GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 19 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

FLOOR- 6th floor NAME OF CONSULTANT-

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

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D (F)
04-08-1993 32 Y 11 M 17 D
Dr. MATHANGI RAJAGOPALAN

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ACTIVITY RECORD FOR BILLING

Name: Mrs. Hepzibah W/F

Consultant: Dr. mathangi Dept: OBG

UHID No: 90352 IP No: ....

Date of Admission: 21/7/26 Time: ....

Date of Discharge: .... Time: ....

Room / Bed No: .... Ward: ....

Suggested Billable bed type: ....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	7:30pm	LDR	6th floor	S/N Akalya 01808
21/7/26	9pm	6th Floor	LDR	01/7/26

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
23/7/26	CBC	23653	[signature] 01709

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	CTU - (1)	/		009863	Shalini
22/7	CTU - (2)	/		009863	Shalini
22/7	CTU - (3)	/		009874	Shalini AWOT
22/7	CTU - (4)	/		009874	Shalini AWOT
22/7	CTU - (5)	/		009874	Shalini AWOT
21/7	CTU - (6)	/		009874	Shalini AWOT
	CTU (7)	/		009885	Atalya 01800
	CTU (8)	/		009885	Atalya 01800
	CTU (9)	/		009885	Atalya 01800
	CTU (10)	/		009915	Atalya 01800
29/7	Infusion pump	8Am	4pm	1731224	Atalya 01800
	CTU (11)	/		009915	Atalya 01800
	CTU (12)	/		009915	Atalya 01800

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/7/26	IV placement	1	1730941	[illegible]
23/7/26	physiotherapy	1	~~1731730~~ 1731729	Lucy 017109
23/7/26	Diet counselling including analgesic	1		

ANY OTHER INFORMATION:

Kiwi Assessed vaginal delivery
Date:- 22/7/2026
Time:- 12pm to 1pm
Duration:- 1 hr
Dr: Mathangi
Dr: Vinitha

Date: 23/7/26 Time: 7am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Lucy 017189			

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GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing					
Preparation of Discharge Summary	22/12/20 11 10 AM				
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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INSTRUMENTAL DELIVERY PROFORMA

Patient Label

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

OBSTETRICIAN	Dr. Mathangi
ANAESTHETIST	
ASSISTANT	Dr. Vinitha
DATE	22/07/2024
TIME	12:22pm
PLACE	LABOUR WARD / THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT NO

ANALGESIA
LOCAL / PUDENDAL
AMOUNT USED____MLS
OF 10ml
EPIDURAL / SPINAL
GA

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

LIQUOR
CLEAR / BLOOD STAINED / MECONIUM

ABDOMINAL FINDINGS
0 /5 PALPABLE

VAGINAL EXAMINATION

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

POSITION DOA / LOA / ROA / ROP / LOP / DOP / LOT / ROT

CAPUT 0 + ++ +++

MOULDING 0 + ++ +++

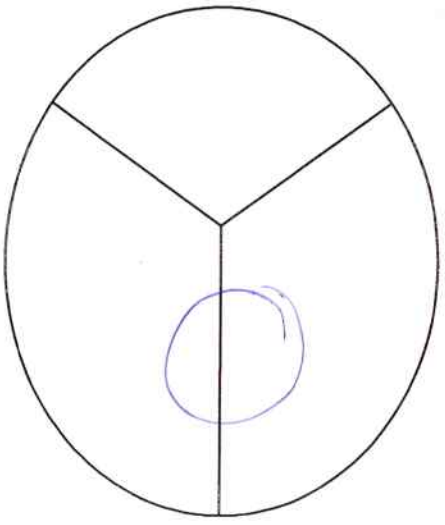
INSTRUMENT USED

KIWI CUP / NEVILLE BARNES / WRIGLEYS / KIELLANDS / SIMPSONS

MANUAL ROTATION YES / NO	TIME OF APPLICATION 12:21pm	No. OF TRACTIONS 1
ABANDONED YES / NO (FULL DETAILS IN NOTES)	TIME OF DELIVERY 12:22pm	LENGTH OF DELIVERY —

Brief description of delivery and perineal repair.

(Please mark ventouse position on diagram)



EXTENT OF TEAR

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

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

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

PARTOGRAPH

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D (F)
04-08-1993 32 Y 11 M 18 D
Dr. MATHANGI RAJAGOPALAN

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: Persistent decelerations / Poor maternal efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☑ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vicryl & 2-0 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: 350 ml

Blood Transfusion: -

Other Details (if any): -

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 6 hours

2nd Stage: 10 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 2.330 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 22/07/2026

LW Doctor: Dr. Mathangi

LW Sister: .....

(P.T.O.)

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: .....

606

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 : IP18-00036561 **Admit Date** : 21-Jul-2026 **Admit Time** : 01:50 PM **UHID** : GUC-00090352

Patient Details :

Patient Name	: Mrs HEPZIBAH RUBELLA D	**Age**	: 32 Y 11 M 17 D
Guardian	: Mr SATHISH BABU	**DOB**	: 04-08-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075	**Phone No**	: 9600009396/ 8807492970
		E-mail	: no@gmail.com

Admission Details :

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

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

Contact Details :

Name : Mr SATHISH BABU **Relationship** : Husband

Contact Address : D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075 **Phone No** : 9600009396

Signature

Doctor Details :

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

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

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs HEPZIBAH RUBELLA D**	**Age :**	**32 Y 11 M 17 D**
IP No:	**IP18-00036561**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative:

Name: > SATHISH BABU . P

Relationship: > HUSBAND.

Date: 21-07-2026 Time: 01:50

Witness Name: ASWIN

Witness Signature:

Patient Address:

D503, RADIANCE THE PRIDE, PAMMAL MAIN ROAD, PALLAVARAM Pammal Chennai Tamil Nadu INDIA 600075

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BILLING POLICY

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

DECLARATION

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

Patient Name : > D. HEPZIBAH RUBELLA .	UHID Number : 90352
Self/Attendant Name : > SATHISH BABU. P.	Relation : > HUSBAND.
Self/ Attendant Signature : > Phone Number : > 8807492970.	Name & Signature of Financial Counselor

GUC-00090352 IP18-00036561 Rubella
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Pt came for IOL
* Able to perceive fetal movements well
* No c/o Lower Abdominal Pain, bleeding or leaking PV

Obstetric Formula: Primi

Obstetric History:
G1 - PP, Spontaneous conception

Present Pregnancy Record:
booked and Immunised,
NT scan - Normal; FTS - Low risk
Anomaly Scan - Normal

RISK FACTORS:

Took Tab. ECOSPIRIN 150mg till 36 weeks

Height: 160.4 cm
Weight: 65.4 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: S1S2 ⊕ RS B/L NVBS ⊕
Liver/Spleen: Urine Output:

LMP: 5/9/25 EDD:
Corrected EDD: 06/08/2026 GA: 37+5
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination M/S - 3yrs; NCM

Fundal Height: Term

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

Per Speculum Examination

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

Vaginal Examination

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

DIAGNOSIS

Primi
M/S - 3years
NCM
A1 +ve.

LMP - 05/09/2025
C. EDD - 06/08/2026
IRMP

37 weeks + 5 days
Admitted for IOL

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

Family History:	Surgical History:
Nil	Nil
Medical History:	**Medication History:**
PCOS * 2 IUIs failed.	Took Tab. ECOSPIRIN 150mg hs till 36 weeks
Plan of Care:	**Investigations:**
C/I/T Dr. Mathangi - Admission - parts preparation - Secure IV line - Informed consent for IOL/NVD 21/7/26 5:30pm ↓ SAP, pt in lithotomy position. parts painted and draped. Foleys IOL done and inflated with 60cc distilled water Adv: · CTG @ 6:30pm · Shift toward · Reshift to LDR @ 9:30pm · CTG Q4H VSAP 12113	CTG - Reactive

Doctor Name: Dr. Vinitha / Dr. Shreedevi
Signature: 182217
Date & Time: 21/07/2026

Consultant Name: Dr. Mathangi
Signature: For 182217
Date & Time: 21/07/2026

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RESULT SHEET

Date	18/7/26	23/7/26			A1 POSITIVE	
Time						
Hb	12.0	10.4				
PCV	35.3	31				
RBC	4.23	3.65			ICT -	Negative
WBC	9620	11,430				
N/L	64.4 / 26.9	72 / 21			Rubella IgG -	Positive
Platelets	2.56	2.36				
CRP						
ESR					Hb Electrophoresis -	Normal
PCT						
RBS	FBS - 70 PPBS - 115				HIV	Negative
Na					HBsAg	
K					HCV	
Cl					VDRL	
Ca/Mg					ECG	Normal
Phosphate					ECHO	
Urea					LVEF - 70%	
Creatinine						
ALP						
SGPT					TSH -	0.59
SGOT						
T.Bil/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	18/7/26	18/7/26				

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : 10/07/2026

USG : SLIUG EFW - 2595 grams (34%ile)

X-Ray : Cephalic

ECHO : Placenta - Posterior Cervix - 2.30 cm

CT : SDP - 49

MRI AFI - 16.1

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

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26		
9.40 pm	S/B Dr Anandhaemvari	
	primigravida / m/c-3yrs / A+ve / 37w+5days	
	↓ SAP, Foley induction done @ 5.30 pm (21/7/26)	
T-Af	Able to perceive fetal movements well	
PR 94/min	No complaints	
BP 90/60mmHg		
SpO2-99%	O/E-ac fair, afebrile	Advice
	no pallor/no PE	
	CVS / RS NAD	- Normal diet
FH-140-150bpm		plenty of oral fluids
	P/A ut term	
	not acting	- CTG @ 4 Hly
CTG @ 7.30pm reactive	Head unengaged	Next CTG @ 11.30pm
	FH good	- vitals monitoring
		- FHR monitoring
	LE - Foley insitu	- follow drug chart
		- W/F contractions
		[signature] 156007

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/7/26 4 AM	S/B Dr. Arandeshwari	
37+6 weeks	pt reviewed. Able to PPM well. Foleys expelled.	
	O/E: pt GC fair, afebrile P°/PEO	
CTG - Reactive		C/C/T Dr. Mathangi
	P/A: ut term Relaxed Cephalic FHS good	Advice: - PGE2 gel induction - post gel CTG at 5 AM - W/F contractions - Inform SOS.
MBS - 4/B	P/V: Cx 2cm long, posterior os 2 fingers dilated membranes (+) Vx at -3	
EFW - 2.6 kg	pelvis gynaecoid.	
	↓ ASP, PGE2 gel kept intracervically 16/7/26	
	Post-Gel CTG —	Reactive —

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
[illegible]-1993 32 Y 11 M 18 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2024	C/S/B Dr. Vinitha / Dr. Shreedevi	
8AM	Pt reviewed	
	c/o Lower Abdominal Pain ons off	Advice
T-(N)	O/E pt GC fair, Afebrile	- To start INJ. SYNTO
PR- 88/min	P° / PE°	@ 24 ml / hr
BP- 110/70mmHg.	CVS /	- Liquid diet
	RS / NAD	- Continuous CTG
CTG- Reactive	P/A - Ut @ Term	- Continue INJ. SYNTO acceleration titrate
	Mildly Acting (2c/15"/10')	according
	Cephalic	- W/F contractions
	FHS - good	- Inform (SOS)
	& 82217	
	& C/S/B Dr. Mathangi	
22/07/2024		
9:40AM		
	P/A- Uterus @ Term	Advice
CTG- Reactive	Mildly Acting (2c/20"/10')	- Liquid diet
	Cephalic	- AH tour's position
UCG	FHS - good	- Continuous CTG
ROP to ROT	P/V G-1.5cm long	- Continue INJ. SYNTO
- One loop around the neck	OS- 3cm dilated	acceleration
- one loop aside	membranes - Present	- W/F Contraction
	Vertex @ -2	
	↓ SAP, ARM done clear liquor drained	

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 18 D (F
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026 11:30 AM	C/S/B Dr. Mathangi	
		Advice
	P/V - Cx - well effaced	- All four's position
CTG - Reactive	OS - 4 cm dilated	- Continuous CTG
	Membranes Absent	- Continue INJ. SYNTO
	Vertex @ -2 to -1	acceleration
		- Inform (SOS)
	(signature) 182217	- To give INJ. PETHIDINE 50mg + INJ. PHENERGAN 25mg
		- Shift to labour room
22/07/2026	C/S/B Dr. Mathangi	
12 PM	P/V - Cx - Fully effaced	
	OS - fully dilated.	
	membranes - Absent	
	Vertex @ +2 station	
		Advice
		- Position for Labouring
		- Encourage active Pushing
	(signature) 182217	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/2026 12:22pm	KIWI ASSISTED VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	Indication: Persistent decelerations / Poor maternal efforts	
	S/B: Dr. Mathangi	
	A/B: Dr. Vinitha / Dr. Shreedevi	
	↓ SAP, patient in dorsolithotomy position, Local parts painted and draped. With good uterine contractions full cervical dilation. 2% lignocaine local infiltration given. In view of persistent decelerations / Poor maternal efforts kiwi cup was applied in vertex at +2 station. chignon created. A right mediolateral episiotomy given to deliver an alive term girl baby. Baby cried immediately after birth. Cord clamped and cut. Baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto. Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis secured	
	P/A - ut firm & well contracted	
	P/V - No undue bleeding PV	
	P/R - Rectal mucosa and sphincter tone Normal	
	B | 22/07/2026 ; 12:22pm	
	A | Girl	
	B | 2.330kg	
	H | 8/10, 9/10	

Short cord

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		- Normal diet
		- Plenty of oral fluids
		- Vitals Monitoring
		- Follow drug Chart
		- W/F ↑ Bleeding PV
		- CBC C/m 6Am
		- Measure & Inform 1st void
		- Inform (sos)
		- INJ. TRAPIC 1g IV Stat @ 6pm
	[signature] 18/22/7	
22/7/26	S/B Dr. Jayasree / Shreedevi	
Day of delivery	P1L1 Kiwi assisted vaginal delivery	
	Nil Complaints	
Temp (N)	O/E: GC fair, afebrile	Rx
PR - 80/min	P0 / PE 0	→ Normal diet
BP 112/70 mmHg	CVS / RS / NAD	→ Plenty of oral fluids
		- Vitals monitoring
	P/A - uterus firm & contracted	- follow drug chart
1st void - 90 ml		- CBC @ 6am
Postvoidal USG → 360 ml	L/E - no undue bleeding PV.	
2nd void → 400 ml	C/D/w Dr. Mathangi	
USG Postvoidal → 103 ml	Shift to ward	

3rd void → 400 ml

USG Post void → 40 ml

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/07/26	S/B Dr. K. Vinodhini	
	P1L1 Live' arrested vaginal Delivery	
~~BAM~~	Nil Complaints	
PND #0		Adv
	O/E - GC fair, Afebrile	- To follow Drug chart
	NO P/PE	
	CVS / RS / NAD	- CBC @ 8AM
	P/A - Uterus contracted well.	
		12 noon.
23/07/2026 9AM	C/S/B ~~Dr.~~ Vinitha / ~~Dr.~~ Shreedevi	
PND-1	Pt reviewed, Nil c/o	Advice
T-(N)	O/E Pt GC fair, Afebrile	- Normal diet
PR- 84/min	P°/PE°	- Plenty of oral fluids
BP- 118/75mmHg.	CVS / RS / NAD	- Vitals monitoring
		- Follow drug chart
Baby - M/L	P/A - ut well contracted	- W/F ↑ Bleeding PV
B/L - Breast Soft	Soft	- Process discharge.
voiding freely	UE - BWNL	
Stools passed	Epi wound Intact	
	1E2217	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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MEDICATION RECONCILIATION FORM

Drug Allergies: ....

☑ Not known any Drug Allergies

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

Shifting From: 6th FLOOR 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: S. Gayathri (017179.

Date & Time : 21/7/26 / @ - 9pm.

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: MICU Shifted to: 6th floor.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Inj. SUPACEF	1.5g	IV	TDS		☐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 : 16428 Dr. Divyalakshmi

Date & Time : 21/7/24, 1:10 pm

Nurse Name & Signature: S. Pooja GNTANC

Date & Time : 21/7/24 1:10pm

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

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: LDR Shifted to: 6th floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. AUGMENTIN	625mg	PO	TDS	–	☑ C ☐ DC
2	L. PAN D	40mg	PO	BD	22/7/26 7PM	☑ C ☐ DC
3	T. PARACETAMOL	1g	PO	TDS	–	☑ C ☐ DC
4	JUSTIN SUPPOSITORY	100mg	PR	BD	22/7/26 9pm	☑ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

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

Date & Time : 22/7/26

Nurse Name & Signature: [signature] 01808

Date & Time : 22/7/26

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

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DRUG CHART

Date of Admission: 21/7/18 Drug Allergies: ..... ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

Signature .....

VERIFIED BY : Name .....

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 65.4 Ward. 6th

DRUG : Inj. SUPACEF

Dose	Route	Frequency	Start Date
1.5g	IV	1-1-1	22/7

Name & Signature of the Doctor Starting the Drugs: 10428

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 22 — 2AM SA/SP; 10AM SA/SP; 6pm — Stop

DRUG : TAB. AUGMENTIN

Dose	Route	Frequency	Start Date
625mg	PO	1-1-1	22/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 22/23/7 — 8Am PS; 2pm; 10pm SG/SL

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	22/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 22/7, 23/7 — 7Am SL/SG; 7pm SA/SP

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	1-1-1	22/7/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 22/7, 23/7 — 8Am PS; 2pm; 10pm SG/SL

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Sheet No. ....

REGULAR PRESCRIPTIONS

Weight ..65.4 Kg.. Ward ..6th Floor..

DRUG: JUSTIN SUPPOSITORY				Date/Time	22/7	23/7
Dose	Route	Frequency	Start Dt.	9Am	/	PS
100mg	PR	1-0-1	22/7/23			
Name & Signature of the Doctor Starting the Drugs: [signature] 18/22/7						
Additional Instructions:				9pm	SG / SL	
Daily Doctor's Endorsement by a Sign						

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

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

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

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

Patient Sticker

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REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Date / Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

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04-08-1993 32 Y 11 M 17 D (F)
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Weight. 65.4 Ward. CAR

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

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

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/7/18	5:30 pm	Inj. SUPACEF	0.1ml	ID	16448	SA / SP
21/7/18	6pm	Inj: SUPACEF	1.5g	IV	16448	SA / SP
22/7	4:10 AM	PGE2 Gel	0.5mg intravaginally		16448	SA / SP
22/7	11:58 PM	INJ. PETHIDINE	50mg	Im	182217	SA / SP
22/7	11:50 AM	INJ. PHENERGAN	25mg	Im	182217	SA / SP
22/7	12:28 pm	INJ. SYNTO	10U	Im	182217	SA / SP
22/7	12:30 pm	INJ. TRAPIC	1g	Iv	182217	SA / SP
22/7	12:30 pm	INJ. CARBOPROST	250mcg	Im	182217	SA / SP
22/7	1 PM	T. MISOPROSTOL	600mcg	PR	182217	SA / SP

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I.V. FLUIDS CHART

Weight 65.4 Ward. LDR

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/7	6AM	IVF RL 10	IV	free flow	182217	SA / SP	22/7	182217	SA / SP
22/7	8AM	IVF 10 RL	IV	free flow	182217	SA / SP	22/7	182217	SA / SP
22/7	8AM	INJ. SYNTO 5U in 500ml RL	IV	24 ml/hr	182217	SA / SP	22/7	182217	SA / SP
22/7	12:28 pm	INJ. SYNTO 20 U in 500ml RL	IV	125 ml/hr	182217	SA / SP	22/7	182217	SA / SP

Signature .....

VERIFIED BY : Name .....

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: ...6.5...4... kgs

Sheet No: ...1...

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
29/4/26	1pm	JUSTIN SUPPOSITORY	100 mg	PR		SA	SP
29/4/26	6pm	INJ. TRAPIC	1g	IV		SA	SP

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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																						
21/4/26		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								18				18		20		20		12		20		12		22	
	0 - 10																									
Saturations	94 - 100 %								100				100		100		99%		98%		97%		96%		99%	
	< 94 %																									
Administered O_2 (L/min.)									RA				RA		RA		RA		4L		RA		4L		4L	
Temp°c	40																									
	39																									
	38																									
	37								98				98		98.2		98.4		98.6		98.4				98.6	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90								90				90		80		94		94		86		94		94	
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120								110				116		112		90		100		92		110		110	
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70								70				62		70		60		70		61		70		70	
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert								✓				✓		✓		✓		✓		✓		✓		✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30								✓				✓		✓		✓		✓		✓		✓		✓	
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal								–				–		–		–		–		–		–		–	
	Heavy / Foul																									
Liquor	Clear / Pink								–				–		–		–		–		–		–		–	
	Green																									
TOTAL YELLOW SCORES									0				0		0		0		0		0		1		1	
TOTAL ORANGE SCORES									0				0		0		0		0		0		0		0	
Nurse Initial																										

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Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

22/7/26	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		20	21		20			20		19		20				20				20			
	0 - 10																								
Saturations	94 - 100 %	100		100		100	100			100		100		98				98				98			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA	RA			RA		RA		RA				RA				RA			
Temp°C	40																								
	39																								
	38																								
	37	98.6		98.6		98.6	98.6			98.6		98.6		98.6				98.4				98.5			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	88		81		84	78			80		70		80				82				82			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	110		110		112	118			119		110		112				115				118			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70		70		71	80			80		60		71				82				75			
	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		AK					AK											SM				SM			

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

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

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. : 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.

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
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm	on admission										
Total Intake :						Total Output :						
21/7/26	02:00 pm									200	NO	
	03:00 pm	H2o	200ml								NO	
	04:00 pm									150	NO	
	05:00 pm	H2o	200								0	
	06:00 pm									200	0	
	07:00 pm	H2o	200ml							100	0	
Total Intake :		1000ml				Total Output :				650ml		
	08:00 pm	H20	100ml									
	09:00 pm	H20	200ml							✓	0	Euphoria.
	10:00 pm	Water	100ml								0	
	11:00 pm	Water	200ml	Inf RL 100ml						250ml	0	
	12:00 am			100ml						100ml	0	
	01:00 am										0	
Total Intake :		800ml				Total Output :				350ml + 1 time urine passed		
	02:00 am										0	
	03:00 am	Water	200ml							100ml	0	
	04:00 am									100ml	0	
	05:00 am	Water	200ml	Inf RL 100ml						200ml	0	
	06:00 am	Water	150ml								0	
	07:00 am	water	200ml							100ml	0	
Total Intake :		850ml				Total Output :				500ml		

Total 24 hrs. Intake	2,1250ml	Total 24 hrs. Output	1,500ml + 1 time urine passed

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FLUID CHART

Sheet No. : 2

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

22/7/26		Intake				Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am	H2O	100	24	300					200	0	SA
	09:00 am			48							0	SA
	10:00 am	TC	100	96						200	0	SA
	11:00 am	H2O	100	120						200	0	SA
	12:00 pm			125							0	SA
	01:00 pm	H2O	100	125							0	SA
Total Intake :		1438ml				Total Output :				600ml		
	02:00 pm	H2	100	125							0	SA
	03:00 pm	H2O	100	125							0	SA
	04:00 pm	TC	100	125						90	0	SA
	05:00 pm	H2O	100							250	0	SA
	06:00 pm	H2O	100							350	0	SA
	07:00 pm	H2O	100								0	SA
Total Intake :		975ml				Total Output :				890ml		
	08:00 pm	Light	150ml							100ml	0	SA
	09:00 pm										0	SA
	10:00 pm	H2O	100ml							✓	0	SAn
	11:00 pm											
	12:00 am	TCW	200ml							✓	0	SAn
	01:00 am											
Total Intake :		450ml				Total Output :				2 time		
	02:00 am										0	SAn
	03:00 am	H2O	100ml							✓		
	04:00 am	H2O	100								0	SAn
	05:00 am	H2O	100ml									
	06:00 am	H2O	100							✓	0	SAn
	07:00 am	H2O	100									
Total Intake :		500ml				Total Output :				2 time		

Total 24 hrs. Intake	3e 363...	Total 24 hrs. Output	1890ml + 4 time

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NURSING CARE RECORD

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 21/4/26

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	3pm	Achieve acceptable pain control & comforts		- Assess the level of pain by using pain scale. - Provide comfortable bed position	Reduced pain	Reassessment is done	[illegible]
Night	8pm.	Maintain personal hygiene	9pm	⇒ Maintain hand wash ⇒ Maintain personal hygiene	⇒ Patient Maintained Personal hygiene	⇒ Patient was clinically Stable	[illegible] 01789

Docu. No: RCH /FRM / CLINICAL / 148

UHC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D (F
04-08-1993 32 Y 11 M 18 D
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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

Date: 22/7/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8AM	Achieving Acteable pain control & comfortable	8:30 AM	Assess pain using pain scales regularly position changed (left lateral)	patient was stable	Reassessment was Done	Akalya 01808
Afternoon	2pm	Achieving Acteable pain control & comfortable	2:30 PM	Assess pain using pain scale regularly position chaged	patient was stable	Reassessment was Done	Akalya 01808
Night	8 PM	* Assessed to pain * to maintain hand hygn * Position change if needed	8 PM	* Assessed to pain. * to maintain hand hygn * Position change if needed	Patient was stable	Reassessment on done	0622

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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
		On admission notes	
21/7/26	1.10pm	pt mrs. Hepzibah 32y/F.	
		she is primi/37wk+5d/BOH.	
		pt came for admission got	
		admitted under Dr. mathangi.	
		Admitted for Induction of	
		labour. vital signs checked &	
		recorded BP-110/70 PR-80bpm	
		RR-18b/m temp-98°F. CTG	
		connected FHR ⊕. Informed to	
		Dr. Vinitha seen the pt. history	
		collected. parts preparation done.	
		she is 'A' positive blood group.	
		Induction of labour. vaginal	
		birth consent done.	Saipooja
	2pm	CTG disconnected as	
		per doctor order. pt had	
		normal diet. provide comfortable	
		bed position.	Saipooja
	5.30pm	Dr. mathangi came seen	
		the pt did P/V examination	
		Cx 2cm long os 1 finger mem ⊕.	
		Foley's induction done 22F foley's	
		put intracervically 65ml water	
		infiltrated. Advice to give	
		Dr. scargy order carried out.	
		IV placement done 18G verflong next page.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00090352 IP18-00036561
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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26 continue		back flow ⊕. Inj. supacef (?) test dose ID given as per doctor order.	Signature 01...
	6pm	pt have no c/o allergy itching Inj. supacef 1.5gm IV given as per doctor order.	Signature
	6:30pm	Post foley's cath connected as per doctor order FHR ⊕. provide left lateral position.	Signature
	7:30 pm	⇒ Dr. [illegible] Advised to stoped [illegible] pt shifted to ward patient care hand over given to 6th floor staff Nurse	Signature 018...
		Received notes 21/7/26	
21/7/26	7:30pm	→ Patient received from LDR to 6th Floor (606) →	Signature 017179
		→ Patient clinically stable → Provide health education → Provide comfortable bed Position →	Signature 017179
	8pm	→ checked vital signs → Patient vitals is stable → Monitored intake and output chart, Marked and recorded →	Signature 017179
	9pm	→ Patient shifted to LDR as per doctor advice →	Signature 017179

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GUC-00090352 IP18-00036561
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(2)

NURSES NOTES

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☐ No Known Drug Allergies ✓
☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/7/26	9.30pm	Patient details hand over	Jai
		given to CDR staff	01493
		Receiving Notes on 21/7/26	
21/7/26	9³⁰pm	Report Received from 6th floor	
		Staff to CDR staff. Patient conscious	
		& Oriented. IV line patent.	
		No swelling, No pain	
		vital sign checked & Recorded	
		vital sign are stable	Shalini 01407L
	10pm	I/O chart maintain	
	11³⁰pm	CTG Connected FHR is good.	
		Patient general condition is fair	
		Patient general condition is fair	
	12³⁰Am	CTG Disconnected order by Dr. Divya	
		I/O chart maintain.	
	2Am	Inj supacef 1.5gm IV given.	
		No Allergy Reaction	Shalini 01407L
		Patient is sleeping well	
		vital sign checked & Recorded	
	3Am	CTG Connected FHR is good	
		Patient left lateral position changed	
	4Am	CTG Disconnected order by Dr. Divya	
		S/B. Dr. Anandeshwari She PV	
		Examination done, Show expelled Cervix 2cm long	
		posterior, Os 2 finger dilated	
		membranes (+), vertex at -3	

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

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continuous 22/7/26	
22/7/26	4:15 AM	Asp. PGE2 gel kept intracervically	
		patient left lateral position.	
		Charged	Shalini 01407
		The chart maintain.	
	5:15 AM	post gel CTG connected, FHR is good	
		The chart maintain	
		Patient general condition is fair	
	6:30 AM	CTG Disconnected order by	Shalini
		Dr. Bhadeshwari	
		patient morning care given	
		The chart maintain	
	7 AM	⇒ Patient Vital given	
		stable. General condition	
		fair	→ [illegible] /01174
	7:30 AM	⇒ Patient report hand	
		over to Morning duty staff	[illegible] /01174
		morning duty	
22/7/26	7:30 AM	patient care hand over	
		taken from Night duty	
		staff Nurse patient was stable	
		conscious & oriented in time	
		present & pattern. more fall	
		risk assessment was done	
		score is 20, Braden q scale	
		Assessment was done score is	Ataliya
		27 pain assessment done 2/10	018050

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GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	8Am	Dr: Vinitha Advised to start the Inj: Syntocin 5units C RL500ml connected 24ml/hr CTG is continue monitor FHR is good (+) To Encourage Adequate calls pt is shifting position ———	SN Abalya 01808
	9Am	FHR is droped 75b/m Informed Dr: Vinitha, Advised to stoped Inj Syntocin. Continue monitor for FHR RL500ml Rushed change the position. ———	SN Abalya 01808
	9:40 Am	⇒ Dr: mathangi DO PV Examination findings was she is 1.5cm long 3cm dilatation DO ARM done a clear output Advised to Put All fores position FHR is good (+) To Encourage Adequate calls ———	SN Abalya 01808
	10Am	⇒ Inj: supacef 1.5 gram IV given to pt FHR is good (+) continue monitor FHR Inj: Syntocin 72ml/hr. on going ———	Abalya 01808
	11:30 Am	⇒ Dr: mathangi: DO PV Examination findings was she is 4cm dilated membranes Absent vertex @ -2 to -1 ———	Abalya 01808

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NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	11:50 Am	⇒ Inj pethidine 1ml ē Inj phenergon 1ml Im given to patient pt is shifting position FHR is good(+) Inj: syntocin 188ml/hr ongoing Kiwi Assessed vaginal	⇒ Akalya 01802
22/7/26	12:22 pm	Delivery ⇒ patient is fully dilatation given to lithotomy position Clean the perium for povidone sollution Inj' Lox 2% Infiltration was done poor maternal Efforts so kiwi cup applied Baby was delivered at 12:22pm Immeditly cry the Baby Cord is clamped & cut was done Cord Blood collected & sented to lab. placental was Expelled minimal of Bleeding Inj: syntocin 10units Im given and Inj syntocin 20units RL 500ml connected 125ml/hr Inj: calpoprost Im given to pt Inj Trapic 1gram ē NS100ml connected on flow. pt vital are stable suturing was done Tab miso 600mcg kept suture support kept count corrected & disposabed	⇒ Akalya 01802

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

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(4)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/7/26	Continue Notes	Baby Details:-	
		Date:- 22/7/26	
		Time:- 12:22pm	
		weight:- 2.330kg	
		Sex:- Girl	
		Apgar score: 8/10 9/10	Akalya 01809
	2pm	B - Breast is soft	
		U - uterus was contracted	
		B - Bowel movement present	
		B - patient is self voiding	
		L - Lochia Rubra present	
		F - REEDA Assessment done	
		H - Homan Signs Negative	
		E - Pt Emotional good	Akalya 01809
	3pm	⇒ patient was stable	
		Urine Ball removed at 1:30pm	
		minimal of Bleeding IV fluids	
		ongoing NO complicats	Akalya 01809
	5pm	patient is voided 90ml	
		Informed Dr: Sreedevi to post	
		voiding scan was done Advised	
		to Next measure the void	
		minimal of Bleeding	Akalya 01809
	6pm	⇒ patient voided 450ml	
		Informed Dr: Sreedevi post	
		voiding scan was done against pt	
		voiding 350ml	Akalya 01809

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	7pm	⇒ Dr. Seeder Advised to	
22/7/26	Contine	measure the Next voiding and	
	Notes	Informed Inj: Tagpic 1g and	
		NS 100ml connected on flow	
		Pt was stable ———	→ Akalya
	7pm	⇒ C.pan 40mg orally given	01802
		to patient / B feeding Normal	
		IV line pattern. No complaints	→ Akalya
	7:30	⇒ patient care hand	01802
	pm	overs given to Night duty staff	→ Akalya
			01802
		Night Duty Notes (22/07/26)	
	7:30pm	patient details handing over	[signature]
		taken from evening duty s/n.	01038
	8pm	patient on RA, patient was	
		stable conscious & oriented,	
		patient vital sign are recorded.	
		patient voided for urine.,	
		patient pain was stable, on any	
		other complaint ———	[signature] 01023
	9pm	Patient urine voided 400ml	
		informed Dr. Jayaseene. She Bed	
		USG done. She advice patient	
		shifted to ward ———	[signature]
		B - Breast soft	

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PHLEBITIS ASSESSMENT

Patient's Name: ....
MRD NO: GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D 32 Y 11 M 17 D (F)
04-08-1993
Dr. MATHANGI RAJAGOPALAN
Age : .... ☐ M ☐ F
Consultant : ....

CANNULA 1

Date : 21/7/26 Time: 5.30pm
Location : (L) metacarpal
Size : 18G
Cannula inserted by : [illegible]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
21/7	6pm	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
21/7	9pm	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
22/7	12Am	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
	2AM	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
	4Am	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
	6Am	☐Yes ☐No	☐Yes ☐No	observe cannula	[illegible]
	8Am	☐Yes ☐No	☐Yes ☐No	obser	SA
	10A	☐Yes ☐No	☐Yes ☐No	obs	SA
	12pm	☐Yes ☐No	☐Yes ☐No	obser	SA
	2pm	☐Yes ☐No	☐Yes ☐No	obser	SA
	4pm	☐Yes ☐No	☐Yes ☐No	obs	SA
	6pm	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	8pm	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
23/7	12am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	4am	☐Yes ☐No	☐Yes ☐No	healthy	[illegible]
	10am	☐Yes ☐No	☐Yes ☐No	healthy	[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		

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

CANNULA 2

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

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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BRADEN 'Q' SCALE

					Date : 21/7	21/7	22/7	22/7
					Time : 2pm	N	M	E
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.	4	4	4	4
"Activity The degree of physical activity"	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR Friction . Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible] 01809

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

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

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

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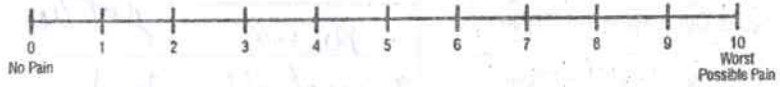
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/7/26	12AM	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 04 07
22/7/26	4AM	1/10	Lower Abdomen pain	☐ Continuous ☑ Intermittent	☐ Acute ☑ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	Shalini 04 07
22/7	6AM	1/10	Low Abd pn.	☐ Continuous ☑ Intermittent	☐ Acute ☑ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	
22/7	8AM	4/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	Comfortable position	Akalya 01 30
22/7	2pm	2/10	Episiotomy site	☐ Continuous ☐ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	Akalya 01 30
22/7	8pm	1/10	Episiotomy Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	Shalini 04 07
22/7/26	10pm	4/10	episiotomy Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Tab para give	2nn
23/7/26	3AM	1/10	episiotomy Site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	2nn
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	21/7/26 2pm	21/7/26 N	22/7/26 M
		Score			
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
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	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:			10	10	20
		Signature	[signature]	[signature] 0129	[signature] 01800

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECO

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Part - I.

Patient's / Learner Language: tamil Patient / Learner Literacy: ☐ Read ☐ Write ☐ Speak Willingness to [illegible]: Yes No Healthcare Literacy: Yes ☐ No ☐

Identified Education Needs:

1. Diagnosis [illegible]
2. Treatment and Care

Plan

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
24/7/26	2pm	Yes	Educate about fall risk safety needs (and side rails)	Patient	No learning barriers	Oral	None	Yes	Good	[illegible]
25/7/26	8AM	YES	Educated about the pain managment	pt	No learning barriers	Oral	none	yes	good	[illegible]

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:

- ☑ a. Yes
- ☐ b. No

7. For Caesarian mothers: N/A

- ☐ a. Mother is required sit and feed from the 4th feed
- ☐ b. Please explain football hold

8. NICU admission: N/A

- ☐ a. Mother needs to stimulate her breast for 2 min every 2 hours

9. Additional notes: ....

Continuity of Care: Date: 22/7/26

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

Handover given by S/N Akalya 01808 Handover taken by ....

Signature [signature] 01808 Signature ....

Date & Time: 22/7/26 Date & Time: ....

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 21/07/2026

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to —

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

If yes , identify .....

Chief Complaints: Pt came for Adl

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vinitha

Time Notified: 1:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
2 IUIs failed	Nil	Nil

Blood Group: A+ve LMP: 5/9/25 EDD: 6/8/2026 Gestational age during admission: 37 wks

Contractions: Nil Vaginal Discharge: .....

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

Height: 160 Weight: 65.4 BMI: 26

Temp: 98F HR: 80 RR: 18 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	

Patient Sticker

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other .....

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

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

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

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

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

Social History: Lives With ..Husband..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Patient..

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

Orientation not given Reason: ..-..

Nurse Signature: .....

Nurse Name: ..Pooja..

Date & Time: ..21/7/20 at 1:30pm..

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/7/26 Time of Arrival: 1:10pm Time Seen by Nurse: 1:15pm

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: Pain

3) **Vital Signs:** Temperature: 98°F Pulse: 80 RR: 18 SpO_2: 100 BP: 110/70 Weight: 65.4

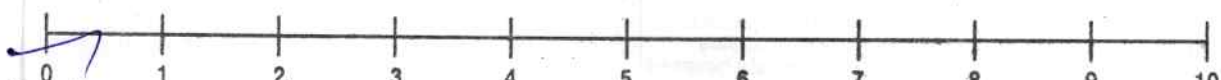
4) **Gestational Criteria:**

Gravida:	G 1	P	L	A

LMP: 5/9/2025 EDD: 6/8/2026 Gestational Age: 37wk 5d

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

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



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

6) **Past History:**

a) Surgeries: N/A

b) Medical: 2 IUIs failed

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: 1:30pm

Nurse Name : S. Pooja Nurse Signature: [signature]

Date: 21/7/16 Time: 1:20pm

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 21/7/20

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity		1
Parity ≥ 3	✓	1 or 2
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		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		
Signature of the Nurse		
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.

INFORMED CONSENT FOR VAGINAL BIRTH

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Dr. MATHANGI RAJAGOPALAN

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

Gender: ☐ Date : ..... Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

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

Consentee :

Signature : D. Hepzibah

Name : HEPZIBAH RUBELLA

Date & Time : 21/7/26 & 4:20 PM

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : P. Sathish Babu

Name : SATHISH BABU. P.

Relationship with Patient: HUSBAND.

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Vinitha

Date & Time : 21/7/26

Patient Sticker

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INDUCTION OF LABOR CONSENT

GUC-00090352 IP18-00036561
Mrs HEPZIBAH RUBELLA D
04-08-1993 32 Y 11 M 17 D (F)
Dr. MATHANGI RAJAGOPALAN

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

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

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

The reason for your induction is .....

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

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

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

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

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

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

Patient

Signature: D. Hepzibah

Name: HEPZIBAH RUBELLA

Date & Time: 21/7/26 & 4:20 pm

Patient Attendant:

Signature: B. Satish Babu

Name: SATHISH BABU. P.

Relationship with Patient: HUSBAND.

Date & Time: .....

Doctor:

Signature: .....

Name: .....

Date & Time: .....

Witness

Signature: V.DEV 121173

Name: Dr. Vinitha

Date & Time: 21/7/26

PATIENT TRANSFER FORM

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Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr. mathangi	21/7/26 @ 12:50pm	21/7/26 @ 7:30pm
Transfer Ordered by	**Reason for Transfer**	
Dr. Vinitha	Pt care	
From Unit	**To Unit**	**Information to Attendant**
UP	GOG	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Pt DP file	CT	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. Vinitha,

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Pooja Staff Nurse	Dr. Vinitha

Patient & Clinical Records Received by : Praveena

Date & Time of Patient Received : 21/7/26 @ 7.40pm

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

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

PATIENT TRANSFER FORM

(2)

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	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 @ - 1.~~50~~pm	21/7/26 30pm @ - 9.~~0~~pm.
Treating Consultant Name: DR. Mathangi	Transfer Ordered by: DR - Mathangi	Reason for Transfer: Further management
From Unit: 6th Floor	To Unit: LDR.	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films: CTG (2)	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Emyathei 017184	DR - Mathangi

Patient & Clinical Records Received by : S. Shanthi 01407 21/7/26 at 9.30pm

Date & Time of Patient Received :

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

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

PATIENT TRANSFER FORM

(3)

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Mrs HEPZIBAH RUBELLA D
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Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	21/7/26 at 1:50 pm	22/7/26 at 8:30 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr: mathangi	Dr: Sreedevi	Observation
From Unit	**To Unit**	**Information to Attendant**
LDR	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**
Whole IP Files	CD	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab: Paracetmol 1g	10
2.	Cab: Pan D 40mg	9
3.	Tab: Augmentin 625mg	10.
4.	Tustin Suppositio. 100mg	
5.		

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

Pt Shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SN Sheela	Dr. Sreedevi

Patient & Clinical Records Received by :

Date & Time of Patient Received : 22/7/26 @ 9 pm

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

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