **A repeat cesarean section**

Name of the Doctor performing the procedure: Dr. Nithya Ramachandran

Patient Attendant :

Signature : RASHMICA

Name : RASHMICA

Relationship with Patient : SELF

Date & Time : 29/7/26 at 2AM

Witness :

Signature : R. Harish

Name : Harish. R

Date & Time : 29/7/26 at 2AM

Doctor: (who is taking the consent)

Signature : for 164288

Name : Dr. Nithya Ramachandran

Date & Time : 29/7/26, 2 AM

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It takes a lot to treat the little.

சுகபிரசவ முயற்சி மற்றும் தொடர் அறுவை சிகிச்சைக்கான ஒப்புதல்

நோயாளியின் பெயர் :.....பிறந்ததேதி:.....கணவர் பெயர்.....

ஒரு முறை அறுவை சிகிச்சைக்கு உட்பட்டவர் ஆயின் அவர்களுக்கு மீண்டும் அதே பிரசவ முறை என்பது ஒரு கருத்தாக இருப்பினும் சில பெண்களுக்கு அறுவை சிகிச்சைக்குப் பின் சுகப்பிரசவம் அடைவதற்கு வாய்ப்பு உண்டு. மீண்டும் நீங்கள் சுகப்பிரசவத்திற்கு முயற்சிக்கலாமா வேண்டாமா என்பதை மருத்துவர்கள் உங்களுக்கு முன்னமே நடந்த அறுவை சிகிச்சையின் பதிவுகளை வைத்து பரிசீலனை செய்வார்கள்.

அறுவை சிகிச்சைக்குப் பின் சுகப்பிரசவ முயற்சிக்கு (VBAC) பொருத்தமான காரணிகள்:

- கடைசியாக அறுவை சிகிச்சை செய்யப்பட்டது எப்பொழுது
- கருப்பை மீது உள்ள வடு வகை என்ன (குறுக்கா உள்ளவை அல்லது செங்குத்தானவை) எங்கு நடந்தது.
- கர்ப்பங்களுக்கு இடையே உள்ள இடைவெளி
- உங்களது தற்கோதைய கர்ப்பத்தின் நிலை

இவற்றைப் பற்றி விரிவாக மருத்துவர்களிடம் கலந்துரையாட உங்களுக்கு வாய்ப்புள்ளது.

பெரும்பாலான ஆய்வுகளில் ஐம்பதிலிருந்து அறுபது சதவீத பெண்களுக்கு முதல் அறுவை சிகிச்சைக்குப் பின் சுகப்பிரசவ முயற்சி வெற்றி அடைந்துள்ளது. அது முடியாத வகையில் தொடர் அறுவை சிகிச்சை மட்டுமே இதற்கு மாற்று வழியாகும். அவ்வாறு நீங்கள் சுகப்பிரசவத்திற்கு தேர்வு செய்யப்பட்டால் இந்த முயற்சியில் உள்ள நன்மைகள் மற்றும் அபாயங்களை புரிந்து கொள்ள வேண்டும். இப்புரிதலினால் எந்த முறை பிரசவம் தங்களுக்கு வேண்டும் என்று நீங்களே தேர்வு செய்து கொள்ளலாம்.

அறுவை சிகிச்சைக்கு பின் சுகப்பிரசவம் அடைவதனால் வரும் நன்மை தீமைகள் :

நன்மைகள்:

- மருத்துவமனையில் தங்கும் காலமும் உடல் நல முன்னேற்ற காலமும் மிக குறுகியது.
- அறுவை சிகிச்சையை விட சுகப்பிரசவம் மேற்கொள்வதனால் தாய்க்கு அதிக ரத்த கசிவு மற்றும் தொற்று நோய்கள் ஏற்படுவதையும் குறைக்கலாம்.
- சுகப்பிரசவத்தில் குழந்தையின் முதல் மூச்சுக்குப் பிறகு நுரையீரல் திரவம் குறைவாக இருக்கும்.

தீமைகள் :

- வலி ஏற்பட்டும் பிற காரணங்களுக்காக அறுவை சிகிச்சை தேவையாக இருக்கலாம்.
- பழைய கீறல் பகுதியில் கருப்பை திறப்பதற்கு மிகக் குறைந்த (<1 to 2%) சதவீத வாய்ப்பு உள்ளது. அவ்வாறு நடக்கும் தருவாயில் நிரந்தர காயம் அல்லது குழந்தை இறப்பு அதிகப்படியான ரத்த கசிவு மற்றும் கருப்பை அகற்றல் போன்ற துயரங்கள் மிகவும் அரிதாக நிகழும் வாய்ப்பு உள்ளது.

திட்ட மிட்ட அறுவை சிகிச்சையினால் ஏற்படும் நன்மை தீமைகள் :

நன்மைகள்:

- அறுவை சிகிச்சை (LSCS) மேற்கொள்ளும் பெண்களுக்கு கருப்பை பழைய தழும்பு திறப்பதற்கான ஆபத்து கிடையாது.
- சுகப்பிரசவத்தை காட்டிலும் அறுவை சிகிச்சையில் குழந்தைக்கு ஏற்படும் மூச்சுதிணறல் குறைவானது.

தீமைகள்:

- மருத்துவமனையில் தங்கும் காலமும் உடல்நலம் முன்னேற்றம் அடையும் காலமும் அதிகம்.
- பிறந்த குழந்தைக்கு சுவாசப் பிரச்சினை ஏற்படும் வாய்ப்பு அதிகம்.
- நஞ்சு ஒட்டுதல், சிறுநீரகப்பை, குடல் மற்றும் சிறுநீரக குழாயில் காயம், கர்ப்பப்பை அகற்றுதல், ரத்த மாற்றம் ஆகியவை ஏற்பட அதிக வாய்ப்பு உள்ளது.

எவ்வித பிரசவம் முறையாயினும் மயக்க மருந்தினால் சிக்கல்கள் மிகக் குறைவானது. தங்களது எவ்வித கேள்விகளுக்கும் பதில் உரைக்க மருத்தவர்கள் தயாராக உள்ளனர்.

துவக்கமாக :

மேற்குறிப்பிட்டுள்ள அனைத்து நடைமுறைகளில் இருக்கும் நன்மை தீமைகளை உணர்ந்து எங்களது கேள்விகளுக்கும் பதில் கிடைக்கும் வாய்ப்பு அமைந்தது நான் தேர்வு செய்ய விரும்புவது,

☐ **அறுவை சிகிச்சைக்குப் பின் சுகப்பிரசவம் (VBAC)** ☐ **தொடர் அறுவை சிகிச்சை.**

நடைமுறைகளை செய்யும் மருத்துவரின் பெயர் : .....

நோயாளி உடனிருப்பவர்

கையொப்பம் : .....

பெயர் : .....

ஒப்புதல் பெறும் மருத்துவர்

கையொப்பம் : .....

பெயர் : .....

தேதி மற்றும் நேரம் : .....

நோயாளியின் உறவுமுறை: .....

தேதி மற்றும் நேரம்: .....

சாட்சி

கையொப்பம் : .....

பெயர் : .....

தேதி மற்றும் நேரம் : .....

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Mrs.

Patient Sticker

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

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Able to PFM well. Admitted with c/o pain abdomen on and off for

LMP: 02/11/2025 EDD: 09/08/2026

Corrected EDD: GA: 38 + 3 weeks

Obstetric Formula: G2 P1 L1 TOLAC

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric History:
I - 2022. Em. LSCS (Grade 2 MSL) Girl, 2.89 kg. A & H - A Venkateswara
II - P1 spontaneous conception

Obstetric Examination P/A: SPT scar (+), healthy non-tender.

Fundal Height: Term

Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe 1c/10-15sec/10min

Present Pregnancy Record:
- Booked and immunised
- NT (N), FTS screening
- Anamoly / Growth scan (N)

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 4/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

RISK FACTORS:

Previous LSCS

Per Speculum Examination (-)

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Dr. Nithya

Cervix: ☐ Long ☐ Partially effaced ☑ Effaced 25%, soft

Os: Closed _____ Dilated 2 fingers

Membranes: ☑ Present ☐ Absent BOM forming

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☑ Vertex ☐ Breech ☐ Others

Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☑ Adequate ☐ Doubtful

Height: 157 cm

Weight: 82 kg

Allergies: N/K

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: full Pallor: NO

Icterus: NO Edema: NO

Temp: (N) PR: 82/min

BP: 100/66 mmHg DTR: (+)

CVS: S1S2 (+) RS B/L AE (+)

Liver/Spleen: soft Urine Output: adequate

↓ASP, Sweeping of membranes done

DIAGNOSIS

G2 P1 L1 O positive | 38 + 2 weeks | Prev. LSCS | TOLAC

(P.T.O)

Patient Sticker

Family History:	Surgical History:
Both parents - Diabetic	LSCS x 1
Medical History:	**Medication History:**
Nil	Nil
Plan of Care: S/B Dr. Nithya :	**Investigations:**
Advice : - Admission. - parts preparation. - secure IV line. - Plan : Spontaneous progression of labour. - To reserve 2 ⊖ PRBC. - Continuous pulse rate monitoring. - W/F pressure symptoms. - W/F scar tenderness. - Informed consent for TOLAC. - Inform SOS.	CTG

Dr. Divyalakshmi

Doctor Name: Dr. Mohana / Dr. Nithyen

Signature: .....

Date & Time: 29/7/26

Consultant Name: Dr. Nithya R

Signature: .....

Date & Time: 29/7/26

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Patient Sticker

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RESULT SHEET

Date	20/7	29/7/24	30/7/24		O POSITIVE	
Time						
Hb	12.2	12.1	8.5			
PCV		36	26			
RBC						
WBC	13750					
N/L					HIV	NR
Platelets	3.06 lakh				HBsAg	NR
CRP					VDRL	NR
ESR						
PCT						
RBS	FBS-86					
Na						
K					TSH-	0.98
Cl						
Ca/Mg					HbA1C-	5.5
Phosphate						
Urea						
Creatinine						
ALP						
SGPT					ECG	NOT done
SGOT					Echo	NOT done
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						

18/7/24 18/7/24 18/7/24

(P.T.O)

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

Culture and Sensitivities : 20/7 Urine c/s - Enterococcus faecalis

20/7/25

Radiology : USG : SLIUG < 37+1 weeks

X-Ray : cephalic

ECHO : placenta - anterior, Grade II calcification

CT : AFI - 10

MRI : EFW - 2932 ± 293.2g

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/20	S/B Dr. Nithya	
5:30 AM	pt reviewed.	
38+3 wks	Able to PFM well.	
	c/o pain abdomen on and off.	
T = 99.5°F PR = 85/min BP = 112/70 mm Hg	O/E: pt GC fair, afebrile pO/PE°	Advice - ~~Liquid diet~~ NPO - IVF @ 125 ml/hr
	CVS / RS / NAD	- Inj. SUPACEF 1.5g IV BD (ATD)
CTG - Reactive		- Diaper watch.
	P/A: Ut term 1c / 15 sec / 10 min cephalic FHS good SPT scar (+), not tense/tender	- Strict temperature monitoring (hourly) - W/F contractions - Inform SOS. - Inj. PARACETAMOL 1gm IV STAT.
	P/V: Cx 50% effaced. OS admits 2 fingers. Bag of membranes (+) Vx at -2 pelvis adequate	164288
	↓ASP, ARM done - Clear liquor post ARM - FHS good	

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
29/7/26. 7:25 AM	S/B Dr. Nithya pt. reviewed c/o mild pressure symptoms clinically	
T= 98°F PR= 87/min	O/E= pt GC fair, afebrile P° / PE°	
CTG- Reactive	P/A= LT term 3C / 20 sec / 10 mm cephalic FHS good	Advice - Inj: SYNTO 25 units in 500ml RL @ 4 drops & maintain. - Continuous CTG - Continuous pulse monitoring. - Inform SOS
	P/V: Cx 75% effaced OS 3-4 cm dilated membranes (-) Vx -1 to 0 pelvis adequate Show (+)	Dr 164288

GUC-00094294 IP18-00036664
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Dr. Nithya Ramachandran

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/7/26 9:20am	S/B Dr Nithya R P/V- Cx, 75%, 2, 3cm, membs(-) clear liquor, caput (+), Vx at 0 stn / 1-97°C - Prepare for Emergency LSCS. - Catheterise the bladder. - Inform Anesthetist & Pediatrician. -	29/7/26
29/07/2026 11Am	C/S/B Dr. Mathangi / Dr. Lucetta	
	P/A - uterus @ Term Midly Acting (3C/25sec/10')	Advice - Squatting
CTG- Reactive	Cephalic	- Tab start INJ. SYNTO acceleration @ 2ml/hr
Bed side USG - LOT - Single loop of cord around the neck.	FHS - good P/V - Cx - well effaced OS - 7cm dilated Membranes Absent Vertex @ 0 station GS2217	- Continuous CTG - Continuous PR monitoring - Inform (SS) - W/F contractions - Shift to Labour room

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/07/2022	C/S/B Dr. Nithya	Advice
11:30 AM		- Position for Labouring
INJ. SYNTO @ 40ml/hr	P/V - Cx - Fully effaced	- Encourage active pushing
CTG - Reactive	OS - Fully dilated	
	Membranes - Absent	- Continuous PR monitoring
	vertex @ +2 station	
	PB2217	
29/07/2022	VAGINAL BIRTH AFTER CESAREAN SECTION WITH RIGHT MEDIOLATERAL EPISIOTOMY	
11:38 Am		
	S/B : Dr. Nithya	
	A/B : Dr. Lucetta /	Dr. Akshitha / Dr. Shreedevi
	Under strict aseptic precautions, patient in dorsolithotomy position. Local parts painted and draped. 2% Lignocaine Local Infiltration given. With good uterine contractions, full cervical dilation and good maternal efforts a right mediolateral episiotomy given to delivers an alive term boy baby with single loop of cord around the neck. Baby cried immediately after birth. Cord clamped and cut Baby handed over to pediatrician. Stem cell collection done. Cord blood collected for blood grouping and typing. INT. SYNTO 10U IM + 20U IV given. Delayed placental separation noted. INT. SYNTO 10 units given in the umbilical cord. Then placenta Separated and placenta and membranes delivered intoto.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Atonic PPH noted. Uterotonics given INJ. METHERGINE 0.2mg IM, INJ. CARBOPROST 250mcg IM, INJ. TRAPIC 1g IV given. Hb & PCV Sent. Traumatic PPH noted friable Vagina. Episiotomy inspected. Friable vagina noted and multiple sutures taken and hemostasis Secured. PR done no Sutures noted. Hemostasis secured.	
	P/A - Uterus firm and well contracted P/V - No undue bleeding PV P/R - Rectal mucosa and sphincter tone Normal	
	B | 29/07/2026, 11:38Am A | Boy B | 3.034 kg Y | 8/10, 9/10	Advice - Normal diet (soft diet) - vitals Monitoring - Follow drug chart - W/F ↑ Bleeding PV - Measure & Inform 1st void - Inform (SOS) - If patient is pallor to repeat CBC tomorrow. - Sitz bath - SYP. DUPHALAC 15ml/PO @ bed time - INJ. TRAPIC 1g IV x (2) dose

18/2/17

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/07/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
3:30pm	Pt voided 500ml, PVRU-25ml	
PND-0	Pt reviewed, Nil c/o	Advice
	O/E Pt GC fair, Afebrile	- Normal diet (Soft diet)
T-N	P°/PE°	- Plenty of oral fluids
PR- 90/min	CVS / NAD	- Vitals Monitoring
BP- 116/76 mmHg	RS / NAD	- Follow drug chart
Baby - M/S	P/A - Ut firm & well contracted	- W/F ↑ Bleeding PV
B/L - Breast soft	Soft	- PR hourly Monitoring
	U/E - BWNL	Inform if ≥100bpm
	Epi wound Intact	- INJ. TRAPIC 1g IV x (3) doses
		- If pallor (+) CBL tomorrow
		- Sitz bath.
	182211	- Syp. DUPHALAC 15ml @ bed time
	Shift to ward.	
29/7/26	S/B Dr Vinitha	
9:45PM	Pt reviewed; No c/o	
PND #0	O/E: GC fair; Afebrile	
	P°/PE°	
BP: 114/70	CVS / NAD	
PR: 94/min	RS	
SpO₂: 100% RA	P/A: Ut firm, well contracted	
B/L Breasts soft	Soft;	Adv:
Baby M/S	U/E: BWNL	· Normal diet
	Epi intact	- Plenty of fluids
		- Hb / PCV c/m bam
		- Vitals Monitoring
		- Follow drug chart
		- Syp Duphalac 15ml HS

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Dr. Nithya Ramachandran

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/07/2021	C/S/W Dr. Akshitha / Dr. Shreedevi	
9:30 Am		
PND-1	Pt reviewed, Nil c/o	Advice
	NO c/o giddiness / Palpitation	- Normal diet
T-(N)	O/E Pt GC fair, Afebrile	- plenty of oral fluids
PR- 91/min	P/A / PE°	- vitals Monitoring
BP- 98/60mmHg	CVS / RS / NAD	- Follow drug chart
		- W/F ↑ Bleeding PV
Voiding freely	P/A-ut well contracted	- Informs Dr)
Not passed stools	Soft	
Baby - M/S	L/E - BWNL	
B/L- Breast soft	Epi wound Healthy	
30/7/21	C/D/W Dr. Nithya -	
9:30 Am		
	- Hb - 8.5	
	- In view of Hb - 8.5	10 PRBC transfusion to be done

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
30/7/26	SIB Dr. Nithya R	
PND1	VBAC. / PND1	
	No complaints.	
	P/A - Soft, uterus contracted.	
Hb- 8.5gm	Bleeding P/V - Wnl	
	Adv	
	① Soft diet	
	② Discharge Plan tomorrow.	
	③ IV PRBC to be transfused.	
	④ Stop iv medications tonight.	30/7/26

Patient Sticker

(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/7/26.	BLOOD TRANSFUSION.	
	BB NO: 2966.	
	START TIME 30/7/26 12:30PM.	END TIME 30/7/26 3PM.
	DOC 16/7/26.	
	DOE. 27/8/26.	
	START VITALS.	END VITALS
BP	95/60mmHg.	T- (N).
PR	89bpm.	BP → 100/60mmHg.
SpO_2	99% @ RA.	PR → 88/min.
Temp.	(N)	SpO_2 → 99% RA.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr Pavithra.	
30/07/2026 3:00 PM.		
	Pt reviewed.	
	O/e Bld trans	Advice
	Pt GC fair	- (N) Diet.
T (N)	afebrile	- Plenty of orals.
BP-100/60mmHg.	mild pallor (+)	- Vitals monitoring.
PR-88/min.	No PE	- Follow drug chart.
	CVS- S_1S_2 (+)	- Syrup Duphalac 15ml
	RS - NVBS (+)	at night
Baby m/s	P/A - Ut firm & cont well	
B/L Breast soft	C/E - epi wound healthy	
	No undue Bleeding P/V	
Passed minimal stools.		
		14460
30/7/2026.		
4PM	Vitals (N)	
	No complaints.	
	Shift forward	

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
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(6)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/07/26 8.50 pm	C/S/B Dr. K. Vinodhini / Dr. Dhivya	
	Pt - Reviewed	Adv
	O/E: Afebrile, Afebrile	1) (N) Diet
	Mild pallor (+)	2) plenty of orals
	No PE	3) vitals monitoring
Baby m/s	CVS / RS / NAD	4) Follow Drug chart
BL Breast feeding	P/A - UT - contracted well.	5) Inform SOS
	LPE - Episiotomy Healthy	
	No undue Bleeding pv.	
		(20007) (Dr. K. Vinodhini)
31/7/26 8.30 am	S/B Dr. Ali... R	
	- Pt comfortable	
	- had headache in the morning - settled c Paracetamol 1gm	
	Breast - soft	
	P/A - soft	
	Episiotomy wound healthy. No hematoma	
	baby well.	
	Adv	
	- Discharge today.	
	- R/A 1WK.	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv on discharge	
	(1) T. Acton OR 1gm	
	1—1—1 x 5 Days	
	(2) T. Zerodol P SOS.	
	(3) Syp. Duphalac 15ml	
	HS x 1 wk.	
	(4) T. Pan (40 mg)	
	1—0—1 x 5 days	
	(5) T. speedial.	
	1—0—1 x 30 days.	
	(6) T. Vitneral x T.	
	0—1—0 x 30 days.	
	(7) T. Cefthem 500 mg	
	1—0—1 x 2 days.	[signature]
	(8) R/A 1 wk at clinic.	

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

GUC-00094294 IP18-00036664
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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: Both Floor

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

*C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Divyalakshmi. S.K 164728

Date & Time : 29/07/2026 at 1:30 Am

Nurse Name & Signature: M. Devi 018700

Date & Time : 29/7/26 at 1.30 am.

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29-07-1992 34 Y 0 M 0 D (F)
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MEDICATION RECONCILIATION FORM

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

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

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

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5g	IV	BD		☑C ☐DC
2	INJ. METRONIDAZOLE	400mg	IV	TDS		☑C ☐DC
3	T. PANTOPRAZOLE	40mg	PO	BD		☑C ☐DC
4	T. ACTON OR	1g	PO	TDS		☑C ☐DC
5	JUSTIN SUPPOSITORY	100mg	PR	BD		☑C ☐DC
6	SYP. DUPHALAC	15ml	PO	OD		☑C ☐DC
7	INJ. TRAPIC	1g	IV	BD		☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 29/07/2021

Nurse Name & Signature: 1011796

Date & Time : 29/7/21 6

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
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DRUG CHART

Date of Admission: ..... Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN (F)
29-07-1992 34 Y 0 M 0 D
Dr. Nithya Ramachandran

REGULAR PRESCRIPTIONS

Weight. 82 kg Ward. 200

DRUG : INJ. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-0-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/7	30/7
8Am	/	11.40 SP/PS
8pm	SS/HM	

stop

DRUG : INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Date
400mg	IV	1-1-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/7	30/7
6Am	/	11.30 SP/PS
2pm	5pm	PS
10pm	SS/HM	12.30 am

stop after

DRUG : T. ACTON OR

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/7	30/7	31/7
6Am	/	SS/HM	AA/SS
2pm	/	SS/SP	
10pm	SS/HM	AA/SS	

DRUG : JUSTIN SUPPOSITORY

Dose	Route	Frequency	Start Date
100mg	PR	1-0-1	29/7/21

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	29/7	30/7	31/7
9Am	/	PS/SP	SP/PS
9pm	SS/HM	AA/SS	

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Patient Sticker

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Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 8.2kg Ward 6th Floor

DRUG : INJ. TRAPIC

Dose	Route	Frequency	Start Dt.
1g	IV	1-0-1	29/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: x (2) doses

Daily Doctor's Endorsement by a Sign

Date / Time	29/7	30/7
6pm	SP / PS.	
12AM	SS / HM	

DRUG : T. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40mg	PO	1-0-1	29/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/7	30/7	31/7
7AM	SS / HM	AP / SS	
7pm	SP / PS	SS / SL	

DRUG : SYP. DUPHALAC

Dose	Route	Frequency	Start Dt.
15ml	PO	0-0-1	29/7/24

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	29/7	30/7	31/7
10pm	SS / HM	AP / SS	

DRUG : T. CEFTUM

Dose	Route	Frequency	Start Dt.
500mg	PO	1-0-1	30/7 8am

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions: x 3 days

Daily Doctor's Endorsement by a Sign

Date / Time	30/7	31/7
8am	SS / SS	
8pm	AP / SS	

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... 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-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Weight. 82 kg Ward. 200

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
29/17	5.30 AM	INJ. SUPACEF	0.1ml	Id	182217	MD TJ
29/17	6AM	INJ. SUPACEF	1.5g	Iv	182217	MD TJ
29/17	6:30AM	INJ. PARACETAMOL	1g	Iv	182217	MD TJ
29/17	6:40AM	INJ. EMESET	4mg	Iv	182217	MD TJ
29/17	7AM	INJ. TRAMADOL	50mg	Im	182217	MD TJ
29/17	10AM	INJ. PANTO	40mg	Iv	182217	SM CS
29/17	10AM	INJ. EMESET	4mg	Iv	182217	SM CS
29/17	10AM	INJ. SUPACEF	1.5g	Iv	182217	SM
29/17	11:38AM	INJ. SYNTO	10U	Im	182217	SM CS

Patient Sticker

I.V. FLUIDS CHART

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

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
29/7	5AM	IVF 1 ORL	IV	125 ml/hr	182247	SN / SS	29/7		SN / SS
29/7	8 AM	INJ. SYNTO 2.5 U in 500ml RL	IV	4 drops/hr	182247	SN / SN	29/7		SN / SS
29/7	11.30AM	INJ. SYNTO 20 U in 500ml RL	IV	125 ml/hr	182247	SN / SS	29/7		SN / SS

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

GUC-00094294
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran
IP18-00036664

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AT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/7	11:54PM	T. MISOPROSTOL	800 mcg	PR	[signature] 8224	SN	SS
29/7	11:56PM	INJ. TRAPIC	1g	IV	[signature] 8224	SN	SS
29/7	11:38AM	INJ. SYNTO	10 U	In Umbilical cord	[signature] 8224	SN	SS
29/7		~~T. MISOPT~~					
29/7	11:54AM	INJ. METHERGINE	0.2mg	Im	[signature] 8224	SN	SS
29/7	11:54AM	INJ. CARBOPROST	250 mcg	Im	[signature] 8224	SN	SS
29/7	10:30PM	JUSTIN SUPPOSITORY	100mg	PR	[signature] 8224	SN	SS.
30/7	10PM	Syrup Duphalac	15ml	PO	[signature]	[signature]	[signature]

Docu. No. : RCH /FRM / CLINICAL / 136

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date→ Time↓

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

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

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

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

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

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

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Patient Sticker

(2)

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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

On admission.

Parameter	Date: 29/7/26																								
	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		20		18	
	0 - 10																								
Saturations	94 - 100 %																			99		99%		99%	
	< 94 %																								
Administered O_2 (L/min.)																				RA		RA		RA	
Temp°c	40																								
	39																								
	38																								
	37																								
	36																			98		98°F	99	99°F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																						86	90	
	80																			80		84			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																			110		120	110	110	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																			70		72	70	80	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert																			✓		✓	✓	✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																			✓		✓	✓	✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal																			✓		✓	✓	✓	
	Heavy / Foul																								
Liquor	Clear / Pink																			✓		✓	✓	✓	
	Green																								
TOTAL YELLOW SCORES																				0		0	0	0	
TOTAL ORANGE SCORES																				0		0	0	0	
Nurse Initial																				[illegible]		[illegible]	[illegible]	[illegible]	

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Pati

(2)

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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

29/7/26	Date																								
	Time	(8)	9	(10)	11	(12)	1	(2)	3	(4)	5	(6)	(7)	(8)	(9)	10	(11)	(12)	1	2	3	(4)	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30			22		22																			
	11 - 20	22						18		18		20b/m		20b/m				20 b/m				20 b/m			
	0 - 10																								
Saturations	94 - 100 %	96%		96%		96%		100		100		99%		98%				98%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA		RA		RA		RA		RA				RA				RA			
Temp °c	40																								
	39																								
	38																								
	37																								
	36	98.4F		98.4F		98.6		98°F		98.8		98.4F		97.8°F				98°F				97.8°F			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	94/m		92		94 b/m																			
	80							76		90		88 b/m	92	94 b/m	94 b/m		90	97				98 b/m			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110		110		104		114		116		108		118				105				110			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110											(67)													
	100																								
	90																								
	80																								
	70	70		74		70																			
	60							74		72		60		60				68				60			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Heavy / Foul																								
Liquor	Clear / Pink	✓		✓		✓		✓		✓		✓		✓				✓				✓			
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		0		0		0				0				0			
TOTAL ORANGE SCORES		0		0		0		0		0		0		0				0				0			
	Nurse Initial	[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]				[illegible]				[illegible]			

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 1 D (F)
Dr. Nithya Ramachandran

3

Rainbow® Children's Hospital
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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: 30/7/26

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/m			20/m	24		20	20	18				20/m				18/m				20/m			
Saturations (94 - 100 % / < 94 %)	97%			97%	99%		98%	99%	98%				98%				99%				98%			
Administered O_2 (L/min.)	RA			RA	RA		RA	RA	RA				RA				RA				RA			
Temp °c (40 … <35)	97.4°F			98.4°F			98.4°F	98.6°F	98.4°F				98.8°F				97.8°F				98.6°F			
Heart Rate (170 … 40)	91 b/m			88 b/m	83		88 b/m	88 b/m	89 b/m				80 bpm				76 bpm				89 bpm			
Systolic Blood Pressure (190 … 50)	118			105			90	100	98				100				112				116			
Diastolic Blood Pressure (130 … 40)	60 (72)			58 (83)			62	60	58				58 (72)				72 (60)				69 (82)			
NEURO RESPONSE [✓] (Alert / Voice / Pain / Unresponsive)	✓ Alert			✓ Alert			✓ Alert	✓ Alert	✓ Alert				✓ Alert				✓ Alert				✓ Alert			
URINE mls / hour (> 30 / < 30)	✓ >30			✓ >30			✓ >30	✓ >30	✓ >30				✓ >30				✓ >30				✓ >30			
Proteinuria (Protein + + / Protein > + +)																								
Lochia (Normal / Heavy / Foul)	✓ Normal			✓ Normal			✓ Normal	✓ Normal	✓ Normal				✓ Normal				✓ Normal				✓ Normal			
Liquor (Clear / Pink / Green)	✓			✓			—	—	—				—				0				0			
TOTAL YELLOW SCORES	0			0			0	0	0				0				0				0			
TOTAL ORANGE SCORES																								
Nurse Initial	[illegible]			[illegible]			[illegible]	[illegible]	[illegible]				[illegible]				[illegible]				[illegible]			

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Patient Sticker

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

FLUID CHART

Sheet No. : (1)

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

29/7/20

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	Cocktail	200 ml									
	03:00 am	NPO		RL 100ml						100 ml	0	Nil
	04:00 am	NPO									0	Nil
	05:00 am	NPO		RL 500						200ml	0	Nil
	06:00 am	NPO								150	0	Nil
	07:00 am	NPO									0	Nil
Total Intake :		700ml								150	0	Nil
						Total Output :				600ml		

Total 24 hrs. Intake	700 ml	Total 24 hrs. Output	600 ml

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

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

FLUID CHART

Sheet No. : 2

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G (syntu)	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
29/7/26	08:00 am	NS		125	12					12 pm 200ml	0	[illegible]
	09:00 am			125	24						0	[illegible]
	10:00 am			125	stopped					cath 80ml	0	[illegible]
	11:00 am			100ml	24ml					150ml	0	[illegible]
	12:00 pm	NW 30ml · NS		500ml	125						0	[illegible]
	01:00 pm	CHO	100ml		125						0	[illegible]
Total Intake : 1315ml						Total Output : 430ml						
	02:00 pm	H2O	200ml									[illegible]
	03:00 pm										0	[illegible]
	04:00 pm	H2O	200ml							3:30pm 500ml	0	[illegible]
	05:00 pm											
	06:00 pm	H2O	200ml							✓	0	[illegible]
	07:00 pm	H2O	100ml									
Total Intake : 700ml						Total Output : 500ml + 1time						
	08:00 pm	milk	100ml									
	09:00 pm	H2O	100ml								0	[illegible]
	10:00 pm									✓		
	11:00 pm	H2O	200ml							[illegible]	0	[illegible]
	12:00 am											
	01:00 am										0	[illegible]
Total Intake : 400ml						Total Output : U - 1						
	02:00 am											
	03:00 am	H2O	50ml								0	[illegible]
	04:00 am									✓		
	05:00 am	H2O	100ml								0	[illegible]
	06:00 am											
	07:00 am	H2O	100ml								0	[illegible]
Total Intake : 250ml						Total Output : U - 1						

Total 24 hrs. Intake	1650 ml + 975ml	Total 24 hrs. Output	930ml + 2 times urine

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 1 D (F)
Dr. Nithya Ramachandran

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : ③

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

30/7/26		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	H2O	200ml									
	09:00 am									✓	0	[illegible]
	10:00 am	H2O	100ml								0	
	11:00 am	soup	200ml	Blood						✓	0	[illegible]
	12:00 pm			270ml							0	[illegible]
	01:00 pm	H2O	100ml							✓	0	[illegible]
Total Intake :			~~[illegible]~~ 870ml			Total Output :				3 times	0	[illegible]
	02:00 pm	water	150ml									
	03:00 pm	water	200ml								0	[illegible]
	04:00 pm						Motion passed				0	[illegible]
	05:00 pm	H2O	200ml							600ml	0	[illegible]
	06:00 pm	H2O	250ml									
	07:00 pm	H2O	100ml							✓	0	[illegible]
Total Intake :		900ml				Total Output :				600ml + 2 times		
	08:00 pm	H2O	200ml									
	09:00 pm	H2O	100ml							✓	0	[illegible]
	10:00 pm	Milk	200ml									
	11:00 pm									✓	0	[illegible]
	12:00 am	H2O	100ml									
	01:00 am									✓	0	[illegible]
Total Intake :		600ml				Total Output :				3 times		
	02:00 am											
	03:00 am											
	04:00 am	H2O	100ml								0	[illegible]
	05:00 am									✓	0	[illegible]
	06:00 am	H2O	100ml									
	07:00 am	Milk	200ml							✓	0	[illegible]
Total Intake :		400ml				Total Output :				2 times		

Total 24 hrs. Intake	2770 ml

Total 24 hrs. Output	600ml + 10 times

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

Patient Sticker

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G1P1L1 / Pui. LSCS / 3ourst 3days

Any Infection: ☐ Yes ☑ No ☐ Not Known

If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

Date / Shift	29/7/26 N	29/7/26 M	29/7/26 2pm	29/7/26 N	30/7/26 M	30/7/26 E
BACKGROUND Medical Condition (Any special condition to be noted):	nil	Nil	—	—	—	—
Diet:	Normal diet	NPO	(N) diet	(N)-Diet	(N) diet	(N)-Diet
ASSESSMENT Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Vital Signs: Temp:	98.2	98.4°F	98°F	98°F	97.8°F	98.4°F
Res:	20	24	18	20b/m	20/mt	20/m
SpO_2:	100%	100%	100	98%	98%	98%
Pulse:	80b/m	88/mt	90	97b/m	97.2°P	80/m
BP:	110/70	113/74	114/72	105/68	90/68	90/62
LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
Fall Risk Score:	0/10	0/10	30	30	30	30
Pain Score:	2/10	2/10	2/10	2/10	2/10	2/10
Skin Integrity	Intact	Intact	Normal	Intact	Normal	Normal
Recommendations Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Physiotherapy:	NA	NA	—	—	—	—
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	Liquid diet	NPO	(N) diet	(N)-Diet	(N) diet	(N)-Diet
Critical Lab Test / Values:	—	—	—	—	—	—
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Non-Dependent	Non dependent	Dependent
Post Operative Procedure Special Orders:	—	—	—	—	—	—
Handed Over By Name :	Devi	Aswathi	Pooja	Mythili	Sheeba	Shalini
Signature / ID :	[illegible]	017746	[illegible]	[illegible]	[illegible]	[illegible]
Date:	29/7/26	29/7	29/7/26	30/7/26	30/7/26	30/7/26
Time:	8am	2pm	4pm	@ 8am	at 1.30pm	4pm
Taken Over By Name :	Aswathi	Pooja	Mythili	Sheeba	Shalini	Anupriya
Signature / ID :	017746	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:	29/7/26	29/7/26	29/7/26	30/7/26	30/7/26	30/7/26
Time:	8AM	2pm	@ 8pm	8AM	1.30pm	8pm

Docu. No. : RCH /FRM / CLINICAL / 097

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

(13)

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: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	1.30 pm	Relieve pain and discomfort.	8 pm	Assess pain using pain scale regularly. Position patient comfortably.	Pt appeared better.	Pt reviewed next day	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

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: 29/7/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Achieve acceptable Pain control & comfortable.	8 AM	Assess the Pain using Pain Scale Provide non-Pharma - cology therapy.	Patient Vital Signs Stable.	Reassessment done	
Afternoon		Achieve acceptable Pain control & comforte		Assess the level of pain by using pain scale provide comfortable bed position	Reduced Pain	Reassessment is done	
Night	8 PM	Prevents Hospital acquired Infections.	10 PM	maintain strict hand Hygiene, use of aspetic technique.	Maintained strict Hand Hygiene	Prevented falls.	

Patient Sticker

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

(1)

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/26		Admission Notes on 29/7/26	
	At am 1.30	Pt got admitted in 8th floor	
		under by Dr nithya mam pt	
		consious & oriented pt comu for	
		lower abdomen pain in 8 days.	
		pt vital cannel & reconume/	
		admission CTG connecting FHR	
		is good G2P1L1/pu. LSCS/8yrs/	
		3day / TOLAC for admitted	
		SIB Dr nithya mam p/v examtion	
		done 2 finger. 80%. soft -3	
		station. Sweeping membrane.	
		done & OPPBL received for ofue.	
		VBAC consent form. pt genou	
		condition is good continue vital.	
		pulse monitoring.	Devi/018700
	3.00 am.	CTG disconnecting once by	
		Dr Divya mam pt weight for	
		SpoL. pt is sleeping wou 10mins	
		& contruction 15 sec.	Devi/018700
	4.00 am	pt vital cannel & reconume/.	
		pt taken morning care	Devi/018700
	5.30 Am	Dr. Nithya mam done PV	
		Examination cx 50% effaced	
		OS admits 2 fingers, Membrane(+)	
		Vx at -2 ✓ ASP ARM done -	
		clear liquor. post ARM FHS	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

Rainbow Children's Hospital
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/7/20		good. Monitored Temp 99.1°F Informed to Dr. Nithya advised to check after 1 hour doctor order carried out. Inj. Supacef 0.1ml ID given	[signature] 0/6/20
	6AM	patient dosent have any allergic reaction after antibiotic test dose Inj. supacef 1.5g IV given. No any other complaints. patient concious and oriented	[signature] 0/6/20
	6.30am	Monitored Body temp 99.2°F Informed to Dr. Nithya mam. advised to connect Inj. Pcm 1g IV doctor order carried out.	[signature] 0/6/20
	7AM	CTG on connect - FHR Monitoring. watching contractions. Pain assessment Done. No any other complaints	[signature] 0/6/20
	7.30am	patient care Handing over given to Morning duty staff	[signature] 0/6/20
		=> Morning Duty <=	
29/7/20	7:30AM	Patient report hand over taken from Night duty staff	=> [signature] 01/7/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

(2)

NURSES NOTES

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

☑ No Known Drug Allergies

☐ Drug Allergies ......

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont 29/7/20	8AM	=> Patient Vital signs Checked by recorded, General Condition fair	=> [signature]/011796
		=> Inj Syntocin 2-5ml 12ml/hr on flow. S/B Dr. Nithya mam	
	8:30AM	=> TK 90 under aseptic technique. urine drained by Dr. Dmyger mam. Patient Co-operated well	=> [signature]/011796
	8:40AM	=> Inj Syntocin 6 stopped Inj DL 100ml/hr on flow	=> [signature]/011796
	9AM	=> CTG connected reading FHR good. Fetal moved good	
	9:30AM	=> S/B Dr. Nithya mam Advice to PV examination done. Since PV. Patient Prepared to Em-LSCS orders carry out	=> [signature]/01179
		=> Inj Supacef 1.5gm IV Inj Pan 40mg IV - Inj Emset 4mg IV given as per drug orders.	
	10AM.	=> Under aseptic technique Catheterization done by Dr. Nithya mam. Patient co-operated well. Patient vital signs stable	=> [signature]/011796

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Patient Sticker

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

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont		Patient shift to OT	
29/7/h		Ward order to OT state	Nag/011796
	10:30AM	=> S/B Dr. lucaster mam.	
		Advice to PV examination done	
		PV 7cm dilatation	=> Nag/011796
	10:35AM	=> S/B Dr. Mathangi mam	
		Advice to PV examination done	
	11AM	=> Patient 7 to 8cm	
		dilatation Patient shift to	
		Labour room. Running inj Syntocinon	Nag/011796
		started. => LABOUR NOTES:-	
29/7/86	11:38AM	Patient having litotomy.	
		Position. Parts painting by	
		dropped. Patient having good	
		maternal efforts. RML E cut	
		Inj lignocain 2%. Infiltrated;	
		done. head crowning. Uterus -3	
		station. A single alive	
		Normal vaginal delivery delivered.	
		boy baby. baby Immediately	
		cried. baby hand over to	
		Dr. Ravisther mam. Inj Syntocin	
		10unit Im given. Inj syntocin	
		20unit over 10R2 over 120ml/hr	
		connected. Patient vital stable	
		state. Patient having Atonic	
		PPH. Inj methergin 0.2mg Im given	Nag/011796

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094294 IP16-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

③

NURSES NOTES

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

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont		⇒ Inj carboprostal 250mcg IM given -	
29/7/26		Inj Trapic 1gm IV c̄ 100ml NS	
		Connected uterus contraction well.	
		PV bleeding Normal - Tab. miso	
		800mcg PR given. HB pre send	
		to lab department, Patient vital	
		stable. Inj RL 100ml/hr	
		on flow, Placenta Delayed.	
		Separation. PV bleeding Normal	
		Episiotomy. Sutures done used	
		Vicry 2-0 ③. Episiotomy	
		Sutures done by Dr. Nithya mam	
		uterus contracted well. PV bleeding	
		Normal. Justin Suppository 100mg PR	
		PR given, by Dr. Nithya mam.	
		Patient vital signs stable	
		General condition fair. ⇒	[signature] 01/7/26
		B: 29/7/26 at 11:38AM — Dr. Nithya	
		A: Boy — Dr. Arsitha	
		B: 3.032kg. — Dr. Sreedevi	
		G: 810 910. — Dr. Rakshitha	
	12:30pm	⇒ PV bleeding Normal pad	
		Changed by 7X Patient	
		vital signs stable. General	
		condition fair	[signature] 01/7/26
	1pm	⇒ B: Breast soft no	
		engorgement. DBF given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Rainbow Children's Hospital
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Cont 29/7/26		U: uterus firm contracted well.	
		B: Bowel movement Present	
		Patient Passed motion.	
		B: Patient voided last	
		& sour.	
		L: Lochia rubra Present	
		No evidence of Foul	
		smelly	
		E: Pedal oedema applicable	
		H: Homans sign negative	
		E: Patient emotional	
		status good	→ [illegible]/01/7/26
	1:30 pm.	→ Patient report hand	[illegible]/01/7/26
		over from evening duty staff	
		Evening duty	
	1:30pm	pt care hand over	
		taken from morning duty staff.	
		pt conscious & oriented.	
		IV line ⊕ IV pattern. PV	
		bleeding is minimal, Breast	
		soft. Uterus contracted.	
		pt had normal diet. provide	
		comfortable bed position.	
		IV line pattern & IV line	
		removed as per doctor order.	[illegible] 01/7/26
		(R) side IV line pattern.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

(4)

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

BirthRight™ BY RAINBOW HOSPITALS
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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
29/11/20	2pm	pt vital signs checked &	
		recorded. maintain Rx chart.	
		Encourage to take adequate	
		oral fluid. DVT, Braden &	
		pain assessment done.	[signature]
	3.30pm	pt voided 300ml urine	
		Informed to Dr. Pavithra /	
		Dr. Shradev. Bed side bladder	
		scan done. advised to shift	
		ward. follow drug chart	
		order carried out	[signature]
	4pm	B - Breast soft	
		U - uterus contracted	
		B - checks on self voide	
		B - Bowel movement present	
		L - lochia rubra present	
		E - REEDA assessment done	
		H - Homans sign negative	
		E - pt emotional status good.	[signature]
	4pm	pt shifted to ward as	
		per doctor order. pt care	
		hand over given to 6th floor staff	[signature]
		RECEIVING NOTES	
29/11/20			
	4 PM	Pt received from IDR to ward.	
		Handing over taken from IDR SIN.	[signature]
		Dvine ⊕, Normal diet, PV	
		Bleeding normal.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
29/7/26	.	Vitals checked and recorded.	
	5.30PM	Dr. Pavithra mam phone call	[signature]
		advice inj. Meropen 500mg stat	
		need to give. Due medication	
		given as per order.	
	7PM	maintained feo chart recorded.	
	7.30PM	Handing over given to night	[signature]
		duty S/N.	
	-	Night duty Notes.	
	7:30pm	Patient details are handing over	
		taken from Evening duty	
		Staff. IV line present.	
		Tommorow plan : Hb, PCV sample	
		to taken and Sitz bath to give →	[signature]
	8pm	patient vitals are checked &	
		recorded. vitals are stabled.	
		CP ++ / PP ++ / CRT <3sec	
		→	[signature]
		Pulse rate is hourly Monitoring	
		to the patient. PR - 97b/m	
	10pm	Due medications was given	
		as per doctor's ordered →	[signature]
30/7/26.	12am	Inj - Tropic 1g is given to patient	
		patient vitals are checked &	
		recorded. vitals are stabled.	
		Pulse rate is inform to Dr. Vinitha	
		mam, Mam said if patient was	

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GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 1 D (F)
Dr. Nithya Ramachandran

(5)

NURSES NOTES

Rainbow® Children's Hospital
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BirthRight BY RAINBOW HOSPITALS
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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Sleeping means, no need to check pulse rate for the patient →	[illegible] 607[illegible]
	12:30am	Inj. Metronidazole 400 mg is given to the patient around 12:30 am Dr. Vinitha mam advised to give around 8 hours after the last Dose given →	[illegible] 607[illegible]
	2 am	B - Breast size & shape is Symmetric U Uterus is well contracted B - Bowel movement present B - patient voided urine L - Lochia rubra present E - Pedia assessment Done H - (-)ve Homan's sign E - Emotional status Good →	[illegible] 607[illegible]
	4 am	patient vitals are checked & recorded. vitals are stabled →	[illegible] 607[illegible]
	6 am	Due Medications was given as per doctor's Ordered →	[illegible] 607[illegible]
	6:15 am	Sample taken Hb & PCV Sended to Lab with labelled sticker →	[illegible]
	7 am	Maintained I/O chart Mother not passed motion still now	
	7:30 am	patient details are handing over given to Morning duty staff →	[illegible] 607[illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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
		Morning duty	
30/7/26	7:30 am	→ patient condition taken from night duty. Staff patient conscious, oriented. Drive swelling are removed.	[signature]
	8:30 am	→ patient vitals are checked recorded. patient sitz bath given. patient HB - 8.5 mg/dl informed Dr. Sridevi order today to transfuse 1 PRBC other already 2 PRBC blood reservation in blood bank.	[signature]
	10am	→ B - Breast is soft no engorgement U - Uterus well contracted B - Bladder - passed urine normal B - Bowel movement present L - Lochia rubra present no foul smelling E - REEDA assessment done H - Homan's sign negative E - Pt emotional status good	[signature]
	11:30 Am	patient vitals checked and recorded vitals normal	[signature]
	11:40 am	Patient details hand over given from LDR staff. Due medication given as per drug chart	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 1 D (F)
Dr. Nithya Ramachandran

(6)

NURSES NOTES

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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
30/7/26		=> Receiving Note <=	
	11:40AM	Receiving the patient from 5th floor, c̄ IP case sheet, while receiving the patient conscious & oriented afebrile. taking orally & tolerating well. Voided freely. Voided freely under aseptic technique Iu line closed. Patient co-operated well. No other complaints.	[signature] 01/7/26
	12pm	=> Patient vital signs checked & recorded, General condition fair	[signature] 01/7/26
		S/B Dr. Anitha mam. Advice to blood bag check & warmth.	
	12.30pm	=> 1 (1) PRBC blood transfusion started. Pre vital checked BP: 95/63mmHg P: 83 SpO2 99%. RR: 17b/m, General condition — fair	[signature] 01/7/26
		Blood Group: O+ Bag no: 2966 Starting time: 12.30 pm. Ending time: 3 pm 30/7/26 DOC: 10/7/26 DOE: 07/8/26	[signature] 01/7/26.

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
[illegible]	1pm	=> blood transfusion on going no allergic reaction. Iv line patten	=> Aly/01/7/26
	1^{30}pm	=> Patient vital sign stable, General condition fair, blood transfusion on going no allergic reaction. Patient report hand over to Evening duty staff	=> Aly/01/7/26
		Evening Duty ON 30/7/26.	
30/7/26	1^{30}pm	Report Received from Morning Duty Staff to Evening Duty Staff. Patient Conscious & Oriented. Iv line pattent, No swelling. vital sign Checked & Recorded. vital sign are Stable.	
	2pm	Blood Transfusion going 100ml/hr. No Allergy Reaction. Patient general Condition is fair. patient had Normal diet. Due medication given. B- Breast soft No Encorgment. U- Uterus well Contracted. B - Bladder, patient is self voided. B- Bowl Movement Present. C- Lochia Rublura Present, No foul Smelling	Shalus

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 1 D (F)
Dr. Nithya Ramachandran

(7)

Rainbow® Children's Hospital
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		R- Reeda Assessment done H - Homan's Sign Negative E - Patient Emotional Status good	

ANNAI TERESA BLOOD BANK & APHERESIS CENTRE
(Run by Little Roses Trust)
LICENCE No.: 506/28C
No.946, 1st Floor, Bazaar Road, Ram Nagar (South) Madipakkam, Chennai - 91.
Ph.: 044-22580803 Mobile : 9840143108 / 9840333108 / 9566468884
E.mail : annaiteresabloodbank@gmail.com web: www.annaiteresabloodbank.com

CONCENTRATED HUMAN RED BLOOD CELLS I.P.
Prepared From Blood Collected with anticoagulant citrate phosphate Dextrose solution. Whole blood 350 ml / 450 ml (IP 49ml / 63 ml)

BAG NO.	COLLECTION DATE	EXPIRY DATE	VOLUME
2966	16.7.26	24.8.26	270 ml

INSTRUCTIONS :
1. Do not use if there is any visible evidence of deterioration.
2. Storage temperature 2°to 6°
3. Administer with warning.
4. Mix well before use and do not vent
5. Do not add any Medication.
6. Use a Fresh clean, Sterile Transfusion set with filter
7. Do not Dispense without Prescription.
8. Check blood group on the label and recipients blood group. before administration and properly identify intended recipient.
9. No Atypical antibodies detected
10. Shelf life 35 days / SAGM 42 Days.
11. Transfusion Criteria ABO and Rh Specific X-match compatible

BLOOD GROUP: O
Rh₀ (D): POS

SCREENED : NEGATIVE / NON REACTIVE FOR : HBsAg. Anti HCV Anti HIV I & II, MP, VDRL, Irr, Ab - By CLIA METHOD

PREPARED FROM A VOLUNTARY BLOOD DONOR

	3pm	Blood Transfusion done. No Allergy Reaction	Shalini 014072
		Vital sign are Stable I/o chart Maintain.	
		Temp. 98.6°F pulse - 88 bl/mt . Spo2 99% RA Bp. 100/60 mmHg	Shalini 014072
		Dr. Pavithra mam she advice. patient shifted toward.	
	5pm	patient shifted ward	Shalini 014072

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
30/7/26	5pm	→ Received notes 30/7/26	
	5pm	→ patient received from LDR to 6th floor	[signature]
		→ patient clinically stable.	
		→ provide health education	
		→ provide comfortable bed position	[signature]
	6pm	→ administer medication as per drug chart order.	
		→ monitored I/O chart.	
	7pm	→ Maintain records & reports	
		→ Patient clinically stable.	
	7.20 pm	→ patient handover given to night duty S/N	[signature]
		Night Duty Notes	
30/7/26	7.30pm	→ patient detail hand over taken from evening duty S/N patient conscious & oriented. Afebrile NO IVF, soft diet, Today CBC done HB ↓8.5 ① PRBC done	[signature]
	8pm	→ patient vital signs checked and record. vitals are stable.	[signature]
	09pm	→ patient due medication given as per order chart there is no complaints the patient	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Patient's Name:..

MRD NO:.......... GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Age :................ M ☐ F

Consultant :..

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 29/7/26 Time: 9.30 am
Location : (L) side cephalic
Size : 18G
Cannula inserted by : S/O Devi

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/7/26	8:00 am	☐Yes ☐No	☐Yes ☐No	Observe	Devi
	4:00 pm	☐Yes ☐No	☐Yes ☐No	Observe	Devi
	6.00 am	☐Yes ☐No	☐Yes ☐No	observe	Devi
	2am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	10AM	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	8 pm	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
30/7/26	12am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
	4 am	☐Yes ☐No	☐Yes ☐No	Obser	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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 : 29/7/26 Time: 11AM.
Location : (R) metacarpal
Size : 18G
Cannula inserted by : [illegible]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
29/7	11AM	☐Yes ☐No	☐Yes ☐No	obser.	[illegible]
	12PM	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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: 0

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : 30/7/26 Time: 11³⁰ AM

Location : (L) metacarpal.

Size : 18 G

Cannula inserted by : S/N Aweteu /017446

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
30/7	11:30 AM	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	12 PM	☐Yes ☑No	☐Yes ☑No	observe cannu	[illegible]
	2 pm	☐Yes ☑No	☐Yes ☑No	observe cannul	[illegible]
	4 pm	☐Yes ☑No	☐Yes ☑No	observe cannul.	[illegible]
	8 pm	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
31/7	12 AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
	4 AM	☐Yes ☑No	☐Yes ☑No	observe	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

BRADEN 'Q' SCALE

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					Date : 29/12	29/12	29/12	29/12
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.	Time : N	M	2pm	8pm
"Activity The degree of physical activity"	1. **Bedfast :** Confined to bed	2. **Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. **Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. **All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4	4	4	4
Sensory Perception	1. **Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. **Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. **Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. **No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	3	3
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.	1	1	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	21	28	27	27
				Evaluator's Name	Devi	NH	[illegible]	[illegible]

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

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

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(1)

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	29/7/26	29/7	29/7/26
		Score	ⓝ	N	2pm
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			10
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0		30
		Signature	Devi 8pm	[illegible] 01/7	[illegible] 2/7

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

GUC-00094294 IP18-00036664
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N	M	E
		Score	29/7/26	30/7/26	30/7/26
History of Falling (immediately or w/in 3 months)	Yes	25	1		
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	10
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	30	30
		Signature		DITCU	

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

UOC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

(1)

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
29/7/26	am 8.00	1/10	Lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
29/7/26	am 6.00	2/10	back pain.	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
29/7/26	8 AM	2/10	Abdominal pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	breathing exercise	[signature] 01/7/26
29/7/26	12pm	2/10	Epi site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☑ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	[illegible] support given	[signature]
29/7/26	2pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	comfortable position	[signature]
29/7/26	8 pm	2/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	T. paracetamol given	[signature] 60776
30/7/26	2am	1/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Provided Comfort position.	[signature] 60776
30/7/26	8am	5/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	[illegible] support given	[signature]
30/7/26	12pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature]
30/7/26	2pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☑ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[signature] 214072

Re-assessment Frequency:

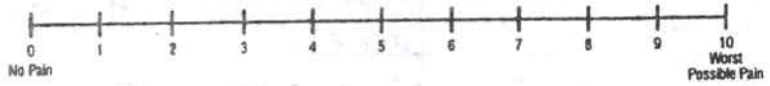
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 – 60 minutes after pain relief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

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Patient Sticker

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 29/7/26

Baseline Information:

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

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 .....

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

If yes , identify .....

Chief Complaints: Pt came for Lower andomen pain,

Doctor Notified on Admission: ☐ Yes ☐ No

Name of the Doctor: Dr. Monavapriya

Time Notified: 1.40 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	LSCS ×1	—

Blood Group: O+ve LMP: 2/11/25 EDD: 9/8/26 Gestational age during admission: 38wks 3dys

Contractions: 1 contraction Vaginal Discharge: —

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

Height: 157 Weight: 82 BMI: —

Temp: 98.2 HR: 80 RR: 20 BP: 110/70 SpO_2 100

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

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

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Family History: ☐ No Abnormalities Detected Both Parents

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

☐ Liver disease ☐ Other .....

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

Fall Assessment: ☐ Yes ☐ No Score 0/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score 20 (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With family

Orientation has been given regarding the following aspects:

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

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

Above information given to hus Rashmicat

Name of Person Orientation was given to: Patient

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: M. Devi 01876

Date & Time: 29/7/26 at 1.35 pm

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 29/7/26 Time of Arrival: 1.38 am Time Seen by Nurse: 1.40 am.

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: 98.2 Pulse: 80 RR: 20 SpO_2: 100 BP: 110/70 Weight: 82 kg

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A —

LMP: 2/11/25 EDD: 9/8/26 Gestational Age: 38 wks 3 days

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset 29/7/26	Time 12.00 am	Frequency: mild.
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

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

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

- Location: Lower abdomen pain
- Duration: 2 hours Days / Weeks/ Months (Strike out which is not applicable)
- Character: 10 mins 1 contention 10 sec
- Frequency: Mild
- Interventions: comfortable position.

6) **Past History:**

a) Surgeries: LSCS 1no.

b) Medical: Nil

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 1.35 am

Nurse Name : M Den Nurse Signature: .....

Date: 29/7/26 Time: 1.28 am

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date:.....

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity	✓	1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total	1	
Signature of the Nurse	Dem 01/8/20	
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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Docu. No. : RCH /FRM / CLI

CTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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

DOCTOR'S SHIFT CHANGE HANDOVER FORM

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

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

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SSI PREVENTION CHECKLIST

S.No	INTERPRETATION	PERFORMED
	PREOPERATIVE	
1.	Do not remove hair at the surgical site unless the presence of hair will affect the procedure. Use clipper if necessary	
2.	Decolonize surgical patients with skin antiseptic(Chlorhexidine bath /wipes)	
3.	Antibiotic prophalaxis given within 60mts prior to skin incision	
4.	Use a checklist based on the world health organization-19 item surgical checklist to ensure adherence to best practice	
	INTRAOPERATIVE	
5.	Using chlorhexidine gluconate and alcohol-containing skin preparatory agent in combination	
6.	Maintain normothermia during the surgical procedure (>36 deg C)	
	POSTOPERATIVE	
7.	Maintain and monitor blood glucose levels regardless of diabetes status between 110 and 150 mg/dl	
8.	Application of incisional negative pressure wound dressing	

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URINARY CATHETER BUNDLE CHECK LIST

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Date of Insertion: ..... Date of Removal: .....

Parameters	Date / Shift Time							
Need for the Catheter	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Hand Hygiene	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Usage of Sterile Equipment	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the Collection bag below the level of bladder	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Check the Tube for Obstruction (Free of Kinking)	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is Catheter dated as policy	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Collecting bag is been emptied regularly?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Maintenance of closed system for the catheter	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Dressing clean and dry?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Is the line removed as Policy?	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Performance of Perineal Care	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Onset of New Fever	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Asses for the leakage at the site of insertion	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Name of the Nurse								
Signature of the Nurse								

Patient Stick

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: .....

Continuity of Care: Date: .....

B: L: 2
A: A: 2
B: T: 2
C: 1
H: 2

9

Handover given by ..... Handover taken by .....

Signature ..... Signature .....

Date & Time: 29/7/26 Date & Time: 29/7/26 at 4PM

PATIENT TRANSFER FORM

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	Date & Time of Admission: 29/4/26 at 1.35AM	Date & Time of Transfer Order: 29/4/26 @ 4pm
Treating Consultant Name: Dr. Nithya	Transfer Ordered by: Dr. Pavithra	Reason for Transfer: ICU care
From Unit: HDR	To Unit: 606	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1 pp file	Number of Imaging Films: -	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja	Dr. Pavithra

Patient & Clinical Records Received by : Preeti

Date & Time of Patient Received : 29/4/26 @ 4pm.

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

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PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: Single loop of cord around the neck

Shoulder Dystocia: ☐ Yes ☐ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl

STAGE III

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

PPH : ☑ Atomic ☐ Traumatic ☐ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: 200ml

Blood Transfusion: No

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 6 hours

2nd Stage: 10 mins

3rd Stage: 15 min

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Boy

Weight: 3.034 kg

APGAR: 8|10 , 9|10

Date and Time of Delivery: 29/07/2024 ; 11:38 AM

LW Doctor: Dr. Nithya.

LW Sister: .....

PARTOGRAPH

Name: Mrs. Rathnuca

Obstetrics Formula: $G_2P_1L_4$

Blood Group Type: Oth.

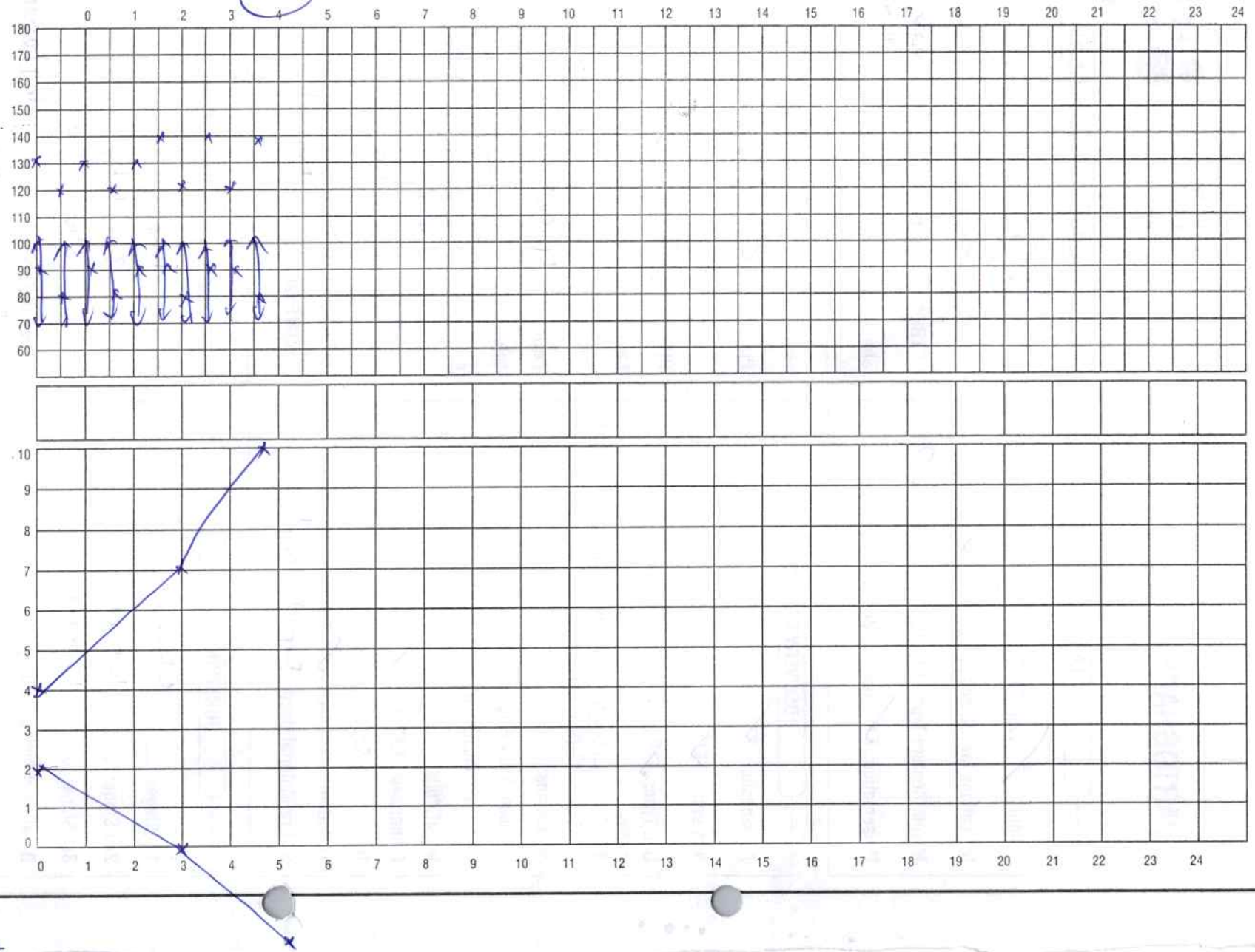
Memb. Ruptured: SROM PROM ARM

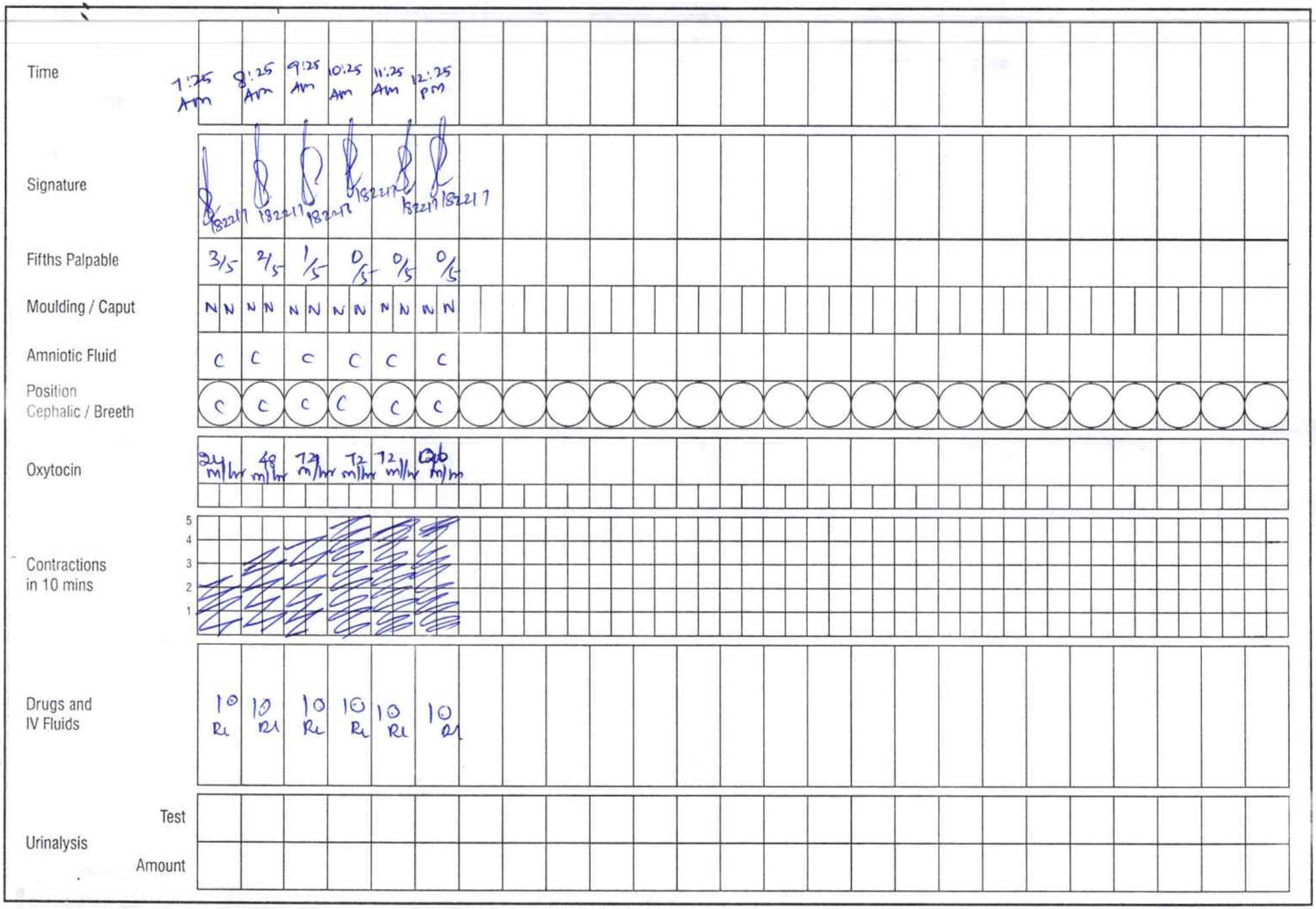
Risk Factors: Prev. LSCS

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
7:25 AM
8:25 AM
9:25 AM
10:25 AM
11:25 AM
12:25 PM
Signature
Fifths Palpable
3/5
2/5
1/5
0/5
0/5
0/5
Moulding / Caput
N N N N N N N N N N N N
Amniotic Fluid
C C C C C C
Position
Cephalic / Breeth
C C C C C C
Oxytocin
24 m/hr
48 m/hr
72 m/hr
72 m/hr
72 m/hr
Q6 m/hr
Contractions in 10 mins
5
4
3
2
1
Drugs and IV Fluids
10 RL
10 RL
10 RL
10 RL
10 RL
10 RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

GUC-00094294 IP18-00036664
Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 30/07/2026 Time: 4:20 PM

Origin: — Height: 157cm Weight: 82 Kg BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: NIL

Diagnosis: Vaginal Birth After Cesarean Section + RMLE

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

Diet Advised:

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

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd (2)

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd (1)

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

Patient's / Attendant's

Signature: .....

Name: Rashmica

Date & Time: 30/7/26 @ 4:20PM

Dietician's

Signature: A. M (61833.6)

Name: A. Sadiya Fesheen

Date & Time: 30/07/26 @ 4:20PM

DIETARY NOTES

Date	Time	Notes	Sign
29/07/26	8 AM.	NPO.	A.M (018336)
	11:45 AM. POD #0.	Vaginal Birth After Cesarean Section c RMLE done. - Normal Diet (Soft Diet) - Patient is Stable. Oral intake is Better. Advised to take easy-digest foods. - Consume small-frequent meals. - Include galactagogues foods for milk secreation - garlic, fennel and Oats (etc) RDA. Values - Energy - +600 kcal Protein - +17-19 g/d.	A.M (018336)
30/7/26.	9:30 AM.	· Normal Diet. - Plenty of Oral fluids. - Not passed stools. - Advised to take protein-Iron rich foods - Include whole fruits, fruit Juices, Soups (etc) - Patient is Stable. Oral is good.	A.M (018336)

PATIENT TRANSFER FORM

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	Date & Time of Admission	Date & Time of Transfer Order
	29/7/26 at 1.25 AM	30/7/26 at 4 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Nathangi	Dr. Pavitha	Further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	6th floor	Yes ☒ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☒ If yes, what ?
OP file -	-	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Paracetamol 650	4
2.		
3.		
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 01/07/26	Dr. Pavithra

Patient & Clinical Records Received by :

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

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BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Date: 30/7/26 Time: 12.30 pm

Blood Group of the Patient: "O" Positive Blood Group on the Blood Bag: "O" Positive

Blood Bank Issue No: 2966 Date of Collection: 16/7/26 Date of Expiry: 27/8/26

Date & Time of Starting Transfusion: 30/7/26 at 12.30 PM Planned duration of Transfusion: 30/7/26 at 3 pm

Check for Correct Unit: ✓ Correct Patient: ✓

Blood products cross checked by: Nurse 1: S/N Roosu Nurse 2: S/N Thuretha.

Before starting transfusion vitals: Temp: 98.4°F HR 83/mt RR: 17/mt BP: 95/63 SpO_2 100%

PLEASE MONITOR THE FOLLOWING:

Date	Time	HR	Temperature	Blood Pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
30/7	12 pm (15 Min)	83/mt	98.4°F	95/63	100%	–	–	–	–
	12.45 pm (15 Min)	80/mt		88/56	100%	–	–	–	–
	1 pm (30 Min)	82/mt		91/56	99%	–	–	–	–
	1.30 pm (30 Min)	74/mt		89/54	99%	–	–	–	–
	2 pm (30 Min)	93/mt		85/54	100%	–	–	–	–
	1.45 pm (1 Hr)	82/mt		95/56	100%	–	–	–	–
	2 pm (1 Hr)	80/mt		90/62	98%	–	–	–	–
	2.30 pm	94/mt		98/60	98%	–	–	–	–
	3 pm	88/mt	98.6°F	100/60 mmHg	99%	–	–	–	–

Comments: Blood Transfusion during time No Allergy Reaction. vital sign are Stable, patient general condition is Stable.

Name of the Incharge-Nurse: S. Thuretha Name of the Nurse: S. Roosu

Signature of the Incharge-Nurse: Thuretha Signature of the Nurse: Roosu

Date & Time: 30/7/26 Date & Time: 30/7/26.

Rainbow Children's Hospital

Blood Storage Center

No, 157, Annasalai, Guindy, Chennai - 600015

Compatibility Report

Patient's Name :	Mrs. Rashmica Rajendran	Age/Sex	34y/F
Patient's Blood Group & Rh Typing	O+ ves		
GUC No	94294	Ward	CDR
Order No			
Bag Blood Group & Rh Typing	O+ ves	Date	29/7/26
Time			

S.No	Bag Number	Components	Date of Collection	Date of Expiry	Seg No
1	2966	PRBC	16/7/26	27/8/26	-

Major X Matching :	~~Saline/Alb/AHG/Colum~~ (Gel)	Minor X Matching :	Saline~~/Alb/AHG~~/Colum (Gel)

Cross Matched By: Manju

Medical Officer:

April@2026

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CONSENT FOR BLOOD TRANSFUSION

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

UHID No.:..... :IP No.: .....Ward/Bed No. .....

Type of Blood Product : PRBC

I .....RASHMICA..... hereby give my consent for whole blood transfusion / blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigens, Hepatitis C antibodies, Malaria and Syphilla. I have also been explained that transfusion transmitted infections can vary rarely occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carry risk of transfusion associated reactions.

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for the whole blood component transfusion to me / my Patient named .....

Name of Patient / Attendant RASHMICA / HARISH. R

Signature of ~~Patient /~~ Attendant R. Harish

Date 30/7/26.

Time : 12PM.

Relationship with Patient: husband.

PATIENT TRANSFER FORM

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Mrs RASHMICA RAJENDHRAN
29-07-1992 34 Y 0 M 0 D (F)
Dr. Nithya Ramachandran

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. Nithya	29/7/26 at 1.35 am	30/7/26 at 11.45 pm
Transfer Ordered by	**Reason for Transfer**	
Dr Srtdevi	Blood transfusion	
From Unit	**To Unit**	**Information to Attendant**
606	LDR	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Case Sheet	LTOI	Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
	Dr. Srtdevi

Patient & Clinical Records Received by : S. Pooja Staff Nurse

Date & Time of Patient Received : 30/7/26 at 12pm

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

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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: ....bob........ Shifted to: ....LDR........

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ....

Date & Time : ....

Nurse Name & Signature: ....[signature]........

Date & Time : ....30/7/26 at........

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

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CROSS CONSULTATION FORM

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

Diagnosis : ....

Hospital : ....

Type of Referral :
- ☐ Emergency
- ☐ Urgent
- ☐ Non Urgent

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

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

Postnatal Exs and advices / 606

Signature:

Findings and Recommendations :

S/B physiotherapist Notes / Dr. Mohanapriya pt. MPT OBG & Gyn.

- Avoid lifting weights, pulling or pushing acts.
- Avoid cross leg sitting.
- Knee Bending posture
- Sitting posture
- Lying down posture
- Rice protocol
- if pain persists use Donut pillow

Consultant :

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

- Early activation of core ex
- Breathing ex
- Kegels ex
- posterior pelvic tilt
- pelvic Bridging
- Ankle Mobilisation
- Knee Mobilisation.

Review after 2 weeks

30/01/26