GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 36 Y 3 M 26 D (F)
Dr. PRIYADHARSHINI S M

Rainbow Children's Hospital

DISCHARGE TRACKING SHEET

HID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>		
Activity Sheet update by Nursing		23/7/21 @ 6pm					
Activity Sheet update by Pharmacy							

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
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ACTIVITY RECORD FOR BILLING

Name: Mrs. Pavithra

UHID No: 86059 IP No: 36596 Consultant: DR. Priyadharshini Dept: LDR.

Date of Admission: 24/7/26. Time: 7AM. Date of Discharge: ..... Time: .....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/7/26	9.20 am.	MICU	701.	Devi/015760
24/7/26	2.35 pm	7th floor	LDR	[illegible]
25/7/26	12pm	LDR	7th floor	[illegible]

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
25/7/16	HB, PCV	20028845	[signature]

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
24/7/26	CTG - (1)			009475	Den°
24/7/26	CTG - (2)			01000	
24/7/26	Infusion pump	3.30pm.	24/7/26 7pm.	173239	
24/7	CTG (3)			610008	
24/7	CTG (4)			010008	
24/7	CTG (5)			610012	
24/7	CTG (6)			010012	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
24/07/26	IV placement	1	1732392	

ANY OTHER INFORMATION:

24/07/2026 vacuum Assisted Normal vaginal delivery.
Date and time : 24/07/2026 1hrs.
1hrs 5.30pm to 6.30pm.
DR. priyadharshini
DR. Divyalakshmi.

Date: 25/7/26 Time: [illegible] Prepared By: [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

DISCHARGE TRACKING SHEET

FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement	25/7/26 at 5PM				
	INTIME	OUT TIME			
Arrangement of File by Nursing		25/7/26 at 5PM	Sunil 6043?3		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

701

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036596 **Admit Date** : 24-Jul-2026 **Admit Time** : 08:16 AM **UHID** : GUC-00086059

Patient Details :

Patient Name : Mrs S B PAVITHRA
Guardian : Mr SARVANAN N B
Gender : Female
Occupation :
Address (H) : Door no 12-39 flat no f1 mycons jaisairam 5 th main road kasthurba Adyar Chennai Tamil Nadu INDIA 600020

Age : 35 Y 3 M 25 D
DOB : 29-03-1991
Religion :
Martial Status :
Phone No : 9019284309/ 9600070767
E-mail : no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 802 **Ward Name** : 8F-OT COMPLEX
Room No : MICU 802 **Admission Type** : First Visit

Contact Details :

Name : Mr SARVANAN N B **Relationship** : Husband
Contact Address : Door no 12-39 flat no f1 mycons jaisairam 5 th main road kasthurba Adyar Chennai Tamil Nadu INDIA 600020 **Phone No** : 9600070767

Signature

Doctor Details :

Doctor Name : Dr. PRIYADHARSHINI S M **Specialisation** : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Dr. Priyadharshini S M **Phone No** :
Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 7000.00
Payor Name : SELFPAY

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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 : > PAVITHRA S R	UHID Number : 86059
Self/Attendant Name : > SARVANAN N R	Relation : > HUSBAND
Self/ Attendant Signature : > Phone Number : > 9600070767	Name & Signature of Financial Counselor

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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs S B PAVITHRA**	**Age :**	**35 Y 3 M 25 D**
IP No:	**IP18-00036596**	**Sex:**	**Female**
Consultant:	**Dr. PRIYADHARSHINI S M**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 802**

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)
3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: SARVANAN N B

Relationship: HUSBAND

Date: 24-07-2026 Time: 08:16

Witness Name: ASWIN

Witness Signature:

Patient Address:

Door no 12-39 flat no f1 mycons jaisairam 5 th main road kasthurba Adyar Chennai Tamil Nadu INDIA 600020

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F) Hma
Dr. PRIYADHARSHINI S M

Patient Stic

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
for safe confinement

LMP: 23/10/25 EDD: 30/7/26
Corrected EDD: 7/8/26 GA: 38 weeks.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Formula:
G2P1L1

Obstetric History:
① ♀ | 4yr | FTNVD | Bwt = 2.9 kg

Obstetric Examination

Fundal Height: Term size.

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: 3/5

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Present Pregnancy Record:
Spont. conception
NT: 1Bw | NT: 1.5mm;
Anomaly scan: Anomalies Nil

RISK FACTORS:
G. Hypothyroid on T. Thyronorm 25µg

Per Speculum Examination

Draining: ☐ Present ☑ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☑ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

Height: 160 cm
Weight: 59 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: (+) Pallor: -
Icterus: - Edema: -
Temp: (AF) PR: 86
BP: 110/70 DTR: (+)
CVS: NAD RS (NAD)
Liver/Spleen: Urine Output:

DIAGNOSIS

G2P1L1 | prev NVD | 38 weeks | Gest. hypothyroid.

(P.T.O)

Patient Sticker

Family History:	Surgical History:
Mother HTN Father- hypothyroid	Nil.
Medical History:	**Medication History:**
G. hypothyroid x2 month	T. Thyroxine 25µg OD
Plan of Care:	**Investigations:**
Admission UP/PR NST/Intab monitoring for IOL - T. Misoprostol 25µg.	CTG

8:55am CD/w Dr. Priyadharshini

- Shift to ward
- CTG at 9:15 am
- T. Misoprostol 25 mcg @ 10:15 am
- CTG Q4H
- Inform SOS

12/11/23

Doctor Name: .....

Signature: .....

Date & Time: 24/2/26.

Consultant Name: Dr. Priyadharshini

Signature: (FOR)

Date & Time: .....

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Pa 29-03-1991 35 Y 3 M 25 D (F)
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RESULT SHEET

Date	2/7/26	25/7/26.				
Time						
Hb	10.1	10.6.		Blood grp: B positive.		
PCV	30	37.				
RBC	3.53					
WBC	11.46					
N/L						
Platelets	302			FT4 : 0.98		
CRP				TSH : 3.46		
ESR						
PCT						
RBS				22/4/26 FBS : 92		
Na				PPBS : 89		
K						
Cl						
Ca/Mg						
Phosphate				ECG] Normal		
Urea	18/12/25 14			ECHO]		
Creatinine	0.6					
ALP				HIV] NR		
SGPT				HbsAg]		
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

(P.T.O)

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

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 10/7/26 36 w

X-Ray : Cephalic ; PI - posterior ;

ECHO : AFI : 8.7 ; EFW : 2876 g

CT : Doppler : Normal.

MRI .....

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

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Pa

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 3:15 pm	S/B Dr. Priyadharshini pt. retrieved Able to PPM well.	
38 weeks	O/E: pt GC fair, afebrile P0 / PEO	Advice - Ambulation - Liquid diet.
T - (N) PR 78/min BP - 118/80 mmHg	P/A: ut term 1-2 c / 10 sec / 10 mins cephalic FHS good.	- Inj SYNTO 5 units in 500ml RL @ 26ml/hr and titrate. - Continuous CTG - W/F contractions. - Inj. DROTIN 1 ampoule IM STAT. - Inform SOS. - Inj. TAXIM 1gm IV BD (ATD)
CTG - Reactive	P/V: Ex 0.5cm long os 3cm dilated membranes (+) Vx at brim pelvis gynaecoid	
	↓ASP, ARM done - clear liquor post ARM - FHS good	
		16/4/26

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/7/26 4:45pm	S/B Dr. Priyadharshini	
Synto @ 72 ml/hr	P/A: Ut term. 5C/15 sec/10 mins cephalic FHS good	Advice - Inj: EPIDOSIN 2cc slow IV STAT ↓ Next dose in 30mins
CTG - Reactive	P/V: Cx thick effaced OS 4cm membrane (-) Vx at -3 clear liquor leaking PV	- W/F progression - Continue CTG - Titrate synto - Inform SR
	[signature] 104288	
24/7/26 5:30pm	S/B Dr. Divyalakshmi pt reviewed	
	Pt. c/o pushing sensation	
CTG - early decelerations	P/V: OS 8-9cm. Cervix fully effaced. membranes (+) Vx at 0 to +1.	

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

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Dr. PRIYADHARSHINI S M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Advice:	
	— Shift to labor room.	
	— Encourage to bear down.	
		16/7/26
24/7/26 5:41 PM	VACUUM ASSISTED VAGINAL DELIVERY WITH RMLE.	
	Ind: Poor maternal efforts / Persistent deceleration	
	CB - Dr. Priyadharshini. S.M	
	A/B - Dr. Divyalakshmi. S.R.	
	↓ ASP, pt ↓ lithotomy position perineum painted and draped. Local anesthesia infiltration given. Vacuum cup applied with vertex at +2. Chignon created. At crowning, RMLE given to deliver an alive term, BOY baby. Baby cried immediately after birth. Delayed cord clamping done. Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping & Rh typing. Placenta and membranes delivered	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	intoto. episiotomy episiotomy sutured in layers using rapid vicryl. Hemostasis secured.	inspected. No extensions.
	P/A - uterus firm and well contracted P/V - No undue bleeding pv. P/R - Rectal mucosa & sphincter tone (+) UE: Rt sided medial edema (+)	
	B | Alive term baby A | 24.07.26 @ 5:41 PM B | 3.258 kg V | 8/10, 9/10.	Advice - (N) diet. - Oral fluids. - monitor vitals - follow drug chart - Ice pack UP - Inj. TAXIM 1gm one more dose! - Inj TRAPIC 1gm IV STAT after 6 hours. - Hb/PCV c/n 6am - EBF measure & inform 1st void. - Half hourly PR chart - Inform SOS.

Baby mlb

10/4/26

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Dr. PRIYADHARSHINI S M

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr Pavithra.	
24/07/2026	Pt reviewed	C/I/7 Dr. Priyadharshini
10 PM	o/e	Advice
PND-0	Pt cc fair	- (N) Diet
	afebrile	- Plenty of orals
T-(N)	P/PA	- ½ hourly monitoring (Pulse)
BP- 112/68mmHg.	CVS/RS/NAD	- Ice pack for L/A.
PR- 84/min.	P/A- Ut firm & cont well.	- Inj Taxim 1g IV stat @ 11 PM
Baby-M/S	P/V- Epi wound intact.	- Inj Trapic 1g IV stat @ 12Am.
B/C Breast soft.	No undue Bleeding P/V.	
Voided 200ml.	P/R- Rectal mucosa free & intact.	
PVR-30ml	C/S- (2) Side Labial Swelling (+) (extending upto Mons pubis).	
		Dr
24/7/2026	C/S/B Dr. Pavithra.	
11.30 PM	Pt reviewed.	- To continue Ice packing.
	o/e. Pt cc fair	- Hourly Pulse Rate Monitoring.
T (N)	afebrile	- To follow above orders
BP-110/70mmHg.	P/PA	- Hb/PCV c/m 6Am.
PR- 82/min.	P/A- Ut cont well.	
	P/E- BWNL	
Baby-M/S	Shift to ward	Dr.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/2/2026 6:30Am	C/S/B Dr Pavithra	
	Pt reviewed	C/I/T Dr Priyadharshini
T-Ⓐ BP- 110/68mmHg. PR- 82/min	O/E Pt GC fair	Advice
	afebrile	- Ⓝ Diet
	P/Pe	- Plenty of orals.
Baby-M/S.	CVS / RS NAD	- Vitals monitoring.
Hb-10.6 PCV-31	P/A- Ut firm & cont well.	- Hourly Pulse rate monitoring.
		- Follow drug chart.
	L/E- Labial swelling Ⓕ. (reduced ↓↓)	- To give MgSulf Glycerine dressing for local labial swelling
	Epi wound intact.	
		[signature]

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26.	S/B Dr. Abhilash	
9.15 AM.		
B+ve		- voiding freely.
	Pt reviewed.	
PND#1.		
	O/E : afebrile	
BP 118/51 mmHg	GC fair	Plan:
PR 84 bpm	P°/ Pc°	- monitor vitals
SpO_2 99% @ RA	P/A : uterus wc	- PR globuly.
Temp (N)	soft	- w/f ↑ bleeding P/V.
B/L breast soft	L/E : BWNL.	- normal diet
secretions (+)	Labial swelling (+)	- hydrate
Baby m/s	no d/s noted from	- ambulate.
DBF	swelling tender on touch.	- inform (SOS)
		[signature] 12.35. - $MgSO_4$ + glycerin dressing (labial swelling).

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

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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: N'L ☐ Not known any Drug Allergies

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

Shifting From: MICU Shifted to: 7th Floor.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. THYRONORM	25mcg	P/O	OD		☑C ☐DC
2						☐C ☐DC
3						☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : V-HO 127113 Dr. Vinitha

Date & Time : 24/7/26

Nurse Name & Signature: S/N Devi /015760.

Date & Time : 24/7/26

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... nil ..... ☐ 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: ..... FF 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: ..... K. Abirami .....

Date & Time : ..... 24/2/26 @ 2:15pm .....

Patient Sticker

GUC-00086059
Mrs S B PAVITHRA IP18-00036596
..-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

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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: ....7th Floor)..........................

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						☐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 : ....25/7/26..

Nurse Name & Signature: .....B. Ahuntha 1011746...

Date & Time : ....25/7/26...

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

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
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DRUG CHART

Date of Admission: 24/7/26. Drug Allergies: NIL ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

REGULAR PRESCRIPTIONS

Weight. 89 Ward. CAS

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
25mcg	PO	OD	24/7

Name & Signature of the Doctor Starting the Drugs: 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7/2017
6AM	MD SA
	EP ES

DRUG : Tab. ZERODOL SP

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

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7/2017
8PM	ES SA
8AM	SS

DRUG : Tab. PAN

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

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	24/7/2017
7AM	EP ES
7PM	SD SS

DRUG : Tab. CEFTUM

Dose	Route	Frequency	Start Date
500mg	PO	1-0-1	25/7

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	25/7
8AM	SS NS
8PM	

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

Patient Sti

Weight. 8Kg Ward. CDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/7/26	8.15 AM.	T. MISOPROSTOL	25Mcg	P/O	12113	MD SA
24/7/26	10:15am	T. MISOPROSTOL	25Mcg	P/O	12113	N.S V.A
24/7/26	3.30 pm	Inj. TAXIM	0.1mg	ID	16428	DS SP.
24/7/26	4 pm	Inj. TAXIM	1gm	IV	16428	DS SP.
24/7/26	3.30 pm	Inj. DROTIN	1 amp	IM	16428	DS SP.
24/7	4.50 pm	Inj. EPIDOSIN	2cc	Slow IV	16428	DS SP.
24/7	5:20pm	Inj. EPIDOSIN	2cc	Slow IV	16428	NOT GIVEN
24/7	5.42 pm	Inj. SYNTO	10 units	IM	16428	DS SP
24/7	6pm	Inj. TRAPIC	1gm	IV	16428	DS SP.

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

I.V. FLUIDS CHART

Weight. 89 Ward. CDE

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
24/7	3.30 pm	Inj. SYNTO 5units in 500ml RL	IV	24	10/4/26	BS SP	24/7	10/4/26	BS SP
24/7	3.30 pm	IVF 10 RL	IV	free flow	10/4/26	BS SP.	24/7	10/4/26	BS SP.
24/7/26	5.41 pm	Inj. SYNTO 20 units in 10 RL	IV	125 ml/H	10/4/26	BS SP	24/7/26		BS SP.

Signature .....

VERIFIED BY : Name .....

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Mrs S B PAVITHRA
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STAT / ONCE ONLY DRUGS

Name: Pavithra

Weight: 89 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
24/7	6 PM	T-MISOPROSTOL	600mcg	PR		SN	SS
24/7	6 PM	JUSTIN SUPPOSITORY	100mg	PR		SN	SS
24/7	11 PM	Inj. TAXIN	1gm	IV		SN	SS
24/7	11 PM	Inj. TRAPIC	1gm	IV		SN	SS

GUC-00086059 IP18-00036596
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Patient Sticke

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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

24/7/26.	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				22		22	22		20	20	20	22	22	20	20	20				21			
	0 - 10																								
Saturations	94 - 100 %	99				98%		99%	99		99	99	99	99	99	99	98	99				99			
	< 94 %																								
Administered O_2 (L/min.)		RA				RA		RA	RA		RA	RA	RA	RA	RA	RA	RA	RA				RA			
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	82				23bpm		23			80	80										92			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	116				114		117	120		119	100	112	110	120	117	114	116				110			
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50					(76)		(64)																	
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60					80		82	60		40	60	65									69			
	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	0	0	0				0			
TOTAL ORANGE SCORES		0				0		0	0		0	0	0	0	0	0	0	0				0			
Nurse Initial		SH				SH		SH	SH		SH	SH	SH	SH	SH	SH	SH	SH				SH			

on admission

24/7/26 FHR hourly

10 AM - 144 bpm
11 AM - 155 bpm
12 pm - 140 bpm
1 pm - CTG

puls

6pm - 72 b/m
6.30pm - 80 b/m
7pm - 72 b/m
7.30 - 77 b/m

25/7/2026

1 AM 80 b/M
2 AM 75 b/M
3 AM 88 b/M
4 AM 86 b/M
5 AM 84 bm b/M
6 AM 88 bm. b/M
7 AM 80 m b/M
8 AM 84 bpm
9 AM 80 bpm
10 AM 84 bpm

11 am - 82 bpm
12 pm - 82 bpm
1 pm - 80 bpm

Patient Sticker

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
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FLUID CHART

Sheet No. : 1

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

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
24/1/26	08:00 am	H2O	100							100	NO	
	09:00 am											V.A
	10:00 am	H2O	200ml							50ml	IV	V.A
	11:00 am									50ml		V.A
	12:00 pm	H2O	200ml									V.A
	01:00 pm									50ml	Nil	V.A
Total Intake : 500ml						Total Output : 250 ml						
	02:00 pm			RL	Inj Sty 2.4ml					200ml	0	DS
	03:00 pm	H2O	100	100						200ml	0	DS
	04:00 pm	H2O	100ml	100ml	4.2ml						0	DS
	05:00 pm			100ml	4.2ml					200ml	0	DS
	06:00 pm	H2O	100ml	100	125						0	DS
	07:00 pm	H2O	100ml	100	125						0	DS
Total Intake : 1,294 ml.						Total Output : 600 ml.						
	08:00 pm	HW	100ml							400	0	MS
	09:00 pm	HW	100ml								0	MS
	10:00 pm	Juice	100ml								0	MS
	11:00 pm				Ryles Tube 100ml					600	0	MS
	12:00 am	Milk	100ml								0	MS
	01:00 am										0	MS
Total Intake : 500ml.						Total Output : 900ml						
	02:00 am									250ml	0	MS
	03:00 am										0	MS
	04:00 am	H2O	100ml								0	MS
	05:00 am										0	MS
	06:00 am	Milk	100ml								0	MS
	07:00 am									200ml	0	MS
Total Intake : 200ml						Total Output : 450ml					0	

Total 24 hrs. Intake	2494ml	Total 24 hrs. Output	2200ml

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Patier

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	8AM	Admission Notes 24/7/26.	
		Mrs. Pavithra 42P,L1 38wks	
		Induction of Labour under	
		Dr. Priyadharshini CTG connected	
		FHR is good Fm Pt felt by	
		mother IUF to Dr. vinitha	
		Advised to to Admission	
		order carried out, part	
		Preparation done by Devi,	
		vitals are checked and	
		recorded, other wise NO	
		complaints General condition	S/N
		is fair ——→	Devi 015760
	8.15 AM	S/B Dr. Vinitha Advised	
		F miso 25 mg PLO to be	S/N
		give order carried out	Devi 015760
	9AM	Patient had breakfast	
		no complaints General	S/N
	9.5	condition is fair ——→	Devi 015760
	9AM	S/B Dr. Vinitha Advised	
		Patient shifted to ward	
		Next miso Plan at 10.5AM	
		order carried out ——→	Devi 015760
		RECEIVING NOTES	
	9.15AM	Pt received from LDR to	
		7th floor. Pt was C&P,L1,	
		mother Mother was stable and	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue note:	
		Conscious no other complaints	
		CTG - wear 10:00pm mio 25mgs.	
		Given at 10:15pm.	
	9:30pm	Dr. priyadharshini seen	
		Case discussed pt. pv	
		was checked seen advice	
		to hourly FHR, mio	
		given on 11 AM, 11:am	
		CTG should be connected	
	10:00am	FHR was checked and	
		informed by doctor	
	11:00am	CTG was started by doctor's	
		order.	
	11:15am	Tab. misoprostol was given	
	12:00pm	FHR was checked and	
		informed by doctor	
		12-AM - 140bpm Vital was checked	
	1:00pm	maintain I/O chart and	
		record FHR was checked	
	1:30pm	pt details handing over given	
		by evening duty staff	
		shifting noted	
	1:45pm	Doctor priyadharshini seen	
		order & shifted to LDR	
		explained pt	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00086059 IP18-00036596
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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
	2:15pm	pt shifted to 7th floor to LDK	[signature] 607721
	2:30pm	pt details handing over given by LDR staff	[signature] 607721
		Receiving Notes (24/07/2026)	
	2:30pm	patient handing over taken by [illegible] 7th floor staff Nurse patient conscious and oriented general condition fair patient checked FHR⊕ 140b/m patient mild pain other	[signature]
	2.40 pm	patient IV line put 18G Back flow come patient general condition fair	[signature]
	3:15 pm	patient checked vitals are stable. S/B DR. priyadharshini P/V examination, 0.5cm long 3cm dilation advis [illegible] ARM done clean draping patient Inj : Syntocinon 3.30pm plan FHR⊕ 140b/m. Inj : DROTIN 1am IM given Befor Inj : Syntocinon	[signature]

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Patient Sticker

NURSES NOTES

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☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	3.30pm	patient CTG connecting	
		FHR⊕ 144b/m patient	
		Inj: DROTIN 1amp IM given	
		patient Inj: synton 5or	
		RL 500ml 24ml start.	
		Inj: Taxim 0.1ml test dose.	
		ID given	[signature] 01718
	4pm	patient assess the	
		Inj: Taxim test dose any	
		allergy reaction No	
		allergy reaction Inj: Taxim	
		1g full dose IV given	
		patient Inj: synton going	
		on going on FHR⊕ 140b/m	[signature] 0171
	5.30pm	S/B DR. Aluyalath	
		P/V examination 8-9 cm	
		dilution patient shifts	
		to Cabin ② patient	
		shifts ~~to~~ Cabo room -②	
		CTG connecting FHR 140b/m	[signature] 0171
24/7/26	5.41pm	vacuum assisted vaginal	
		delivery with RMLE.	
		Ind: poor maternal efforts.	
		VASP, pt in lithotomy position	
		perineum painted and	
		draped local anesthesia	
		infiltration given vacuum cup.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

UHC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	contin	applied with vertex at +2	
		Thignous woated At crowning	
		RMLE given to deliver an	
		alive term Boy Baby	
		Baby cried immediately	
		after birth delayed cord	
		clamping done. cord clamped	
		and cut and Baby	
		handing over to pediatrician	
		Dosd Blood collected for	
		Blood grouping & Rh typing	
		placenta and membranes	
		delivered. Intoto Episiotomy	
		inspected. No Extensions	
		Episiotomy sutured in	
		layers using rapid vicryl	
		2-0 Hemostasis secured	
		patient P/V bleeding	
		minimal patient Susim Supp.	
		loomg P/R put T. metrogyl	
		P/R put patient, Normal	
		maximal position given	
		uterus Firm and well	
		contracted No undue bleeding	
		P/R rectal mucosa & sphincter	
		tone. R/E RT side	
		vulval edema (+) patient	

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

NURSES NOTES

Rainbow® Children's Hospital — It takes a lot to treat the little.
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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
24/7/26	Continues	patient conscious and oriented General condition Fair	
		B – 24/7/2026 at 5.41pm.	
		A – BOY	
		B – 3.258 kg.	
		Y – 8/10, 9/10	[signature] 07…
	6.30 pm	patient checked uterus are stable p/v bleeding patient ice bag given patient c/b Dr. priyadharshini madam continue ice bag	[signature] 07/07
	7 pm	patient conscious and oriented General condition Fair p/v bleeding minimum	[signature] 07/7
	7.30 pm	patient handing over given are night duty staff Nurse	[signature] 07/7
24/7/26	7:30pm	→ Night Duty → Patient report handed over taken from evening Duty staff. She is consciously oriented, afebrile, taking orally is tolerating well. Voided freely. Fu lice Pattern	→ [signature] 07/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00085059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
[illegible] 24/7/26	8pm	⇒ Patient Vital Signs Checked & recorded, General condition fair, Tab. [illegible] SP P/O given as per drug orders	⇒ [illegible]/011746
	8:30pm	⇒ S/B Dr. Pavithra mam Advice to PV examination done. ② side labial swelling ⊕ Ice pack given. Patient PV bleeding Normal. Pad changed	→ [illegible]/011746.
	9pm	⇒ Patient voided 400ml. I/T to Dr. Pavithra mam. Post void scan done balance 100ml pending. Next voided morning Orders carry out	⇒ [illegible]/011746
	10pm	⇒ Hvy No PV bleeding episiotomy wound healthy. Uterus contracted well. PV bleeding normal	[illegible]/011746.
	11pm	⇒ Inj Taxim 1gm IV once more dose given.	⇒ [illegible]/011746.
	11:45pm	⇒ Inj Tropic 1gm c 100ml NS. IV given IV [illegible]. Patient S/B Dr. Pavithra mam Advice to PV examination done. ② labial swelling mild reduced. Patient [illegible] well / voided [illegible]	[illegible]/011746
		⇒ B: Breast [illegible] No engorgement [illegible] given.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
cont 24/7/26		U: uterus Firm contracted well.	
		B: Breast nipple Present	
		B: Patient voiding 500ml.	
		L: Lochia rubra present.	
		E: Perda [illegible] applied,	
		H: Homans sign regular	
		E: patient emotional status good,	→ [illegible]/011746
	12AM	=> patient shift to 7th Floor hand over to 7th Floor staff, TM morning HB, [illegible] at 6AM orders by Dr. [illegible] BAM [illegible] Tele Pacc, by [illegible] monitoring completely.	→ [illegible]/011746
		Receiving Notes 25/7/2026	
	12:15AM	patient Received from LDR to 7th FlooR at Wheelchair Receiving patient on H.D. Conscious, Oriented Ⓐ [illegible] Urine passed Bowel [illegible] hearing IV line patterns S1 and S2 heart sounds [illegible] hearing good patient Pulse Rate hourly check strict Orders To follow.	[illegible] 02187

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 24/7/26 Time of Arrival: 8 AM Time Seen by Nurse: 8.05 AM

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

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

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

3) **Vital Signs:** Temperature: 98°F Pulse: 84/mt RR: 24/mt SpO_2: 99 BP: 110/70 Weight: 89 kg

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A –

LMP: 23/10/25 EDD: 30/7/26 Gestational Age: 38 wks.

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

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

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

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

6) **Past History:**

a) Surgeries: NIL

b) Medical: Hypothyroid

Patient Sticker

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

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: T: Thyroxine 25mg. od.

9) **Prenatal Medical History:**

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

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: 8 AM

Nurse Name : SIN Devi/01576. Nurse Signature: SIN Devi/01576

Date: ..... Time: 8.10 AM

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 24/3/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)		1
Obesity		1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration		1
Total		0
Signature of the Nurse		Devi/15760
Action Plan		

RISK ASSESSMENT FOR VENOUS THROMBOEMBOLISM (VTE)

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

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

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BRADEN 'Q' SCALE

				Date : / Time :	24/7 8am	24/7 E	24/7 N	25/7/.. M
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	3	3	3
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	26	26	26
				Evaluator's Name	[illegible] 015760	[illegible]	[illegible]	[illegible]

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

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

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

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BRADEN 'Q' SCALE

(2)

				Date : 25/7			
				Time : 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		
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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		
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				TOTAL SCORE	26		
				Evaluator's Name	SD		

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

Risk Score	Category	Action	Support Surfaces (**Please Note:** Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
15-18	At Risk	• Regular Turning Schedule • Enable as much activity as possible • Protect the heels • Use pressure redistribution surfaces • Manage moisture, friction and shear • Advance to a higher level of risk if other major risk factors are present	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	24/7	24/7/21 E	24/7 D
		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	20
	No	0	0		
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10		
	Normal /On Bed Rest /Immobile	0		0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			10	20	20
		Signature	DEVI 015760	DHARSHINI	

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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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	25/11/20 M	25/7 E	
		Score			
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	
IV / Heparin Lock or Saline	Yes	20			
	No	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	
Total Morse Fall Scale Score:			10	10	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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- ☐ Hourly safety check
- ☐ Assess patient after visitors, leave to ensure safety measures in place

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

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

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

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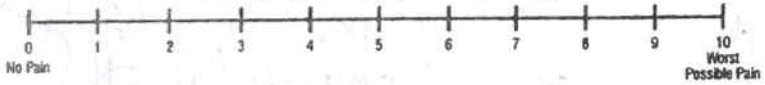
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
24/7/26	8AM	0/10	NIL	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	—	Devi 015760
24/7/26	12pm	2/10	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	—	[illegible] 607738
24/7/26	3pm	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
24/7/26	5pm	2/10	Lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible] OT
24/7/26	7pm	2/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	[illegible]
24/7/26	8pm	2/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Ice pack SP given.	[illegible]
25/7/26	12AM	2/10	Episiotomy site	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	[illegible]
25/7/26	4am	2/10	Episiotomy site	☐ Continuous ☑ Intermittent	☐ Acute ☑ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	[illegible] 607428
25/7/26	2pm	2/10	Episiotomy site	☐ Continuous ☑ Intermittent	☐ Acute ☑ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☐ Yes ☐ No	Comfortable position	[illegible] 607353
				☐ 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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Patient's Name: GUC-00086059 IP18-00036596 Mrs S B PAVITHRA ....

MRN No.: 29-03-1991 35 Y 3 M 25 D (F) Dr. PRIYADHARSHINI S M ....

Age ......Sex: ☐ M ☐ F

Consultant : ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 24/07/2024 Time: 2:40pm
Location : (R) hand metacarpal vein
Size : 18G
Cannula inserted by : S/N Soheleen

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
24/7/24	3pm	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
	5pm	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
	7pm	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	12Am	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	4Am	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	8A	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	10Am	☐Yes ☑No	☐Yes ☑No	patent	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Obs on	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00086059 IP18-00036596
Mrs S B PAVITHR[illegible]
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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

1. Diagnosis G2P1L1 38wks IOL
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: Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding	Comments	Designation / Signature
24/7	8 AM	Yes	Educate about Induction Of Labour Content	patient	NO	verbal	none	oral	good	Dev[illegible] obstc
25/7	8 AM	yes	educate about breastfeeding technique	patient	no	verbal	none	oral	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

Doc No. : RCH / FRM / CLINICAL / 187

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

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

2. If No, Reason .....

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

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

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

Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

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

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

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

9. Additional notes: ....

Date: 24/7/2026

Continuity of Care:

L - 2
A - 2
T - 2
C - 2
H - 1
9

Handover given by D. Sobeleocin

Signature D.Sol 017172

Date & Time: 24/7/2026 at 7.30pm

Handover taken by B. Nuate

Signature [signature] 1011740.

Date & Time: 24/7/26

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Pa

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 24/7/26

Baseline Information:

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

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

Do you require an interpreter? ☐ Yes ☑ No

Source of Information: ☑ Patient ☐ Family ☐ Others

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

handed over to Given to attender

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

If yes , identify

Chief Complaints: G2P1L1 38 wks POL

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Vinitha

Time Notified: 8 AM

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

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

Blood Group: B+ve LMP: 23/10/26 EDD: 30/7/26 Gestational age during admission: 38 wks

Contractions: NIL Vaginal Discharge: NIL

Obstetric History: G 2 P 1 L 1 A ~~0~~ Previous LSCS NIL

Height: 160 cm Weight: 89 kg BMI:

Temp: 98.6°F HR: 84/mt RR: 24/mt BP: 110/70 SpO_2 99%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected M - HTN F - Hypothyroid.

☐ 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 ....21..... (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 ....Her 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 .....Pavithra.....

Name of Person Orientation was given to: .....Patient.....

Orientation not given Reason: .....—.....

Nurse Signature: .....Devi 01576o.....

Nurse Name: .....Devi 01576o.....

Date & Time: .....24/7/26.....

GIVL-86059

ANTENATAL RECORD

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Antenatal No:

Reg.No:

DR. Priyadharshini

PERSONAL DETAILS

Name: MRS. Pavithra. Age 34 Date of Birth 29/3/1991 Education:

Occupation: Phone No: Mobile:

Husband's Name: Age Education: Occupation:

Address: Adaiyar Chennai Tamil Nadu.

Mobile: E-mail Id:

IMPORTANT FEATURES	SUGGESTED MANAGEMENT
G2P1L1 prev HTN	LMP - 23/10/2025 EDD - 07/08/2026

HISTORY

Year of Marriage: Menstrual History: Previous Periods

Consanguinity: Contraception:

LMP EDD Corrected EDD

OBSTETRIC FORMULA:

Gravida Para Live Abortions

OBSTETRIC HISTORY

SL. NO.	DATE OF DELIVERY	GA WEEKS	ANTENATAL DETAILS	MODE OF DELIVERY	BABY	WT	REMARKS
1.	2022	Term	Uneventful	Induced LN	2.97 kg	♀ B	
			Lactation	Done			
2.	2020						

Medical History: Nil

Family History: Mother hypertension

Surgical History:

Allergies:

INVESTIGATIONS

MATERNALEVALUATION

Blood group & Rh: Wife B +ve Husband O +ve ICT

VDRL HIV NR HbsAg NR TSH 2.71 GCT

ROUTINE INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
18/12/25		Hb-12.5 RBC-4.29 WBC-8900 PCV-36.9 MCV-86.0 PLT-306 HbA1C-5.0 Urea-14 creatinine-0.6	FBS-84 free-1.23 pus cells-12.8

SPECIFIC INVESTIGATIONS

Date	GA Weeks	Invetigations	Report
	22/4	Hb-10 g/dl Plat-2.93 lms FBS-92 2hr PPBS-89 TSH-3.84 CKB ... PC-NAD	

Tetanus Toxoid: 1st dose 30/01 2nd dose DPT (18/5)

FETAL EVALUATION

ULTRASONOGRAPHY

30/01 First trimester	SLIUP 4 13wk Cx-3.8cm : FTS : ... RVP >99%.
TIFFA 24/3	SLIUP 4 20wkD Plac ant EFW-397g

Growth scan

Date	GA Weeks	Indication	PP	Wt.	Centile	Growth Velocity	AFI	Placenta	Remarks
18/5	28W 3D		BREECH	1.35	61%	AC 45%	(N)	posterior	Cx-3.1cm
12/6	3wk		CEPHALIC	2.0kg			(N)		Cx-3cm
10/07	36W		cephalic	2.8	(54)	AC (57)	(N)	post	Cx-3.2cm

Others	

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

DATE	GA/weeks	TYPE OF TEST	INDICATION	REPORT
		ECG / ECHO	Normal	02/07 Hb-10 PCV-30 Plat-3L TSH-3.4

Name: _____ **Corrected EDD:** _____ Parity _____

SYSTEMIC EXAMINATION

Height 160 CVS _____

Weight: 82.6kg Respiratoy System: _____

BMI: _____ Breasts: _____ Thyroid: _____

ANTENATAL VISITS

Date	Wt	Bp	GA	S-F Ht	PresentingPart	FHS	Liquor	Edema	Review Date
30/1/26	88	124/70							
18/2/26	82-1	118/70							
28/3/26	85-3	114/60							
2/4/26	86-4	116/67.							
18/5/26	87.4	114/66							
12/6/26	88.3	113/62							
15/6/26	88-4	116/61							
21/7/26	88.4	111/64							
10/7/26	89.3	111/66							
13/7/26	87.4	104/63.							
20/7/26.	89.9	114/61							
23/7/26	38.9	121/68							

Special Concerns

ANTENATAL ADMISSION

DOA	DOD	GA Weeks	Complaint	Management	Advice

BRIEF DELIVERY NOTES

Gestaional age:_____ Date&time of delivery:_____

Type of labour: Spontaneous

Induction:- Indication_____

Method - PGEI ☐ PGE2 ☐

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

Induction:_____

Caesarean section: Emergency ☐ Elective ☐

Indication:_____

SALIENT FEATURES:

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

Postpartum Period:_____

_____

_____

Patient Sticker

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Your Right to a Safe Delivery

INDUCTION OF LABOR CONSENT

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

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: .....
Name: S.B. PAVITHRA
Date & Time: 24-07-2026

Patient Attendant:
Signature: .....
Name: SARAVANAN N B
Relationship with Patient: HUSBAND
Date & Time: 24/7/26

Doctor:
Signature: .....
Name: Dr. Vinitha
Date & Time: 24/7

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

INFORMED CONSENT FOR VAGINAL BIRTH

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GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

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

Gender: ☐ Male ☐ ...te : ..... 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 : .....
Name : S.B. PAVITHRA
Date & Time : 24.07.2026

Patient Attendant :
Signature : .....
Name : SARAVANAN N B
Relationship with Patient: HUSBAND
Date & Time : 24/7/26

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

Doctor (who is taking the consent) :
Signature : .....
Name : Dr. Vinitha
Date & Time : 24/7/26

PATIENT TRANSFER FORM

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GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

Treating Consultant Name: Dr. Priyadharshini	Date & Time of Admission: 24/7/26 at 8pm	Date & Time of Transfer Order: 24/7/26 at 9:30pm
	Transfer Ordered by: Dr. Vinitha	Reason for Transfer: Further treatment
From Unit: MICU	To Unit: 7th Floor	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Dp Files	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Devi / 015760	Dr. Vinitha

Patient & Clinical Records Received by : K. Abirami

Date & Time of Patient Received : 24/9/26 @ 9:30pm

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

PARTOGRAPH

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☐ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☐ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☐ Adequate ☐ Oligo ☐ Poly ☐ Clear

☐ Blood ☐ Meconium ☐ Cord: .....

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☑ None ☐ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: Poor efforts

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☐ Yes ☐ No

Type: ☐ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: .....

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: 2° tear

Others: .....

Prophylaxis: Synocinon Prostodin

Blood Loss: N 200 ml

Blood Transfusion: .....

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

Ractal Examination: .....

DURATION OF LABOUR

1st Stage: 10 hrs

2nd Stage: 15 min

3rd Stage: 20 min

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: BOY

Weight: 3.258 kg

APGAR: 8/10, 9/10

Date and Time of Delivery: 24/7/26, 5:41 pm

LW Doctor: .....

LW Sister: .....

(P.T.O.)

PARTOGRAPH

Name: .....

Obstetrics Formula: .....

Blood Group Type: .....

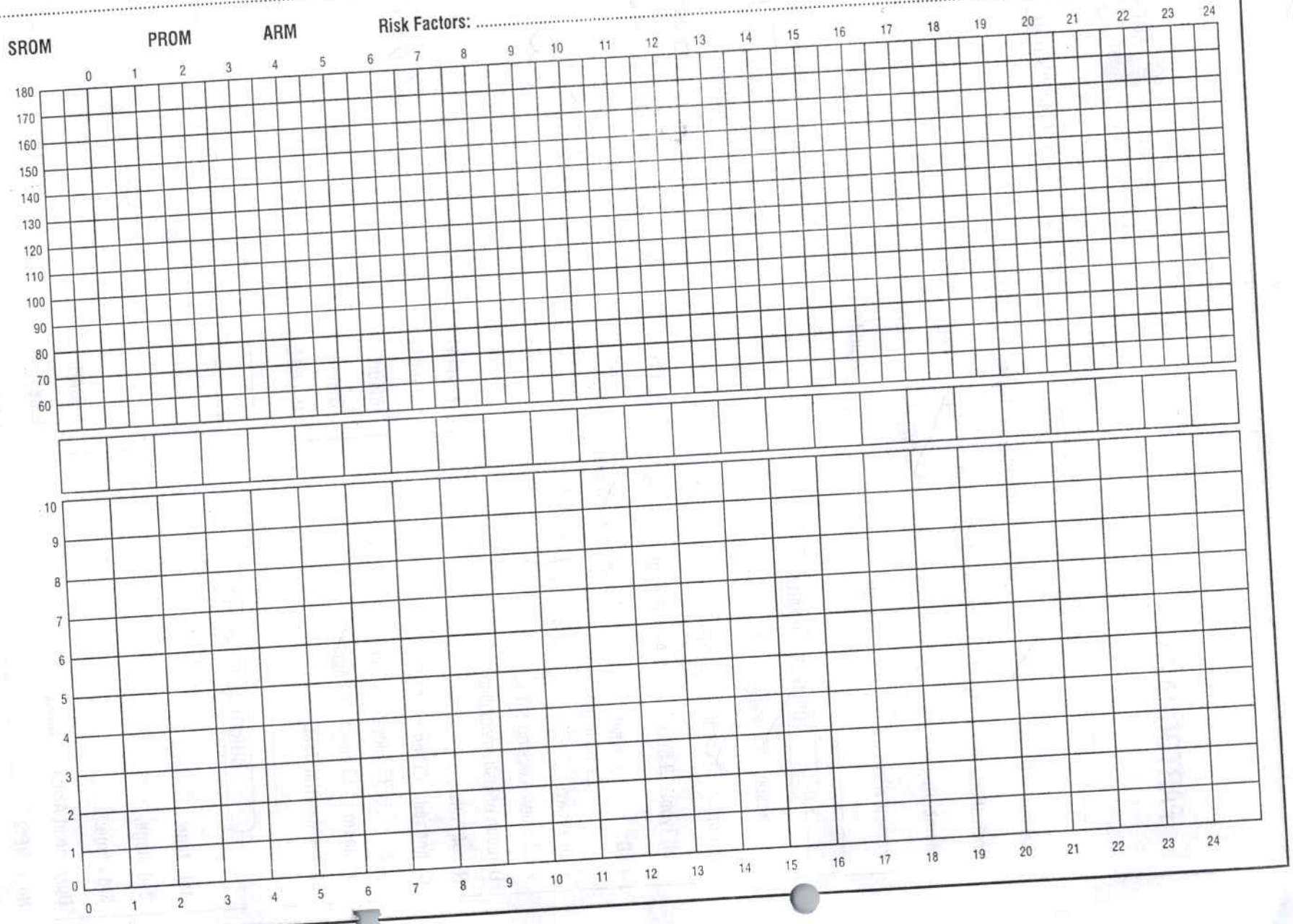
Memb. Ruptured: SROM PROM ARM

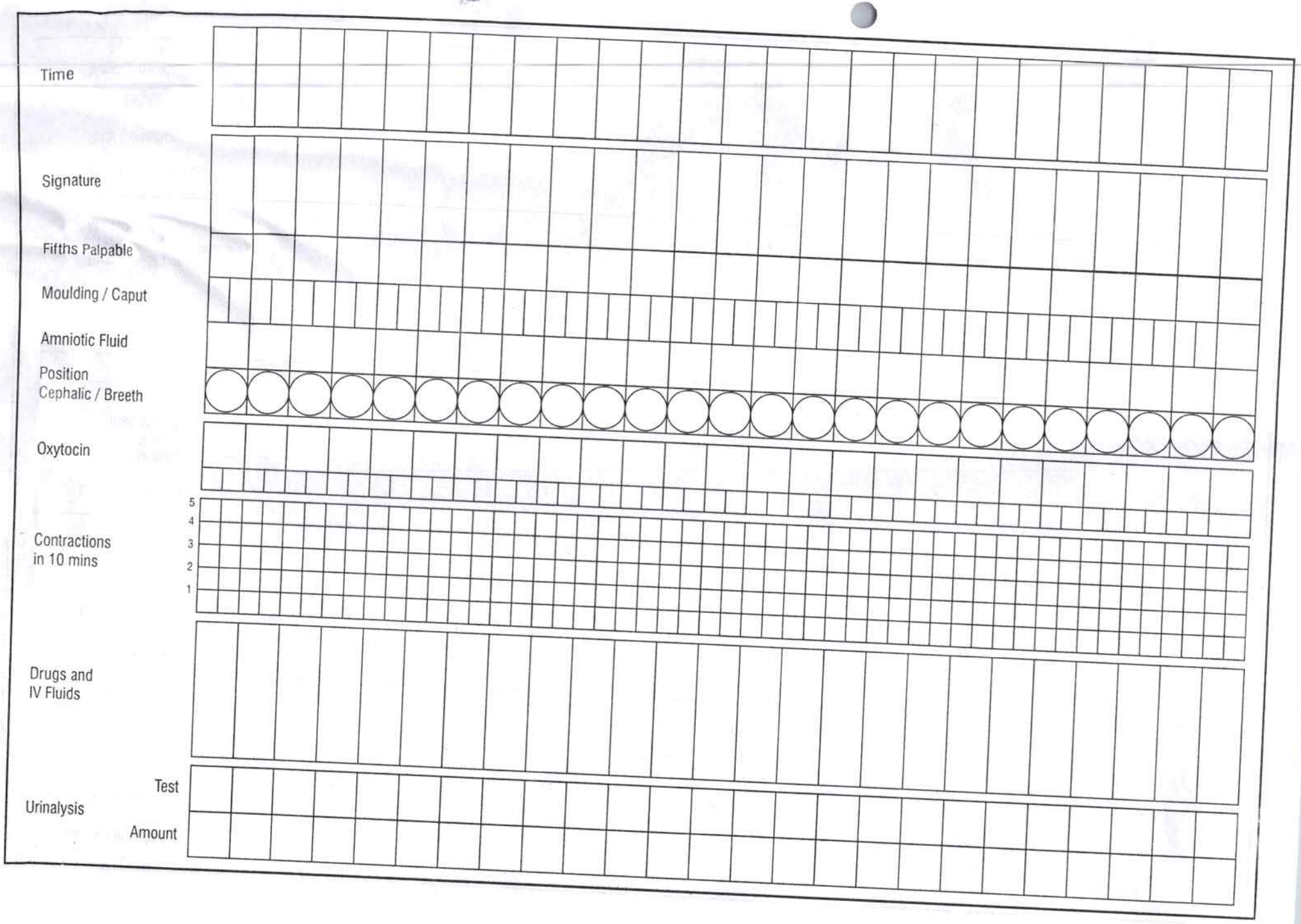
Risk Factors: .....

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
Signature
Fifths Palpable
Moulding / Caput
Amniotic Fluid
Position
Cephalic / Breeth
Oxytocin
5
4
3
2
1
Contractions
in 10 mins
Drugs and
IV Fluids
Test
Urinalysis
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

Management:

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

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GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

INSTRUMENTAL DELIVERY PROFORMA

Patient Label

OBSTETRICIAN	Dr. Priyadharshini
ANAESTHETIST	–
ASSISTANT	Dr Dinyalakshmi
DATE	24.04.2026
TIME	5:40 pm
PLACE	LABOUR WARD / THEATRES

CONSENT
VERBAL / WRITTEN

EPISIOTOMY
YES / NO

BLADDER EMPTIED?
FOLEY IN/OUT NO

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

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

LIQUOR
CLEAR /BLOOD STAINED/ MECONIUM

ABDOMINAL FINDINGS
1 /5 PALPABLE

VAGINAL EXAMINATION

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

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

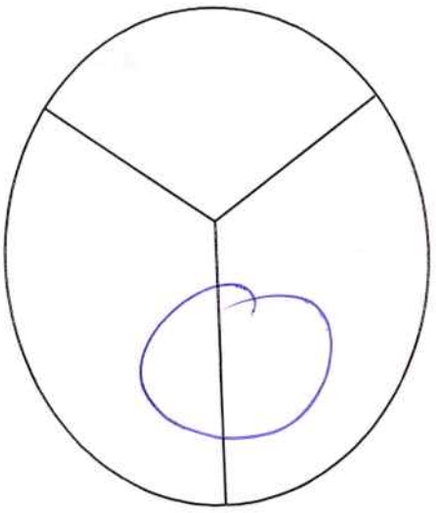
CAPUT	0	+	++	+++				
MOULDING	0	+	++	+++				

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

MANUAL ROTATION: YES / NO	TIME OF APPLICATION: 5:40 pm	No. OF TRACTIONS: 1
ABANDONED: YES / NO (FULL DETAILS IN NOTES)	TIME OF DELIVERY: 5:41 pm	LENGTH OF DELIVERY

Brief description of delivery and perineal repair.

(Please mark ventouse position on diagram)



EXTENT OF TEAR

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

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

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

PATIENT TRANSFER FORM

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GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

	Date & Time of Admission: 24/7/2026 @ 5:16 pm	Date & Time of Transfer Order: 24/7/26 @ 2:15 pm
Treating Consultant Name: Dr. priyadharshini	Transfer Ordered by: Dr. priyadharshini	Reason for Transfer: For further procedure
From Unit: 7th floor	To Unit: LDR	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: 1p file	Number of Imaging Films: 2 CTG	Personal belongings including clinical documents. If any handed over to attendant: Yes ☐ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
V. Abirami 607778	DR. VINITHA

Patient & Clinical Records Received by : DSobel 017778

Date & Time of Patient Received : 24/07/2026 at 2.30 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

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PATIENT TRANSFER FORM

GUC-00086059 IP18-00036596
Mrs S B PAVITHRA
29-03-1991 35 Y 3 M 25 D (F)
Dr. PRIYADHARSHINI S M

	Date & Time of Admission	Date & Time of Transfer Order
	24/7/26 at 2/6AM	25/7/26 at 12AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Priyadharshini	Dr. Pavithra	Fetty later
From Unit	**To Unit**	**Information to Attendant**
LDR	7th Floor	Yes ☐ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, what ?
IP File.	CR - (6)	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab. Pert 40mg	9
2.	Tab. Zerodol SP	9
3.	Tab. Cefteum 500mg	(10)
4.		
5.		

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S/N Mathu Latha	Dr. Pavithra

Patient & Clinical Records Received by :

Date & Time of Patient Received : 25/7/26 12AM

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

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

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