Birthright Rainbow Children's Hospital

GUC-00092879
Mrs SUKANYA
16-04-1998 28 Y 2 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036121

DISCHARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTAN

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin>.		
Activity Sheet update by Nursing	25/6/26 11:15AM						
Activity Sheet update by Pharmacy		28/6/26					

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Mrs SUKANYA
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Dr. MATHANGI RAJAGOPALAN

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ACTIVITY RECORD FOR BILLING

Name: MRS. Sukanya

UHID No: 92879 IP No: 18-36121 Consultant: DR. mathangi Dept: LDR

Date of Admission: 21/06/2026 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	10:40Am	LDR	4th floor	S/Natalya 01808
21/6/26	10.55pm	4th floor	LDR	[illegible]
23/6/26	4.50pm	LDR	4th floor	S/N paramesh 01808

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. krishna das	22/6/26	to be revised	[illegible]
2.				
3.	DR J. Rajkumar Ishan	24/06/26	6714	[illegible]
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/6/2026	CBC, CRP, urine R/E		
	urine c/s, procalcitonin,	26019654	
	Lactate, HIVS		
21/6/26	LFT, Bile Acids	26019697	
21/6/26	Peripheral smear (~~malarial parasite~~) for MP & ME	26019711	
	Dengue NS1, IgM,		
	IgG, MP (malarial parasite)	26019712	
21/6/26	Blood culture & sensitivity	19726	
21/6/26	widal.	19727	
21/6/26	CRP, Typhoid	19728	
	IgM		
21/6/26	CBC	19729	
22/6/26	Other culture and		
	sensitivity (Twin-I)	26019796	
22/6/26	other culture and		
	sensitivity (Twin-II)	26019798	
22/6/26	PBS	26019808	
23/6/2026.	CBC, CRP, UREA,		
	creatinine,	26019843	
	ELECTROLYTES.		
25/6/26	CBC, CRP	26020118	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	Infusion pump	9.00pm	22/6/26 5pm	17 15667	ban
~~22/6/26~~	~~Infusion pump~~	~~Sup~~		~~17 15661~~	~~ban~~

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/6/26	IV placement	(outside)		
22/6/26	IV placement	1	171566	
22/6/26	IV place ment	1	171566	
23/6/26	CT-whole abdomen plain	1	008376	

ANY OTHER INFORMATION:

Date: 25/6/26 Time: 12 am Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
Discharge Announcement					
	INTIME	OUT TIME			
Arrangement of File by Nursing	25/8/23 60				
Preparation of Discharge Summary	11-15 Am		01/9/24		
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/6/26	6.30 pm	130mg/dl	pa krishna	beri 10/8pm

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 77 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
22/6/26	1.35pm	INJ. TRAPIC	1g	IV	182217	MD	SA
22/6/26	3.00pm	INJ. CEFTAZIDIM AVIBACTAM	0.1ml	Id	182217	MD	SA
22/6/26	3.00pm	INJ. AZTREONAM	0.1ml	Id	182217	MD	SA
22/6/26	6.00pm	T. CABERGOLINE	0.5mg (2tabs)	PO	182217	TJ	MD.
23/6/26	4pm	DULCOLEX SUPPOSITORY	2tabs	PR	182217	SP	SA
23/6/26	11pm.	SYP. DUPHALAC	15ml	P/O	121113	PN	CS.

D

S

Ref. No. : F / HW/CONS.F/INPR / 01

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CONSULTATION FORM

Doctor Name : T. KRISHNANATH

Date : 22/6/26 Hour : 1730

Hospital : .....

Referred for : ☐ Opinion ☐ Co-Management

☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)

☐ Urgent (within 6 hrs.) ☐ Non Urgent (within 24 hrs.)

Date : ..... Time : ..... By : .....

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

Signature: M.D.

Report of Findings and Recommendations :

22/6/26
1830

Sta Dr L. Dr

Reviewed
Pt. expelled both twins today (no active
labour.
Exam - Unremarkable
Urine culture → CRE (klebsiella pneumoniae)
HVS culture report awaited.

- Inform Ceftazidime/avibactam + Aztreonam
- Aztreonam 1gm (-1)
- Ceftazidime/avibactam 2.5g (-1)

Give infusion in both arm simultaneously over 3 hrs.

- Please exclude Pyelonephritis / Uterine infection by CT (a) MRI
- Repeat CBC, CRP, RFT tomorrow
- If no evidence of cUTI, ? only oral fosfomycin is sufficient?

Consultant :

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

NOTE: If more space is required use another consultation sheet as continuation

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospital - Guindy

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

ADMISSION SHEET

Registration Details :

Admission No : IP18-00036121 **Admit Date** : 20-Jun-2026 **Admit Time** : 10:35 PM **UHID** : GUC-00092879

Patient Details :

Patient Name : Mrs SUKANYA
Guardian : Mr KARTHIK
Gender : Female
Occupation :
Address (H) : 000 GOLAGAMUDI MAIN ROAD VENKATACHALAM KANTEPALLE Survepalle Nellore Andhra Pradesh INDIA 524321

Age : 28 Y 2 M 4 D
DOB : 16-04-1998
Religion :
Martial Status :
Phone No : 6303752398
E-mail : n@m.m

Admission Details :

Bed Type : MICU **Bed No** : MICU 801 **Ward Name** : 8F-OT COMPLEX
Room No : MICU 801 **Admission Type** : First Visit

Contact Details :

Name : Mr KARTHIK
Contact Address : 000 GOLAGAMUDI MAIN ROAD VENKATACHALAM KANTEPALLE Survepalle Nellore Andhra Pradesh INDIA 524321

Relationship : Husband
Phone No : 6303752398

Signature

Doctor Details :

Doctor Name : Dr. MATHANGI RAJAGOPALAN
Referral Doctor : Dr. Mathangi Rajagopalan
Co-Consultant :

Specialisation : OBSTETRICS AND GYNECOLOGY
Phone No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00
Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SUKANYA**	**Age :**	**28 Y 2 M 4 D**
IP No:	**IP18-00036121**	**Sex:**	**Female**
Consultant:	**Dr. MATHANGI RAJAGOPALAN**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 801**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

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

Signature of Patient/Relative: > Vijay Kumar. U

Name: > Vijaya Kumar. U

Relationship: > Brother

Date: 20-06-2026 Time: 10:35

Wittness Name: Dsw ip

Wittness Signature:

Patient Address:
000 GOLAGAMUDI MAIN ROAD
VENKATACHALAM KANTEPALLE
Survepalle Nellore Andhra Pradesh
INDIA 524321

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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 : > Sukanya	UHID Number : 92879
Self/Attendant Name : > Vijaya Kumar.	Relation :> Brother
Self/ Attendant Signature :> Vijaya Kumar Phone Number : > 6303752398	Name & Signature of Financial Counselor

RCH/GDY/FRM/CLINICAL/426

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

* Patient came with c/o leaking PV
* H/o fever for past 3 days, with fever spikes 8-9 hours
* K/c/o DCDA twins / 22 weeks + 1 day
* Fetus A - IUD / PPROM / 29/5/26 / conservative management @ Sri Sai hospital At Nellore
* Twin - A IUD @ 3/6/26 the patient was on conservative management with ~~daily~~ CBC, CRP monitoring & scan.
* No c/o Pain abdomen, Active leak @ present

Obstetric Formula: PP, IUI Conception, Booked @ Nellore Private Hospital

Obstetric Hostory:

Present Pregnancy Record:

RISK FACTORS:

NT Scan - Normal; Quadruple test - Normal (Low risk)
Cervical stich at 14 weeks (prophylactic)
Anomaly Scan - done
IUD of fetus - A / Fetus B - Normal
Oligohydramnios
Hypothyroid on T. ELTROXIN 50 µg

Height: 156 cm
Weight: 77 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: Conscious Pallor: No
Icterus: No Edema: No
Temp: Normal PR:
BP: DTR:
CVS: $S_1 S_2$ (+) RS B/L - NVBS (+)
Liver/Spleen: Urine Output:

LMP: 16/01/2026 EDD: 23/10/2026
Corrected EDD: GA: 22 weeks + 1 day
Menstrual History: Regular: ☐ Yes ☐ No

Obstetric Examination

Fundal Height: overdistended for GA
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others Multiple FP (+)
Head Fifths Palpable: Twin B - FHS good
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination (No active draining @ Present)

Draining: ☐ Present ☑ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
↓ SAP, HVS taken

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

DIAGNOSIS

GA - 22 weeks + 1 day

Primi	LMP - 16/01/2026	DCDA twins
M/S - 11 years	EDD - 23/10/2026	Hypothyroid
3° CM		Cervical stich Insitu
IUI conception	RMP	

T PPROM

Patient Sticker

Family History:	Surgical History:
Father - T_2 DM Mother - T_2 DM	Cervical stich @ 14 weeks (prophylactic)
Medical History: Hypothyroid	**Medication History:** T. ELTROXIN 50 mcg T. THYRONORM 50 mcg
Plan of Care: C/S/B Dr. Mathangi - Admission - parts preparation - secure IV line - High risk consent for DCDA twin/ PPROM / Fetus A IUD / FEVER F/E - Strict Temperature charting 2nd hrly - vitals Monitoring - Diaper watch for draining PV - INJ. MAGNEX FORTE 1.5g IV BD (AD) - T. PARACETAMOL 1g (SOS) - C. PAN D 40mg PO 1-0-1	**Investigations:** - CBC - CRP - HVS - Urine R/E - Urine C/S - S. Procalcitonin - S. Lactate Bedside USG * Cervix length - 2.84 cm * post stich length - 1.40 cm

Doctor Name: Dr. Pavithra / Dr. Shreedevi
Signature: 18221 7
Date & Time: 20/06/2026 @ 10 pm

Consultant Name: Dr. Mathangi
Signature: For 18221 7
Date & Time: 20/06/2026 @ 10 pm

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RESULT SHEET

Date	18/06/26	20/6/26	21/6/26	23/6/26		
Time						
Hb	10.8	12.4	11.5	10	AB-POSITIVE	
PCV	31.8	37	34	29		
RBC	3.90	4.60	4.28	3.70		
WBC	4900	5.38	7.49	9.38	HIV I & II	
N/L	78/17	60/35		87/11	HBs Ag } Non-Reactive	
Platelets	1.52	1.83	1.56	1.25	HCV I & II	
CRP	30	30	28	350		
ESR						
PCT					HbA1C - 5.1	
RBS						
Na				137	TSH - 2.50	
K				3.4	TT4 - 8.11	
Cl				107	TT3 - 151.6	
Ca/Mg						
Phosphate						
Urea				11		
Creatinine				0.41		
ALP		141				
SGPT		17			Typhoid IgM - Negative	
SGOT		24			Widal - Negative	
T.Bill/Conj		0.3/0/0.3			MP - Negative	
T.Protein		6			Dengue IgM - Negative	
S.Albumin		2.8			NMF - Negative	
S.Globulin		3.2			Dengue IgG - Positive	
A/G Ratio		0.8			Dengue NS1 - Negative	
Uric Acid						
~~S.Amylase~~ Procalcitonin		0.25				
Sr.Lipase						
Blood Lactate		1.3				
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells	182217	182217		182217		
N/L						

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

(P.T.O)

Date	21/6/2026.					
Time						
CUE - Alb	Nil			Placenta		
CUE - Sugar	Nil					
CUE - Ketones.						
CUE - PUS Cells	2-4					
CUE - RBC Cells						
CUE	1-2.					
Bacteria	(+)					
Nitrites	- ve.					
Stool Pus Cell						
OVA / Cyst					20/6/26	
Occult Blood				Urine Cls → Klebsiella oxytoca		
					1,00,CFU/ml	

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : 8/6/26 ~~16/01/2021~~ DCDA twins GA - 20w + 3 days

X-Ray : Fetus - A Dead Intrauterine fetus corresponding to 18 weeks + 5 days. Overriding of skull bones.

ECHO : Gross oligohydramnios. Foetal brain & abdomen markedly hyperechoic

CT :

MRI : Fetus - B - Anterior, placenta - Anterior away from os. Single Umbilical Artery

Others (ECG, Contrast Studies etc.,) : SDP : 4.2 (Normal liquor)

331 g

~~20/6/26~~ - ~~DCDA~~ ; ~~20 weeks~~

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CROSS CONSULTATION FORM

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

Diagnosis : .....

Hospital : .....

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

Type of Referral :
☐ Emergency
☐ Urgent
☐ Non Urgent

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

Signature:

Findings and Recommendations :

25/06/26
9 AM

SIB DR. J. RAJKUMAR
(INFDLS)

+ IUD / POSSIBLE CHORIOAMNIONITIS
- REPUSHUN OF FETUS DONE
+ FETAL BRADY
+ STABLE NOW

URINE Hy - KLEB 3+7 BCP - CRP
PLACENTA Hy awaited

B/O + IMPROVING

Consultant :

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

[illegible] & [illegible] continue [illegible]
& [illegible] &

[illegible]

& to inform us [illegible]

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(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 7am	C/S/B Dr. Panithra	
	Pt reviewed	
	O/E Pt ac fair, afebrile	
	P/A - Ut overdistended for GA	
	Relaxed	
CRP - 30	multiple FP (+)	
	Twin B - FHS (+)	
		C/I/T Dr. Mathangi
	C/S - No Leak / No foul smelling discharge.	Advice
		- Strict temp chart Q 2nd hourly.
		- To continue IV Antibiotics.
		- Follow drug chart.
		- Vitals monitoring.
		- D/W for draining P/V.
		- NICU counselling.
21/6/26 8:30am	S/B Dr. Vinitha	
	Pt reviewed; No c/o	
	O/E: GC fair; Afebrile	
BP: 113/65 PR: 98/min	P/A: Ut overdistended for GA	C/D/W Dr. Mathangi:
SpO2: 99% RA	Relaxed,	Adv:
CRP: 30	Multiple fetal parts (+)	· Shift to ward
Procal / Lactate (N) (N)	Twin B - FHS (+) (151bpm)	· Strict temp chart Q2H
	C/E: No leak / No foul smelling discharge	· Follow drug chart
TC: 5380		· Vitals monitoring
Ut (+) 12/113		· NICU counselling
		· W/F Draining PV
		· To send LFT, Bile acids

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 2:30pm	S/B Dr. Vimithe	
	Pt reviewed; No. c/o	
	Last temp spike 11pm (20/6/26)	
	O/E: GC fair; Afebrile	
Temp: 97.4°F	PIA: Ut overdistended;	
BP: 110/65		
PR: 101	USG: FM (+) FH Twin 2: good (151 bpm)	
SpO2: 99% RA		
	4E: No leaking PR	
		Adv:
		Continue the same orders
		※ Temp / vitals Q2 hourly
		Follow drug chart
12/11/3		Inform SOS
21/6/26 3:15pm	S/B Dr. Vimithe	
	Pt c/o shivering (fever c̄ chills) Temp: 99.1°F	
	c/d/w Dr. Mathangi	
	Temp: 99.1°F	
		Adv: To send
		Peripheral smear for Mp & Mf
		and Ns, antigen.
		Dengue IgG & IgM.

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Dr. MATHANGI RAJAGOPALAN

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2018 3.15 pm	NICU counselling!	
	Periviable preterm / 22+2 / DCDA twins / IUI conception / Twin A - IUD, Twin B - viable	
	Twin B - EFW - 331 g	
	AGA	
	Single umbilical artery	
	PPROM - Twin A - membranes ruptured	
	Twin B - membranes intact	
	liquor AFI - adequate	
	Attenders have been explained about guarded prognosis of the baby's survival if termination of pregnancy is planned. If baby is delivered and signs of life, might require prolonged ventilation, NICU stay, surfactant therapy, need for IV fluids, IV antibiotics, umbilical & central line insertions / catheterization. baby is prone to have bleeding complications, bleeding into the brain, intraventricular hemorrhage, morbidities related to neuro development, BPD (Bronchopulmonary dysplasia) Cost of NICU stay has also been explained clearly to the attenders in a language that they understand	
	Dr. Mathangi 15/6/18	Vijay Kumar. U (Brother)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

GUC-0009287
Mrs SUKANYA IP18
18-04-1998 28 Y 2 M 5
Dr. MATHANGI RAJAGOPA

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 7:30PM	C/D/W Dr. Mathangi	
	Temp : 102°F	
		Adv: To send Blood culture and Widal test
	12113	
21/6/26 8pM	S/B Dr. Vinitha Pt reviewed ; No complaints now O/E: GC fem ; Afebrile now P° / PE°	
BP: 100/62 PR: 102/min SpO2: 99% RA T: 100°F	PA: Ut overdistended ; Relaxed FM (+) USG: FH good (Twin 2) 152 bpm LE: No leaking PIV	
		Adv: · Temp / Vitals monitoring Q2H · Follow drug chart · Mp & MF peripheral smear ; Blood culture & Widal test awaited · ~~CBC, CRP~~ · SB
	12113	
21/6/26 10:00pM	C/D/W Dr. Mathangi - Temp : 102.1°F Shift to LDR ; To send CBC, CRP ; Inform Dr. Krishnadas	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	S/B Dr. Vimitha	
11:30pm		
	Pt received in MICU	
	c/o pain abdomen on & off x 30 minutes	
	O/E: GC fair; Afebrile now (97.2°F)	
BP: 110/70	P/A: UT overdistended	
PR: 96/min	2/20"/10'	
SpO2: 99%	FH (twin 2) ⊕	
		C/D/W Dr. Mathangi
		• T. Nifedipine 10mg P/O STAT
CRP: 28		
TC: 7.49		
PLT: 1.56	C/D/W Dr. Krishna Das	
	• To start Inj. Piptaz 4.5g IV Q 6th hrly	
	T. Azithromycin 500mg OD x 5 days	
22/6/26	S/B Dr. Vimitha	
12:15am	Pt c/o pain abdomen	
	P/A: UT overdistended	
	2/20"/10'	
BP: 100/60	FH (twin 2) ⊕	
PR: 110/min		C/D/W Dr. Mathangi
SpO2: 99% RA		• To give T. Nifedipine 10mg P/O 2nd dose STAT
		• W/F contractions
		• If pt continues to have contractions, to remove cervical encirclage stitch.
	[illegible] 12/23	

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(4)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B Dr. Vinitha	
1:15am	Pt reviewed; c/o	pain abdomen
	P/A:	
BP: 100/60	Ut overdistended;	
PR: 106/min	2/20"/10'	
SpO_2: 99% RA	FH (twin B)	(A)
T: 98.4°F		
	Procedure: Cervical encirclage stitch removal	P/B Dr. Vinitha
	Under sterile aseptic precautions, patient in lithotomy position, parts painted & draped. Using sims speculum, cervix visualised. Cervical stitch knot seen posterolaterally. Cervical stitch removed by cutting with scissors. Pt withstood the procedure well.	
	Gentle PV: Cx: 2cm long;	
	OS: admits tip of finger	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B Dr. Vimitha	
6 am	Pt reviewed; c/o pain abdomen	
	O/E: GC fair; Afebrile	
BP: 110/60	P/A: Ut over distended;	
PR: 102/min	2/20"/10'	
SpO2: 100% RA		
T: 98.5°F		c/d/w Dr. Mathangi
		· No further tocolysis
		· Inj. Tramadol 50mg IM STAT
		· Inj. Emeset 4mg IV STAT
22/06/2026	C/S/B Dr. Akshitha / Dr. Sreeeden	
8AM		
	Pt reviewed,	Pt c/o Pain abdomen on & off
T- 98.5	O/E Pt GC fair, Afebrile	Advice
PR- 112 bpm.	P° / PE°	- monitor vitals.
SpO2 99% @ RA	CVS / RS / NAD	- w/l pain ↑/ bleeding/ leaking P/V
BP: 110/62 mmHg	P/A - ut overdistended for GA (3c/15"/10')	- Temp, PR, SpO2, BP chart 4H
	L/G: no bleeding P/V.	- continue IV antibiotics
	12:00	

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

GUC-00092879
Mrs SUKANYA
16-04-1998
28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036121

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/06/2026	C/S/B Dr. Mathangi	
9.30 AM	Last spike of temp @ 2am	
	C/o contractions 2-3 in 10.	Advice
	Tramadol given @ 6AM	-
		Inj. Pethidine 50 mg IM
	P/V -	
	Cx - well effaced	Inj. Phenergan 25 mg IM
	OS - 4cm dilated	
	Breech felt	Await HVS, Urine c/s, blood culture
	Mem absent	R. Math
		Continue IV Piptaz (Dr. MATHANGI)
		Tab Azee 500mg. 6 & 8 T
22/06/2026 11:30AM	C/S/B Dr. Mathangi	
	- T.	
	- To give INJ. CEFTAZIDIME + AVIBACTAM 2.5g IV TDS	
	- To give INJ. AZTREONAM 1g IV TDS	
	- To stop INJ. PIPTAZ 4.5g IV QID & T. AZITHROMYCIN 500mg OD	
	182217	
	C	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/06/2026	SPONTANEOUS EXPULSION OF DEAD FETUS	
12:27pm		
	At around 12:27pm patient spontaneously	
	expelled a dead born boy fetus.	
	Watched for spontaneous expulsion of other fetus	
	↓	
22/6/26. 12:45pm.	c/o/w Dr. Madhavan. R	
	- Tab. misoprostol 200mg P/O.	
	↓	
	At Around 1:07pm patient was expulling already	
	dead born fetus (Macerated fetus)	
	↓	
	Watched for spontaneous expulsion of	
	Placenta.	
	↓	
	Placenta spontaneously explused the placenta	
	and membranes at 1:25pm on 22/06/2026	

GUC-00092879
Mrs SUKANYA
16-04-1998
28 Y 2 M 6 D
Dr. MATHANGI RAJAGOPALAN
IP18-00036121
(F)

(6)

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NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Fetus - B	Fetus - A
*	Boy, Wt-551 grams	* Sex could not be identified
		*Wt-169 grams
*	Placenta - 168 grams	→ Placenta - 148 grams
		Advice
		- Normal diet
		- Plenty of oral fluids
		- vitals Monitoring
		- W/F ↑ Bleeding PV
		- To do placenta c/s
		- Inform (SOS)
		- To give T. CABERGOLINE (2 tabs) PO Stat
	182217	- CBC c/m 6AM
22/06/2026 3pm	C/S/B Dr. Pavithra / ~~Dr. Sneedevi~~	
PND - 0	Pt reviewed, Nil c/o	
T - (N)	O/E Pt GC fair, Afebile	Advice
PR - 86/min	P° / PE°	- Normal diet
BP - 110/60 mmHg	CVS / RS / NAD	- Plenty of oral fluids
		- vitals Monitoring
		- W/F ↑ Bleeding PV
	P/A - Soft	- CBC c/m 6AM
	Ut well contracted	- Physician (O)
	LIE - No undue bleeding PV	
	182217	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 8:45pm	S/B Dr. Fahima / Dr Divyalakshmi pt. seniewed. No further fever spikes.	
Post expulsion Day 1 - 0	O/E: pt GC fair, afebrile P/PE:	Advice - normal diet - plenty of oral fluids - monitor vitals
T = 98.4°F PR = 88/min BP = 117/73 mmHg SpO2 = 99% @ RA	P/A: SOFT. ut. contracted well.	- follow drug chart - W/F ↑ bleeding pv
750ml voided PVR < 150ml	L/E: No undue bleeding pv	- To do CBC, CRP, urea, creatinine, electrolytes c/m 6 AM. - To do CT Abdomen tomorrow. - overnight monitoring in NICU. - Inform SOS
		As per physician opinion
	16/4/28	

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(7)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 6 AM	S/B Dr. Fahima / Dr. Priyalakshmi pt. reviewed No fever spikes.	
POST expulsion Day-1	O/E: pt GC fair, afebrile P0 / PE0	Advice - Send CBC, CRP, Electrolytes, Urea, Creatinine
T=98°F PR=98/min BP=110/60 mmHg	P/A: soft. Ut. contracted L/E: BWNL	- CT Abdomen today - W/F fever spike & bleeding PV. - Inform SOS.
voiding freely	16:42	
23/06/2026 8AM	C/S/B Dr. Pavithra / Dr. Shreedevi	
PED-1	Pt reviewed, No further fever spikes O/E Pt GC fair, Afebrile P0 / PE0	Advice - Normal diet - Plenty of oral fluids
T-97.6°F PR-94/min BP-100/60mmHg	P/A- Soft ut contracted L/E - BWNL	- Vitals Monitoring - CT Abdomen today - W/F fever spike & bleeding PV
Voiding freely Not passed stools.	8:22	- Inform (SOS) - To collect CBC, CRP, Electrolytes Urea, Creatinine

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Mathangi	
23/6/26	C/S/B Dr. Akshitha / Dr. Shreeden	
3:30pm	No further fever episodes	
PED-1	O/E pt GC fair, Afebrile	Advice
	P° / PE°	- Normal diet
T-(N)	CVS /	- Plenty of oral fluids
PR-88/min	RS / NAD	- vitals Monitoring
BP- 102/68mmHg	P/A- ut well contracted	- Follow drug chart
	Soft	- W/F ↑ Bleeding PV
Voiding freely	L/E - BWNL	- Eaform (SOS)
Not passed stools		- DULCOLEX SUPPOSITORY 2 tab (PR)
		Shift to ward - Temp Q 2hrly Stat monitoring
	182217	
23/6/26	S/B Dr. Vinitha	
9pm	Pt reviewed ; No fever episodes	
	O/E : GC fair ; Afebrile	
	P° / PE°	
BP 90/60	CVS / NAD	
PR: 94/min	RS	
SpO2: 99% RA	P/A : Ut well contracted	c/d/w Dr. Mathangi
T: (N) 97.6°F	Soft	Adv:
Voided	L/E : BWNL	· Normal diet
Not passed stools		· Plenty of fluids
		· Vitals monitoring
c/d/w Dr Rajkumar		· Temp Q2H
		· Follow drug chart
· To give Inj. Aztreonam 2g IV 1-1-1		· W/F ↑ Bleeding P/V

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/2026 9AM	C/S/B Dr. Pavithra / Dr. Shreeden	
PED-2	Pt reviewed, Nil c/o	Advice
	No further fever episode	- Normal diet
T-(N)	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
PR- 80/min	P° / PE°	- vitals Monitoring
BP- 98/64 mmHg	CVS } NAD	- Follow drug chart
	RS }	- W/F ↑ Bleeding PV
Voiding freely	P/A- uterus well contracted	- Temp. @ 2 hrly Monitoring
Passed stools	Soft	Collect Placenta c/s report
	LE - BWNL	- Inform (SOS)
	[signature] 182217	
24/06/2026 3:30pm	C/S/B Dr. Akshitha / Dr. Shreeden	
PED-2	Pt reviewed, Nil c/o	Advice
	No further fever episode	- Continue the same
T-(N)	O/E Pt GC fair, Afebrile	- Inform (SOS)
PR- 78/min	P° / PE°	
BP- 102/62 mmHg	CVS / RS / NAD	
	P/A - ut well contracted	
Voiding freely	Soft	
Passed stools	LE BWNL	
	[signature] 182217	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 9pm	c/s/B - Dr. Mohana	
POD-2	pt interviewed. no complaints	
BP- 110/70 PR- 78/min T- 98.5F	O/E: Hydration fair, Afebrile no pallor, no pedal edema	
	S/E CVS, RS NAD	
	P/A wt well contracted soft	
	UE NAD	Advice - To change antibiotics tomorrow - Inform SOS - Plan for D/C

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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

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

GUC-00092879 IP18-00036121
Mrs SUKANYA (F)
16-04-1998 28 Y 2 M 6 D
Dr. MATHANGI RAJAGOPALAN

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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: ....JDR.... Shifted to: ....4th 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 : 23/6/2026 @ 5pm

Nurse Name & Signature: Sroparameswari

Date & Time : 23/6/26 @ 5pm

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

GUC-00092879
Mrs SUKANYA
16-04-1998
28 Y 2 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036121

(1)

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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: .....

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. EITROXIN	50mcg	PO	OD		☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 20/06/2026

Nurse Name & Signature: D. Sobhanaari

Date & Time : 20/6/2026 at 10pm.

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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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: 4th 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. LIVOGEN	1 tab	P/o	0-1-0	—	☑ C ☐ DC
2	T. SHELCAL	1 tab	P/o	0-0-1	—	☑ C ☐ DC
3	INJ. MAGNEX FORTE	1.5 g	IV	1-0-1	21/6/26 at 10AM	☑ C ☐ DC
4	C. SUSTEN	300mg	P/o	1-0-1	21/6/26 at 6AM	☑ C ☐ DC
5	T. ECOSPIRIN	75 mg	P/o	0-0-1	—	☑ C ☐ DC
6	INJ. PROLUTON DEPOT	150 mg	IM	EVERY SATURDAY	—	☑ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Vinitha

Date & Time : 21/6/2026 at 10:40AM

Nurse Name & Signature: Shetaly 018080

Date & Time : 21/6/2026 at 10:40AM

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

GUC:-00092879 IP18-000
Mrs SUKANYA
6-04-1998 28 Y 2 M 5 D
Dr. MATHANGI RAJAGOPALAN

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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: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	~~Tab~~ T. LIVOGEN	1tab	P/O	OD		☑C ☐DC
2	T. SHELCAL	1tab	P/O	OD		☑C ☐DC
3	INJ. MAGNEX FORTE	1.5g	IV	1-0-1		☑C ☐DC
4	C. PAN D	40	P/O	1-0-1		☑C ☐DC
5	T. THYRONORM	50mcg	P/O	1-0-0		☑C ☐DC
6	C. BUSTEN	300mg	P/O	1-0-1		☑C ☐DC
7	T. ECOSPIRIN	75mg	P/O	0-1-0		☑C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... 12/11/3 Dr Vinitha

Date & Time : .....

Nurse Name & Signature: C. Sasikala

Date & Time : 21/6/26 @ 10:55 pm

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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DRUG CHART

Date of Admission: 20/6/2026 Drug Allergies: ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

DRUG: T. PARACETAMOL				Date/Time	21/6	22/6
Dose	Route	Frequency	Start Date	8:15 pm	8AM	2PM
1g	PO	SOS	21/6/26		MA	SD
Doctor's Signature		Valid Period	Pharm.	9:35 pm	CS	
[signature] 18227					PN	
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-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

REGULAR PRESCRIPTIONS

Weight. 77kg Ward. .....

DRUG : T. ELTROXIN

Dose	Route	Frequency	Start Date
50mcg	PO	1-0-0	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Stop

Date	21/6
Time	6AM

Daily Doctor's Endorsement by a Sign

DRUG : INJ. MAGNEX FORTE

Dose	Route	Frequency	Start Date
1g	IV	1-0-1	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date	20/6	21/6
Time	9AM	SA/TJ
	10pm	CS/PN

Daily Doctor's Endorsement by a Sign

DRUG : C. PAN D

Dose	Route	Frequency	Start Date
40mg	PO	1-0-1	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date	21/6	22/6	23/6	24/6	25/6
Time	7AM	SD	SD	PN	BA
	7pm	MA/SA	DS/S	MA/VR	MA/PSA

Daily Doctor's Endorsement by a Sign

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
50mcg	PO	1-0-0	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date	21/6	22/6	23/6	24/6	25/6
Time	6AM	SD	SD	PN	BA

Daily Doctor's Endorsement by a Sign

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Weight. 77 kg Ward. CDR

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

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

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
20/6/26	9.40pm	INJ. ANAGINEX FORTE	0.1ml	Id	182217	DS SP
20/6/26	11pm	T. PARACETAMOL	1g	PO	182217	DS SP
21/6/26	11.20pm	T. NIFEDIPINE	10mg	P/O	121113	DS SP
21/6/26	12:15am	T. NIFEDIPINE	10mg	P/O	121113	SN SN
22/6/26	1am	INJ. PIPTAZ	0.1ml	ID	121113	SN DS
22/6/26	6:15am	INJ. TRAMADOL	50mg	IM	121113	SN DS
22/6/26	6:15am	INJ. EMESET	4mg	IV	121113	SN DS
22/6/26	10.10AM	INJ. PETHIDINE	50mg	IM	182217	TJ MD
22/6/26	10.10AM	INJ. PHENERGAN	25mg	IM	182217	TJ MD

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

I.V. FLUIDS CHART

Weight. 77kg Ward. 2DR

Date	Time	Composition of I.v. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
22/6/26	10 AM	IVF 1 @ RL	IV	100ml/hr	182217	TJ MD	22/6	16/22	

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

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Sheet No: .....

(1)

REGULAR PRESCRIPTIONS

Weight ....77 kg.... Ward ....LDR....

DRUG : CAP. SUSTEN

Dose	Route	Frequency	Start Dt.
300mg	PO	1-0-1	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date	21/6	22/6
Time	8AM	
	SR	
	6pm	MAT / SA

Daily Doctor's Endorsement by a Sign

DRUG : T. FAA 20

Dose	Route	Frequency	Start Dt.
(1Tab)	PO	0-1-0	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date	21/6
Time	2pm

Daily Doctor's Endorsement by a Sign

DRUG : Tab. C DENSE

Dose	Route	Frequency	Start Dt.
(1Tab)	PO	0-0-1	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date	21/6
Time	10pm

Daily Doctor's Endorsement by a Sign

DRUG : T. NEEUOKIND

Dose	Route	Frequency	Start Dt.
(1Tab)	PO	1-0-0	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Date	21/6
Time	9AM

Daily Doctor's Endorsement by a Sign

Signature .....

VERIFIED BY : Name .....

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Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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REGULAR PRESCRIPTIONS

Weight 7.7kg Ward LDR

Sheet No: .....

DRUG : T. ECOSPIRIN

Dose	Route	Frequency	Start Dt.
75mg	PO	0-1-0	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 21/6 2pm

DRUG : ENDOGEST 300

Dose	Route	Frequency	Start Dt.
300mg	PO	1-0-1	21/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time: 21/6 8am 8pm

DRUG : INJ. PROLUTON DEPOT

Dose	Route	Frequency	Start Dt.
250mg	IM	weekly once	

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions: Every SATURDAY

Daily Doctor's Endorsement by a Sign

Date/Time:

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

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

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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Sheet No. .....

REGULAR PRESCRIPTIONS

Weight 7.7kg Ward LDR

DRUG : T. FOLVITE

Dose	Route	Frequency	Start Dt.
5mg	P/O	0-1-0	21/6

Name & Signature of the Doctor Starting the Drugs: 12/11/3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

DRUG : T. LIVOGEN

Dose	Route	Frequency	Start Dt.
1tab	P/O	0-1-0	21/6

Name & Signature of the Doctor Starting the Drugs: 12/11/3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 21/6 22/6

1PM VE

Stop

DRUG : T. SHELCAL

Dose	Route	Frequency	Start Dt.
1tab	P/O	0-0-1	21/6

Name & Signature of the Doctor Starting the Drugs: 12/11/3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 21/6 22/6

8PM CS

Stop

DRUG : T. AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
500mg	P/O	OD	22/6

Name & Signature of the Doctor Starting the Drugs: 12/11/3

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time 22/6

1am

Stop

Signature .....

VERIFIED BY : Name .....

Patient Sticker

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REGULAR PRESCRIPTIONS

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

DRUG: INJ. PIPTAZ

Dose	Route	Frequency	Start Dt.
4.5g	IV	1-1-1-1	22/6

Name & Signature of the Doctor Starting the Drugs: 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	22/6													
2am	SD													
	DS													
8am	TJ													
	MD													
2pm														
8pm														

STOP

DRUG: INJ. CEFTAZIDIM AVIBACTAM

Dose	Route	Frequency	Start Dt.
2.5g	IV	1-1-1	22/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	22/6													
3pm	MD													
	SA													
1pm														
7Am														

Time change

DRUG: INJ. AZTREONAM

Dose	Route	Frequency	Start Dt.
1g	IV	1-1-1	22/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	22/6													
3pm	MD													
	SA													
1pm														
7Am														

Time change

DRUG: T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1g	PO	1-1-1	22/6/26

Name & Signature of the Doctor Starting the Drugs: 182217

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	22/6	23/6	24/6	25/6
8Am		TJ	NB	PP
		MD	VR	
	DS	SP	MA	
2pm	SA	SD	PSA	
10pm	SD	PV	SA	
	DS	CS	CL	

Signature .....

VERIFIED BY : Name .....

Mrs. Sukanya

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 7 D (F)
Dr. MATHANGI RAJAGOPALAN

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REGULAR PRESCRIPTIONS

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

DRUG : Inj. CEFTAZIDIM AVIBACTAM

Dose	Route	Frequency	Start Dt.
2.5g	IV	1-1-1	23/6

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/6	24/6	25/6
4AM	DS CS	DN CS	SA CS
12PM	TJ MD	VR RA	
8PM	DN CS	SA CS	

DRUG : Inj. AZTREONAM

Dose	Route	Frequency	Start Dt.
1gm	IV	1-1-1	23/6

Name & Signature of the Doctor Starting the Drugs: 164288

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	23/6
4AM	DS CS
12PM	TJ MD
8PM	DN CS

DRUG : INJ. AZTREONAM

Dose	Route	Frequency	Start Dt.
2g	IV	1-1-1	24/6

Name & Signature of the Doctor Starting the Drugs: 121113

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time	24/6	25/6
4am	DN CS	SA CS
12pm	VR RA	
8pm	SA CS	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time

Signature .....

VERIFIED BY : Name .....

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

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

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

GUC-00092879
Mrs SUKANYA IP18-00036121
16-04-1998 28 Y 2 M 5 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

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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

20/6/2026	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																								
	0 - 10																								
Saturations	94 - 100 %															20	20			20			18		
	< 94 %															99	90			99			99		
Administered O_2 (L/min.)																RA	RA			RA			RA		
Temp °C	40																								
	39																								
	38																								
	37															99.6	99.6			99.1			97.6		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90															100	110			104			92		
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110															110	112			108			100		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40															70	74			68			65		
NEURO RESPONSE [✓]	Alert															✓	✓			✓			✓		
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30															✓	✓			✓			✓		
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal															–	–			–			–		
	Heavy / Foul																								
Liquor	Clear / Pink															–	–			–			–		
	Green																								
TOTAL YELLOW SCORES																0	0			0			0		
TOTAL ORANGE SCORES																0	0			0			0		
Nurse Initial																DS	DS			DS			DS		

On admission

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

Tempen chart

20/6/2026

10pm - 99.4°F

11pm 99.6°F

21/6/26

1AM - 97.8°F

3AM - 98.0°F.

5AM - 97.6°F

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

Rainbow® Children's Hospital
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Early Warning Observation Score Chart - Obstetrics

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

21/6/2026

	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	20bpm	20bpm		20		18			18		18		18		18	18	19	19	18	19	20	22	22	19
	0 - 10																								
Saturations	94 - 100 %	99	98		98		99			98		98%		98%		99	99	98	99	98	99	99	99	99	98
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA				RA		RA		RA		RA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Temp°c	40																								
	39																								
	38																								
	37	99.1F	99.5	99.3			99.4	99.1F	99.3F	100.9F	101.8F	102	101.5F	101.1F	98.6F	98.4F	98.5F	98.7F	99.4F	98.6	98.4F	98.6F	98.5F	98.3	98.5F
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	92		105		110	101		102bpm	112bpm	108bpm		114	115	114		100	110	114		104	101	114	116	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	118	105		95		110		123	100	119		108		100	110	100	120	122	110	100	120	122	110	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	65	63		52		65		68	62	65		65		70	74	70	74	80	70	60	70	74	70	80
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓		✓		✓		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓		✓		✓		✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	–		–		–		–		–		–		–		–	–	–	–	–	–	–	–	–	–
	Heavy / Foul																								
Liquor	Clear / Pink	–		–		–		–		–		–		–		–	–	–	–	–	–	–	–	–	–
	Green																								
TOTAL YELLOW SCORES		0		0		0		0		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	0	0	0	0
Nurse Initial																									

21/06/2026

Temperature chart

8AM - 96.9 F°

10AM - 97.5 F°

12pm - 97.2°F

2pm - 97.6°F

3pm - 99.1°F

4pm - 99.3°F

5pm 100.7°F

6pm - 101.8°F

7pm - 102°F

8pm 102.5°F

9pm - 102.7°F

10pm - 97.6°F

11pm - 98.3°F

22/6/26 12AM - 98.2°F

1AM - 97.4°F

22/6/2 2AM - 99.2°F

3AM - 96.6°F

4AM - 97.6°F

5AM - 98.4°F

6AM - 97.3°F

7AM - 98.5°F

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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Early Warning Observation Score Chart - Obstetrics

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

22/6/26

	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	18	20	22	20		20		20				20		22	20			19		20		20	
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99		99		99				99		99	98			99		99		99	
	< 94 %																								
Administered O_2 (L/min.)		RA	RA		2L	RA		1L		1L				RA		RA	RA			RA		RA		RA	
Temp °c	40																								
	39				101			102																	
	38	38.5	38.2	38.4		99.2				99.4				98.7											
	37															98.7	98.7			98.7		98.6		98.1	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98	90	90	90	90		90		90				94		94	94			94				96	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	112	110	110	110	110		110		110				110		117	110			113		110		112	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	70	70	72	70	70		70		70				70		77	70			77		60		62	
	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		TW	TW	TW	[illegible]	[illegible]		[illegible]	[illegible]				[illegible]		[illegible]		[illegible]			[illegible]		[illegible]		[illegible]	

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

Temperature chart.

8pm — 98.7°F

10pm — 98.7°F

23/6/20 12Am — 97.1°F

2 Am — 96.7°F

4 Am — 97.4°F

6 Am — 98.1°F

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

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...ning Observation Score Chart - Obstetrics

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

	Date	23/6/26																					
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20		20		18		20		20				20				18				18			
	0 - 10																								
Saturations	94 - 100 %	99%		99%		99%		99		99				99				98%				99%			
	< 94 %																								
Administered O2 (L/min.)		RA		RA		RA		RA		RA				RA				RA				RA			
Temp °c	40																								
	39																								
	38																								
	37	98.F		98.F		98.F		98.F		98.F		97.6F		98.1F		98.F		98.2F		98F		97.9F		98F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	90		90		80		90		94				98bpm				98bpm				94bpm			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	100		100		102		90		90				109				96				102			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50	60		62		62		60		60				73				65				70			
	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		01		01				0				0				0			
TOTAL ORANGE SCORES		0		0		0		0		0				0				0				0			
	Nurse Initial	[illegible]		[illegible]		[illegible]		[illegible]		[illegible]				[illegible]				[illegible]				[illegible]			

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Early Warning Observation Score Chart - Obstetrics

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

29/6/26

	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	18		18		18				16b/m			18b/m	18b/m		18		18				18			
	0 - 10																								
Saturations	94 - 100 %	98%		98%		99%				99%			98%	99%		99%		97%				99%			
	< 94 %																								
Administered O_2 (L/min.)		RA		RA		RA				RA			RA	RA		RA		RA				RA			
Temp°C	40																								
	39																								
	38	97.5°F		97.7°F		97.4°F			97.8°F	98°F															
	37												98	98.5°F		98.5°F						99.3°F		97.7°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	80b/m		76b/m		78b/m				88b/m			86bt			78		74bt				78bt			
	80													78											
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	98		99		102				112			110	109		109		109				117			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60	64		65		62				61			66	73		72		67				70			
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓				✓			✓	✓		✓		✓				✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓				✓			✓	✓		✓		✓				✓			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	✓		✓		✓				✓			✓	—		—		—				—			
	Heavy / Foul																								
Liquor	Clear / Pink	—		—		—				—			✓	✓		—		—				—			
	Green																								
TOTAL YELLOW SCORES		0		0		0				0			0	0		0		0				0			
TOTAL ORANGE SCORES		0		0		0				0			0	0		0		0				0			
Nurse Initial		VB		VB		VB				VB			VB	VB		VB		VB				VB			

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

8pm - 98.5°F

10pm - 98.5°F

25/6/26

12 am - 99°F

1am - 100°F

2am - 99°F

3am - 100°F

6am - 97.7°F

8am - 98.6°F

10am - 98.7°F

12pm -

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16-04-1998
Dr. MATHANGI RAJAGOPALAN

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm			On	Admission							
	10:00 pm									200	0	
	11:00 pm	H2O	100ml.								0	
	12:00 am										0	
	01:00 am	H2O	100ml								0	
Total Intake :		200ml.				Total Output :				200 ml.		
	02:00 am	H2O	100ml.							200	0	
	03:00 am										0	
	04:00 am	H2O	100ml.								0	
	05:00 am										0	
	06:00 am	H2O	100ml.							200	0	
	07:00 am	milk	150ml.								0	
Total Intake :		450ml.				Total Output :				400 ml		

Total 24 hrs. Intake	650ml.

Total 24 hrs. Output	600ml.

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

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FLUID CHART

Sheet No. : 2

21/6/2026

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H2O	100							200	0	SA
	09:00 am	H2O	100							100	0	SA
	10:00 am	H2O	200								0	SA
	11:00 am	Soup	200ml								0	Baki
	12:00 pm										0	Baki
	01:00 pm	H2O	100ml							✓	0	Baki
Total Intake :		750ml				Total Output :				3 times urine passed		
	02:00 pm	H2O	500ml								0	S
	03:00 pm	H2O	300ml							✓	0	S
	04:00 pm	H2O	50ml								0	S
	05:00 pm	Tmeter	150ml							✓	0	S
	06:00 pm	H2O	300ml							✓	0	S
	07:00 pm	H2O	200ml							✓	0	S
Total Intake :		1650ml				Total Output :				4 times		
	08:00 pm	H2O	300ml								0	S
	09:00 pm	H2O	200ml							✓	0	S
	10:00 pm	H2O	200ml							250ml	0	S
	11:00 pm	HW	50ml								0	M
	12:00 am	HW	100ml								0	M
	01:00 am	HW	50ml							250ml	0	M
Total Intake :		900ml				Total Output :				500ml		
	02:00 am	HW	50ml								0	M
	03:00 am	HW	50ml							200ml	0	M
	04:00 am	HW	50ml								0	M
	05:00 am										0	M
	06:00 am	HW	100ml							250ml	0	M
	07:00 am										0	M
Total Intake :		250ml				Total Output :				450ml		

Total 24 hrs. Intake	2,550ml	Total 24 hrs. Output	1,250ml.

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FLUID CHART

Sheet No. : 3

22/6/26

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am	H2O	100									
	09:00 am	H2O	150	RL 500						800ml	0	[illegible]
	10:00 am	NPO	[illegible]	100ml						150	0	[illegible]
	11:00 am	NPO		100ml							0	[illegible]
	12:00 pm			100ml						100ml	0	[illegible]
	01:00 pm			100ml							0	[illegible]
Total Intake : 1150ml										100ml	0	[illegible]
	02:00 pm			100ml						Total Output : 550ml		
	03:00 pm	water	150ml	100ml							0	[illegible]
	04:00 pm	water	100ml	100ml						100ml	0	[illegible]
	05:00 pm			100ml							0	[illegible]
	06:00 pm	water	100ml	100ml							0	[illegible]
	07:00 pm										0	[illegible]
Total Intake : 750ml											0	[illegible]
	08:00 pm	H2O	100cc							Total Output : 100ml		
	09:00 pm	H2O	100cc							750cc	0	[illegible]
	10:00 pm										0	[illegible]
	11:00 pm	H2O	100cc							300	0	[illegible]
	12:00 am	Juice	100cc								0	[illegible]
	01:00 am										0	[illegible]
Total Intake : 400cc											0	[illegible]
	02:00 am	H2O	50cc							Total Output : 1,050ml		
	03:00 am									200ml	0	[illegible]
	04:00 am	H2O	100ml								0	[illegible]
	05:00 am										0	[illegible]
	06:00 am	H2O	100ml								0	[illegible]
	07:00 am	H2O	100ml							200ml	0	[illegible]
Total Intake : 350ml											0	[illegible]
										Total Output : 400ml		

Total 24 hrs. Intake	2.650ml.

Total 24 hrs. Output	2.100ml.

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FLUID CHART

Sheet No. : 4

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
23/6/26	08:00 am	H20	100									
	09:00 am	H20	100							200ml	0	[illegible]
	10:00 am	H20	150								0	[illegible]
	11:00 am	Juice	150							200	0	[illegible]
	12:00 pm	Water	100								0	[illegible]
	01:00 pm	H20	150							500	0	[illegible]
Total Intake : 750ml										Total Output : 900	0	[illegible]
	02:00 pm	H20	100ml								0	[illegible]
	03:00 pm	H20	100ml								0	[illegible]
	04:00 pm	H20	100ml							200ml	0	[illegible]
	05:00 pm	milk	200ml								0	[illegible]
	06:00 pm										0	
	07:00 pm	water	100ml							300ml	0	ml
Total Intake : 600ml										Total Output : 500ml	0	ml
	08:00 pm										0	nil
	09:00 pm	water	200ml								0	nil
	10:00 pm	Milk	200ml							200ml	0	nil
	11:00 pm										0	nil
	12:00 am	water	200ml								0	nil
	01:00 am	water	100ml								0	nil
Total Intake : 700ml										200ml	0	nil
	02:00 am									Total Output : 400ml	0	nil
	03:00 am	water	100ml								0	nil
	04:00 am									200ml	0	nil
	05:00 am	water	200ml								0	nil
	06:00 am										0	nil
	07:00 am	water	200ml								0	nil
Total Intake : 500ml										300ml	0	nil
										Total Output : 600ml		

Total 24 hrs. Intake	2.550ml	Total 24 hrs. Output	2,400ml

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FLUID CHART

Sheet No. : 5

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.

21/6/26		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am	water	150ml				Motion passed				0	[illegible]
	09:00 am									200ml	0	[illegible]
	10:00 am	water	130ml								0	[illegible]
	11:00 am									250ml	0	[illegible]
	12:00 pm	water	100ml								0	[illegible]
	01:00 pm	water	200ml							150ml	0	[illegible]
Total Intake : 580ml								Total Output : 500ml.				
	02:00 pm	wats	200ml							100ml	0	[illegible]
	03:00 pm	water	100 ml								0	[illegible]
	04:00 pm						Motion passed			200ml	0	[illegible]
	05:00 pm	milk	200ml								0	[illegible]
	06:00 pm									200ml	0	[illegible]
	07:00 pm	wats	100ml								0	[illegible]
Total Intake : 600ml								Total Output : 500ml				
	08:00 pm										0	[illegible]
	09:00 pm	Milk	200ml							250ml	0	[illegible]
	10:00 pm						Motion passed				0	[illegible]
	11:00 pm	wats	100ml								0	[illegible]
	12:00 am	wats	100ml							300ml	0	[illegible]
	01:00 am	wats	200ml								0	[illegible]
Total Intake : 600ml								Total Output : 550ml				
	02:00 am										0	[illegible]
	03:00 am	wats	200ml							350ml	0	[illegible]
	04:00 am	wats	100ml								0	[illegible]
	05:00 am	wats	200ml								0	[illegible]
	06:00 am						Motion passed				0	[illegible]
	07:00 am	water	200ml							180ml	0	[illegible]
Total Intake : 700ml								Total Output : 530ml				

Total 24 hrs. Intake	2,480ml	Total 24 hrs. Output	2,080ml

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: primi 22+1 weeks

Any Infection: ☑ Yes ☐ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date	20/6/26	21/6/26	21/6/26	21/6/26	22/6/26	22/6/26
Shift	N.	M	E	N	M	E
Medical Condition (Any special condition to be noted):	Hypothy	hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	Hypothy
Diet:	(N) diet	(N) diet	(N) diet	(N) diet	Normal	(N)
Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No

ASSESSMENT

Vital Signs:						
Temp:	98.1°F	96.9°F	97.4	102.5°F	98°F	98.8
Res:	20	20b/m	20b/m	20b/m	20b/m	20b/m
SpO_2:	100%	99%	99%	98%	99%	99%
Pulse:	110b/m	117b/m	101b/m	112b/m	92b/m	98b/m
BP:	110/70	117/65	110/65	119/65	112/70	110/70
LOC:	Lowers	conscious	conscious	conscious	conscious	conscious
Fall Risk Score:	-	-	-	-	-	-
Pain Score:	1/10	1/10	1/10	1/10	2/10	1/10
Skin Integrity	Normal	Normal	N		Normal	N

Recommendations

Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No
Physiotherapy:	-	-	-	-	-	-
Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	(N) diet	(N) diet	(N) diet	(N) diet	Normal	(N)
Critical Lab Test / Values:	-	-	-	-		-
Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
ADL (Dependent / Non Dependent):	Non Dependent	Dependent	Dependent	Dependent	Dependent	Non Dependent
Post Operative Procedure Special Orders:	-	-	-	-	-	
Handed Over By Name :	Dhoban	Dhanabakya	Anitha	Sasi	S.N. Tulsi	
Signature / ID :						
Date:	20/6/26	21/6/26	21/6/26	21/6/26	22/6/26	22/6/26
Time:	9.30 pm	2pm	@2.30pm	@	1.30	1.30
Taken Over By Name :	Shal	Anitha	Sasi	S.N. Tulsi	Sunitha	Neetha
Signature / ID :						
Date:	21/6/26	21/6/26	21/6/26	22/6/26	22/6/26	22/6/26
Time:	8pm	@1.20	@ 7.30	7.30pm	1.30	8pm

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

Patient Sticker

Sick Kids Children's Hospital

BirthRight

NURSING SHIFT HAND OVER FORM

STATUS	Diagnosis:										
	Surgery / Procedure:								Any Infusion: ☐ Yes ☐ Not Ordered		
									If Yes Specify:		
BACKGROUND	Date:								Post OP Day:		
	Shift										
	Medical Condition (Any special condition to be noted):										
	Diet:										
	Allergy:										
	Ventilation (RA, NP, NIV, VENT):										
	Tubes/Drains/Catheter:										
INTERVENTION	Vital Signs:	Temp:									
		Res:									
		SpO:									
		Pulse:									
		BP:									
		LOC:									
		Fall Risk Score:									
		Pain Score:									
		Skin Integrity									
	Safety Needs:										
	Physiotherapy:										
	Others Specify:										
	Special Diet:										
Medications	Critical Lab Test / Values:										
	Other Special Orders / Medications:										
	PU Prophylaxis:										
	DVT Prophylaxis:										
	VDL (Dependent / Non Dependent)										
	Post Operative Procedure Special Orders:										
	Handed Over By Name:										
	Signature / ID:										
	Date:										
	Time:										
	Taken Over By Name:										
	Signature / ID:										
	Date:										
	Time:										

Doc. No.: SICK/PRS/CLINICAL/027

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: Premi 32/3 days				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift	22/6 N	23/6/26 M	23/6/26 Evening	23/6 N	24/6 M	24/6 E
	Medical Condition (Any special condition to be noted):	Hypothyroid	Hypothyroid	Hypothyroid	Hypothyroid	hypothyroid	hypothyroid
	Diet:	Ⓝ diet	Normal	Normal Diet	Ⓝ diet	Ⓝ diet	Ⓝ diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	NA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.4°F	98°F	98°F	98.1°F	98.1°F	98°F
	Res:	24b/m	20b/m	20b/m	20b/m	20b/m	22b/m
	SpO_2:	99%	99%	99%	99%	98% RA	99% RA
	Pulse:	92b/m	92b/m	90b/m	98b/m	90b/m	99b/m
	BP:	110/70	100/60	90/60	109/73	104/56 (66)	112/67 (76)
	LOC:	Conscious	Conscious	Conscious	Conscious	Conscious	Conscious
	Fall Risk Score:	–	20	20	20	20	20
	Pain Score:	1/10	01/10	01/10	0/10	1/10	1/10
	Skin Integrity	Normal	Normal	Intact	Intact	intact	intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	NA	NA	NA	NA	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	Ⓝ diet	Normal	Normal Diet	Ⓝ diet	Ⓝ diet	Ⓝ diet
	Critical Lab Test / Values:	–		–			
	Other Special Orders / Medications:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent
Post Operative Procedure Special Orders:		–	–	–	–	–	–
Handed Over By Name :		[illegible]	[illegible]	Sriparam	NISHA	[illegible]	[illegible]
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		22/6/26	23/6/26	23/6/26	24/6/26	24/6/26	24/6/26
Time:		8PM	1.30pm	2pm	[illegible]	1.30pm	7.30pm
Taken Over By Name :		[illegible]	Sriparam	[illegible]	Vaishnavi	Anu S	Anitha
Signature / ID :		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Date:		23/6/26	23/6/26	23/6/26	24/6/26	24/6/26	24/6/26
Time:		7.30pm	2pm	[illegible]	7.30AM	1.30pm	@7.30

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

GUC-00092879 IP18-00036121
Mrs SUKANYA (F)
16-04-1998 28 Y 2 M 4 D
Dr. MATHANGI RAJAGOPALAN

NURSING CARE RECORD

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date: 20/6/2018

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	10 pm	promote cleanliness and comfort	10:30 pm	→ Assist with daily bath, oral care, perineal care and grooming. → change linen and clothing regularly.	patient vital are stable	→ Provide privacy during examination	

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING CARE RECORD

Date: 21/06/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure adequate hydration and electrolyte balance		monitor intake output chart Assess for dehydration or fluid overload. Encourage oral diet	vitals stable	Re-assessment done	Shamila 010725
Afternoon	2pm	maintain good nutritional status		Encouraged to take oral intake monitoring intake and output	intake was good.	Reassessment done	[illegible] 015260.
Night	7.30 pm	maintain Personal hygiene		~~Encou~~ maintain hair and nail hygiene maintaine strict hand hygiene	maintained Personal hygiene	Reassessment Done	[illegible] Gon

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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BirthRight
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NURSING CARE RECORD

Date: 22/06/2026

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	Achieve acceptable pain control & comfort	8:30 Am	Assess pain using pain scale regularly position pt comfortable provided non pharmacology measures	patient was stable	reassessment was done	[illegible] 8/8/80
Afternoon	8pm	Achieve acceptance pain control & comfort	2:30 pm	Assess the pain using position comfortance provided non. pharmology.	Patient was stable.	Reassessment done	[illegible] 2/8/80
Night	8pm	Achieve Acceptance Pain control & comfortable	8pm	Assess the Pain using Pain Scale => Position comfortable Provide comfortable Position.	Patient [illegible] [illegible]	Reassessment done.	[illegible]

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092879
Mrs SUKANYA
16-04-1998
28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN
IP18-00036121

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 23/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7.30 AM	Ensure adequate Hydration and Electrolyte Balance	8AM	* Monitor intake and output chart * Assess for dehydration * Check electrolyte values.	Maintained Fluid Balance to some extend	Reassessment Done	01/6/26
Afternoon	2pm	Ensure adequate Hydration and Electrolyte balance	2.30 pm	monitor Intake and output chart Assess for dehydration Check electrolyte	maintained fluid balance	Reassessment done	01/6/26
Night	8pm	TO Improve Activity tolerance.	8pm	→ TO Assess the patient general condition. TO monitor vital signs TO Ambulate the patient	TO Improved Activity level	Reassessment done.	01/6/26

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(1)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/6/26	9.40 pm	Admission Notes: 20/6/2026.	
		patient come with Mrs. Sukanya.	
		c/o backing pain and fever.	
		For past 3 days primi DCDA	
		twins 22 wks + 1 day Fetus-A	
		IUD, Fetus B-Normal patient	
		Referred to sai sri speciality	
		Hospital DR. Bindu Reddy.	
		patient 10/1 conception patient	
		cervical stich insitu.	
		K/c/o Hypothyroid T. Thyronorm 50mcg.	
		patient checked with stgs	
		with no stable Temp-99.4°F	
		patient checked diaper also.	
		patient law inform to	
		DR. pavithra room advice	
		to admission order com.	
		out. patient part procedure	
		done Inj: magnex Forte start	
		order patient Inj: magnex	
		Forte 0.1ml test dose given →	
	10.30 pm	S/B DR. mathangi	
		advice to CBC, CRP, HVS.	
		urine R/E, urine C/S S. procalcitonin.	
		S. lactate sent lab order.	
		Com out patient all Blood	
		Samples sent to lab. Inj: mangex full dose given	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Rainbow® Children's Hospital
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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
20/6/26	11 pm	patient Checked vital signs vital are stable Temp - 99.6°F inform to DR. pavithra mam advice to T. para 1g oral give the order care out T. para 1g oral given 2nd hr Temp monitoring	
21/6/26	1 AM	patient Checked Temp - 97.8°F inform to DR. pavithra mam patient Inj: mangnex forte after test No allergy reaction patient asked No allergy reaction Inj: magnex forte 1.5g Full dose iv given 10.30pm.	
	3AM	patient Checked vital signs vital are stable patient Temp - 98.0°F Inform to DR. pavithra mam patient No complaints patient General condition fair	
	7AM	pt vital signs checked & recorded. Encourage to take adequate oral fluid. iv line patency maintain Pro chart.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(2)

NURSES NOTES

Rainbow® Children's Hospital
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☐ No Known Drug Allergies
☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/06/26	6AM	patient Checked vital signs vital are stable temp - 97.6 F patient due medication given patient conscious and oriented General condition fair NO complaint for patient pain	
	7AM	morning care bath given → patient due medication given c. pan 40mg oral patient conscious and oriented General condition fair →	
	7.30 AM	patient handing over given morning duty staff Nurse →	
		morning Duty 21/06/2026	
	8AM	patient condition taken over morning duty staff Nurse. patient Room air SpO2 99% → patient vitals stable. checked and records. I/O chart monitoring patient Due medication given as per drug chart order Temp - 96.9F BP - 116/65 mmHg. vitals stable. Patient seen DR. Vidhya Admit for lab Investigation. LFT, Bile acids	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/26	continue notes	Sample sent to Lab, patient condition Informed to Attendant. patient plan for ward shift patient vitals records. Drug medication given as per drug chart order →	Shubra
	10:20 Am	⇒ Dr. Vinitha advised to patient shifted to ward pt care hand over given to 4th floor staff Nurse Priyanka (P) →	SNAO 018082
		Receiving Notes	
21/1/26	10.45am	Patient received from LDR to 4th Floor. Patient details handing over taken from LDR Staff. Patient is conscious. Vitals monitoring 2 hourly →	Bakiy 020685
	12 pm.	Vital signs checked and Recorded Vitals are Stable	
		CP ++ / PP ++ / CRT <3sec →	Bakiy/020685
	1 pm.	I/O Chart maintained. No other Complaints →	Bakiy/020685
	1.30pm	The patient details handing over given to evening duty Staff →	Bakiy/020685

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

(3)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Evening duty Notes on 21/6/26	
	1.30 pm	The patient details handover	
		taken from the night duty staff	01:00
		The patient is conscious and oriented	
	2 pm	Administer the medication as per	
		doctor's order	
		to time pattern and good	
	3 pm	vitals are checked and recorded	
		temp is 99.1°F	
		and the patient	
		had c/o shivering	
		informed to Dr. Vinitha adv!	01:00
		to give T. Para 1g	
	4 pm	Dr. Vinitha main phone call	
		adv! to do Dengue NS1, Igm,	
		Igg, Peripheral smear MP &	
		MF done.	
	5 pm	The patient have Temp - 100.7°F	
		informed to Dr. Vinitha	01:00
		adv! to give sponging	
	6 pm	Administer the medication as	
		per doctor's order	
	7.30 pm	The patient temp 101.8°F informed	
		to Dr. Vinitha.	
	7.40 pm	The patient details handover	
		given to night duty staff	01:00

RP	++
CP	++
CRT	<2s

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

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

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Your Right to a Safe Delivery

NURSES NOTES

☐ No Known Drug Allergies

☐ Drug Allergies ....Nil....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/26	7.30pm	The pt details handing over taken from evening duty shift. The Patient is conscious and oriented Patient is on room air. IV line present. IV line Pattern	Rai 6/7/26
	8pm	vital signs are checked and recorded. vital sign are stable [CR P]	
	8.15pm	The Patient condition seen by Dr. vinitha mam advised to Do Bld culture, widal.	Rai 6/7/26
	8.30pm	Bld sample sended to lab.	
	9pm	Reassessment Done T:- 102.7°F informed to Dr. vinitha mam advised to give T. Paracetamol 1gm p/o. to Do CRP, CBC, Typhoid Igm. and to shift to LDR	Rai 6/7/26
	9.35pm	T. Paracetamol 1gm p/o given Bld sample sended to lab	Rai 6/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092879 IP 8-0
Mrs SUKANYA
16-04-1998 28 Y 2 M
Dr. MATHANGI RAJAGOPAL

(4)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Continue ->	
21/6/26	10pm	Due medications are given as per Doctors order. Vital signs are checked and recorded	
	10:45 pm	Patient shifted from 409 to LDR	[illegible] GSM
21/6/26	11:00pm	-> Receiving note <- Receiving the Patient from 4th Floor with IV & OP care sheet. While receiving the Patient conscious and oriented. c/o fever taking Crocin syp tolerating well. Voided freely. Patient vital signs stable. BP: 110/70 mmHg, Pulse: 115 bpm. Temp: 98.3°F. T/F to Dr. Viruthu ncu. Advice to Chec Contraction	
	11:10pm	-> T/F to Dr. Mathangi ncu. Advice to Tab Depene 10mg p/o stat. given order carry Tab. Depene given. Patient having Contraction 10min: 2 contraction 15 to 20 Second	[illegible] 01/7/26
22/6/26	12AM	-> Patient having complint of Pain T/F to Dr. Viruthu. ncu. Advice to Chec contraction	[illegible] 01/7/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
28/6/26		Orders carry out	→ [illegible] /011746
	10 AM	→ OB/B Dr. Vinitha Advice to Tab. Depen 10mg P/O one more dose given orders carry out. Tab. Depen 10mg P/O given.	→ [illegible] /011746
	12.30 AM	→ Patient vital signs check by recorded, General condition fair	→ [illegible] /011746.
	1 AM	→ Tab. Azithomycin 500mg P/O given Inj Piptaz 4.5gm 0.1ml IVO given as per doctor's orders. No other complicity	→ [illegible] /011746
	1 AM	→ OB/B Dr. Vinitha mam. Patient shift to Labour room under aseptic technique. Patient having lithotomy position, Parts painting by chlorpheol. Cricut which was removed by Dr. Vinitha mam. Advice to Dr. Mathayi mam orders carry out	→ [illegible] /011746.
	2 AM	→ Temp. 99.2°F. Informed to Dr. Vinitha mam. Advice to Tab. Para 1gm P/O given. Inj Piptaz 4.5gm IVO close given.	

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

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092879
Mrs SUKANYA
16-04-1998
28 Y 2 M 6 D
Dr. MATHANGI RAJAGOPALAN
IP18-00035121
(F)

(5)

NURSES NOTES

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26		No allergic reaction.	
	8AM	→ Temp: 96.6°F PT to Dr Vinitha. Advice to continue orders	
	4AM	→ Temp: afebrile, Patient vital sign stable, General condition fair	
	5AM	→ Patient take a bath by brushing, Patient have complint of pain PT to Dr Vinitha. Advice to further orders orders carry out	
	6AM	→ PT to Dr Vinitha. Advice to Inj Tramadol 50mg given, orders carry out Inj Emset 4mg IV, Inj Tramadol 50mg IM given, as per doctors orders	
	7AM	→ Patient having complint of pain, lower abdomen 15 to 20 section PT to Dr Vinitha. Advice to further orders	
	30 7AM	→ Patient report hand over to morning duty staff	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26		Morning Duty (22/6/26)	
	7.30 AM	Patient care Handing over taken from Night duty staff. Monitored vitals and Recorded. Maintained I/O. pain assessment Done. watching contractions. No any other complaints. IV cannula observed	SN 01/6/26
	8 AM	Monitored vitals and Recorded. Maintained I/O. Patient General condition Fair. watching contractions. No any other complaint. Administered medicines as per drug chart	SN 01/6/26
	9.30 AM	Dr. Mathangi mam assessed the patient. PV Examination Done cx well effaced. os 4cm dilated, Membrane present. advised to give. Inj pethidine 50mg, Inj. Phenergan 25mg IM doctor order carried out	01/6/26
	10.10 AM	Inj. pethidine 50mg IM, Inj. Phenergan 25mg given as per doctor order. Pain assessment Done. patient in NPO. IV RL 500ml on connected. No other complaints	01/6/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

(6)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/20	11pm	Monitored vitals and Recorded. Maintained I/O. Patient conscious and oriented. IVF RL 500ml on connected	SN 01/6/20
	11.30 AM	Dr. satish done IV cannulation in ~~left~~ Right Metacarpal 20G venflon. IV cannula Observed. IVF RL 500ml on connected	SN 01/6/20
	12pm	Monitored vitals and Recorded. Maintained I/O. IVF RL 500ml on connected. Pain assessment Done. watching contractions	SN 01/6/20
	12.30 pm.	Spontaneous expulsion of dead fetus at around 12.27pm partial. expelled watched of spontaneous expulsion of other fetus	Bai 01/6/20
	12.45pm	pt condition Informed to Mathagi man over phone. Inj oxytocin 10 iu given as per doctor order. Temp. 101°F Informed to Neshita mam	Bai 01/6/20
	1.07pm.	Patient was expelled already dead born fetus (macerated fetus) pt watched for spontaneous expulsion of placenta.	Bai 01/6/20
	1.25pm	2 IBU, mathagi mam, examination is the patient placenta and membranes	

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
Contin		1.25 pm. on 22/6/26 Inj Tramic	
		1gm in 100ml NS on flow	
		Pt child bleeding pr vital	
		cmmd & recorded	— Sri 0/8760
	2pm	Pt vital cmmd & recorded temp	
		101°F Informed to parithiraman	
		order in Tab Pan 1gm PO	
		6hrs as per doctor order	
		Twin-I Twin-II	
		time: 12.27 pm 1.07 pm	
		Fetus - boy / 551gms Fetus - NA / 169gms	
		placenta - 168 gms placenta - 145gms	
		1.25 pm. & 1.25 pm.	— Sri 0/8760
	3.00 pm	Pt vital cmmd & recorded	
		Pt Anti biti change Inj cefotaxim	
		and bactam 2.5 gm. 0.1 ml IV	
		6hrs. Inj. Metronam 1gm 0.1ml	
		IV 6hrs as per doctor order	
		Pt taken O. diet	— Sri 0/8760
	3.45 pm	Injection Anti biti no allergy	
		feed glose 6hrs in 100ml NS	
		over 30 2 hours, given medicine	
		crying by for parithiraman	
		Pt gener condition is good,	
		PV bleeding minimal Temp. 99.8	
		Informed to parithiraman Dr. NS	
		100ml	— Sri 0/8760

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Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
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(7)

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/06	4.00 pm	Pt vital checked & recorded Pt. general condition is good Antibiotic medicine given flow no urinary	Bai/01/6/06
	6.00 pm	Pt vital checked & recorded. fetus sent to Disposed as per hospital protocol. Pt general condition is good.	Bai/01/6/06
	7.00 pm	Tab. Labolin 0.5 mg 2 tab. given as per doctor order Pt S/B Dr Vishnu das Sir examination in the patient HBS checking 130 mg/dl continue medication flow blood sample CBC, CRP, MT to be followed.	Bai/01/6/06
	7.30 pm	Patient file handing over to Night duty staff to be followed doctor order	Bai/01/6/06
		=> NIGHT DUTY <=	
22/6/06	7.30 AM	Patient report received over taken from Evening duty staff, Pt is conscious and oriented, afebrile, taking orally, cytologically well. Uterine fundus	
	8 pm	=> Patient Vital Signs stable. General condition fair	=> Ley/01/7/06

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☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/01 22/01/26	10pm	→ Tab. Pcm 1gm P/O given as per doctors orders	[illegible]
	12AM	→ Patient vital signs checked & recorded, General condition fair	→ [illegible]
	2AM	→ Patient slept well during night no other complaints	→ [illegible]
	4AM	→ Patient vital signs stable, General condition fair. Inj Ceftriaxone 2gm IVT 100ml NS, Inj Ambroxol 1gm IV given as per doctors orders	→ [illegible]
	6AM	patient checked vital sign vital are stable. patient due medication patient conscious and oriented. General condition fair	[illegible]
	7AM.	patient due medication given patient conscious and oriented General condition fair	[illegible]
	7.30 AM	patient handing over given morning duty staff Nurse	[illegible]

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(18)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	7.30 AM	Morning Duty (23/6/26) Patient care handing over taken from Night duty staff. Monitored vitals and Recorded. Maintained I/O. Patient General condition Fair. Pain assesment Done. IV cannula Observed	01/6/26
	8AM	Monitored vitals and Recorded. Maintained I/O. Pain assesment Done. Patient General condition Fair. PV Bleeding Minimal	01/6/26
	9AM	Dr-Punitha assessed the patient advised For plain CT-Abdomen today. PV Bleeding Minimal. Collected CBC, CRP, Electrolyte urea and Creatine. No any other complaints	01/6/26
	10AM	Monitored vitals and Recorded. Maintained I/O. Monitored vitals. patient General Condition Fair. No any other complaints	01/6/26
	11AM	Maintained I/O. Monitored vitals and Recorded. Pain assesment Done. No other complaints	01/6/26

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	12pm	Administered medicine as per drug chart. Maintained I/O, Monitored vitals and Recorded. PV Bleeding Minimal. No any other complaints.	23/6/26
	1pm	Monitored vitals and Recorded. Maintained I/O. patient General condition fair. pain assessment done. IV cannula observed.	23/6/26
	1.39pm	Patient Care Handing over given to Evening duty Staff	23/6/26
23/6/26	1.40pm	Evening duty Notes: patient details handed over taken from Night duty staff patient conscious & oriented. vitals are checked, recorded. patient maintain self voided. patient side no complaints of pain.	S/N paramesh 016808
	2.30pm	Drug medication given as per doctor advice. PV bleeding normal.	S/N paramesh 016808
	2.30pm	Dr. Akshitha saw the patient checked bleeding, CT report Informed to Dr. Akshitha advised to continue medication	S/N paramesh 016808

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(9)

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	3.30pm	Dr. mathangi saw the patient advised to Normal diet, w/f bleeding, Dulcolex suppository 2 tab (P/R) stat, patient shift to ward..	sfnoparaneshi 016808
	4pm	T. Dulcolex suppository P/R kept. patient side no complaints of pain.	
		patient stool not passed.	sfnoparaneshi 016808
	4.50pm	patient shifted to ward. patient details, files handed over given to 4th floor staff. → Reviving Notes	sfnoparaneshi 016808
23/6/26	4.50pm	patient received from LDR to 4th floor conscious & awake	
		vital signs checked & recorded.	mo [illegible]
		NO other complaints	
		patient taking. NO other complaints, IV line (R) present (2).	→ mo [illegible]
	7pm	due medication's are given as per doctor's order	
		I/O chart maintained	
	7.30pm	patient handing over given night duty staff	mo [illegible]

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NURSES NOTES

Nil

☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		← 23/6/26 ON Night duty →	
23/6/26	8.30 pm	The patient details handing over taken from Evening duty to night duty. The patient is conscious & oriented. IV line present. no pain, no swelling IV line patten	NS/OCSO1
	8pm	Vital signs are checked and recorded. vital are stable. BP ++ PR ++ CRT less	NS/OCSO1
	8pm	Oral medication was given. As per doctor's order	NS/OCSO1
	10pm	patient is conscious & oriented. patient ambulated well. urine voiding freely, motion not passed	NS/OCSO1
24/6	12AM	vital signs are checked and recorded. vital are stable.	NS/OCSO1
	2AM	patient sleeping well. no any other complaints of pain/vomiting	NS/OCSO1
	4AM	vital signs are checked and recorded. vital are stable.	
	6AM	Oral medication. was given. As per doctor's order.	NS/OCSO1
	8AM	Pt chart was maintaining no other complaints of pain, vomiting	NS/OCSO1

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NURSES NOTES

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

No 1

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		continue nots	
24/6	7.30 AM	The patient details handing over given to morning duty staff	
		→ Morning duty ←	
24/6/20	7.30 AM	patient taken over from night duty staff conscious & awake.	
	8 AM	vital signs checked & recorded - No other complaints.	
	9 AM	Dr. Rajkumar seen the patient Advised to continue the same.	
	12 PM	due medications are given as per doctor's order. Vital signs checked & recorded.	
		I/O chart maintained.	
	1.30 PM	patient handing given to evening duty staff.	
		→ Evening duty ←	
	1.30 PM	patient taken over from morning duty staff conscious & awake.	
	4 PM	vital signs checked & recorded. No other complaints.	

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Patient Sticker

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☐ No Known Drug Allergies

☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue ←	
24/6/26		due medication's are given	
		as per doctor's order.	
	6pm	Io chart maintained.	
	7.30pm	patient details hand over	
		given to night duty staff.	
			018900
		Night duty Notes on 24/6/26	
	7.30pm	The patient details handover	
		taken from the Evening duty staffs	
		The patient is conscious and active	
	8pm	Administer the medication as	
		per doctor's order	
		vitals are checked and recorded	
		temp is normal	
		PP ++	
		CP ++	
		CRT <2s	
	9.10pm	Dr. Divya mam rounds done	
		adv! to continue antibiotics	
		and to changing antibiotics	
		by tomorrow	
	10pm	The patient had normal diet	
		& line pattern and good	
	12am	vitals are checked and recorded	
		temp is 99°F	
		Dr. Divya mam phone call orders	
		inj: x one test dose to be given @ 8am	

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 20/6/2026 Time of Arrival: 9.40pm Time Seen by Nurse: 9.40pm

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: pls

3) **Vital Signs:** Temperature: 99.4°F Pulse: 100 RR: 20 SpO_2: 100% BP: 110/70 Weight: NT

4) **Gestational Criteria:**

Gravida:	G 1	P —	L —	A —

LMP: 16/11/2026 EDD: 23/10/2026 Gestational Age: 22 weeks 1 day

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: cervical stitch at 12 wks prophylactic

b) Medical: Hypothyroid. T Thyrox 50 mcg

Docu. No. : RCH /FRM / CLINICAL / 098

(P.T.O.)

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: ....10 pm....

Nurse Name : ....D. Sobelwari.... Nurse Signature: ....DSob....

Date: 2018/2020..... Time: ....9.50pm....

GUC-00092879 IP18-00036121
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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 20/6/2026

Baseline Information:

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

Primary Language: ☐ Telugu ☑ English ☐ Hindi ☐ Others

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 Mother.

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

If yes, identify

Chief Complaints: Patient complaints of leakency

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Pavithra

Time Notified: 10pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Hypothyroid T. Thyronorm	cervical stich at 14wks prophylactic	–

Blood Group: AB+ve LMP: 16/1/26 EDD: 23/10/26 Gestational age during admission: 22+1 wks.

Contractions: – Vaginal Discharge: –

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

Height: 156 Weight: 77 BMI: 31.64

Temp: 99.4 HR: 100/m RR: 20 BP: 110/70 SpO_2 100%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected Father mothe.

☐ 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 ..... – ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... 28 ..... (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING:

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

☐ Under Weight ☐ Diabetes Mellitus ☐ No Abnormality Detected

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

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

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

Orientation has been given regarding the following aspects:

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

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

Above information given to ..... MRS. Sukanya

Name of Person Orientation was given to: ..... Mr. Sukanya

Orientation not given Reason: ..... NIL

Nurse Signature: D. Sobayoan

Nurse Name: D. Sobayoan

Date & Time: 20/6/2026 at 10 pm.

GUC-00092879 IP18-00036121
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BRADEN 'Q' SCALE

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				Date : / Time :	N 21/6 8pm	N 22/6	E 22/6 6	N 22/6
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.	1	1	1	1
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction** . Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times."	4	4	4	4
Nutritional Usual food intake pattern	**1. Very Poor:** NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	**2. Inadequate:** Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	**3. Adequate:** Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	**4. Excellent:** Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of mean and dairy products. Occasionally eats between meals. Does not require supplementation.	4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.	4	4	4	4
				TOTAL SCORE	27	27	27	27
				Evaluator's Name	[illegible]	[illegible]	[illegible]	[illegible]

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

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

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

BRADEN 'Q' SCALE

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				Date : 23/6	23/6	23/6	24/6
				Time : M	E	N	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
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				TOTAL SCORE	27	27	27	27
				Evaluator's Name				

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

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GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	N 20/6/20	M 21/6/20	E 21/6/20
		Score		20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20		20	20
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	20	20
		Signature	[illegible]	[illegible]	[illegible]

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

Docu. No. : RCH /FRM / CLINICAL / 006

GUC-00092879 IP18-00036121
Mrs SUKANYA
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(2)

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	N 21/6/26	N 22/6/26	E 23/6/26
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[signature]	[signature]	[signature]

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Risk Level	Morse Fall Score (MFS)	Action
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	22/6/26 10	23/6/26 10	23/6/26 5
		Score		20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0		0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10		
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			30	20	20
		Signature			

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

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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N 23/6/20	M 24/6/20	E 24/6/20
		Score	20	20	20
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	0
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0	0	0	0
IV / Heparin Lock or Saline	Yes	20	20	20	20
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			
	Normal /On Bed Rest /Immobile	0	0	0	0
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			20	20	20
		Signature	[illegible]	[illegible]	[illegible]

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.

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(1)

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
20/6/26	10pm	0/10	NCC	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
21/6/26	12AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
21/6/26	4AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
21/6/26	8AM	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
21/6/26	2pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
21/6/26	8pm	0/10	–	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	
22/6	12AM	1/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable Position	
22/6.	2AM	2/10	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Tab. Paracetamol 1 Dose	
22/6	6AM	1/10	Lower Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☑ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable Position.	
22/6/26	8AM	1/10	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable Position	

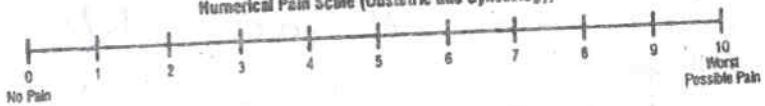
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours
   b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention.
   d) Within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

Docu.No: RCH /FRM / CLINICAL / 152

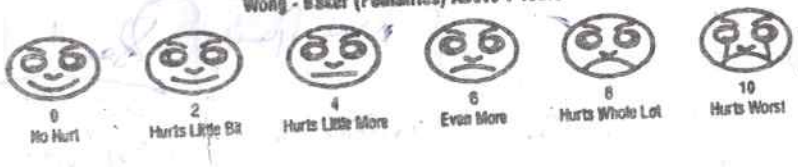
(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years



FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

CATEGORY	SCORING		
	0	1	2
Face	No Particular expression or smile	Occasional Grimace or Frown, withdraw, Disoriented	Frequent to constant frown, quivering chin, clenched jaw
Legs	Normal Position or Relaxed	Uneasy, restless, tense	Kicking, or legs 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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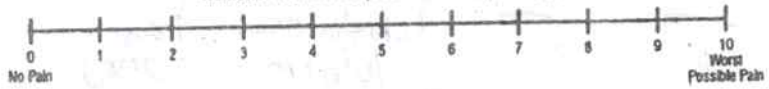
PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
22/6/26	10:15 AM	1/10	lower abdomen	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	0/6/26
22/6/26	2 pm	1/10	lower abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	0/6/26
22/6/26	8 pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☐ Aching ☐ Burning	☑ Increasing ☐ Decreasing	☑ Yes ☐ No	Comfortable position	0/6/26
23/6/26	12 AM	1/10	Episiotomy site Abdomen Bill	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	0/6/26
23/6/26	4 AM	0/10	Episiotomy site Bill	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	0/6/26
23/6/26	6 AM	1/10	Episiotomy site Bill	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	0/6/26
23/6/26	8 AM	1/10	Mild Abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	0/6/26
23/6/26	12 pm	1/10	Abdomen	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	0/6/26
23/6/26	2 pm	1/10	lower abdomen pain	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☑ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	provide comfortable position	0/6/26
23/6/26	8 pm	0/10	—	☐ Continuous ☑ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No	NIL	0/6/26

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

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 20/6/2026

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		
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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INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
20/6/26	11pm	yes	patient personal hygiene patient explained hand hygiene	patient	No learn Barr	Oral	Non	Understand	good	[signature]
21/6/26	8AM	YES	Educated about the Infection control measures	Pt	No learning Barr	Oral	None	YES	good	Akshay 01/8/26
23/6/26	2pm	yes	educate & inform about plan ~~for~~ of treatment	Patient	None	Oral	None	yes	good	[signature] 01/6/26
24/6/26	8AM	Nutrition diet	Health education given about Nutrion & diet.	patient	No	oral	NONE	Verbal	good	[signature]

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

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Rainbow® Children's Hospital
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Part - I.

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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

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

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

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

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

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

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Patient's Na GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
MRD NO:..... Dr. MATHANGI RAJAGOPALAN
Age :..... Sex. ☐ M ☐ F
Consultant :.....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 17/6/2026 Time: 6-30AM
Location : (R) hand mercepln vein
Size : 22G
Cannula inserted by : out side line

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
20/6/26	10pm	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
21/6/26	12AM	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	OBS	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Reviewed	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Reviewed	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Reviewed	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
22/6	12AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	8am	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	Observed	[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		

Line Removed

Cannula removed : ☐Yes ☑No, if yes date and time :
RX any initiated : ☐Yes ☑No ☐NA If Yes specify-
Phlebitis score: 0/1

CANNULA 2

Date 22/6/26 Time: 11.30AM
Location : Right Metacarpal
Size : 20G
Cannula inserted by : Dr. sathish

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/6/26	12pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
23/6	12AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	Obs	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	8pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
24/6	12AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	8AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	10AM	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	12pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	2pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	4pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]
	6pm	☐Yes ☑No	☐Yes ☑No	Observed	[illegible]

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : 22/6/26 Time: 4.00 Pm.
Location : Left Meta(UPro)
Size : 20G
Cannula inserted by : Dr Satnish

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
22/6/26	5:00P	☐Yes ☑No	☐Yes ☑No	Obse	ben'
	7P	☐Yes ☑No	☐Yes ☑No	Obs	ren'
	8PM	☐Yes ☑No	☐Yes ☑No	Obser	NH
	10PM	☐Yes ☑No	☐Yes ☑No	Obser	nf
23/6	12AM	☐Yes ☑No	☐Yes ☑No	Obs	Nf
	2AM	☐Yes ☑No	☐Yes ☑No	Obs	nf
	4AM	☐Yes ☑No	☐Yes ☑No	Obs	Nf
	6AM	☐Yes ☑No	☐Yes ☑No	Obs	nf
	8AM	☐Yes ☑No	☐Yes ☑No	Obser	fio
	10AM	☐Yes ☑No	☐Yes ☑No	Obser	fio
	12PM	☐Yes ☑No	☐Yes ☑No	Obser	fio
	2Pm	☐Yes ☑No	☑Yes ☑No	Obser	
	4Pm	☐Yes ☑No	☑Yes ☑No	Obser	
	2AM	☐Yes ☑No	☐Yes ☑No	Obs	
	10AM	☐Yes ☑No	☐Yes ☑No	Obs	re
	12pm	☐Yes ☑No	☐Yes ☑No	Obs	re
	2PM	☐Yes ☑No	☐Yes ☑No	Obsrve	we
	4pm	☐Yes ☑No	☐Yes ☑No	Obsrve	we
	6pm	☐Yes ☑No	☐Yes ☑No	Obsrve	we
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐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

PATIENT TRANSFER FORM

(1)

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GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 4 D (F)
Dr. MATHANGI RAJAGOPALAN

Treating Consultant Name	Date & Time of Admission	Date & Time of Transfer Order
Dr: mathangi	20/6/26 at 10:35 pm	21/6/2026 at 10:40 AM
	Transfer Ordered by: Dr: vinitha	Reason for Transfer: Observation
From Unit: LDR	To Unit:	Information to Attendant: Yes ☑ No ☐
Number of Sheets in Clinical File: Whole IP 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.	C-Susten 200mg	9
2.	Inj: magnesfort 1.5gm	1
3.	Tab: para	9
4.	C-pan 40mg	9
5.	D-water 100ml	1
	D-Syorge 10ml	9

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

Pt shifted to ward

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
SNAkalya 015050	Dr: vinitha.

Patient & Clinical Records Received by : Balaji 020685 21/6/26 @ 10.45am.

Date & Time of Patient Received :

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

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

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

PATIENT TRANSFER FORM

Patient Name & Age

Treating Consultant Name

Dr Moshoudi

From Unit

ICU

Number of Ventilator Beds

Ventilator

Fixed

No.	
1	
2	
3	
4	
5	

Nursing Summary, Ward Attendant Name

Name & Signature of Nurse

Patient & Clinical Records Handed Over

Date & Time of Patient Received

If the transfer order time & completion time is more than 24 hours, kindly

☐ Unavailable Bed

Doc. No.: ROH/PRM/ICU/001

PATIENT TRANSFER FORM

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SUC-00092879 IP18-0
Mrs SUKANYA
6-04-1998 28 Y 2 M 5
Dr. MATHANGI RAJAGOPALAN

Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. Mathangi	Dr. Vinitha	Further Management
Date & Time of Admission	**Date & Time of Transfer Order**	
20/6/26 @ 10.55pm	21/6/26 @ 10.55 pm	

From Unit	To Unit	Information to Attendant
409	LDR	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
IP file	–	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
C. Sasikala 6072pm	

Patient & Clinical Records Received by : P. Sumathi 1011746

Date & Time of Patient Received :

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

Available Bed ☐ Nurse not Available ☐ Available Bed not ready

PATIENT TRANSFER FORM

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

GUC-00092879 IP18-00036121
Mrs SUKANYA
16-04-1998 28 Y 2 M 6 D (F)
Dr. MATHANGI RAJAGOPALAN

	Date & Time of Admission	Date & Time of Transfer Order
	20/6/2026 @ 10.35 pm	23/6/26 @ 4.50pm
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
Dr. mathangi	Dr. Akshitha	Further mgt
From Unit	To Unit	Information to Attendant
LDR	410	Yes ☑ No ☐
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant
casesheet	–	Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Inj: ceftazidim Avibactam	1
2.	Inj: Aztreonam	1
3.	T. Para	
4.	C. Pan	
5.	Under pad	

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

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

Patient & Clinical Records Received by :

Date & Time of Patient Received :

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

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

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

Ref. No. : F / HW / CON / HR / 05

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INFORMED CONSENT FOR HIGH RISK

Patient Name : ..... GUC-00092879 Mrs SUKANYA IP18-00036121

Gender : ☐ M ☐ 16-04-1998 28 Y 2 M 4 D (F) Dr. MATHANGI RAJAGOPALAN

Ward / Bed No. : .

I/We .....Mrs. Sukanya.....have been explained by Dr.....Mathangi.....

about the medical condition and the proposed procedure.

I/We have been told that our patient .....Mrs. Sukanya.....has the

Following Medical Condition / Diagnosis

.....Primi / IUI Conception / DCDA twins / 22 weeks +1 day / ?PPROM / Fetus - A IUD / FETUS B ALIVE / FEVER FOR EVALUATION

Proposed treatment / Procedure / Operation:

.....Observation / Conservative management

I / (We the relative / legal guardian) have been explained in the language understood by me / us,

about the medical condition mentioned above and that our patient has following risks involved

.....infection (sepsis to Mother / baby), preterm pain, preterm delivery, bleeding, prolonged hospital stay, PPROM of twin 2, Abruption

I / We have been explained that our patient carrier a higher risk than usual and there reason for the I / We have been informed that the ongoing treatment in the ICU involves the risk of unsuccessful result, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results I / We have understood the consequences of not undergoing the proceed treatment. I / We hereby give (my / our) full consent for the above –mentioned treatment.

Name of the Doctor performing the procedure : Dr. Mathangi

Patient Attendant :

Signature : V. Sukanya

Name : V. Sukanya

Relationship with Patient: patient

Date & Time : 21/6/2026

Witness :

Signature : Vijay Kumar. U

Name : Vijaya Kumar. U (Brother)

Date & Time : 21/06/2026

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr. Shreedevi

Date & Time : 20/06/2026

GUC-00092879 IP18-00036121
Mrs SUKANYA
18-04-1998 28 Y 2 M 8 D (F)
Dr. MATHANGI RAJAGOPALAN

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 24/06/26 Time: .....

Origin: — Height: 156 Cm Weight: 77 Kgs BMI: ☐ ~ 26 kg/m² ☐ ~ 28 kg/m² ☑ ~ 30 kg/m²

Food Allergies: —

Diagnosis: Spontaneous Expulsion of Dead Fetus

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

Diet Advised:

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

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

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

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

Patient's / Attendant's

Signature: V. Sukanya

Name: V. Sukanya

Date & Time: 24/6/26 @ 1:20 PM

Dietician's

Signature: A. (018336)

Name: A. Sadiqa Fazheen

Date & Time: 24/06/26 @ 1:20 PM.

DIETARY NOTES

Date	Time	Notes	Sign
22/6/26	8AM -	- Patient is on Normal Diet.	
		- Patient is Stable.	A.M
		- Oral is Better.	(018336)
		- Consume well-Balanced diet.	
	12:30PM.	Spontaneous expulsion of Dead fetus - 12:27 PM.	A.M
		Normal Diet	(018336)
23/06/26	8:30AM.	- Normal Diet.	
		- Patient is Stable.	
		- Oral is Better.	A.M
		- Stools not passed.	(018336)
		- To Consume easy-digest foods.	
		- Plenty of Oral fluids (etc)	
24/6/26	8:30AM.	- patient is on Normal Diet	
		- Patient is Stable.	A.M
		- Oral is good.	(018336)
		- Consume Small-frequent meals.	
		- Well-Balanced diet.	
		- Avoid Spicy, oily, Salty, Sugary, fried (etc)	