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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 10 D (F)
Dr. PRIYADHARSHINI S M

Date: 27/6/2026

Name of the Patient: ..

Gender: .....

UHID No: .....

Room No: 703

Ward: 7th floor

Certified that in respect of the above patient:

- ☐ a. There are no drugs for return
- ☐ b. Emergency cupboard issues have been replenished
- ☑ c. No pending indents are there against above patient
- ☑ d. Checked the bed side cupboard of the bed
- ☑ e. Checked by the patient's Mother / Father in the room

Patient Authorised Sign

Date: .....

Time: .....

Nurse Sign

Date: 27/6/2026

Time: 5.15 AM

Pharmacy Sign

Date: 27/6/26

Time: .....

Docu. No. : RCH /FRM / GENERAL / 117

Cash

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GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 10 D (F)
Dr. PRIYADHARSHINI S M

HARGE TRACKING SHEET

UHID- FLOOR- NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		27/6/2016 6AM					
Activity Sheet update by Pharmacy							

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

ACTIVITY RECORD FOR BILLING

Name: MRS. BHAVYA SAHAJA

UHID No: 93092 IP No: 36197 Consultant: DR. PRIYADHARSHINI Dept: UDR

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	12.30 AM	MICU	4th floor ward	
26/6/26	3pm	UDR	FOB	

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6/2026	Hb, PCV	26020364	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/6	CTG (1)			008498	[illegible]
	CTG (2)			068500	[illegible]
	CTG (3)			008501	[illegible]
	CTG (4)			003504	[illegible]
	CTG (5)			008504	[illegible]
26/6/26	Infusion Pump	9.15 AM	1pm	1717614	[illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6/26	IV placement	(1)	1717469	0160
26/6/26	catheterization	(1)	1717613	0160

ANY OTHER INFORMATION:

Delivery Details : Normal Delivery & Epidural

Date: 26/6/26

Duration: 1 Hour

Time: 10 AM to 11 AM

Dr. Priyadharshini

Dr. Vinitha

Date: 27/6/2026 Time: 5.15 AM Prepared By: .....

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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DISCHARGE TRACKING SHEET

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		27/6/22 @ 10.50a			
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					

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Dr. PRIYADHARSHINI S M

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BED SIDE CHECK LIST FOR NURSES

Date:	26/6/24	
Doctor's Orders	yes	YES
Carried out or not	yes	YES
Bed Side		
Structured Handover done	yes	YES
IV Site	yes	YES
Central Lines	NA	NA
Arterial Lines	NA	NA
Feeding Catheter	NA	NA
Urinary Catheter	NA	NA
Skin Care	yes	YES
Eye Care	yes	YES
Mouth Care	yes	YES
Sterillum Bottle, Stethoscope	yes	YES
Suction Bottle (Should be clean & empty)	NA	NA
Intubation Tray	NA	NA
Emergency Tray (Loaded Syringes with Midazolam & Vecuronium and Flush) Ampoules of Adrenaline	NA	NA
Ventilator Tubing,(Any Water, Blood)	NA	NA
Humidification	NA	NA
Check all Infusion (Labelling,Correct Preparation)	NA	NA
Chest Physio & Neb	NA	NA
Handed Over By Name :	Priya	Pdey
Signature :	Priya	Pdey
Date & Time:	26/6 8AM	26/6 9AM
Hand Over Taken By Name :	Pdey	
Signature :	Pdey	
Date & Time:	26/6/24 1PM	

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 : IP18-00036197 **Admit Date** : 25-Jun-2026 **Admit Time** : 11:07 PM **UHID** : GUC-00093092

Patient Details :

Patient Name	: Dr. BHAVYA SAHAJA M	**Age**	: 36 Y 2 M 8 D
Guardian	: DR.SIVA KUMAR BANDARU	**DOB**	: 17-04-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: F205,ETA STAR JESMINE COURT MOUNT, POONAMALLE ROAD,NEAR MAX SHOWROOM KATTUPAKKAM,CHENNAI 600056 Poonamallee Chennai Tamil Nadu INDIA 600056	**Phone No**	: 9052958286
		E-mail	: NO@GMAIL.COM

Admission Details :

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

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

Contact Details :

Name : DR.SIVA KUMAR BANDARU **Relationship** : Husband

Contact Address : F205,ETA STAR JESMINE COURT MOUNT,POONAMALLE ROAD,NEAR MAX SHOWROOM KATTUPAKKAM,CHENNAI 600056 Poonamallee Chennai Tamil Nadu INDIA 600056 **Phone No** : 9052958286

Signature

Doctor Details :

Doctor Name : Dr. PRIYADHARSHINI S M **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr. Priyadharshini S M **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Dr. BHAVYA SAHAJA M**	**Age :**	**36 Y 2 M 8 D**
IP No:	**IP18-00036197**	**Sex:**	**Female**
Consultant:	**Dr. PRIYADHARSHINI S M**	**Ward/Bed No:**	**8F-OT COMPLEX/MICU 803**

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

Patient, be deemed advisable or necessary.

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

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

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

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

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

3 I[illegible]uide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name: Dr SIVA KUMAR BANDARU

Relationship: HUSBAND

Date: 25/06/26 Time:

Witness Name: R Thamarai Selvan

Witness Signature:

Patient Address:

F205,ETA STAR JESMINE COURT
MOUNT,POONAMALLE ROAD,NEAR
MAX SHOWROOM KATTUPAKKAM,
CHENNAI 600056 Poonamallee
Chennai Tamil Nadu INDIA 600056

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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 : Dr. BHAVYA SAHAJA. M	UHID Number : 93092
Self/Attendant Name : Dr SIVA KUMAR BANDARU	Relation : HUSBAND
Self/ Attendant Signature :	Name & Signature of Financial Counselor
Phone Number :	

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Induction of labor. PFM well
No C/O pain abdomen, bleeding, leaking P/V

Obstetric Formula:
G2P1L1

Obstetric History:
P1L1 - FT, NVD, 2019, girl, A&H.

Present Pregnancy Record:
Spontaneous conception
Dating, MT, FTS, Anomaly, Growth (N)

RISK FACTORS:
No comorbids.

Height: 152 cm
Weight: 65.5 kg
Allergies: NKA

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: conscious Pallor: (-)
Icterus: (-) Edema: (-)
Temp: (N) PR: 94bpm
BP: 114/64 mmHg DTR:
CVS: S1S2 (+) RS BAE (+)
Liver/Spleen: (N) Urine Output:

LMP: 30/9/25 EDD: 7/7/26.
Corrected EDD: 3/7/26 GA: 38w5D.

Menstrual History: Regular : ☐ Yes ☐ No

Obstetric Examination

Fundal Height: uterus @ term.

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 1/5th
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination not done

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

Vaginal Examination not done.

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

36yrs | G2P1L1 | 38w5D | prev NVD | LCB 6yrs. | No comorbids |
Induction of labor.

Patient Sticker

Family History:	Surgical History:
Mother - T2DM, SHTN.	NIL

Medical History:	Medication History:
- Tab Ecosprin 75mg till 12w. - 2 IUI's - failed.	NIL.

Plan of Care:	Investigations:
- monitor vitals. - CTG Q4HRLY. - DFMC. - w/f pain abdomen, bleeding, leaking P/V. c/D/w Dr. Priyadharshini - Tab miso 25 mcg P/O. ↓ 4 AM, 6AM & 8AM. - Reshift to LDR ~~after~~ at 9AM. - Enema @ 8AM.	CTG Reactive.

Doctor Name: Dr. Ahalla ~~Dr. Priyadharshini~~

Signature: [signature] 128435

Date & Time: 25/6/26 ; 11:50pm.

Consultant Name: Dr. Priyadharshini

Signature: [signature] 128435

Date & Time: 25/6/26 ; 11:50pm

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Dr. PRIYADHARSHINI S M

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RESULT SHEET

Date	16/5/26.			Blood grouping & typing.		
Time						
Hb	11.9.			"A POSITIVE"		
PCV						
RBC						
WBC	9930.					
N/L				ECG } Normal		
Platelets	2.25.			2DECHO }		
CRP						
ESR						
PCT				HIV } NR.		
RBS				HBSAg }		
Na				VDRL }		
K						
Cl				Rubella IgG +ve.		
Ca/Mg						
Phosphate				HbA1c = 5.1		
Urea						
Creatinine				TSH = 0.764		
ALP				FT3 = 2.25		
SGPT				FT4 = 1.24.		
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

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

Culture and Sensitivities : ....

....

....

.... <u>10/6/26</u> ....

SLIUG @ 36WGD.

Radiology : USG : P/a (A)

cephalic.

X-Ray : ....

FM (+)

ECHO : EFW = 2716 gms.

AFI (N)

CT : ....

largest pool 5cms.

MRI ....

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

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1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 6AM	S/B Dr. Priyadarshini.	
	pt reviewed	
	no sp. complaints	
	O/E: afebrile	Plan:
BP 118/76mmHg.	GC fair	- monitor vitals
PR 78bpm.	P°/PE°	- CTG/DFMC.
SpO2 99% @RA	P/A: uterus @ term.	• Tab. miso 25mcg P/O @ 8AM.
temp (N)	cephalic	- w/f pain ↑, bleeding,
	Tightening	leaking P/V.
	FH (+)	- inform (SOS)
	clinically liquor (N)	- Enema
	L/E: spotting P/V	
	Pt received in Pre-delivery 78435	
26/06/2026	C/S/B Dr. Vinitha / Dr. Shreedevi	
8Am	Post Miso CTG- Reactive	
	Pt reviewed; C/O Lower Abdominal Pain	Advice
T-(N)	O/E Pt GC fair, Afebrile	- Patient wants epidural Analgesia
PR- 92/min	P°/PE°	
BP-110/60mmHg	P/A- uterus @ Term	- C/I/T Dr. Priyadharshini
	Mildly Acting (2c/25"/10')	- To give Epidural Analgesia
	Cephalic	- W/F Contractions/Progress
	FHS- good	- Inform OT / Anesthetist
		- shift to Labour room
	182217	- To start INJ. SYNTO @ 24ml/hr @ 9:30Am

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	S/B Dr. Priyadharshini	
10 am	Pt reviewed.	Advice
	↓ Epidural Analgesia	- To start INJ. SYNTO @ 2 mU/hr
	P/A: Ut tenM;	- Continuous CTG
CTG - Reactive	Cephalic (2C/25"/10')	- Continue INJ. SYNTO acceleration & titrate accordingly
	FHS - good	- Liquid diet
	P/v: Cx: well effaced	- W/F contractions / Progress
	OS: 4 CM dilated	
	Vx: -1 station	
	BOM @ → ARM done; Clear liquor	
	Post ARM FHS - good	
	18221 7	
26/06/2026	C/S/B Dr. Priyadharshini	
10:20 AM		
	Pt reviewed, Pt c/o pushing sensation	
	O/E P/A - ut @ Term	Advice
	Moderately Acting (4C/25"/10')	- Position for Labouring
CTG - Reactive	Cephalic	- Encourage active Pushing
	FHS - good	- W/F contractions
	P/v - Cx - Fully effaced	- Inform(Sos)
	OS - fully dilated	
	Membranes Absent	
	Vertex @ +1 Station	
	18221 7	

GUC-00093092 IP18-000361
BHAVYA SAHAJA M
17-04-199 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/06/2026 10:33AM	NORMAL VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
	S/B : Dr. Priyadharshini	
	A/B : Dr. Vinitha	Dr. Shreedevi
	Under SAP, Patient in dorsolithotomy position, Under epidural analgesia Perineum painted and draped. With good uterine contractions, full cervical dilation, with good maternal efforts. 2% lignocaine local infiltration given. A right mediolateral episiotomy given to deliver an alive term girl baby with Single loop of cord around the neck. Baby cried immediately after birth. Delayed cord clamping done. Cord cut and baby handed over to pediatrician. Cord blood collected for blood grouping and typing. Placenta and membranes delivered intoto by controlled cord traction. Episiotomy inspected and sutured in layers using Rapid vicryl. Hemostasis secured Instruments and swab counts checked.	
	P/A - uterus firm & well contracted	
	P/V - No undue bleeding PV	
	P/R - Rectal mucosa and sphincter tone Normal	
	B | 26/6/26, 10:33 Am	
	A | Girl	
	B | 3.133 kg	
	Y | 8/10, 9/10	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		Advice
		- Normal diet
		- Plenty of oral fluids
		- Vitals Monitoring
		- Follow drug chart
		- Hb /PCV C/M 6AM
		- W/F ↑ Bleeding PV
		- Inform (SOS)
		- Measure & Inform 1st void
	182217	
26/6/2026	C/S/B Dr. Vinitha / Dr. Shivalakshmi / Dr. Shreedevi	
2pm	Pt reviewed, Nil/o	Advice
PND-0	O/E Pt GC fair, Afebrile	- Normal diet
	P°/PE°	- Plenty of oral fluids
T-(N)	CVS /	- vitals Monitoring
PR-84/min	RS / NAD	- Follow drug chart
BP-110/70mmHg	P/A- ut well contracted	- W/F ↑ Bleeding PV
	Soft	- Inform (SOS)
Baby-M/S	L/E-BWNL	- Hb/PCV C/M 6AM
B/L-Breast Soft	Epi wound Intact	- Shift to ward.
Voided-130ml	182217	- Measure next void & inform.
PVRU-Bladder Collapsed		
	Shift to ward	

16/27

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 10 D (F)
Dr. PRIYADHARSHINI S M

(3)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/S/B Dr. Pavithra	
26/06/2026		
	Pt reviewed.	
9PM		
POD-0	O/E Pt has T- 100°F @ 6pm	
	Pt GC fair	
	afebrile	Advice
T- 100.2°F.	P↓ / PA↓	- (N) Diet
BP - 101/65	CVS	- Plenty of orals
PR - 100/min	RS NAD	- Vitals monitoring.
	P/A - Ut firm & cont well.	- Follow drug chart
Baby - M/S	LS - Epi wound intact.	- Hb/PCV/C/m 6AM
B/L Breast soft.		- Inj CEFOTAXIM 1g IV stat @ 9PM
		- Strict temp 2nd hourly monitoring,
Not passed stools	26/6	If no temp 4th hourly.
Voiding freely.		- Tepid sponging SOS
27/6/26.	S/B Dr. Ashwini / Dr. Divya.	
9:30AM		
Afebrile	pt reviewed.	
	passed stools.	
	voiding freely	
BP 112/60mmHg	O/E: afebrile	Plan:
PR 80bpm.	GC fair	- monitor vitals
SpO2 /	P° / PE°	- normal diet
Temp (N)	P/A: uterus wc.	- plenty of fluids
	soft.	- ambulate
B/L breast soft	BS⊕	- D/s today after orders
secretions ⊕	dressing	
Baby M/S/DBF.	L/E: [illegible]	12843

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

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

Patient Sticker

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CROSS CONSULTATION FORM

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

Diagnosis : .....

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17-04-1990 36 Y 2 M 10 D (F)
Dr. PRIYADHARSHINI S M

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 :

02/16/26 S/B Physiotherapist

Patient Conscious, oriented & Afebrile.

Assessment :

Chest B/L Symmetry

Type : Abdominal Thoracic breathing

DVT : Auto scale No risk.

Functional Assessment.

Fim score - 7 Independent.

Consultant : Physiotherapist.

Name : Sangavi. T Signature : ..... Date & Time : .....

Advise

- Deep breathing exercise
- Pelvic tilt & Bridges
- Bed mobility exercise
- posture
- walking.

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MEDICATION RECONCILIATION FORM

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

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

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

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi 182217

Date & Time : 26/06/2026 @ 12:30 AM

Nurse Name & Signature: S. Shalini (01407)

Date & Time : 26/6/26 at 12:30 AM

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

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

uuya.

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MEDICATION RECONCILIATION FORM

Drug Allergies: ~~[illegible]~~ 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: LDR Shifted to: 7th 7/001

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Ankita [signature] 128435

Date & Time : 26/6/26

Nurse Name & Signature: Sr. Nivetha

Date & Time : 25/6/26

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

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17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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MEDICATION RECONCILIATION FORM

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

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

Shifting From: OPD Shifted to: 7th Floor.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	Tab. CEFTUM	500mg	PO	BD		☐C ☐DC
2	Tab. ZERODOL SP	1 tab	PO	BD		☐C ☐DC
3	Tab. PAN	40mg	PO	BD		☐C ☐DC
4						☐C ☐DC
5						☐C ☐DC
6						☐C ☐DC
7						☐C ☐DC
8						☐C ☐DC
9						☐C ☐DC
10						☐C ☐DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Divyalakshmi. S.R

Date & Time : 26/6/26 @ 3pm

Nurse Name & Signature: Dsehelwar

Date & Time : 26/6/2026 at 3pm

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

Mrs. Bhavya Sahaja

Patient Sticker

GUC- 93092

DR. Priyadharshini

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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: 4th floor Shifted to: HICU

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

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Shreedevi

Date & Time : 18.2.17

Nurse Name & Signature: .....

Date & Time : .....

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Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

REGULAR PRESCRIPTIONS

Weight. 65.5/4 Ward. CDU

DRUG : T. ZERODOL SP				Date / Time	26/6	27/6
Dose	Route	Frequency	Start Date			
1 Tab	PO	1-0-1	26/6/24	9AM	ES / NS	
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				9PM	PK / DR	
Daily Doctor's Endorsement by a Sign						

DRUG : T. PAN				Date / Time	26/6	27/6
Dose	Route	Frequency	Start Date			
40mg	PO	1-0-1	26/6/24	7AM	P.K / D.R	
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				7PM	AA / SS	
Daily Doctor's Endorsement by a Sign						

DRUG : T. LEFTUM				Date / Time	26/6	27/6
Dose	Route	Frequency	Start Date			
500mg	PO	1-0-1	26/6/24	8AM	B / N	-
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				8PM	~~AA~~	
Daily Doctor's Endorsement by a Sign					DR	DR

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

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Dr. PRIYADHARSHINI S M

Weight. 65-5/4 Ward. LDR

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/6/26	6AM	ENEMA	100ml	P/R	123435	D.R / P.K
26/6/26	4 AM	TAB MISOPROSTOL	25mcg	P/O	123435	D.R / P.K
26/6/26	6 AM	TAB MISOPROSTOL	25mcg	P/O	123435	D.R / P.K
26/6/26	10.05 AM	INJ. CEFOTAXIM	0.1ml	Id	182217	TJ / MD
26/6/26	11AM	INJ. CEFOTAXIM	1g	IV	182217	TJ / MD
26/6/26	10.35 AM	INJ. SYNTO	10 U	Im	182217	TJ / MD
26/6/26	10.40 AM	INJ. TRAPIC	1g	IV	182217	TJ / MD
26/6/26	11AM	T. MISOPROSTOL	600 mcg	PR	182217	TJ / MD
26/6/26	11AM	JUSTIN SUPPOSITORY	100 mcg	PR	182217	TJ / MD

SUC-00093092 IP18-00036197
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17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

I.V. FLUIDS CHART

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

Date	Time	Composition of Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/6/26	8.30 AM	IVF 1 O RL	Iv	free flow	182217	TJ MD	26/6/26	182217	TJ MD
26/6/26	9.15 AM	INJ. SYNTO 5U in 500ml RL	Iv	24 ml/hr	182217	TJ MD	26/6/26	182217	TJ MD
26/6/26	9.15 AM	INJ. SYNTO 20U in 500ml RL	Iv	125 ml/hr	182217	TJ MD	26/6/26	182217	TJ MD

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

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Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 10 D (F)
Dr. PRIYADHARSHINI S M

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STAT / ONCE ONLY DRUGS

Name: ..... Weight: ..... kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
26/6/26	9:30PM	Inj CEFOTAXIM	1g	IV		D.R	P.V

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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

25/6/26	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					20			
	0 - 10																								
Saturations	94 - 100 %																98%					98%			
	< 94 %																								
Administered O_2 (L/min.)																	RA					RA			
Temp°c	40																								
	39																								
	38																					98.0°F			
	37																98.6°f								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																94/m					88b/m			
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																114					118			
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																					76			
	60																								
	50																64								
	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			
TOTAL ORANGE SCORES																	0					0			
	Nurse Initial																[illegible]					[illegible]			

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17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

(2)

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Early Warning Observation Score Chart - Obstetrics

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

Date: 26/6/20

Parameter		8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10	20	20	20	18	20		18			19		
Saturations	94 - 100 % / < 94 %	96	99	99	99	99		100			98%		
Administered O_2 (L/min.)		RA	RA	RA	RA	RA		RA			RA		
Temp °c	40 / 39 / 38 / 37 / 36 / 35 / < 35	98F	98F	98F	98F	98F		98F			99.1F	100.3?	100.4F?
Heart Rate	170 – 40	92	90	84	80	94		80			102		
Systolic Blood Pressure	190 – 50	110	114	119	112	100		102			101	(72)	
Diastolic Blood Pressure	130 – 40	60	70	70	80	70		62			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	0		0			0		
TOTAL ORANGE SCORES		0	0	0	0	0		0			0		
Nurse Initial		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]		[illegible]			[illegible]		

Parameter		8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30 / 21 - 30 / 11 - 20 / 0 - 10	20				18				20			20
Saturations	94 - 100 % / < 94 %	99				98				99			100
Administered O_2 (L/min.)		RA				RA				RA			RA
Temp °c	40 / 39 / 38 / 37 / 36 / 35 / < 35	100.7F?		98.6F	98.8F	98.3		99F		97.8F			97.4F
Heart Rate	170 – 40	90 b/mt				88 b/mt				80 b/mt			80 b/m
Systolic Blood Pressure	190 – 50	102				100				110			112
Diastolic Blood Pressure	130 – 40	53				60				60			66
(notes)		65				72				78			(80)
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		RJ				RJ				RJ			[illegible]

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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FLUID CHART

Sheet No. : 1

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
25/6/26												
	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	← Admission 25/6/26.									RC	PK
	10:00 pm										IV	PK
	11:00 pm										Line	PK
	12:00 am											PK
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am	H20	200							300ml	NO	P.K
	04:00 am											PK
	05:00 am										IV	PK
	06:00 am	Milk	150ml							200ml	line	PK
	07:00 am	H20	200ml									PK
Total Intake :						Total Output : 500ml						

Total 24 hrs. Intake	550ml	Total 24 hrs. Output	500ml

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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BirthRight BY RAINBOW HOSPITALS
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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.

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
26/6/20												
	08:00 am	H20	100	500ml	Inj synto					200ml	0	
	09:00 am	H20	150	100	84					100	0	
	10:00 am	H20	100	100	48					150ml	0	
	11:00 am	Water	150	100	125						0	
	12:00 pm	Juice	100	100	125						0	
	01:00 pm	H20	100		125						0	
Total Intake : 2016ml						Total Output : 450						
	02:00 pm	H20	200							130	0	
	03:00 pm										0	
	04:00 pm	H20	100ml								0	
	05:00 pm									250	0	
	06:00 pm	H20	200ml							100	0	
	07:00 pm	Milk	200								0	
Total Intake : 700 ml						Total Output : 480ml						
	08:00 pm										0	
	09:00 pm	H20	200								0	
	10:00 pm	Milk	150							300ml	0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am									30ml	0	
Total Intake : 350ml						Total Output : 600ml						
	02:00 am										0	
	03:00 am									300ml	0	
	04:00 am										0	
	05:00 am	H20	200								0	
	06:00 am	Milk	150ml			✓				300ml	0	
	07:00 am										0	
Total Intake : 350ml						Total Output : 600ml						

Total 24 hrs. Intake	3416ml

Total 24 hrs. Output	2130ml

Dr. Bhavya Sahaja
GUr - 93092

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 10 D (F)
Dr. PRIYADHARSHINI S M

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NURSING CARE RECORD

Date: 26/6/26

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 pm	Maintain good nutritional status	8 pm	-) encourage to take 8aj	Evaluate supports output	patient stable	Sri 01834
Afternoon	8pm	Relieve pain & discomfort		- monitor vital signs - provide comfortable position - provide diversional therapy	Reduced pain	Reassessment is done	4001 opro
Night	8pm	-> to maintain adequate fluid balance	11pm	-> Assessed the fluid balance of the child -> monitored vital sign -> maintained I/o chart -> encouraged to take more amount of oral fluid	Improving and maintaining normal fluid balance	Reassessment was done	Refan 02049

Docu. No: RCH /FRM / CLINICAL / 148

Dr. Bhavya Saheja
GUC- 93092

Patient Sticker

NURSING CARE RECORD

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Date: 25/6/26

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							
Afternoon							
Night	11pm 8	→ Assess the patient condition → Monitor vital sign → Maintain [illegible] → Explain about Disease condition	8:30 pm	→ Assessed the patient condition → Monitored vital sign → Explained about Disease condition	[illegible] vital sign are stable	Reassessment was done	[signature] Swathi

Docu. No: RCH /FRM / CLINICAL / 148

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		Admission Notes:	
25/6/26	10⁴⁰ pm	A New patient got admitted Dr. Bhavya Sahaja 36y/fe patient under Dr. Priyadharshini. patient Came G2P1L1 38+5 day. Induction of labour. Patient. h/o. Nil patient No Allergy Reaction Conscious & oriented vital sign Checked & Recorded vital sign are stable	Shalini 01407
	10⁵⁰ pm	CTG connected FHR is good. The chart Maintain.	
	11³⁰ pm	CTG Disconnected informed Dr. Akshitha	Shalini 01407
	12³⁰ Am	Part preparation done. patient shifted to 7th floor	Shalini 01407
		Receiving Notes	
26/6/26	12.40 Am	patient Received from LDR for IOL, Last CTG 11.30 PM Next CTG 3 Am, T. Miso 25mg @4.00 Am, 6.00 Am, 8.00 Am plan, Enema 8 Am, Reshift LDR @ 9.00 Am	P. Kavya 009
	2.00 Am	patient is Sleeping well, No complaints	P. Kavya
	3.30 Am	patient CTG Connected Inform Dr. Akshitha Mam	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies .... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26	3.30Am	3.30 Am to 4.10 Am stop.	pkee
	4.00Am	patient vitals checked	
		and recorded. 4.10 Am	
		T. Miso 25mcg given per	
		oral and recorded.	pkee
	5.00Am	Pads/o miso connected	
		Enema given and recorded	
		Inform Dr. Alekhya/Akshitha [illegible]	pkee
	6.10Am	T. Miso 25mcg given	
		and recorded.	pkee
	7.15Am	patient post miso CTG	
		connected disconnected 7.50Am	
		Inform Dr. Akshitha shifted	
		to CDR room	pkee
	7.30Am	patient details handover	
		to given morning duty	
		staff	pkee
		morning duty on 26/6/26	
	7.30Am	patient details handing over	
		taken from night duty staff	
		patient conscious and oriented	
		No IV line. patient is on	
		Normal diet. motion passed	
	8Am	vital signs checked and	
		Recorded. vitals are stable	
	8pm	patient details handing over	
		to LDR staff	

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GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

(2)

NURSES NOTES

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☐ No Known Drug Allergies

☐ Drug Allergies ....

Receiving Notes

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26	8.15 am	patient Received from 7th Floor to LDR. Patient care Handing over taken from 7th Floor staff. Monitored vitals and Recorded. Maintained I/O. Patient General condition Fair.	01/6/28
	8.30 Am	Dr. Sathish aused the patient Epidural consent taken from patient. Epidural catheter secured by Dr. sathish. IV cannulation done by S/N. Tanushri 18G venflon in left cephalic. IV cannula observed, IVF RL 500ml on connected.	01/6/20
	9 Am	Monitored vitals and Recorded. CTG on connect. FHR Monitoring Maintained I/O. IVF RL 500ml on connected, No other complaints	01/6/26
	9.15 am	Inj. synto 24ml/hr started as per doctor order. No any other complaints. IVF RL 500ml connected as per doctor order. CTG on connect. FHR monitored. patient General condition Fair	01/6/20

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NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26	10AM	Dr. Priyadharshini mam assessed	
		the patient. pv Examination	
		Done Cx-well effaced, os 4cm	
		dilated -1/x -1 Station. ARM	
		done clear liquor. Inj Pitocin	
		0.1ml IM given. Epidural	
		Bolus given by Dr-Sathish.	
		Catheterization Done by Dr.Vinitha	
		16FR Foleys 10cc ducted	
		inflated. No other Complaints	[signature] 0606DO
	10.33AM	Delivery Notes	
		Normal vaginal Delivery with	
		RML	
		U/SAP, patient in dorsolithotomy	
		position under Epidural analgesic	
		perineum painted and draped	
		with good uterine contraction	
		full cervical dilation with good	
		maternal efforts 2% lignocaine	
		local infiltration given a right	
		mediolateral episiotomy given to	
		deliver an alive term girl	
		Baby with single loop of cord	
		around the neck, Baby cried	
		immediately after birth, Delayed	
		Cord Clamping done. cord cut and	
		Baby hand over to Pediatrician.	

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GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

(3)

NURSES NOTES

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☐ Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26		Cord blood collected for blood grouping and typing. Placenta and membranes delivered in toto by Controlled cord traction. Episiotomy inspected and sutured in layer using Rapid vicryl. Hemostasis secured. Instruments and Swab counts checked	
		Baby Details	
		B - Alive term Girl	
		A -26/6/26 at 10.33AM	
		B -3.133kg	
		Y -8/10, 9/10	
	12PM	Monitored vitals and Recorded. Maintained Dlo. Patient General condition Fair. Pain assessment Done.	
		B - Breast is Soft, No engorgement	
		U - Uterus Contracted	
		B - Bladder Not yet voided	
		B - Bowel movement present	
		L - Lochia Rubra No foul smelling	
		E - REEDA Assessment Done	
		H - Homan Sign Negative	
		E - Emotional status good	
	1PM	Monitored vitals and Recorded. Maintained Dlo. Pv Bleeding	

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

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Patient Sticker

NURSES NOTES

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☑ No Known Drug Allergies

☐ Drug Allergies ....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26		minimal. No any other	
		complaints.	[signature]
	1:30pm	patient care Handling over	
		given to Evening duty	
		Staff	[signature]
		Evening duty	
	1:30pm	pt care hand over	
		taken from morning duty	
		staff. pt conscious &	
		oriented. IV line ⓟ &	
		patterng. PV bleeding is	
		minimal. provide comfortable	
		bed position. pt had normal	
		diet. [signature]	
	2pm	pt vital signs checked &	
		recorded. maintain Pro chart.	
		pt voided 130ml urine.	
		Dr. priyalakshmi / Dr. Shreedevi	
		advice by staff ward. follow	
		drug chart Hb, PCV 6Am	
		order carried out. [signature]	[signature]
	2:30pm	DBF given to baby	
		feeling good. DVT,	
		Braden &, pain assessment	
		done. [signature]	[signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

NURSES NOTES

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

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/24 cont		B - Breast soft	
		U - uterus contracted	
		B - she is on self voide	
		B - Bowel movement (+)	
		L - lochea rubra (+)	
		E - REEDA assessment done	
		H - Homan's sign negative	
		E - pt Emotional status good.	[illegible]
		pt shifted to ward	
	3pm	as per doctor order. pt	
		care hand over given to	
		7th floor staff. Epidural	
		catheter removed as per	
		doctor order.	[illegible]
		Receiving Notes	
	3.10pm	Handover received from.	
		LDR staff. Patient is	
		active and oriented. IV	
		line present. patient	[illegible] 01958
		Normal diet. Tomorrow	
		HB, PCV.	
	5pm	checked vital sign and	
		recorded. T-99.1°F. Inform	
		Dr. Divyalakshmi mam advice	
		to drink more water	[illegible]
		after 1 hour need to check	01958
		Temperature.	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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Dr. PRIYADHARSHINI S M

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NURSES NOTES

☑ No Known Drug Allergies

☐ Drug Allergies NOT KNOWN

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
26/6/26	6pm	No any other Complaints	
		Patient is Stable	
		Temperature Checked and	[signature] 6077
		recorded	
	7.30	The Patient details handing	
	pm	over given to night duty	
		Staff	[signature]
			6077
26/6/26	8.30 PM	NIGHT Duty notes on 26/6/2026	
		patient details taken over from	[signature]
		evening duty staff nurse using	05149
		ISBAR method. On Assessment	
		patient is conscious, oriented and afebrile	
		ALL- vitals, sub Assessment done	
		which is present and patent, no pain	
		or redness	
	8pm	Vitals checked and recorded	[signature]
		all are hemodynamically stable	05149
		B - Breast is soft and no engorgement	
		U - uterus is well contracted	
		B - Bowel movement was normal	
		B - on self voiding	
		L - lochia Rubra is present	
		E - REEDA Assessment done	
		H - Homan sign is negative	
		E - Emotional Response was good	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

Patient

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/6/26 Time of Arrival: 10.40 pm Time Seen by Nurse: SN. Shalini 2040 R

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

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

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

3) **Vital Signs:** Temperature: 98.6°F Pulse: 94/m RR: 20/m SpO_2: 98% BP: 114/64 Weight: 65.5 kg

4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A —

LMP: 30/09/2025 EDD: 7/07/26 Gestational Age: 38+5 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: Nil

b) Medical: Nil

Patient Sticker

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

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

9) **Prenatal Medical History:**

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

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: S. Shalini 01407

Nurse Name : S. Shalini 01407) Nurse Signature: S. Shalini 01407

Date: 25/6/26 Time: 10.40 pm

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
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Dr. PRIYADHARSHINI S M

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LABOUR AND DELIVERY NURSING ASSESSMENT

Date of Admission: 25/6/26

Baseline Information:

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

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 Husband

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

If yes, identify

Chief Complaints: G2 P1L1 38+5 days Induction of Labour

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR- Akshitha

Time Notified: 1040 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Blood Group: A Positive LMP: 30/9/25 EDD: 7/7/26 Gestational age during admission: 38+5 day

Contractions: Nil Vaginal Discharge: Nil

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

Height: 152 cm Weight: 65.5 BMI:

Temp: 98.6°F HR: 94/m RR: 20/m BP: 114/64 SpO_2 98%

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

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

Patient Sticker

Family History: ☐ No Abnormalities Detected

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

☐ Liver disease ☐ Other ..... Mother - T2DM - SHTN .....

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

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

Risk of Pressure Sore: ☐ Yes ☐ No Score ..... 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 ..... Patient .....

Name of Person Orientation was given to: ..... Dr. Bhavya Sahaja .....

Orientation not given Reason: ..... - .....

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

Nurse Name: ..... S. Shalini 04072 .....

Date & Time: ..... 25/6/26 at 10:49 pm .....

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Patient's Name:...

MRD NO: GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

Age :...... Sex: ☐ M ☐ F

Consultant ....

PHLEBITIS ASSESSMENT

CANNULA 1

Date : 26/6/26 Time: 8.30AM
Location : Left-cephalic
Size : 18G
Cannula inserted by : Sn. [illegible]

Date	Time	Phlebitis	Infiltration	Nursing Intervention	Sign
26/6/26	9AM	☐Yes ☐No	☐Yes ☐No	observed	[illegible]
	11AM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	1PM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	2pm	☐Yes ☐No	☐Yes ☐No	patte	[illegible]
	4pm	☐Yes ☐No	☐Yes ☐No	obser	[illegible]
	6pm	☐Yes ☐No	☐Yes ☐No	Obsn	[illegible]
	8PM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
	10pm	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
27/6	12AM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
"	2AM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
"	4AM	☐Yes ☐No	☐Yes ☐No	observ	[illegible]
"	6AM	☐Yes ☐No	☐Yes ☐No	observe	[illegible]
	8AM	☐Yes ☐No	☐Yes ☐No	obsn	[illegible]
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		
		☐Yes ☐No	☐Yes ☐No		

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

CANNULA 2

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

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

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

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

PHLEBITIS ASSESSMENT AND MANAGEMENT RECORD

CANNULA 3

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

CANNULA 4

Date : Time:

Location :

Size :

Cannula inserted by :

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

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

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

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

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

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
25/6	11pm	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	No pain	01407
26/6/26	5AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	600
26/6/26	8am	0/10	—	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☑ Yes ☐ No	Nil	01973-46
26/6/26	12pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☑ Dull ☐ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Pharmacological therapy	0101
26/6/26	2pm	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Comfortable position	800
26/6/26	5PM	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Provided Comfortable	02149
27/6/26	2am	1/10	Episiotomy site	☐ Continuous ☑ Intermittent	☑ Acute ☐ Chronic	☐ Sharp ☐ Dull ☑ Aching ☐ Burning	☐ Increasing ☑ Decreasing	☑ Yes ☐ No	Position	02149
27/6/26	8AM	0/10	Nil	☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☑ No	Nil	0A3
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		
				☐ Continuous ☐ Intermittent	☐ Acute ☐ Chronic	☐ Sharp ☐ Dull ☐ Aching ☐ Burning	☐ Increasing ☐ Decreasing	☐ Yes ☐ No		

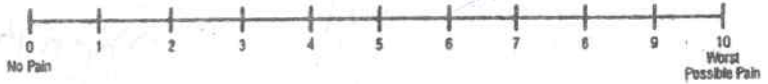
Re-assessment Frequency:
1. Every eight hours for all hospitalized patients.
2. For post-surgical patients, patients with chronic pain, patient with severe pain:
   a) At least every 2 hours for the first 24 hours b) Then every 4 hours.
   c) Prior to pain pain-relieving intervention. d) Within 30 –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

Docu.No: RCH /FRM / CLINICAL / 152

(P.T.O)

PAIN ASSESSMENT TOOLS

Numerical Pain Scale (Obstetric and Gynecology)



Wong - Baker (Pediatrics) Above 7 Years

FLACC PAIN ASSESSMENT SCALE (1 Month to 7 Years)

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

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

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

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17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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BRADEN 'Q' SCALE

(1)

					Date: 25/6	26/6	26/6	27/6
					Time: N	H	2pm	8am
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.	4	4	3	3
Sensory Perception	**1. Completely limited:** Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	**2. Very limited:** responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	**3. Slightly limited:** Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	**4. No Impairment:** Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.	4	4	4	4
Moisture Degree to which skin is exposed to moisture	**1. Constantly moist:** Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	**2. Very moist:** Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	**3. Occasionally moist:** Skin is occasionally moist, requiring linen change every 12 hours.	**4. Rarely moist:** Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.	4	4	4	4
FRICTION-SHEAR **Friction**. Occurs when Skin moves against support surfaces **Shear** Occurs when skin and adjacent bony surface slide across one another	**1. Significant problem:** Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	**2. Problem:** Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	**3. Potential problem:** Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	**4. No apparent problem:** Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to lift 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	28	28	27	27
				Evaluator's Name	Shalini 0404	[illegible]	[illegible]	[illegible] 02249

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

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

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17-04-1990 36 Y 2 M 10 D (F)
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BRADEN 'Q' SCALE

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				Date : 27/6			
				Time : 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		
"Activity The degree of physical activity"	**1. Bedfast :** Confined to bed	**2. Chairfast :** Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair."	**3. Walks occasionally:** Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	**4. All patients too young to ambulate; OR walks frequently:** Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.	4		
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		
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		
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		
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		
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		
				TOTAL SCORE	28		
				Evaluator's Name			

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

Risk Score	Category	Action	Support Surfaces (Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice
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13-14	Moderate Risk	• Use the Same Protocol as for **"At Risk"** Patients • Position patient at 30 degree lateral incline using foam wedges	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay
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Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time / Score	N 26/6/26	M 26/6	26/6/26 2pm
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	0
Secondary Diagnosis (more than one diagnosis)	Yes	15		0	
	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
	No	0	0	0	
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10			10
	Normal /On Bed Rest /Immobile	0	0	0	
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	0
Total Morse Fall Scale Score:			0	0	30
		Signature	[signature]	[signature]	[signature]

Fall Risk Grading

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

Morse Fall Risk Assessment Form

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Choose Highest Applicable Score from each Category		Date / Time	26/6/26	27/6/26	
		Score	8PM	8AM	
History of Falling (immediately or w/in 3 months)	Yes	25			
	No	0	0	0	
Secondary Diagnosis (more than one diagnosis)	Yes	15			
	No	0	0	0	
Ambulatory Aid	Furniture	30			
	Crutches, Cane(S), Walker	15			
	None /Bed Rest /Nurse Assist	0			
IV / Heparin Lock or Saline	Yes	20	20	20	
	No	0			
GAIT / Transferring	Impaired	20			
	Weak (uses touch for balance)	10	10	10	
	Normal /On Bed Rest /Immobile	0			
Mental Status	Forgets limitations	15			
	Oriented to own ability	0	0	0	
Total Morse Fall Scale Score:			30	30	
		Signature			

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

Tick (✓) whichever precaution taken.

Risk Level and Interventions

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

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

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

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

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

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

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Dr. PRIYADHARSHINI S M

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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Dr. Bhavya UHID No : .....

Gender: ☐ Male ☑ Female Date : 26/6/26 Time : 12:20AM

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Priyadharshini

Consentee :

Signature : Bhavya

Name : Dr. Bhavya

Date & Time : 26/6/26

Witness :

Signature : .....

Name : .....

Date & Time : .....

Patient Attendant :

Signature : .....

Name : .....

Relationship with Patient: husband

Date & Time : 26/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : Dr. Akshita 122935

Date & Time : 26/6/26 ; 12:20AM

Docu. No. : RCH /FRM / CLINICAL / 028

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Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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INDUCTION OF LABOR CONSENT

Name: Dr. Bhavya Age: 36 Gender: Male ☐ Female ☑

UHID.No : Date: 26/6/26

You are scheduled for an induction of labor on 26/6/26 (date) at 38w+5D (weeks of gestation).

The reason for your induction is G2P1L1 / 38w5D / prev NVD / 1CB 6yrs / Term gestation

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

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

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

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

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

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

Patient

Signature: MBSahaja

Name: Dr. Bhavya

Date & Time: 26/6/26

Patient Attendant:

Signature: [signature]

Name:

Relationship with Patient: husband

Date & Time: 26/6/26

Doctor:

Signature: [signature] 127435

Name: Dr. Abhilasi

Date & Time: 26/6/26

Witness

Signature:

Name:

Date & Time:

Docu. No. : RCH /FRM / CLINICAL / 173

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Dr. Bhavya Lahaja Age : 36 yrs
Gender : M ☐ F ☑ - IP No : Consultant : Dr. Priyadarshini
Ward / Bed No. : Anaesthesiologist : Dr. Sathish
Operative procedure planned : Labour Epidural Analgesia

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease	☐ Hypertension	☐ Diabetes mellitus	☐ Renal failure
☐ Hepatic disorders	☐ Shock	☐ Multiple organ failure	☐ Polytrauma / RTA
☐ Incapacitating COPD	☐ Others : HYPOTENSION / BRADYCARDIA / PONV / PDPH		

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient MRS. DR. BHAVYA the above mentioned operation / Diagnostic / Therapeutic procedures LABOUR EPIDURAL ANALGESIA

I authorize and give consent for anaesthesia (☐ Regional / ☐ General Anesthesia / ☐ Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him I her will administer the Anaesthesia.

Pregnant: ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :

Signature : .....

Name : Bhavya

Relationship with Patient: .....

Date & Time : 26/6/26

Witness :

Signature : .....

Name : C. SAIHSH CHANDRA

Date & Time : 26/6/26

Doctor (who is taking the consent) :

Signature : .....

Name : DR. ASHWINI S.

Date & Time : 26/6/26 8 AM

Department of Anaesthesiology

PRE-ANAESTHETIC EVALUATION

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Name: Mrs. Bhavya Sahaja Age: 36 yrs Sex: female UHID.No :

Date: 26/6/26 Time: 8:30 AM Proposed Operation: Labour Epidural Analgesia

Diagnosis: G2P1L1 / IOL

B.P / CRT: 114/64 mmHg H.R: 94/min Weight: 65 kg ASA Physical Status: ☐1 ☑2 ☐3 ☐4 ☐5

Laboratory Data:

Hgb: 11.9 g%	Glucose:	Protein:	HIV: }	X-Ray:	
PCV:	Urea:	Alb:	HBS Ag: } NR	ECG: } (N)	
WBC: 9930	Creat:	Total Bill:	HCV: }	2D Echo: }	
Plate: 2.25L	Na:	Dir. Bill:	Blood group: A+ve	Stress/Anglo:	
PT:	K:	LDH:	T3 2.85	Other: HbA1c = 5.1%	
PTT:	Ca++:	Alk phos:	T4 1.24		
INR:	Mg++:	Amylase:	TSH 0.764		
	Cl -:	SGOT/SGPT:			

Allergies: NKDA

Medical History: CVS :

RESP : ND fevers / URI / LRI. Diabetes : NIL

CNS :

Renal :

Hepatic / GE : was on T. Ecospirin till 12 weeks GA. Physical Activity: (N) Exercise tolerance

Others :

Past Anaesthetic History: No h/o previous Sx

Physical Exam: (N) built

Airway: (N) MP 1 (2) 3 4 Mouth Opening: adequate Mentohyoid Distance: (N) Neck: mobile (N) Teeth: dental implant done

Lungs : B/L NVBS (+)

Heart: S1S2 (+)

CNS: NFND

Pregnant: ☑ Yes ☐ No ☐ NA | Venous Access Site : 18G | Spine Exam for regional : (N)

Anaesthetic Plan: ☐ MAC ☑ REGIONAL ☐ GA-ETT ☐ LMA

Peri-Operative Plan Explained to the Patient: ☑ Yes ☐ No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

1. DVT Prophylaxis :
2. NIL ORAL → Water / ORS 2 Hours; Others 6 Hours
3. Informed Consent: ☑ Standard ☐ High Risk
4. Post Operative Pain Management: ☑ Discussed with Patient
5. Other Instructions:

Signature: 10/6/26 Name: DR. ASHWINI. S.

Docu. No. : RCH /FRM / CLINICAL / 044

Patient Sticker

ANAESTHESIA CHART

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Pre Induction Assessment:

Change in Patient Condition: ☐ Yes ☐ No			Fasting Status:
Physical Status:	Patient Identified	☐ Consent Present	☐ Chart Reviewed

H_2R:	B.P / CRT:	SpO_2:	R.R:	Last Feed:

Pre-OP Diagnosis: ..... Operation: ..... Date : .....

Surgeon: ..... Anaesthesiologist: ..... Technician: .....

TIME

N_2O /AIR /O_2 LPM

HALO /SO /SEVO

Drugs:

FIO_2 / SaO_2

$ETCO_2$

ECG

Temperature

Urine Output

Fluids

Blood

Antibiotic

Suppository

Blood Loss

NOTES

B.P
V Systolic
Λ Diastolic
X Mean
•• Heart Rate

Tourniquet on Time
Tourniquet off Time

Throat Pack In
Throat Pack Out

240 220 200 180 160 140 120 100 80 60 40 20 10 0

LAB Values

ABG

GRBS

Others

☐ Equipment Checked and Functional
☐ BP
☐ Cuff Site: .....
☐ Art Site: .....
☐ EKG Lead
☐ Temp Site
☐ FIO_2 Monitor
☐ Agent Monitor
☐ Pulse Oximeter
☐ Capnograph
☐ Ventilator
☐ Nerve Stimulator

Position: .....
☐ Pressure Points Checked

Eye Care:
☐ Oint
☐ Tape
☐ Padding
☐ Awake

Temp:
☐ HME ☐ Fluid Warmer
☐ Cling Film ☐ OH Warmer
☐ Hugger's ☐ Cotton Wool
☐ Other

Times:
Anaes Start: .....
OP Start: .....
OP End: .....
Leave OR: .....

Anaesthesia:
☐ GA
☐ Monitored Anaesthesia Care
☐ Regional

Line (Size & Location)
☐ CVP: .....
☐ ART: .....
☐ IV: .....
☐ IV: .....
☐ IV: .....

Induction
☐ IV ☐ Inhal
☐ Pre O_2 ☐ RSI
☐ Others

☐ Mask ☐ SGA
☐ Airway ☐ Oral ☐ Nasal
ETT# ..... at ..... cm
☐ Oral ☐ Nasal ☐ Cuff
☐ Tracheostomy ☐ Topical
☐ Drug: .....

☐ Awake ☐ Direct Vision
☐ Video Laryngoscopy ☐ Stylette / Bougie
☐ Fiberoptic
Blade# ..... Attempts: .....
Difficulty Why? .....

☐ **Bilat = BS**
☐ Semi-Closed Circle
☐ Closed Circle
☐ Other

Regional:
Extremity Specify: .....
☐ Spinal ☐ Epidural ☐ Caudal
Others: .....
Position: .....
Site: .....
Needle Size: ..... Depth: .....
Parasthesia ☐ Yes ☐ No
Catheter at skin ..... cm
Drug Name & Conc: .....
Bolus: .....
Infusion: .....
Block Level: .....
Comments: .....

Transportation to
☐ PACU ☐ ICU ☐ Other
Relaxant Reversed ☐ Yes ☐ No ☐ NA

Name of the Doctor : .....
Signature of the Doctor : .....

Patient Sticker

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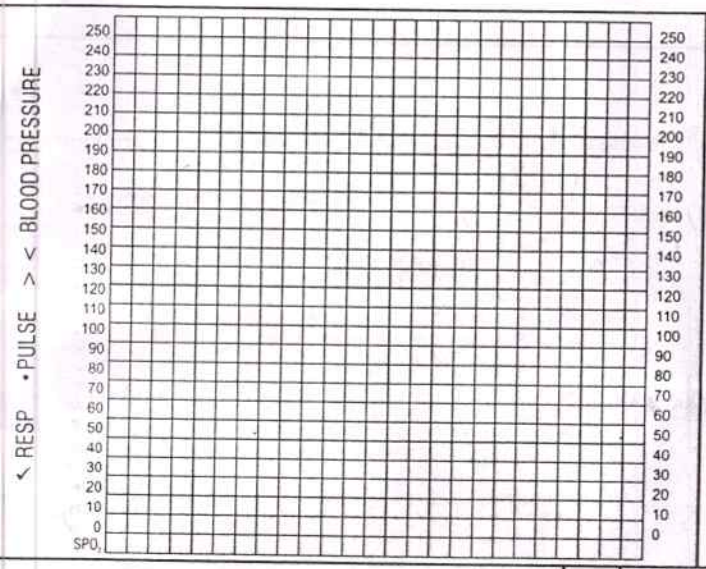
POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : ..... Time Received : ..... Time Discharged : .....



IV Cannula Site : .....

☐ O_2 Mask ☐ Nasal Prongs
☐ Tracheostomy ☐ T-Piece
☐ Oral Airway ☐ Nasal Airway

Vomiting : ☐ Yes ☐ No Drug: .....
NG Tube : ☐ Yes ☐ No
Drain: ☐ Yes ☐ No
Urinary Catheter: ☐ Yes ☐ No
Chest Tube: ☐ Yes ☐ No
Nil Oral ☐ Yes ☐ No

IV Fluids: .....
Oral Feeds: .....

POST ANAESTHESIA SCORE (Modified Aldrete Score)			IN	MINUTES 30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command Able to move 2 extremities voluntary or on command Able to move 0 extremities voluntary or on command	= 2 = 1 = 0	ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely Dyspnea or limited breathing Apneic	= 2 = 1 = 0	RESPIRATION						
BP ± 20 of Pre Anaesthetic leve BP ± 20-50 of Pre Anaesthetic leve BP ± 50 of Pre Anaesthetic leve	= 2 = 1 = 0	CIRCULATION						
Fully awake Arousable on calling Not responding	= 2 = 1 = 0	CONSCIOUSNESS						
Pink Pale, dusky, blotchy, jaundiced, other Cyanotic	= 2 = 1 = 0	COLOR						
		TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: ☐ N PASS ☐ FLACC ☐ Wong Baker ☐ NPS

Reassessment Frequency:
1. Every eight hours for all hospitalized patients
2. For post surgical patient, patient with chronic pain, patient with severe pain
   a. Every 2 hours for first 24 hours
   b. After 24 hours every 4 hours
   c. Prior to pain reliving intervention
   d. With in 30-60 minutes after pain relief intervention

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

PACU Nurse Name : .....
PACU Nurse Signature: .....
Date & Time: .....

Transferred to Unit by (PACU): .....
Date & Time: .....

Patient Sticker

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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 26/6/26 Time: 8:45am Procedure done by SATHISH

CSE /Spinal /Epidural Position : SITTING Space : L3 L4 Technique (LOR/LOS)

Depth: 5 cm Catheter at Skin: 12 cm Attempts : 1

Parasthesia : Yes/No if yes details :

Solution Composition : 0.1 % Ropivacaine

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP	Maternal Pulse	FHR	Comments

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

PARTOGRAPH

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LABOUR

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

Indications for IOL-Accel: ☐ None ☑ Oxytocin

Memb. Repture Type: ☐ SROM ☐ PROM ☑ ARM

Presentation: ☑ Vertex ☐ Breech ☐ Others

INTRA PARTUM COMPLICATION

Maternal: ☑ Nome ☐ Pyrexia ☐ HTN ☐ Others

Liquor: ☑ Adequate ☐ Oligo ☐ Poly ☑ Clear

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

Shoulder Dystocia: ☐ Yes ☑ No

DELIVERY DETAILS

Anesthesia: ☐ None ☑ Epidural

Non-epi: ☑ Local ☐ Spinal ☐ General

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

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

Indications: .....

Application, Locking & Traction: .....

Duration of Instrumentation: .....

No. of Pulls: .....

Catherised : ☑ Yes ☐ No

Type: ☑ Fileys ☐ Plain

Perineum : ☐ Intact ☑ Episiotomy ☐ Tear

Suture Material Used: Rapid vinyl

STAGE III

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

PPH : ☐ Atomic ☐ Traumatic ☑ None

Lacerations: .....

Cervical: .....

Perineal: Episiotomy

Others: .....

Prophylaxis: (Synocinon) Prostodin

Blood Loss: 350 ml

Blood Transfusion: No

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

Ractal Examination: Normal

DURATION OF LABOUR

1st Stage: 4 hours

2nd Stage: 10 mins

3rd Stage: 5 mins

Duration of Active Pushing: .....

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

BABY DETAILS

Gender: Girl

Weight: 3.133 kg

APGAR: 8|10, 9|10

Date and Time of Delivery: 26/06/2024 10:33 Am

LW Doctor: Dr. Priyadharshini

LW Sister: .....

(P.T.O.)

PARTOGRAPH

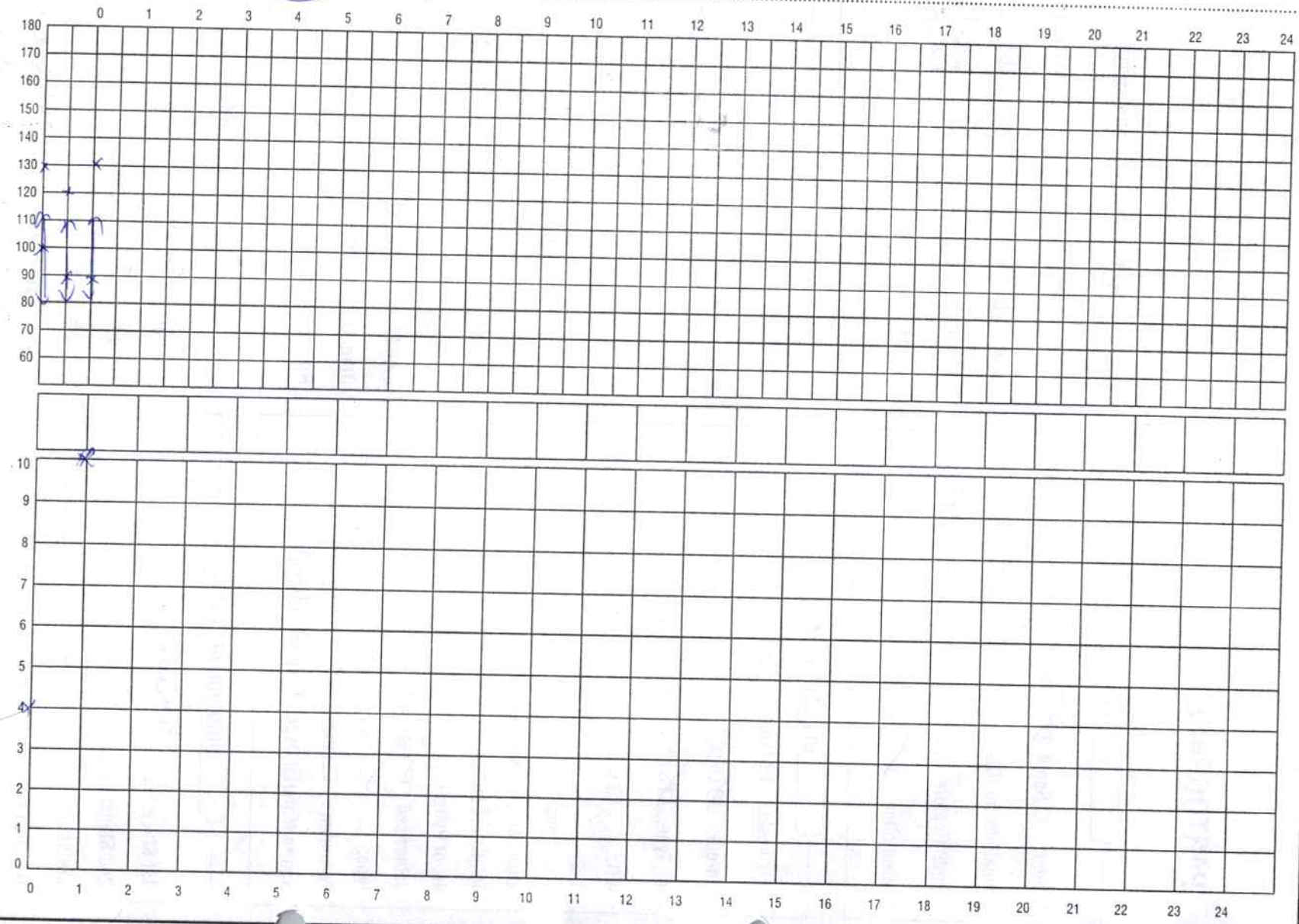
Name: Dr. Bhavya Sahaja Obstetrics Formula: G3 P1 L1 Blood Group Type: A Positive

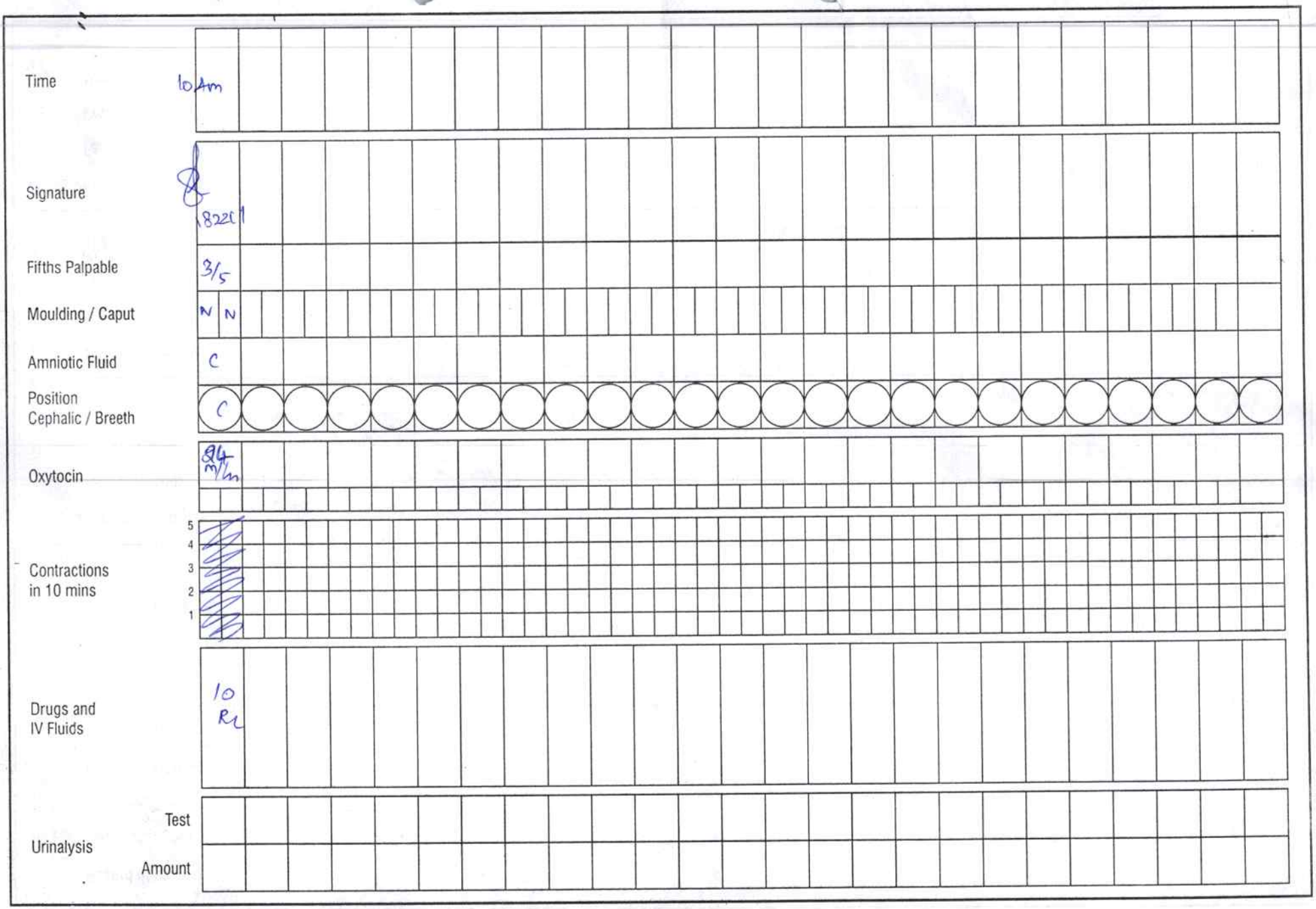
Memb. Ruptured: SROM PROM (ARM) Risk Factors: Nil

Fetal Heart ●

Maternal BP ↕

Maternal Pulse ×




Time
10 Am
Signature
1822 1
Fifths Palpable
3/5
Moulding / Caput
N
N
Amniotic Fluid
C
Position
Cephalic / Breeth
C
Oxytocin
Contractions
in 10 mins
5
4
3
2
1
Drugs and
IV Fluids
10
RL
Urinalysis
Test
Amount

Record of Labor:

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

Maternal Condition:

Fetal Condition:

Progress of Labor:

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

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17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

(1)

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URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 26/6/26 Date of Removal: ....

Parameters / Date / Shift Time	26/6/26 M						
Need for the Catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Hand Hygiene	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Usage of Sterile Equipment	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the Collection bag below the level of bladder	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Check the Tube for Obstruction (Free of Kinking)	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is Catheter dated as policy	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Collecting bag is been emptied regularly?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Maintenance of closed system for the catheter	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dressing clean and dry?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the line removed as Policy?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Performance of Perineal Care	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Onset of New Fever	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Asses for the leakage at the site of insertion	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Name of the Nurse	[illegible]						
Signature of the Nurse	[illegible]						

Removed

Docu. No. : RCH /FRM / CLINICAL / 114

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Pati Dr. PRIYADHARSHINI S M

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RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 25/6/26

Pre - Existing Risk Factors	Tick	Score
Previous VTE (except a single event related to major surgery)		4
Previous VTE provoked by major surgery		3
Known high-risk thrombophilia		3
Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user		3
Family history of unprovoked or estrogen-related VTE in first-degree relative		1
Known low-risk thrombophilia (no VTE)		1
Age (≥35 years)	1	1
Obesity		1 or 2
Parity ≥ 3		1
Smoker		1
Gross varicose veins		1
Obstetric Risk Factors		
Pre-eclampsia in current pregnancy		1
ART/IVF (antenatal only)		1
Multiple pregnancy		1
Caesarean section in labour		2
Elective caesarean section		1
Mid-cavity or rotational operative delivery		1
Prolonged labour (24 hours)		1
PPH (1 litre or transfusion)		1
Preterm birth 37^{+0} weeks in current pregnancy		1
Stillbirth in current pregnancy		1
Transient Risk Factors		
Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendectomy, postpartum sterilization		3
Hyperemesis		3
OHSS (first trimester only)		4
Current systemic infection		1
Immobility, dehydration	*	1
Total	1	
Signature of the Nurse	Shalini SN07	
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.

PATIENT TRANSFER FORM

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GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

	Date & Time of Admission	Date & Time of Transfer Order
	25/6/26 at	26/6/26 at 12:30 AM
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Priyadharshini	Dr. Akshitha	further treatment
From Unit	**To Unit**	**Information to Attendant**
MICU	7th floor	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
OP file (1)	CTh (1)	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
S. Shalini 2407	Dr. Akshitha

Patient & Clinical Records Received by : P.Kenzo 608

Date & Time of Patient Received : 26/6/26 12.40 AM

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

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Mrs. Bhavya Sahaja. Dr. priyadharshini, CMC-93092	25/6/26 @ 11:10 pm	26/6/26 @ 8:15 am
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. priyadharshini	Dr. Akshita	further Management
From Unit	**To Unit**	**Information to Attendant**
4th floor	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Op - file	CT - 1	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
019346	Dr. Akshita

Patient & Clinical Records Received by : S/N Pandey 016720

Date & Time of Patient Received : 26/6/26 at 8.15 am

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

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

PATIENT TRANSFER FORM

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GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

	Date & Time of Admission	Date & Time of Transfer Order
	25/6/26 at 11.7pm	26/6/26 at 3pm.
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Priyadharshini	Dr. Diviyalakshmi	pt care
From Unit	**To Unit**	**Information to Attendant**
LDR	Jo 3	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
Pt DP file	—	Yes ☐ No ☑ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	T. Zerolin, (10)	
2.	T. pan — (10)	
3.	T. lefm — (10)	
4.	under pad — (1)	
5.	W Set — (1)	

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

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Pooja Keerthana	Dr. Diviyalakshmi

Patient & Clinical Records Received by : Ramya [signature]

Date & Time of Patient Received : 3:30 PM

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

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

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

GUC-00093092 IP18-00036197
Dr. BHAVYA SAHAJA M
17-04-1990 36 Y 2 M 9 D (F)
Dr. PRIYADHARSHINI S M

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BREAST FEEDING HANDOVER AND ASSESSMENT FORM

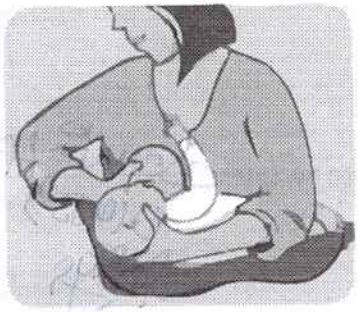
1. Breastfeeding initiated?
   - ☑ a. Yes
   - ☐ b. No

2. If No, Reason .....

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

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

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



Feeding Positions:
Cross Cradle

Feeding Positions:
Football / Clutch

6. Was the position explained:

☑ a. Yes

☐ b. No

7. For Caesarian mothers: N/A

☐ a. Mother is required sit and feed from the 4th feed

☐ b. Please explain football hold

8. NICU admission: N/A

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

9. Additional notes: ....

Continuity of Care: Date: 26/6/2026.

L - 2

A - 2

T - 2

C - 2

H - 1

9

Handover given by D. Soherwan

Signature D. Sohf [signature]

Date & Time: 26/06/2026.

Handover taken by Soniya D14353

Signature [signature]

Date & Time: 26/6/26 @ 3.10pm.