

PATIENT DISCHARGE INTIMATION FROM NURSING STATION

CLEARANCE FOR DRUGS AND DISPOSABLES BILLING

Date:

Name of the Patient: IP18-00036124
 UHID No: GUC-00092885
 Mrs SIVAKAMI K 32 Y 3 M 9 D (F)
 15-03-1994
 Dr. DIVIYA ARUN

.....

..... Gender:

..... Room No:



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

[Signature]
Nurse Sign

[Signature]
Pharmacy Sign

Date:

Date: 24/6/26

Date:

Time:

Time: 9.40 AM

Time:

10/20

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UNIVERSITY

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ALMA MATER
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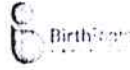
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GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 9 D (F)
 Dr. DIVIYA ARUN



 Rainbow Children's Hospital



DISCHARGE TRACKING SHEET

UHID-

FLOOR-

NAME OF CONSULTANT-

ACTIVITY	INTIME	OUT TIME	NAME & SIGNATURE	REMARKS	<To be filled by Admin >		
Activity Sheet update by Nursing		9:45 AM	Dr. Diviya Arun				
Activity Sheet update by Pharmacy			Dr. Diviya Arun				

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 6 D (F)
 Dr. DIVYA ARUN

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ACTIVITY RECORD FOR BILLING

Name: Mrs. Sivakami Suresh/female
 UHID No: 92285 IP No: Consultant: Dr. Divya Dept: OBG
 Date of Admission: 21/6/26 Time: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	3.40 AM	LDR	412	[Signature]
21/6/26	6.30 am	412	LDR	[Signature]
22/6/26	12.45 pm	NICU	4th Floor	[Signature]
23/6/26	10.40 am	4th Floor	LDR	[Signature]

CROSS CONSULTATION VISIT

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/6/26	ur placemat ✓	①	1715003	sl [signature]
21/6/26	authorisation ✓	①	1715049	[signature]
23/6/26	Diet counselling	①	6417	A.N. (018326)

ANY OTHER INFORMATION:

22/6/26
 Normal vaginal delivery.
 5AM to 6AM
 DR: Omya ARUN
 DR: FATIMA
 DR: Omya LAHITHA SIN NURTHA

Date: 29/6/26 Time: 9.50AM Prepared By:

Staff Nurse me out + wo.	Shift / Ward	Billing Assistant	Billing Supervisor
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DISCHARGE TRACKING SHEET

UHID-

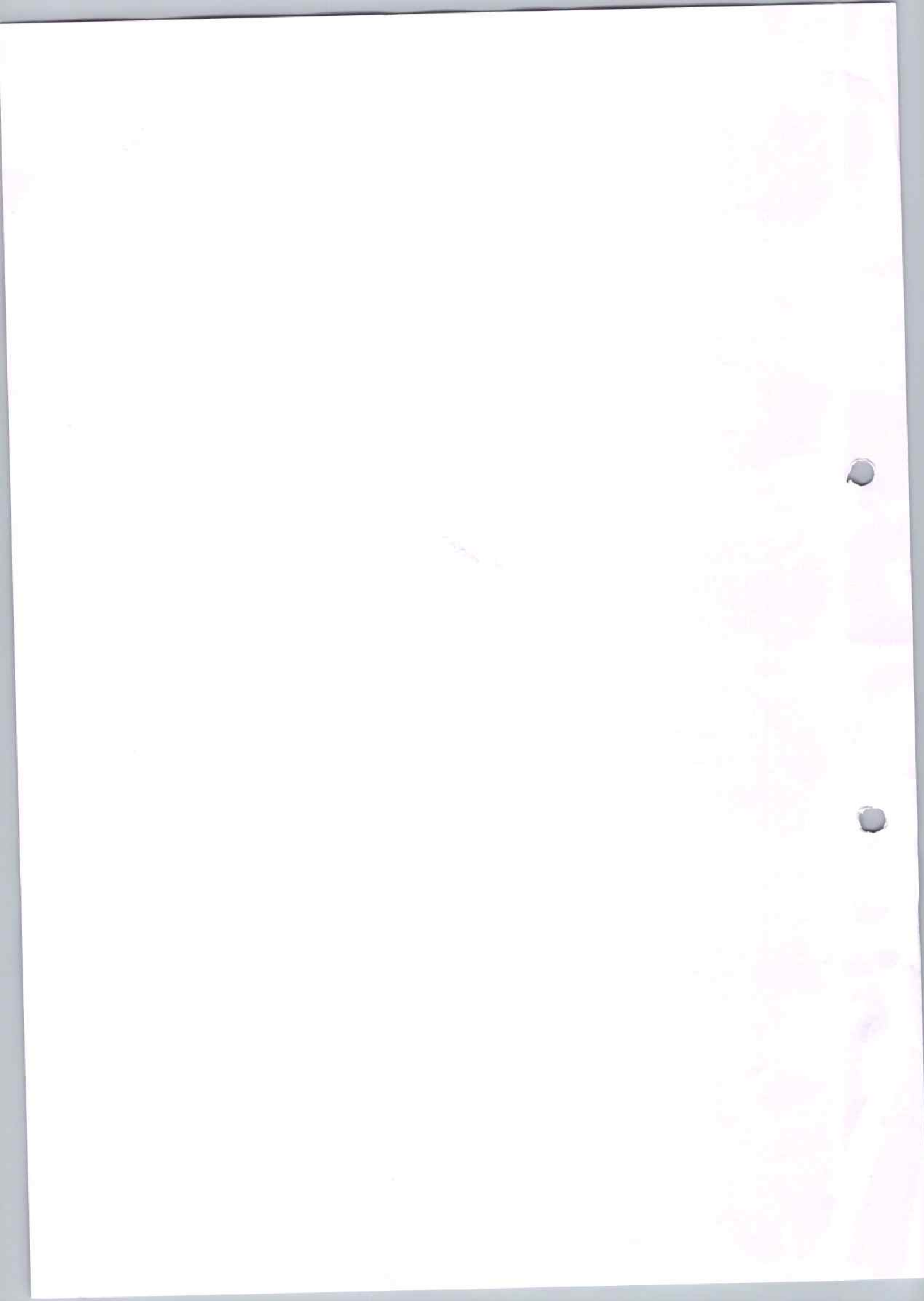
FLOOR-

NAME OF CONSULTANT-

GUC-00092885 IP18-00036124
Mrs SIVAKAMI K
15-03-1994 32 Y 3 M 8 D (F)
Dr. DIVYA ARUN



ACTIVITY	TIME		NAME & SIGNATURE	REMARKS	<To be filled by Admin>
	INTIME	OUT TIME			
Discharge Announcement					
Arrangement of File by Nursing		9:55 AM	MD SIVAKAMI		
Preparation of Discharge Summary					
Finalization of discharge summary					
Transfer of file from Ward to Billing Dept					
Bill Processing					
Audit Clearance					
Billing Clearance					
Physical Clearance					



VITAL SIGNS RECORD



Date: 8/16/26

Name: _____

GUC No.: _____

Time	Temperature <i>Temp, Kneec jerk</i>	Pulse	RR	BP	SPO2	Remarks <i>Req. No. S/S, Urine output</i>	Signature	
8:30am	98°F	++	110b/m	20b/m	110/68	99%	loading dose	S. N. Siva
8:45am			114b/m	20b/m	114/66	99%		S. N. Siva
9:00am	97.8°F	++	116b/m	18b/m	110/70	98%	2ml 30ml	S. N. Siva
9:15am			108b/m	20b/m	100/54	98%		S. N. Siva
9:30am			112b/m	18b/m	100/54	99%		S. N. Siva
9:45am			112b/m	20b/m	100/50	99%		S. N. Siva
10am	97.6°F	++	110b/m	18b/m	100/56	99%	2ml 75ml	S. N. Siva
10:15am			114b/m	18b/m	102/56	99%		S. N. Siva
10:30am			116b/m	20b/m	100/60	99%		S. N. Siva
10:45am			120b/m	18b/m	106/56	98%		S. N. Siva
11am	98°F	++	108b/m	20b/m	100/52	99%	2ml 250ml	S. N. Siva
11:15am			118b/m	18b/m	100/54	99%		S. N. Siva
11:30am			118b/m	20b/m	100/56	99%		S. N. Siva
11:45am			120b/m	18b/m	100/54	98%		S. N. Siva
12pm	97.8°F	++	106b/m	20b/m	100/58	98%	2ml 250ml	S. N. Siva
12:15pm			124b/m	20b/m	110/80	99%		S. N. Siva
12:30pm			120b/m	18b/m	102/82	99%		S. N. Siva
12:45pm			122b/m	22b/m	100/70	98%		S. N. Siva
1pm	98°F	++	114b/m	20b/m	90/70	98%	2ml 250ml	S. N. Siva
1:15pm			108b/m	20b/m	100/60	97%		S. N. Siva
1:30pm			104b/m	21b/m	93/60	98%		S. N. Siva
1:45pm			115b/m	20b/m	87/60	99%		S. N. Siva
2pm	98.4°F	++	118b/m	23b/m	110/66	98%	2ml 250ml	S. N. Siva
2:15pm			120b/m	19b/m	110/65	98%	2ml	S. N. Siva

VITAL SIGNS RECORD

GUC-00092885
Mrs SIVAKAMI K
15-03-1994
Dr. DIVIYA ARUN
IP18-00036124
32 Y 3 M 6 D (F)



Date: 21/6/2026

Name :

GUC No.:

Time	Temperature <i>Temp, knee fork</i>	Pulse	RR	BP	SPO2	Remarks <i>2y 1954, urine output</i>	Signature
2:30pm		124bpm	20bpm	94/55	97%		<i>Shalini</i>
2:45pm		119bpm	21bpm	91/52	98%		<i>Shalini</i>
3:00pm		117bpm	20bpm	100/53	98%	2ml 250ml	<i>Shalini 014072</i>
3:15pm		117bpm	21bpm	104/62	98%		<i>Shalini 014072</i>
3:30pm		108bpm	20bpm	78/48	99%		<i>Shalini</i>
3:45pm		108bpm	22bpm	88/54	98%		<i>Shalini</i>
4pm	<i>108.2 + +</i>	112bpm	16bpm	99/55	98%	2ml 200ml	<i>Shalini 014072</i>
4:15pm		113bpm	20bpm	119/74	98%		<i>Shalini 014072</i>
4:30pm		100bpm	22bpm	100/64	99%		<i>Shalini 014072</i>
4:45pm		108bpm	20bpm	106/72	98%		<i>Shalini 014072</i>
5pm		112bpm	22bpm	99/68	98%	2ml 250ml	<i>Shalini 014072</i>
5:15pm		110bpm	22bpm	100/74	99%		<i>Shalini</i>
5:30pm		113bpm	21bpm	100/72	98%		<i>Shalini 014072</i>
5:45pm		109bpm	18bpm	86/59	99%		<i>Shalini 014072</i>
6pm	<i>+ +</i>	107bpm	19bpm	87/54	99%	2ml 250ml	<i>Shalini 014072</i>
6:15pm		97bpm	20bpm	94/65	98%		<i>Shalini</i>
6:30pm		100bpm	18bpm	81/57	99%		<i>Shalini 014072</i>
6:45pm		108bpm	20bpm	101/63	98%		<i>Shalini 014072</i>
7pm		110bpm	18bpm	89/58	100%	2ml 250ml	<i>Shalini 014072</i>
7:15pm		103bpm	22bpm	107/74	98%		<i>Shalini 014072</i>
7:30pm		104bpm	18bpm	94/62	98%		<i>Shalini 014072</i>
7:45pm		106bpm	18bpm	90/60	99%		<i>Shalini</i>
8pm	<i>102.0 + +</i>	108bpm	20bpm	87/54	100%	2ml 200ml	<i>Shalini</i>
8:15pm		109bpm	17bpm	90/54	99%		<i>Shalini</i>

VITAL SIGNS RECORD

GUC-00092885 IP18-00036124
Mrs SIVAKAMI K 32 Y 3 M 7 D (F)
15-03-1994
Dr. DIVYA ARUN



Date: 28/6/20

Name :

GUC No.:

Time	Temperature	Pulse	RR	BP	SPO2	Remarks	Signature
8:30 am	98.2	105/ut	18/ut	89/58	100%		Ajay / 01/7/26
9:00 am		106/ut	20/ut	90/54	99%		Ajay / 01/7/26
9:30 am	++ 98.2	102/ut	21/ut	81/57	99%	2ml 250ml	Ajay / 01/7/26
9:45 am		101/ut	18/ut	103/74	100%		Ajay / 01/7/26
9:50 am		106/ut	20/ut	95/72	99%		Ajay / 01/7/26
9:55 am		99/ut	18/ut	102/78	100%		Ajay / 01/7/26
10:00 am	++	98/ut	20/ut	87/67	99%	2ml 150ml	Ajay / 01/7/26
10:15 am		99/ut	19/ut	100/75	100%		Ajay / 01/7/26
10:30 am		96/ut	19/ut	77/55	98%		Ajay / 01/7/26
10:45 am		100/ut	20/ut	76/52	99%		Ajay / 01/7/26
11:00 am	++	105/ut	21/ut	89/54	100%	2ml 100ml	Ajay / 01/7/26
11:15 am		112/ut	20/ut	107/74	99%		Ajay / 01/7/26
11:30 am		114/ut	21/ut	101/81	100%		Ajay / 01/7/26
11:45 am		121/ut	22/ut	97/72	99%		Ajay / 01/7/26
12:00 pm	++ 98.2	101/ut	18/ut	101/67	100%	2ml 150ml	Ajay / 01/7/26
12:15 pm		115/ut	14/ut	101/67	99%		Ajay / 01/7/26
12:30 pm		104/ut	20/ut	100/60	100%		Ajay / 01/7/26
12:45 pm		103/ut	19/ut	90/60	99%		Ajay / 01/7/26
1:00 pm	++	102/ut	19/ut	90/70	98%	2ml 100ml	Ajay / 01/7/26
1:15 pm		104/ut	20/ut	86/54	99%		Ajay / 01/7/26
1:30 pm		101/ut	21/ut	101/74	99%		Ajay / 01/7/26
1:45 pm		100/ut	19/ut	100/54	99%		Ajay / 01/7/26
2:00 pm	++	101/ut	19/ut	95/61	98%	2ml 150ml	Ajay / 01/7/26
2:15 pm		105/ut	19/ut	90/60	99%		Ajay / 01/7/26

VITAL SIGNS RECORD

Date :

2/16/20
knee joint Temp

Name :

GUC No.:

Time	Temperature <i>Temp</i>	Pulse	RR	BP	SPO2	Remarks <i>Temp</i>	Signature
2:30 AM		99/ut	19/ut	86/48	100%		[Signature]
3:15 AM		88/ut	20/ut	90/60	99%		[Signature]
3:45 AM	++	87/ut	19/ut	106/57	98%	2ml 200u	[Signature]
4:15 AM		88/ut	18/ut	84/50	99%		[Signature]
4:30 AM		101/ut	20/ut	89/57	97%		[Signature]
4:45 AM		85/ut	22/ut	80/51	99%		[Signature]
4 AM	++	98/ut	9/ut	80/50	98%	2ml 170u	[Signature]
4:15 AM		115/ut	20/ut	100/50	99%		[Signature]
4:30 AM		100/ut	17/ut	94/60	100%		[Signature]
4:45 AM		106/ut	18/ut	84/54	97%		[Signature]
5 AM	++	116/ut	19/ut	90/60	98%	2ml 200u	[Signature]
5:15 AM		117/ut	20/ut	97/67	99%		[Signature]
5:30 AM		114/ut	19/ut	100/70	98%		[Signature]
5:45 AM		117/ut	19/ut	95/60	99%		[Signature]
6 AM	++	108/ut	18/ut	95/60	100%	2ml 250u	[Signature]
6:15 AM		114/ut	18/ut	96/64	99%		[Signature]
6:30 AM		113/ut	20/ut	97/67	98%		[Signature]
6:45 AM		112/ut	20/ut	105/67	99%		[Signature]
7 AM	++	116/ut	21/ut	100/60	100%	2ml 200u	[Signature]
7:15 AM		115/ut	19/ut	100/67	99%		[Signature]
7:30 AM		114/ut	18/ut	90/60	97%		[Signature]
7:45 AM		96/ut	20/ut	9/60	99%		[Signature]
8 AM	++	98.5°P	118/ut	20/ut	98/60	2ml 250u	[Signature]
8:15 AM		118/ut	20/ut	92/60	98%		[Signature]

ADMISSION SHEET



Registration Details :

Admission No : IP18-00036124

Admit Date : 21-Jun-2026

Admit Time : 02:24 AM UHID : GUC-00092885

Patient Details :

Patient Name : Mrs SIVAKAMI K

Age : 31 Y 3 M 6 D

Guardian : Mr AYANAR

DOB : 15-03-1995

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : 3/4 MIDDLE STREET OPPOSITE ANGANVADI K
AYYAOATTY Vembarpatti Dindigul Tamil Nadu
INDIA 624308

Phone No : 9361288902

E-mail : n@m.m

Admission Details :

Bed Type : DAY CARE

Bed No : ER 101

Ward Name : 0F-EMERGENCY

Room No : ER 101

Admission Type : First Visit


Contact Details :

Name : Mr AYANAR

Relationship : Husband

Contact Address : 3/4 MIDDLE STREET OPPOSITE ANGANVADI
K AYYAOATTY Vembarpatti Dindigul Tamil Nadu
INDIA 624308

Phone No : 9361288902

> 
Signature

Doctor Details :

Doctor Name : Dr. DIVIYA ARUN

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.DIVIYA ARUN

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs SIVAKAMI K
IP No: IP18-00036124
Consultant: Dr. DIVIYA ARUN

Age : 31 Y 3 M 6 D
Sex: Female
Ward/Bed No: 0F-EMERGENCY/ER 101

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

Patient, be deemed advisable or necessary.

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

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

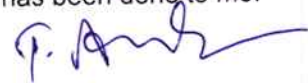
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal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

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

Note:





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

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

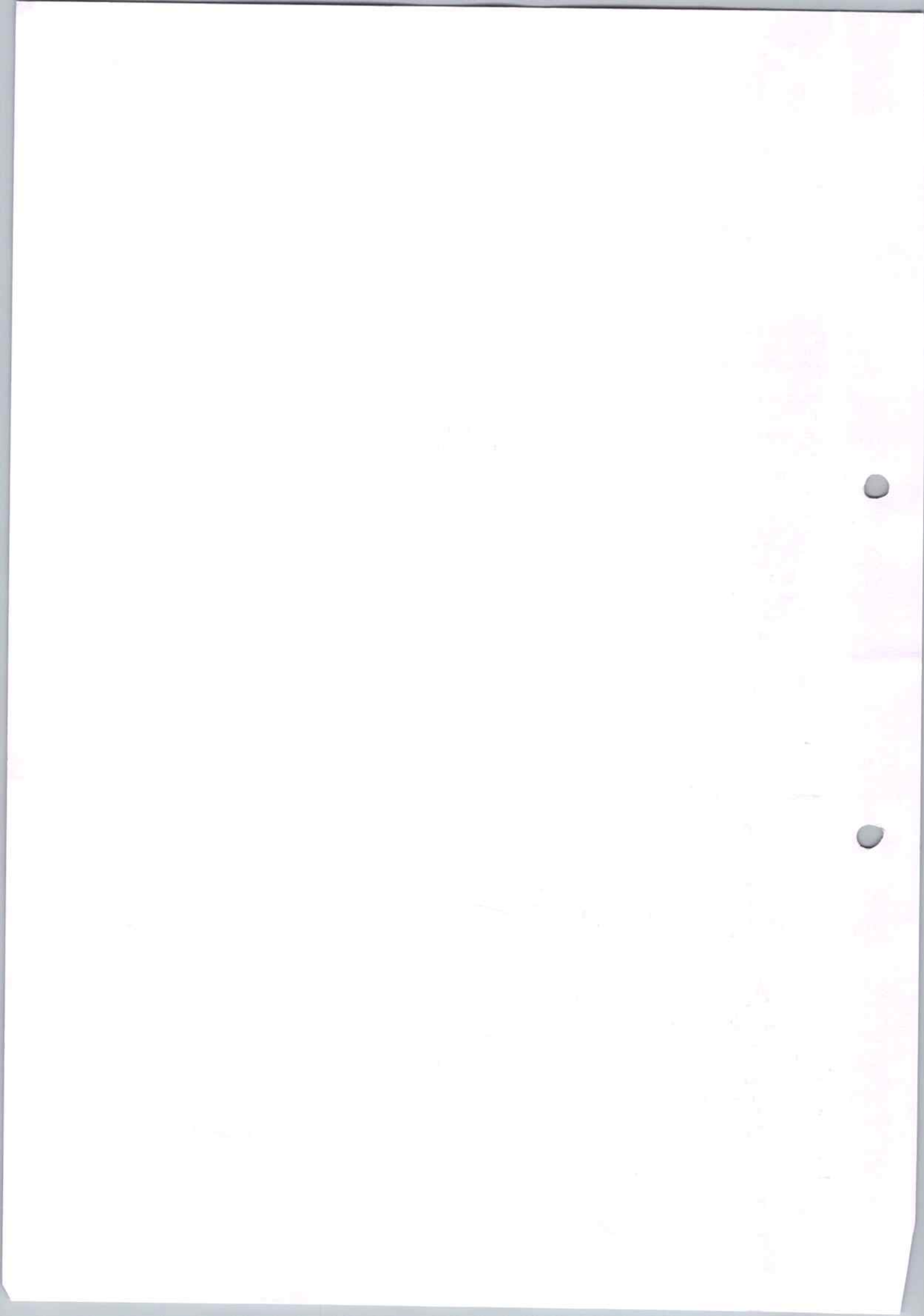
Signature of Patient/Relative: > 

Patient Address:

3/4 MIDDLE STREET OPPOSITE
ANGANVADI K AYYAOATTY
Vembarpatti Dindigul Tamil Nadu
INDIA 624308

Name: > 
Relationship: > 
Date: 21-06-2026
Witness Name: 
Witness Signature: 

Time: 02:29



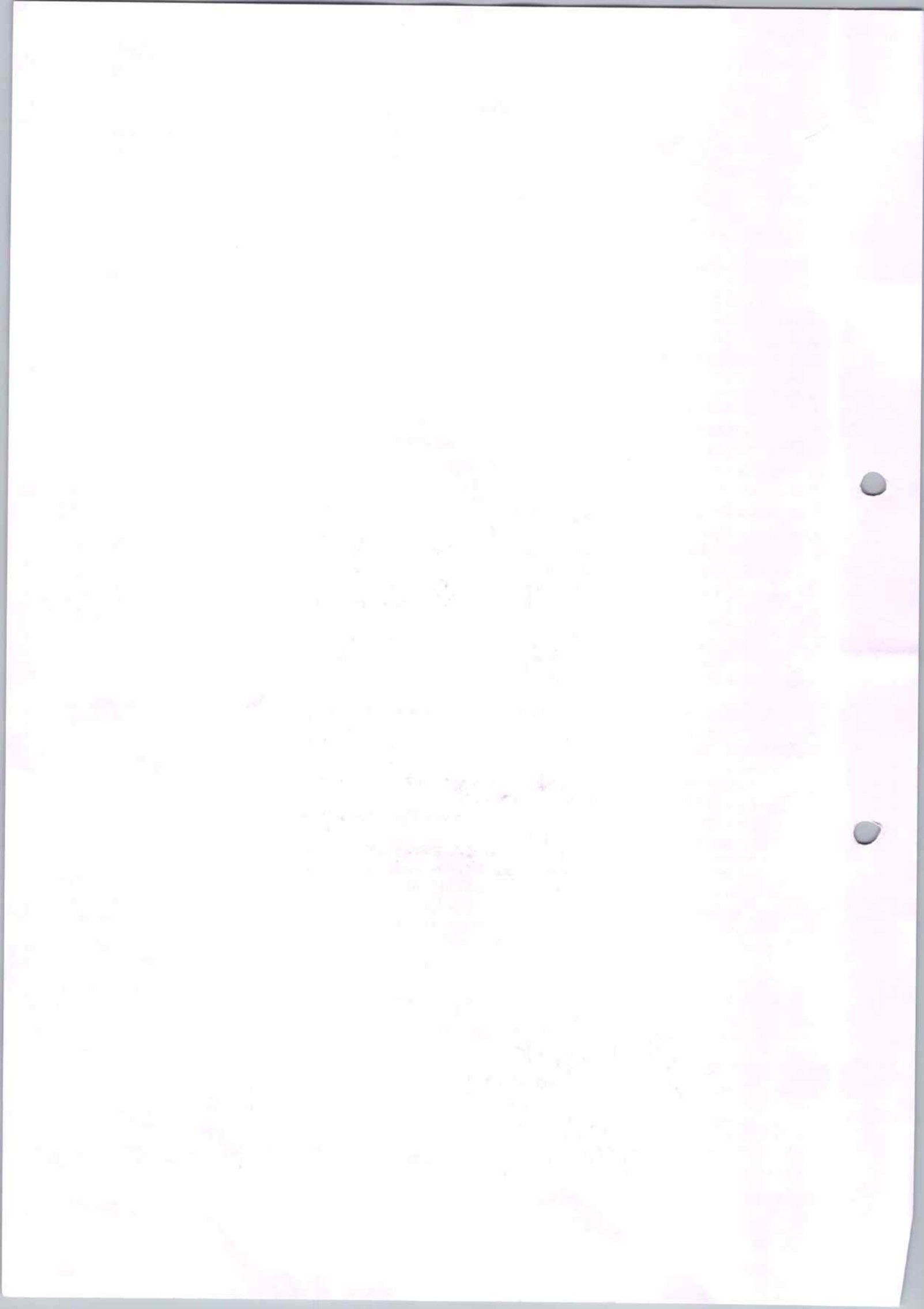
BILLING POLICY

- ▶ **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 be applicable.
- ▶ 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 be 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 and 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/-**

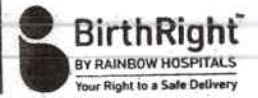
DECLARATION

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 : > <i>Sivakami . K</i>	UHID Number : <i>92885</i>
Self/Attendant Name : > <i>Ayyanar Mangaray</i>	Relation : > <i>Husband</i>
Self/ Attendant Signature : > <i>H. Anil</i>	Name & Signature of Financial Counselor
Phone Number : > <i>9361288902</i>	<i>H. Anil</i>



GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 6 D (F)
 Dr. DIVIYA ARUN



URINARY CATHETER BUNDLE CHECK LIST

Date of Insertion: 21/6/26 Date of Removal: 22/6/26

Parameters	Date	Shift Time	21/6/26 M	21/6/26 E	21/6/26 N	22/6/26 M	22/6/26 evening	22/6/26 N	
Need for the Catheter			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hand Hygiene			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Usage of Sterile Equipment			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Collection bag below the level of bladder			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check the Tube for Obstruction (Free of Kinking)			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Catheter dated as policy			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collecting bag is been emptied regularly?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maintenance of closed system for the catheter			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing clean and dry?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the line removed as Policy?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Performance of Perineal Care			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Onset of New Fever			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asses for the leakage at the site of insertion			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Nurse			S. Paulsel	S. Subashini	P. Lakshmi	S. Paulsel	Angel	D. Subashini	
Signature of the Nurse			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	

Year	Month	Day	Time	Location	Activity	Notes
1997	Jan	1	10:00	...	...	...
1997	Jan	2	10:00	...	...	...
1997	Jan	3	10:00	...	...	...
1997	Jan	4	10:00	...	...	...
1997	Jan	5	10:00	...	...	...
1997	Jan	6	10:00	...	...	...
1997	Jan	7	10:00	...	...	...
1997	Jan	8	10:00	...	...	...
1997	Jan	9	10:00	...	...	...
1997	Jan	10	10:00	...	...	...
1997	Jan	11	10:00	...	...	...
1997	Jan	12	10:00	...	...	...
1997	Jan	13	10:00	...	...	...
1997	Jan	14	10:00	...	...	...
1997	Jan	15	10:00	...	...	...
1997	Jan	16	10:00	...	...	...
1997	Jan	17	10:00	...	...	...
1997	Jan	18	10:00	...	...	...
1997	Jan	19	10:00	...	...	...
1997	Jan	20	10:00	...	...	...
1997	Jan	21	10:00	...	...	...
1997	Jan	22	10:00	...	...	...
1997	Jan	23	10:00	...	...	...
1997	Jan	24	10:00	...	...	...
1997	Jan	25	10:00	...	...	...
1997	Jan	26	10:00	...	...	...
1997	Jan	27	10:00	...	...	...
1997	Jan	28	10:00	...	...	...
1997	Jan	29	10:00	...	...	...
1997	Jan	30	10:00	...	...	...
1997	Jan	31	10:00	...	...	...

ANNUAL CHECKER BRIDGE CHECK LIST



...

Signature: [Handwritten Signature]

Date: 1/18

...



INFORMED CONSENT FOR HIGH RISK

GUC-00092885 IP18-00036124
 Patie Mrs SIVAKAMI K Age :
 15-03-1994 32 Y 3 M 6 D (F)
 Geni Dr. DIVYA ARUN
 War  Date :

I/We Mrs. Sivagami & husband have been explained by Dr. Divya about the medical condition and the proposed procedure.

I/We have been told that our patient Mrs. Sivagami has the Following Medical Condition / Diagnosis

G2 P1 L1 / 32 weeks / Previous normal vaginal delivery / Preterm labour / Cervical encyclage insitu

Proposed treatment / Procedure / Operation:

Conservative management (cervical stitch removal if needed / labour pain progresses)

I / (We the relative / legal guardian) have been explained in the language understood by me / us, about the medical condition mentioned above and that our patient has following risks involved

preterm labour, infection, bleeding, cervical tears, Preterm delivery, MgSO4 toxicity, baby admission to NICU, prolonged stay in NICU

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

Name of the Doctor performing the procedure :

Patient Attendant :

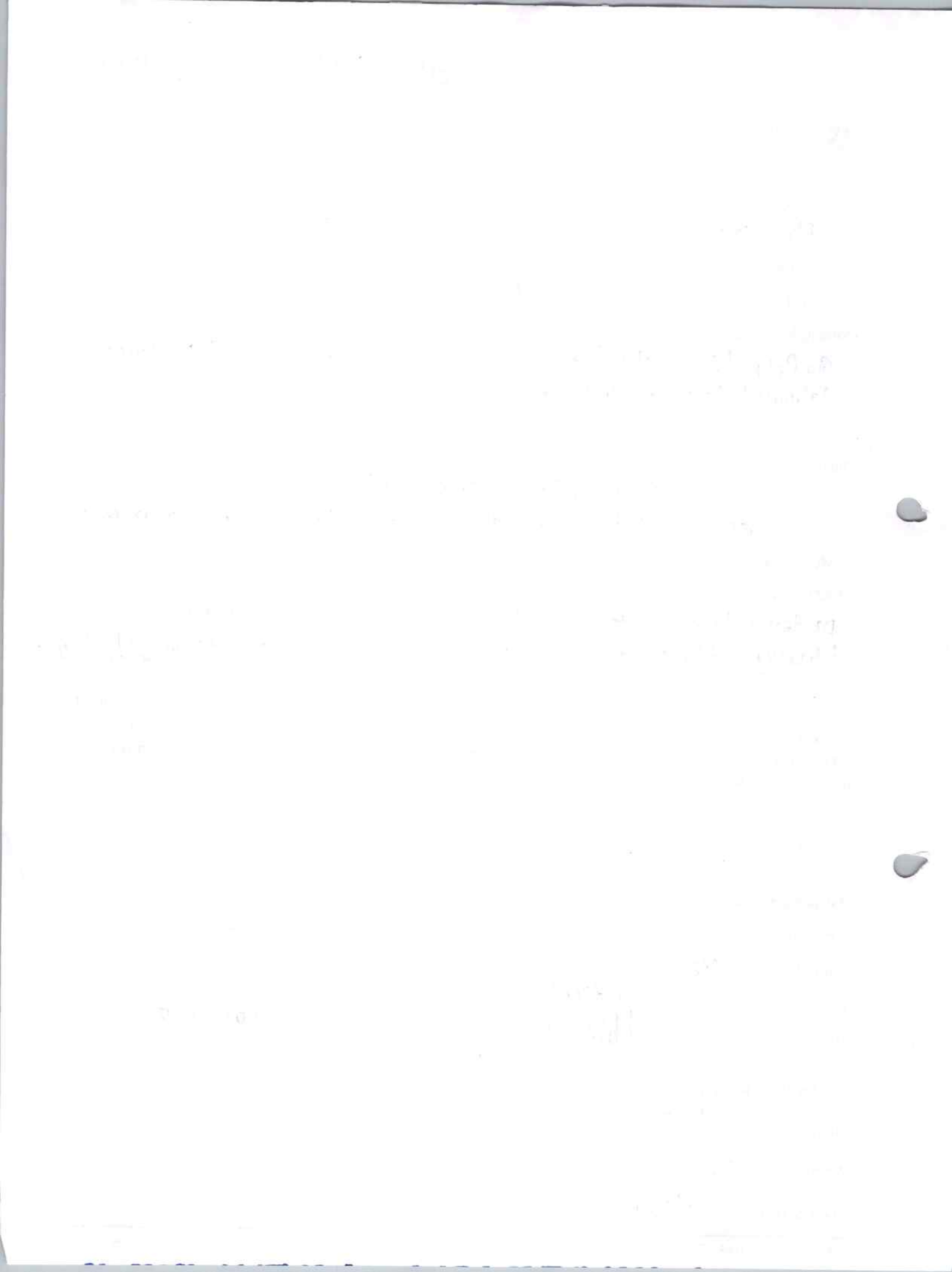
Signature : [Signature]
 Name : Mrs. Sivagami
 Relationship with Patient : patient
 Date & Time : 21/6/2026

Witness :

Signature : [Signature]
 Name : Ayyanar (husband)
 Date & Time : 21/6/2026

Doctor (who is taking the consent) :

Signature : [Signature]
 Name : Dr. Vinitha
 Date & Time : 21/6/26





Patient Sticker



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

→ Pt came w/ cp backache & pain lower abd on & off since today evening.
 → Able to pass well.
 → Pt had no spotting p/v x 2 episodes yesterday.

LMP: 3/11/2025

EDD: 10/8/2026

Corrected EDD: 16/8/2026

GA: 32 weeks

Obstetric Formula:

Menstrual History: Regular Yes No 8/30

Obstetric History:

Obstetric Examination

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

2 tightening for 10' for 10 minutes

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

I - ♀, 34 yrs, NVD, Bwt - 2.4kg @ Ramachandra Hospital, ARI. No co-morbs

Present Pregnancy Record:

II - PP, B & J. NI scan (N), 21S scan - low risk. Anomaly scan - (N).

RISK FACTORS:

→ Cx stitch done at 13 wks.
 → Pt taking C-Gustin 200mg HS.
 → Pt had spotting p/v 2 episode yesterday. 4/2 of Gx → ? Cx ulcer present. Fentan 600mg capsules (D1) 20/6 & (D3) 22/6.
 → 1st dose Betnesol on 20/6, 11 AM

Height: 153 cm

Weight: 63 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: No

Icterus: Edema: NO

Temp: (N) PR: 130/min

BP: 120/80 DTR:

CVS: S1S2 RS NVRBS (+)

Liver/Spleen: Urine Output:

DIAGNOSIS

33 yrs
 WPIU
 Prior NVD
 OTR
 LFB, 34 yrs

LMP - 3/11/2025
 C-EDD - 16/8/2026

GA - 32 wks

Cx stitch in situ / ? Preterm pain (PT.O)



<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>Cx encircled</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Nil</p>
<p>Plan of Care: c/I/T Dr. Divya Arun</p> <p>- Admission</p> <p>- Inj CEFOTAXIM 1g IV (OD) (ARD)</p> <p>- Inj Betnesol 12mg Im 2nd dose at 11 Am (21/6/2026)</p> <p>- 7. Nifedipine 20mg Star followed by 7. Nifedipine 10mg tds.</p> <p>- BP monitoring 2nd hourly for 4 hours then 2nd hourly.</p> <p>- FHR 2nd hourly</p> <p>- FHR (hourly for 4 hours) and then 2nd hourly</p> <p>- Shift to ward</p>	<p>Investigations:</p> <p>- CBC.</p>

Doctor Name: Dr. Parithra
Signature: [Signature]
Date & Time: 21/6/2026

Consultant Name: Dr. Divya
Signature: [Signature]
Date & Time:

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 6 D (F)
 Dr. DIVIYA ARUN



RESULT SHEET

Date	18/6/26				
Time					
Hb	11.2				
PCV	33.4				
RBC					24/12/2025
WBC	13,400				
N/L	65/24				Rtd (H) / OTRC
Platelets	3.42				
CRP					
ESR					HIV
PCT					HBsAg / NR
RBS					VDRU
Na					
K					
Cl					TSH - 1.28
Ca/Mg					
Phosphate					13/4
Urea					FBS - 88 mg/dl
Creatinine					PPBS - 96 mg/dl
ALP					
SGPT					
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					

Pt



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/1/06/2026 7:15 Am	C/S/B Dr. Divya Arun	
	- Pt reviewed, clo Lower Abdominal Pain on & off	
	- D/E Pt GC fair, Afebrile	
	P°/PE°	
	P/A- uterus @ 32 wks	
	Mildly Acting (1c 10"/10')	
	Cephalic	
	FHS - good	
		Advice
		- INJ. MAGNEX FORTE 1.5g IV BD (ATD)
		- NICU COUNSELLING
		- INFORMED CONSENT FOR PRETERM
		- CTG 4 th hourly
		- To start INJ. MgSO ₄ (Neuroprotection)
		@ 8Am after informing BP.

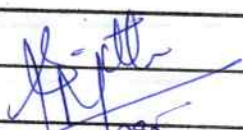
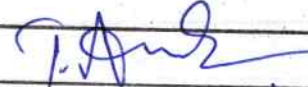
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182217



(2)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 3:15 PM	NICU counselling.	
	Preterm / 32w / EFW - 1.49kg / Lij - (N)	
	Steroids - 2 doses covered.	
	Preterm onset of labour.	
	cervical stitch in situ	→ done at 13 weeks
	Attendee has been counselled regarding complication related to prematurity, need for resuscitation at birth, need for respiratory support, need for surfactant, need for IV fluids, antibiotics, need for organ monitoring, risk of sepsis. Cost and course of NICU stay has been explained in a language that he understands.	
	 15:30 PM Dr. Diviya Arun	 Ayyanar Thangaraj (FATHER)

GUC-00092885
 Mrs SIVAKAMI K
 15-03-1994
 Dr. DIVIYA ARUN

IP18-00036124

32 Y 3 M 7 D (F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 9 AM	S/O Dr. Abhilasha / Dr. Shreedevi	
D-met	32yrs / G2P1H / 32w1D / prev. NVD / 1 CS 7yrs. . PTB . steroids covered. . mgSO ₄ covered. . Cx stitch inside.	
RR 114bpm	PT reviewed	Plan:
RR 93/63mmHg	no sp. complaints	- monitor vitals.
Temp 37.4	o/c: afebrile	- CTG / DFMc.
spo ₂ 99% @ RA	GC fair	- w/lt pain (leaking)
Int. MgSO ₄ D2	P ^o / PC ^o	leaking pt
	P/A: uterus @ 32w	- follow drug orders.
	Relaxed Tightening .	
	FH (+)	
		 128435
22/06/2026	C/I/B Dr. Diviya Arun	
10 AM		
	- To give tocolysis Tab. NIFEDIPINE long tds	
	 128217	

Patient Sticker

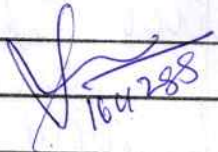
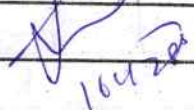
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B Dr. Divya / Dr. Ashita	
11:30 AM	pt reviewed.	
Otho	c/o pain abdomen on & off.	
	o/c: afebrile	
	GC fair.	Plan:
BP 90/60 mmHg	5° IFC	- syp. duphate 15ml HS.
PR 120 bpm	P/A: uterus @ 32w.	- Shift to ward.
SpO2 99% @ PA	Tightening.	- Tab Depin 10mg TDS.
Temp 37	FMT	- check BP before
CTG - Reactive		every dose.
		- bHRM depth.
		12pm - 6pm + 2AM.
		- FHR BD.
		- if contractions ⊕
		to do CTG.
22/6/26	S/B Dr. Fahima / Dr. Dnyalakshee	
10 PM	pt reviewed	
	Able to PEM.	
	c/o mild pain abdomen on & off	Advice
	o/c: pt GC fair, afebrile	- monitor vitals
T=10	PO / PEO	- follow drug chart
PR=100/min		- w/f contractions
BP=117/72 mmHg	P/A: uterus ~32 weeks	- Next dose T-Depin
Passed stool	2 tightenings / 10-20sec/10min	@ 12AM → Inform BP
	FHS good	- Inform SOS.
		- FHR BD.




(A)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/20 2 PM	pt. c/o pain abdomen P/A = 2c / 30 sec / 10 min	
	 164288	<u>Advice</u> - Shift to LDR.
23/6/20 2:15 PM	<u>c/o/w Dr. Divya Arun</u> <u>pt. received in MICU</u>	
	<u>Advice:</u> - CTG. - If tachycardia ⊕ then to remove cervical stitch. - Inform SOS. - NS IED maintenance	contractions ⊕  164288

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/20		
3:20 PM	INFORMED CONSENT FOR REMOVAL OF CERVICAL STITCH.	
	I, Mrs Sivakami R bearing diagnosis of G2 P1L1 / Previous NVD / 32 weeks 2 day with cervical stitch in situ agree to remove my cervical stitch in view of failed tocolysis.	
	My attenders and I have been explained that I will be monitored for spontaneous progression of labour and that I may deliver prematurely we also understand that due to preterm delivery, baby may need NICU care.	
	We hereby give our full informed consent for the same.	
	K. Anj x Mrs Sivakami	
	x T. Anand Ayyanar Thangaraj	for  164288 Dr. Durga Arun



(5)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/20 3:45 Am	S/B Dr. Jabima ↓ ASP; cervical stitch removed into.	
CTG - Reactive	P/V: Lx 2cm long. OS 2cm dilated Bag of membranes ⊕ Vx - 3	
Bedside USG SCUG cephalic APL - 7 to 8cm		C/O/w Dr. Divya Arun Advice - CTG STAT - w/F progression - Inform SOS - NPO - IVF @ maintenance
23/6/20 4:52 Am		C/O/w Dr. Divya Arun 164288
CTG - Reactive		30 / 20 sec / 10 min Advice - NPO, IVF. - Hourly FHR - Reassess at 7AM. - If ↑ contractions → part CTG. - Inform SOS.

164288 30

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/26		S/B <u>Dr. Fahima / Dr. Dinyalakshmi</u>
		pt. c/o pushing sensation
5:30 Am	p/v: Cx fully effaced. OS fully dilated. membranes (-)	
	Spontaneous rupture of membranes Vx at +1 station.	
		<u>Advice</u>
		- Shift to LDR.
		- position for delivery.
		- Inform NICU
23/06/26		
	NORMAL VAGINAL DELIVERY WITH RIGHT MEDIOLATERAL EPISIOTOMY	
5:48 Am		
		C/B - Dr. Dinya Arun
		A/B - Dr. Fahima / Dr. Dinyalakshmi
	↓ ASP, pt. ↓ lithotomy, perineum painted and draped. Local anaesthesia infiltration given. Patient encouraged to bear down.	

[Signature]
164238

*2 loops of cord
around neck*



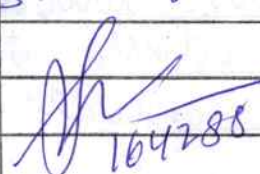
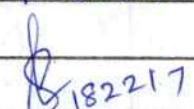
6



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>At crowning, AME given to deliver an alive BOY baby who cried immediately after birth. Two loops of cord around the neck gently released. Cord clamped and cut and baby handed over to pediatrician. Placenta and membranes delivered intact. Episiotomy inspected and sutured in layers using rapid vicryl. Hemostasis secured.</p>	
	<p>p/a - uterus firm and contracted well. p/v - No undue bleeding pv. p/r - Rectal mucosa and sphincter tone Normal.</p>	
	<p>B / Alive BOY baby A / 23.06.2026 at 5:48 AM B / 1.77 kg Y /</p>	
		<p>Advice</p> <ul style="list-style-type: none"> - Normal diet. - plenty of oral fluids. - monitor vitals - follow drug chart
	<p>Baby NICU</p>	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<ul style="list-style-type: none"> - Ij: MAGNEX. ERIC 1.5gm IV BD - Ij: PAN, Ij: PARACETAMOL IV, - SYP. DUPHALAC 15ml HS. - Dried breastfeeding. - W/F undue bleeding pv. - Measure and inform 1st void - Inform SES. 	
		 164288
23/06/2026	C/S/B Dr. Pavithra/Dr. Shreedan	
8:30 AM		
PND-0	PT reviewed, Nil clo	<u>Advice</u>
	OLE PT GIC fair, Afebrile	- Normal diet
T-(N)	P°/PE°	- Plenty of oral fluids.
PR- 84/min	CVS	- vitals monitoring
BP- 110/70mmHg	RS/NAD	- Follow drug chart
	P/A- ut well contracted	- W/F ↑ Bleeding pv
BLI- Breast soft	Soft	- Measure & Inform 1st void
Baby- NICU	L/E- No undue bleeding PV	- Inform (SES)
	Epi wound intact	
	 182217	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/06/2026	C/S/B Dr. Pavithra / Dr. Shreedevi	
10:30 AM		
	Pt reviewed, Nil clo	Advice
PND - 0	Pt voided - 100ml	- Normal diet
	O/E Pt GC fair, Afebrile	- Plenty of oral fluids
T - (N)	P° / PE°	- vitals monitoring
PR - 92/min	Cvs |	- follow drug chart
BP - 110/70 mmHg	RS | NAD	- W/F ↑ Bleeding PV
	P/A - ut well contracted	- Inform (sas)
BL - Breast soft	Soft	
Baby - NICU	4E - No undue bleeding PV	
	Epi wound Intact	
		<u>Shift to ward</u>
23/6/26: 6:15 PM	S/B Dr. Abhitha / Dr. Shreedevi	
	Pt reviewed.	
	no sp. complaints.	
	voiding freely.	
	passed stools	Plan:
BP 110/66 mmHg	O/E: afebrile	- monitor vitals
PR 86 bpm	GC fair	- soft solid diet
SPO2 99% @ RA	P° / PE°	- ambulate
Temp (N)	P/A: uterus well soft	- plenty of fluids
	BS ⊕	- D/S tomorrow
	L/E: BUNL	- Remove IV line tomorrow.

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26	SIB Dr. Vinitra	
9pm	Pt reviewed; No G ₀	
	O/E: GC fair; Afebrile	
RP: 110/60	PIA: Ut contracted well	
PR: 86/min	Soft;	
SpO ₂ : 98% RA	YE: BWNL	Adv:
	Epi wound intact	Follow same orders
		Soft diet, Plenty of fluids
		Remove IV line tomorrow
V. JEP 12113		W/F ↑ Bleeding Plv
		Enjoin SOS
24/6/2026	C/S/B Dr. Parithra / Dr. Shreedevi	
9AM	Pt reviewed, Nil c/o	
PND-1		Advice
E/N	O/E Pt GC fair, Afebrile	- (N) Diet
BP-110/70	P° | PE°	- Plenty of orals
PR- 80/min	CVS |	- Vitals monitoring
Baby new	RS | NAD	- Follow drug chart.
Packed stools	PIA- ut well contracted	- Process Discharge
	YE- BWNL	
	Epi wound intact.	
	182217	



1

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						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Shreederi *[Signature]*

Date & Time: 21/6/26

Nurse Name & Signature: S. Pooja *[Signature]*

Date & Time: 21/6/26 at 1.50pm

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2

MEDICATION RECONCILIATION FORM

Drug Allergies: NIP 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: 412 Shifted to: LDR

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
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10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time : 21/6/2020 at

Nurse Name & Signature: NISHA / NIP (012501)

Date & Time : 21/6/20 at 6:30 PM

GUC:00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 7 D (F)
 Dr. DIVIYA ARUN



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: A12 Shifted to: LDR

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
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* C- Continue, DC - Discontinue

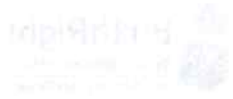
MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature :

Date & Time :

Nurse Name & Signature: C. Sathya

Date & Time : 23/6/26 @ 2.5 AM



PROGRESS REPORT

Page No. _____

Name of the Candidate _____

Roll No. _____

Name of the Institution _____

Address of the Institution _____

Date _____

Sl. No.	Name of the Candidate	Roll No.	Name of the Institution	Address of the Institution	Date
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EDUCATION HISTORY OF THE CANDIDATE _____

EDUCATIONAL INSTITUTIONS VISITED _____

Signature of the Candidate _____

Date _____

Place _____

Signature of the Head of the Institution _____

GUC-00092885

IP18-00036124

Mrs SIVAKAMI K

15-03-1994

32 Y 3 M 7 D

(F)

Dr. DIVIYA ARUN



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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: MIUShifted to: LITB Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	C. FLORITA LL	1 Cap	PO	BD	22/6/26 8 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. MYMICAL	1 Tab	PO	OD	22/6/26 at 8 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. HEMFER MAX	1 Tab	PO	OD	21/6/26 at 8 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	CAP. SUSTEM	200mg	PO	OD	21/6/26 at 8 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. LIMCEE	1 Tab	PO	OD	21/6/26 at 5 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INJ. MAGNEX FORTE	1.5g	IV	BD	22/6/26 at 8 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	ARG-9 SACHET	1 SACHET	PO	OD	21/6/26 at 4 PM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	T. NIPEDIPINE	10mg	PO	TDS	22/6/26 at 11.45 AM	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Simoeden  182217Date & Time: 22/6/26Nurse Name & Signature: S.N. Suresh  at 5 PMDate & Time: 22/6/26 at 12.45 PM

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

GUC-00092885
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 7 D (F)
 Dr. DIVIYA ARUN

IP18-00036124



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: J.P.R. Shifted to: 4/2

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. MAGNEX FORTE	1.5g	IV	BD	23/6/26 @ 8 am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. PANTOPRAZOLE	40mg	IV	BD	23/6/26 @ 8 am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. PARACETAMOL	1g	IV	TDS	23/6/26 @ 8 am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	SYP. DUPHALAC	15ml	PO	HS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
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8						<input type="checkbox"/> C <input type="checkbox"/> DC
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10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Sreedevi

Date & Time: 23/06/2026

Nurse Name & Signature: S. Parameeswari

Date & Time: 23/6/26 @ 10.30 am

DATE	DESCRIPTION	AMOUNT	BALANCE
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10/31

MEDICATION - ...
 TOTAL ...
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DRUG CHART

Date of Admission: 21/6/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES
 (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature
VERIFIED BY : Name

GUC-00092885

IP18-00036124

Mrs SIVAKAMI K

15-03-1994

32 Y 3 M 6 D (F)

Dr. DIVYA ARUN



Weight 63 Ward LDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
21/6/26	2:40pm	INJ. CEFOTAXIM	0.1ml	Id	[Signature]	SP DS
21/6/26	2:20AM	T. NIFEDIPINE	20mg	PO	[Signature]	SP DS
21/6	11AM	INJ. BETNESOL	12mg	IM	[Signature]	TJ SA
21/6/26	7AM	T. NIFEDIPINE	10mg	PO	[Signature]	SP DS
21/6/26	8:10 AM	INJ. MAGINEX FORTE	0.1ml	Id	[Signature]	TJ SA
21/6/26	2:30 pm	T. MYMICAL	1 tab	PO	[Signature]	PS MA LB.
22/6/26	2 pm	SYP. DUPHALAC	15ml	PO	[Signature]	MA LB.
23/6	8:30 AM	T. MISOPROSTOL	600mg	PR	[Signature]	SP DS
23/6	6:30 AM	JUSTIN SUPPOSITORY	100mg	PR	[Signature]	SP DS

Signature
VERIFIED BY: Name



Sheet No:

REGULAR PRESCRIPTIONS

Weight 63 Ward LDR

DRUG : T. NIFEDIPINE				Date Time	21/6
Dose	Route	Frequency	Start Dt.	8Am	
10mg	PO	1-0-1	21/6/2024		
Name & Signature of the Doctor Starting the Drugs:				4pm	Stop
Additional Instructions:				10pm	
Daily Doctor's Endorsement by a Sign					

DRUG : TAB. SUSTEN				Date Time	21/6 23/6
Dose	Route	Frequency	Start Dt.	8pm	
200mg	PO	0-0-1	21/6/26	20 05	23/6 05
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : T. LIMCEE				Date Time	21/6 23/6
Dose	Route	Frequency	Start Dt.	5pm	
1 Tab	PO	0-0-1-0	21/6/26	SP MA VB	
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
x 2 weeks					
Daily Doctor's Endorsement by a Sign					

DRUG : INJ. MAGNEX FORTE				Date Time	21/6 21/6 23/6 21/6
Dose	Route	Frequency	Start Dt.	8pm	
1.5g	IV	1-0-1	21/6/24	SP SA MD	VB VB
Name & Signature of the Doctor Starting the Drugs:					Stop
Additional Instructions:				8pm 05 20 05 20 05	
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name Signature



Sheet No:

REGULAR PRESCRIPTIONS

Weight 6.3 kg Ward LD

DRUG : ARG - 9 SACHET				Date-Time	21/6
Dose	Route	Frequency	Start Dt.		
1 sachet	PO	0-0-1-0	21/6	12pm	
Name & Signature of the Doctor Starting the Drugs:				6pm	
<p>WAE 121113</p>				12pm	
Additional Instructions:				6pm	
Daily Doctor's Endorsement by a Sign					

DRUG : ARG - 9 SACHET				Date-Time	21/6 21/6 22/6
Dose	Route	Frequency	Start Dt.		
1 sachet	PO	0-0-1-0	21/6		
Name & Signature of the Doctor Starting the Drugs:				4pm	
<p>WAE 121113</p>				MA VB	
Additional Instructions:					
in 100 ml water					
Daily Doctor's Endorsement by a Sign					

DRUG : T. NIFEDIPINE				Date-Time	22/6 22/6
Dose	Route	Frequency	Start Dt.		
10mg	PO	1-1-1	22/6/26	10am	
Name & Signature of the Doctor Starting the Drugs:				6pm	
<p>MS 2217</p>				MA VB	
Additional Instructions:					
check BP before every dose & inform.				12pm	
Daily Doctor's Endorsement by a Sign					

DRUG : Ii. PANTOPRAZOLE				Date-Time	23/6 24/6
Dose	Route	Frequency	Start Dt.		
40mg	IV	1-0-1	23/6	8am	
Name & Signature of the Doctor Starting the Drugs:					
<p>MS 164285</p>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name Signature

Mrs. Sivakami



Sheet No:

REGULAR PRESCRIPTIONS

Weight 63kg Ward

DRUG : <u>Ij. PARACETAMOL</u>				Date-Time	<u>23/6/2016</u>
Dose	Route	Frequency	Start Dt.		
<u>1g</u>	<u>IV</u>	<u>1-1-1</u>	<u>23/6</u>	<u>12am</u>	<u>12pm</u>
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>164288</u>				<u>8am</u>	<u>5pm</u>
				<u>4pm</u>	<u>stop</u>
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG <u>Syr. DUPHAC</u>				Date-Time	
Dose	Route	Frequency	Start Dt.		
<u>15ml</u>	<u>PO</u>	<u>0-0-1</u>	<u>23/6</u>	<u>9pm</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>164288</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG <u>PRONE D</u>				Date-Time	<u>24/6</u>
Dose	Route	Frequency	Start Dt.		
<u>200mg</u>	<u>PO</u>	<u>1-0-1</u>	<u>24/6/2016</u>	<u>8am</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>182217</u>					
				<u>8pm</u>	
Additional Instructions:					
<u>(7) days</u>					
Daily Doctor's Endorsement by a Sign					
DRUG <u>Tab. PAN</u>				Date-Time	<u>24/6</u>
Dose	Route	Frequency	Start Dt.		
<u>400mg</u>	<u>PO</u>	<u>1-0-1</u>	<u>24/6/2016</u>	<u>7am</u>	
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> <u>182217</u>					
				<u>7pm</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Signature
VERIFIED BY: Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. PARACETAMOL				Date- Time																	
Dose	Route	Frequency	Start Dt.	8am																	
1g	PO	1-1-1	24/6/20																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date- Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date- Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG :				Date- Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

Signature
Name



Early Warning Observation Score Chart - Obstetrics

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

		Date																											
		21/6/20																											
		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																					0	0	0	0	0	0		
	21 - 30																												
	11 - 20																												
	0 - 10																												
Saturations	94 - 100 %																												
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37																												
	36																												
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
	50																												
	40																												
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
	60																												
50																													
Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
90																													
80																													
70																													
60																													
50																													
40																													
NEURO RESPONSE [✓]	Alert																												
	Voice																												
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30																												
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal																												
	Heavy / Foul																												
Liquor	Clear / Pink																												
	Green																												
TOTAL YELLOW SCORES																													
TOTAL ORANGE SCORES																													
Nurse Initial																													

On admission

10 10 10 10 10 10
 100 100 99 98 99 100
 100 100 100 100 100 100
 98 98 98 98 98 98
 120 110 112 116 114 120
 70 70 68 66 65 74
 7 7 7 7 7 7

21/06/2026

FHR - 144b/m

4AM - FHR: 150 - 160b/m

5AM - FHR: 148 - 152b/m

6AM - FHR: 146 - 155b/m

7AM - CTG

10AM - 140b/m

12PM - CTG

GUC-00092865 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 6 D (F)
 Dr. DIVIYA ARUN



2



Monitoring Observation Score Chart - Obstetrics

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

		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 - 20																									
	11 - 20	18				20				16				18				19				19				
	0 - 10																									
Saturations	94 - 100 %	100				99				95				99				99				99				
	< 94 %																									
Administered O ₂ (L/min.)		0A				0A				0A				0A				0A				0A				
Temp °C	40																									
	39																									
	38																									
	37																									
	36	36				36				36				36				36				36				
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120	130				104				120				104				114				114				
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	110				110				99				104				104				93				
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80	80				80				85				80				80				78				
70																										
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert	✓				✓				✓				✓				✓				✓				
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓				✓				✓				✓				✓				✓				
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	-				-				-				-				-				-				
	Heavy / Foul																									
Liquor	Clear / Pink	-				-				-				-				-				-				
	Green																									
TOTAL YELLOW SCORES		0				0				0				0				0				0				
TOTAL ORANGE SCORES		1				1				1				1				1				1				
Nurse Initial																										

DATE	TIME	FHR
21/6/26	2pm	144/mf

4pm - 142 - 154 b/mf

6pm - 145 - 156/mf

8pm - 134 - 138/wf

11pm - 140 - 142/wf

22/6/26	2AM	- 136 - 137/wf
---------	-----	----------------

6AM - CTG

9AM - 130bt/m

11AM - CTG

11.45 pm - 144 - 156 b/mf

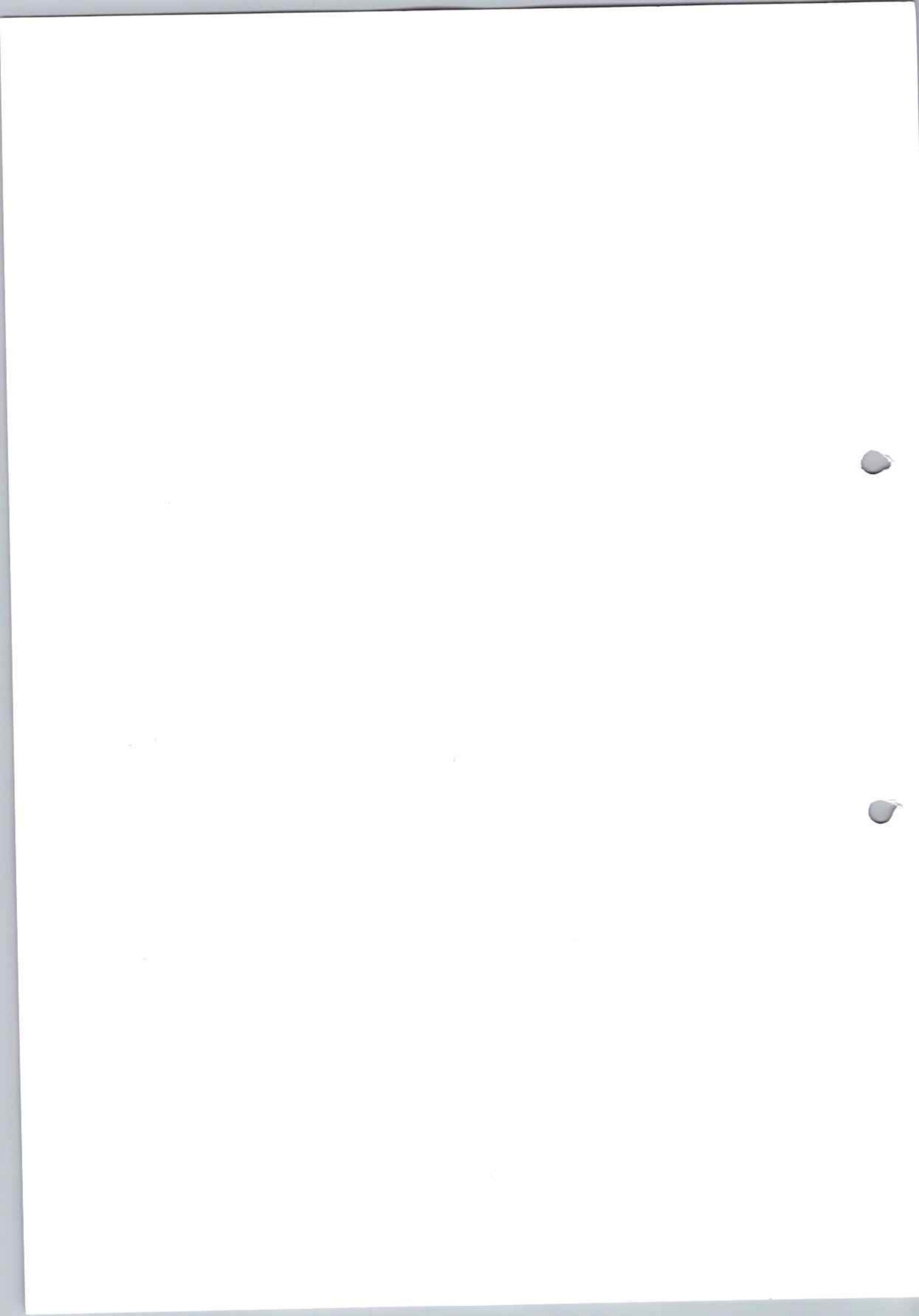


2

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	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
40																											
↑ Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
↓ Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
NEURO RESPONSE [✓]	Alert																										
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											



GUC-00092865 IP18-00036124
 Mrs SIVAKAMI K 32 Y 3 M 6 D (F)
 15-03-1994
 Dr. DIVIYA ARUN



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :			Total Output :										
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :			Total Output :										
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :			Total Output :										
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :			Total Output :										
Total Intake : 550ml			Total Output : 450ml										
Total 24 hrs. Intake			Total 24 hrs. Output										
550ml			450ml										



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	NG	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
<u>21/6/16</u>													
	08:00 am	H ₂ O	150	2ml	N.G								
	09:00 am	H ₂ O	100	2ml					60	0			flu
	10:00 am	H ₂ O	150	2ml					30	0			flu
	11:00 am	Water	100	2ml					75	0			flu
	12:00 pm	H ₂ O	100	2ml					250ml	0			flu
	01:00 pm	H ₂ O	150	2ml					250ml	0			flu
Total Intake :			760ml			Total Output : 950ml							
	02:00 pm	Water	150ml	2ml					250ml	0			SP
	03:00 pm	Water	150ml	2ml					250ml	0			SP
	04:00 pm	Water	200ml	2ml					200ml	0			SP
	05:00 pm	Juice	200ml	2ml					250ml	0			SP
	06:00 pm	Water	150ml	2ml					250ml	0			SP
	07:00 pm	Water	100ml	2ml					250ml	0			SP
Total Intake :			950ml + 12ml			Total Output : 1450ml							
	08:00 pm	H ₂ O	100ml	2ml					200ml	0			NY
	09:00 pm	H ₂ O	100ml	2ml					250ml	0			NY
	10:00 pm	H ₂ O	100ml	2ml					150	0			NY
	11:00 pm	Milk	100ml	2ml					100	0			NY
	12:00 am	H ₂ O	100ml	2ml					150ml	0			NY
	01:00 am	H ₂ O	100ml	2ml					100ml	0			NY
Total Intake :			462ml			Total Output : 950ml							
	02:00 am	H ₂ O	100ml	2ml					100ml	0			NY
	03:00 am	H ₂ O	100ml	2ml					200ml	0			NY
	04:00 am			2ml					170ml	0			NY
	05:00 am	H ₂ O	100ml	2ml					200ml	0			NY
	06:00 am			2ml					250ml	0			NY
	07:00 am	H ₂ O	100ml	2ml					200	0			NY
Total Intake :			262ml			Total Output : 1170ml							
Total 24 hrs. Intake			2426ml			Total 24 hrs. Output			4152ml				



FLUID CHART

Sheet No. : 2

22/6/26

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am	H ₂ O	150ml	2ml						250ml	0	Full
	09:00 am	H ₂ O	100							250ml	0	Full
	10:00 am	H ₂ O	150							250	0	Full
	11:00 am	Juice	100							250	0	Full
	12:00 pm	H ₂ O	100							200	0	Full
	01:00 pm	H ₂ O	100ml							250ml	0	Full
Total Intake :			700ml + 2ml			Total Output :					1500ml	
	02:00 pm	water	200ml							250ml	0	gh
	03:00 pm	lemon juice	200ml							280ml	0	gh
	04:00 pm	water	150ml							250ml	0	gh
	05:00 pm	lemon juice	200ml							300ml	0	gh
	06:00 pm	water	200ml							250ml	0	gh
	07:00 pm	water	100ml							300ml	0	gh
Total Intake :			1050ml			Total Output :					1630ml	
	08:00 pm	water	200ml							350ml	0	ng
	09:00 pm	water	250ml							200ml	0	ng
	10:00 pm	water	250ml							200ml	0	ng
	11:00 pm	water	200ml							150ml	0	ng
	12:00 am	water	250ml							200ml	0	ng
	01:00 am	water	200ml							250ml	0	ng
Total Intake :			1350ml			Total Output :					1450ml	
	02:00 am	H ₂ O	100ml	RL						150	0	ng
	03:00 am			100ml						150	0	ng
	04:00 am	H ₂ O	100ml	100ml						100	0	ng
	05:00 am									0	0	ng
	06:00 am	H ₂ O	100ml	115						0	0	ng
	07:00 am			120ml						0	0	ng
Total Intake :			875ml			Total Output :					400ml	
Total 24 hrs. Intake			3975ml			Total 24 hrs. Output					41980ml	

Unit 5: The History of the World

Year	Event	Location
1492	Columbus discovers America	North America
1498	Dias reaches India	India
1500	Magellan circumnavigates the globe	Spain
1517	First printing press in England	England
1543	Copernicus publishes 'De Revolutionibus'	Poland
1545	First Council of Trent	Italy
1564	Shakespeare born	England
1588	Spanish Armada defeated	Spain
1603	James VI and I becomes King of England	England
1609	First voyage to the Americas by Christopher Columbus	North America
1620	Pilgrims arrive in North America	North America
1642	Execution by guillotine begins	France
1649	Execution of Charles I	England
1687	Newton publishes 'Philosophiæ Naturalis Principia Mathematica'	England
1701	First English colony in North America	North America
1703	First English colony in Australia	Australia
1776	Declaration of Independence	USA
1789	French Revolution begins	France
1801	First English colony in Africa	Africa
1848	First English colony in Asia	Asia
1859	Darwin publishes 'On the Origin of Species'	England
1871	First English colony in South America	South America
1884	First English colony in Africa	Africa
1895	First English colony in Asia	Asia
1901	First English colony in Africa	Africa
1914	First English colony in Asia	Asia
1917	First English colony in Africa	Africa
1919	First English colony in Asia	Asia
1921	First English colony in Africa	Africa
1923	First English colony in Asia	Asia
1925	First English colony in Africa	Africa
1927	First English colony in Asia	Asia
1929	First English colony in Africa	Africa
1931	First English colony in Asia	Asia
1933	First English colony in Africa	Africa
1935	First English colony in Asia	Asia
1937	First English colony in Africa	Africa
1939	First English colony in Asia	Asia
1941	First English colony in Africa	Africa
1943	First English colony in Asia	Asia
1945	First English colony in Africa	Africa
1947	First English colony in Asia	Asia
1949	First English colony in Africa	Africa
1951	First English colony in Asia	Asia
1953	First English colony in Africa	Africa
1955	First English colony in Asia	Asia
1957	First English colony in Africa	Africa
1959	First English colony in Asia	Asia
1961	First English colony in Africa	Africa
1963	First English colony in Asia	Asia
1965	First English colony in Africa	Africa
1967	First English colony in Asia	Asia
1969	First English colony in Africa	Africa
1971	First English colony in Asia	Asia
1973	First English colony in Africa	Africa
1975	First English colony in Asia	Asia
1977	First English colony in Africa	Africa
1979	First English colony in Asia	Asia
1981	First English colony in Africa	Africa
1983	First English colony in Asia	Asia
1985	First English colony in Africa	Africa
1987	First English colony in Asia	Asia
1989	First English colony in Africa	Africa
1991	First English colony in Asia	Asia
1993	First English colony in Africa	Africa
1995	First English colony in Asia	Asia
1997	First English colony in Africa	Africa
1999	First English colony in Asia	Asia

Unit 6: The History of the World

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Unit 7: The History of the World

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Unit 8: The History of the World

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FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
23/6/20													
	08:00 am	H ₂ O	100 ml	125 ml							0		
	09:00 am	H ₂ O	150 ml	125 ml							0	M	
	10:00 am	H ₂ O	100 ml	125 ml							0	u	
	11:00 am	water	100 ml						200 ml		0	u	
	12:00 pm	water	100 ml						470 ml		0	u	
	01:00 pm	juice	200 ml						200 ml		0	u	
Total Intake :			750 ml + 375 ml			Total Output :						1170 ml	
	02:00 pm	water	100 ml								0	ne	
	03:00 pm										0	ne	
	04:00 pm	water	200 ml							200 ml	0	ne	
	05:00 pm										0	ne	
	06:00 pm	water	150 ml							200 ml	0	ne	
	07:00 pm										0	ne	
Total Intake :			450 ml			Total Output :						800 ml	
	08:00 pm										0	ne	
	09:00 pm	water	200 ml								0	ne	
	10:00 pm	milk	150 ml							200 ml	0	ne	
	11:00 pm	water	200 ml								0	ne	
	12:00 am										0	ne	
	01:00 am	water	200 ml							200 ml	0	ne	
Total Intake :			650 ml			Total Output :						480 ml	
	02:00 am	water	200 ml								0	ne	
	03:00 am										0	ne	
	04:00 am	water	200 ml							300 ml	0	ne	
	05:00 am										0	ne	
	06:00 am	water	100 ml								0	ne	
	07:00 am	water	100 ml								0	ne	
Total Intake :			600 ml			Total Output :						650 ml	
Total 24 hrs. Intake		2,825											
Total 24 hrs. Output		3,100 ml											



(1)



NURSING SHIFT HAND OVER FORM

SITUATION		Diagnosis: <u>G2P1L1 | PND / 32 wks / ? preterm</u> <u>low pain</u>						
SITUATION		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND		Surgery / Procedure: <u>-</u>						
BACKGROUND	Date	Post OP Day:						
	Shift	21/6/26 night	21/6/26 morning	21/6/26 E	21/6/26 N	22/6/26 M	22/6/26 evening	
ASSESSMENT	Medical Condition (Any special condition to be noted):							
	Diet:	<u>N diet</u>	<u>N diet</u>	<u>Normal diet</u>	<u>Normal diet</u>	<u>Normal diet</u>	<u>Normal diet</u>	
	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>NA</u>	<u>NA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp: <u>98F</u>	Temp: <u>98F</u>	Temp: <u>98.4F</u>	Temp: <u>98.5F</u>	Temp: <u>98F</u>	Temp: <u>98F</u>	
	Res:	<u>18</u>	<u>18</u>	<u>20/nt</u>	<u>24/nt</u>	<u>20/nt</u>	<u>20/nt</u>	
	SpO2:	<u>100%</u>	<u>100%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>	<u>98%</u>	
	Pulse:	<u>130</u>	<u>130</u>	<u>115/nt</u>	<u>100/nt</u>	<u>99%</u>	<u>98%</u>	
	BP:	<u>100/70</u>	<u>110/70</u>	<u>110/66</u>	<u>100/60</u>	<u>100/60</u>	<u>110/60</u>	
LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>		
Fall Risk Score:	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>	<u>30</u>		
Pain Score:	<u>1/10</u>	<u>1/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Skin Integrity:	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>	<u>normal</u>		
Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Physiotherapy:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Special Diet:	<u>N diet</u>	<u>N diet</u>	<u>Normal diet</u>	<u>Normal diet</u>	<u>Normal diet</u>	<u>Normal diet</u>		
Critical Lab Test / Values:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>		
Post Operative Procedure Special Orders:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>		
Handed Over By Name :	<u>Pooja</u>	<u>S. Shalini</u>	<u>S. Shalini</u>	<u>Shreya</u>	<u>S. Shalini</u>	<u>Angel</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>21/6/26</u>	<u>21/6/26</u>	<u>21/6/26</u>	<u>21/6/26</u>	<u>22/6/26</u>	<u>22/6/26</u>		
Time:	<u>8pm</u>	<u>1:30pm</u>	<u>7:30pm</u>	<u>8pm</u>	<u>7:30pm</u>	<u>7:30pm</u>		
Taken Over By Name :	<u>Shreya</u>	<u>S. Shalini</u>	<u>Shreya</u>	<u>Shreya</u>	<u>Angel</u>	<u>NISHA</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>21/6/26</u>	<u>21/6/26</u>	<u>21/6/26</u>	<u>22/6/26</u>	<u>22/6/26</u>	<u>22/6/26</u>		
Time:	<u>8:30am</u>	<u>1:30pm</u>	<u>8pm</u>	<u>7:30pm</u>	<u>1:30pm</u>	<u>7:30pm</u>		

Time	1	2	3	4	5	6	7	8	9	10	11	12
Date:	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10
Signature / ID:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Time:	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00
Date:	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10
Signature / ID:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Handed Over By Name:	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]	[Name]
Post Operative Procedures / Special Orders:												
DL (Dependent / Non Dependent):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IV Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
IV Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Special Orders / Medications:												
Chemical Lab Test / Values:												
Special Diet:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Other Specialty:												
Physiotherapy:												
Catheter Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Skin Integrity:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pain Score:	0	0	0	0	0	0	0	0	0	0	0	0
Fall Risk Score:	0	0	0	0	0	0	0	0	0	0	0	0
LOC:	0	0	0	0	0	0	0	0	0	0	0	0
Bp:	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80	120/80
Pulse:	70	70	70	70	70	70	70	70	70	70	70	70
SpO2:	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Temp:	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5
Alcal Status:	7.35	7.35	7.35	7.35	7.35	7.35	7.35	7.35	7.35	7.35	7.35	7.35
Urea/Creatinine:	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1	0.5/0.1
Ventilation (PA / P / MV / VENT):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Altered:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Diet:												
Medical Condition (Any special condition to be noted):												
Date:	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10	11/11/10
Signature / Name:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Signature / Name:	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
Post Operative Procedures / Special Orders:												

NURSING SHIFT HAND OVER FORM



GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K 32 Y 3 M 6 D (F)
 15-03-1994
 Dr. DIVIYA ARUN



NURSING CARE RECORD



Date: 21/6/20

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night		Achieve acceptable pain control by 6pm		Assess pain level - provide diversional therapy provide comfortable position	Reduced pain	Reassessment is done	pop S/HA

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 6 D (F)
 Dr. DIVYA ARUN



NURSING CARE RECORD



Date: 21/6/2026

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8Am	* Achieve acceptable pain control and comfort		Assess pain using pain scale regularly, position patient comfortably provide non pharmacological measures.	Vitals stable	Reassessment done	Shamul 010725
Afternoon	2pm	Prevent falls and injury	2:30 pm	→ Keep bed in low position with side rails up → Ensure call bell is within reach. → Assist during ambulation	Ensure safety	Reassessment was done	Shalini 010722
Night	8pm	Achieve acceptable pain control and comfort.	3:30 8pm	→ Assess pain using pain scale regularly. → Position patient comfortably. → Provide non pharmacological measures.	Patient vital signs stable.	Reassessment done.	Shamul 010725

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 7 D (F)
 Dr. DIVIYA ARUN



NURSING CARE RECORD



Date: 22/6/26

- 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	8:30 AM	Reduce Risk of Hospital acquired infection & achieve acceptable pain and control	8 AM	- Assess pain using pain scale - Administer analgesic - Position patient comfortably.	Reduced pain and discomfort to some extent	Reassessment Done	Jeeva 61620
Afternoon	1:30 PM	Maintain good Nutritional Status.		Maintain hand hygiene and handwashing technique Maintain vital signs and I/O chart Administer IV medication	Encourage oral intake	Reassessment was done Vital are stable	Devi 01896
Night	7:30 PM	maintain fluid volume		Encourage oral fluids maintain I/O chart	maintained fluid volume	Reassessment Done	Devi 60726

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 8 D (F)
 Dr. DIVYA ARUN



NURSING CARE RECORD

Date: 23/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning		Achieve acceptable pain control & comfort	8:30 am	Assess pain using pain scale Position patient comfortably	patient feel better	patient pain level reduced	<i>[Signature]</i> 01892
Afternoon	1:30 pm	maintain fluid balance		Maintain hand hygiene maintain vital signs and flow chart Administer IV medication	Improved fluid volume	Reassessment was done Vital all stable	<i>[Signature]</i> 01892
Night	7:30 pm	TO maintain good nutrition.	8pm	→ IO check the general condition. → IO maintain IV → IO take plants & oral fluids & protein rich diet.	maintained good nutrition	Reassessment was done.	<i>[Signature]</i> 01892



①

NURSES NOTES

No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		On admission notes	
21/03/20	2 AM	pt Mrs. Sivakami 34/F. she is Gravida 1 / Para 0 / 32 wks / LCB - 4 yrs / ? preterm pain / ex stitch insitu (scler) done at 13 wks. pt came to clo lower abdomen pain. pt vitals signs checked & normal. CTR connected FHR ⊕. Informed to Dr. Pavithra / Dr. Shreedevi soon. The pt history collected. Advice to send CBC, to give T. Nifedipine 20mg. Taxim order carried out. IV placement done at 126 wayson built flow ⊕. CBC sample collected sent to lab.	Pool / H / Dr
	2.20 AM	T. Nifedipine 20mg oral given as per doctor order.	ST / Pool / Dr
	2.40 AM	CTR disconnected. Dr. cefotaxime 1w test dose TD given as per doctor order.	ST / Pool / Dr
	3 AM	pt have no clo allergy, itching Dr. Taxim 1gm IV given as per doctor order.	ST / Pool / Dr

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



]

NURSES NOTES



- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/20	3.30AM	Dr - paritha / Dr - shroodani advice to shift ward. follow drug chart. BP only for after FHR only for 4 hrs then 2nd hourly order received and.	
	3.40AM	pt shifted to ward ces per doctor order. pt care hand over given to 1st floor staff. n. Balagol at 11AM.	20019 20019
21/6/26		Receiving Notes	20019 20019
	3.40AM	The Patient received from LDR to A12. The child details handing over taken from LDR staff. Patient is conscious and oriented Patient is on room air Iv line present Fv lie Pattern.	
	4AM	vital signs are checked and recorded. vital signs are stable.	
	6PM	patient complains of abdominal pain. Informed Dr. paritha she advised shifted to LDR. patient. patient details handing over given to LDR staff. FHR and vital are stable	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES



No Known Drug Allergies

Drug Allergies

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/26	6:40am	pt received notes pt received from 4 th floor to HR. pt care hand over taken from 4 th floor staff. pt conscious & oriented. on line Day pattern. pt taken morning duty care.	[Signature]
	7am	pt vital signs checked & recorded. Dr. Parvina advise to give 7. Nifedipine long act and order carried out. 7. Nifedipine long act given as per doctor order. Encourage to take adequate oral fluid.	[Signature]
	7:30am	OT connected as per doctor order HR Dr. Divya Arun seen for pt. Plan for 12mg/24 at 8am loading order carried out. pt care hand over given to morning duty staff.	[Signature]
	8:30am	patient condition taken over morning duty staff nurse, patient conscious oriented. Ir-ine pattern. patient vital signs checked and records, patient ICU done, vitals stable	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/20	8:30 AM	Monitored vitals and Recorded. Maintained Flo. CTO on connect. FHR Monitored. Patient General condition fair. Zey. Magnex Forte 0.1ml/20 given as per doctor order	Srinivas 01/6/20
	8:39 AM	Zey. Magnesium sulphate 8ml + 2ml distilled water connected over 30 min loading dose as per doctor order. Patient does not have any allergic reaction after Zey. Magnex Forte test dose. Zey. Magnex Forte 1.5g IV given as per doctor order.	Srinivas 01/6/20
	9 AM	Catheterization done by Dr. Sridevi (GFR Foley with locc deodor connected at 8:30 AM. FHR Monitored. CTO disconnected. Zey. MgSO4 2ml/hr Maintenance dose connected as per doctor order. Watching contractions. No any other complaints. Urine output Monitored.	Srinivas 01/6/20
	10 AM	CTO connected. FHR Monitored. Maintained Flo. watching	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



3

NURSES NOTES

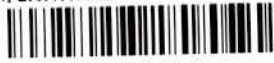


No known drug allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/06/20		Contractions. Pain assessment Done. No any other complaints	S. Srinivasulu 01/06/20
	11AM	Pain. Betasol 2mg IM given as per doctor. RBS Monitored 166mg/dl. Informed to Dr. Vinita. Dr. Nagesh Kumar connected.	
	12PM	No any other activity. Monitored vitals and recorded. Maintained D/o. Dr. Nagesh Kumar on connected. CTG on connect.	S. Srinivasulu 01/06/20
	1pm	FHR Monitoring. No any other complaints. Monitored vitals and recorded. Maintained D/o. Patient General condition fair.	S. Srinivasulu 01/06/20
	1.30pm	Dr. Nagesh Kumar on connected. No any other complaints. Vitals Monitored. Patient General condition fair.	S. Srinivasulu 01/06/20
		Pain assessment Done. Patient Care Handing over given to Evening duty staff	S. Srinivasulu 01/06/20
	130pm	Evening Duty on 21/06/2020 Report Received From Morning Duty Staff to Evening Duty Staff Patient conscious & oriented	S. Srinivasulu 01/06/20

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/06/26		Continuous 21/06/26	
	2pm	In line patient, No swelling vital sign checked & Recorded FHR is checked 144 b/m	
		CBD present, urine ^{clear} drained well.	Shalini 21/06/26
		patient had Normal diet	
	3pm	Inj Magnesium Sulphate 2ml in ml flow	
	4pm	CBD (+) urine drained well. vital sign checked & Recorded	
		vital sign are stable	S. Shalini 21/06/26
		ARH - 9 sachet 1 sachet + 100ml pb given	
		The chart maintain.	
	4 ²⁰ pm	CTH connected. FHR is good No contraction, patient general condition is fair	Shalini 21/06/26
	5 ⁰⁰ pm	S/B. DR. Vinita mam. she advice CTH Disconnected	Shalini 21/06/26
	5 ²⁰ pm	Tab. lime 1 tab pb given.	
	6pm	FHR is checked 145-158 b/m	
	6 ⁴⁰ pm	S/B. DR. Diviya Arun she advice Continuous same treatment. The chart maintain	
		Continuous vital sign, Inj Magnesium Sulphate Tm	Shalini 21/06/26
	7pm	patient vital sign are stable	
	7 ³⁰ pm	patient handing over given to Night Duty Staff	Shalini 21/06/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

4

NURSES NOTES

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
21/6/26	7:30 AM	<p>⇒ NIGHT Duty</p> <p>Patient report hand over Patient from evening duty (staff) She is conscious and oriented afebrile taking orally w/ tolerating well. C/O loose stools by admission.</p>	
	8pm	<p>⇒ Patient vital signs stable. General condition fair. T_{ax} 38.2, RR 20, SpO₂ 98% on flow to loose pattern, sup. Flows 1°/lo, sub. Hemifed max 1°/lo, sup. Busted 200 T°/lo, T_{ax} 38.2, T_{ax} 38.2 given as per drug order</p>	→ 21/6/26
	9pm	<p>⇒ C/O connected suction HR good. Fetal Movement good. Patient vital signs stable.</p>	→ 21/6/26
	9:30 PM	<p>⇒ C/O disconnected suction HR good. Fetal movement fair by her</p>	→ 21/6/26
	11pm	<p>⇒ Patient alert mild. Patient vital signs stable. General condition fair</p>	→ 21/6/26
	12 AM	<p>⇒ B/B Dr. Vinita near. Advice to Chew contraction 10 mins + contraction 5 section 1st to Dr. Vinita near</p>	→ 21/6/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
10/26/20 10/26/20	1AM	⇒ Patient slept well during Abguc Ty mgsoy 2ml/ly on flow, CBO wires drained clear by advocate	→ Aley/01/17/20
	30 1AM	⇒ CBO connected rechecked HR good, fetal movement good. Patient slept well. No other complaints	→ Aley/01/17/20
	2AM	⇒ CBO disconnected rechecked HR good, fetal movement. Feet by heat.	→ Aley/01/17/20
	3AM	⇒ HR good, fetal movement good, feet by heat.	→ Aley/01/17/20
	4AM	⇒ Patient vital signs checked and rechecked. General condition fair	→ Aley/01/17/20
	5AM	⇒ Patient - took a sponge bath by brushing. Patient vital signs stable. General condition fair	→ Aley/01/17/20
	6AM	⇒ CBO connected rechecked HR good. Fetal movement. Feet by heat.	→ Aley/01/17/20
	7AM	⇒ CBO disconnected rechecked HR good. Fetal movement good, ty mgsoy 2ml/ly on flow.	→ Aley/01/17/20
	8AM		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES



- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/20	10:00 AM	→ Patient report hand over to nursery duty staff	STN Jay 01/1/20
		<u>Morning Duty (22/6/20)</u>	
	7:30 AM	patient care handover taken from night duty staff. Monitored vitals and Recorded. Maintained Plo. Patient conscious and oriented. IV cannula observed, Pain assessment Done. watching contractions. 2ml 2mg Sulth on connected	STN Jay 06/20
	8 AM	Monitored vitals and Recorded. Maintained Plo. Patient conscious and oriented. Pain assessment. No any other complaints. Administered medicines as per drug chart. 2ml 2mg Sulth on connected	STN Jay 06/20
	9 AM	Monitored vitals and Recorded. Maintained Plo. 2ml 2mg Sulth stopped. 24 hrs 2mg Sulth maintenance dose completed. Patient General condition fair	STN Jay 06/20
	10 AM	Monitored vitals and Recorded. Maintained Plo. Administered medicines as per drug chart	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

 No Known Drug Allergies

 Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
22/6/26	11 AM	Monitored vitals and Recorded. Maintained Flo. watching contractions. No any other complaints. CTG connected. FHR Monitored	J. S. N. T. 016720
	11.59 AM	Dr. Dhanya Arun mam assess the patient. advised to give T. Nifedipine long Flo. as per doctor order. No any other complaints. advised to give Syp. Dyphalac doctor order carried out	J. S. N. T. 016720
	12 pm	Monitored vitals and Recorded. Maintained Flo. watching contractions. advised to shift the patient to ward. doctor's order carried out	J. S. N. T. 016720
	12.15 pm	patient shifted from MDEU to 4th Floor. Patient care handling over given to 4th Floor staff	J. S. N. T. 016720
	12.55 pm	Receiving Notes on 22/6/26 the patient received from Dr. The patient is conscious and oriented. CBD ⊕ ECG in pattern and good	J. S. N. T. 016720

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



6

NURSES NOTES



- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
		continue (22/6/26)							
	1pm	vitals are checked and recorded temp is normal	Am 018950						
		<table border="1" style="display: inline-table;"> <tr> <td>PP</td> <td>++</td> </tr> <tr> <td>CP</td> <td>++</td> </tr> <tr> <td>URT</td> <td>CR</td> </tr> </table>	PP	++	CP	++	URT	CR	
PP	++								
CP	++								
URT	CR								
	1:20pm	Administer the medication as per orders							
		No chart is maintained No complaints of pain							
	1:30pm	The patient details handover given to evening duty staff. → Evening duty on: 22/6/26	Am 018950						
	1:30pm	Ob patient details hand over. Taken morning duty staff patient is conscious & oriented	Am 018950						
	2pm	patient Rx capula pattern - patient normal diet taken -							
	4pm	vital sign's checked and recorded vital are stable. Due to medication was given as per doctor's order -	Am 018950						
	6pm	No any complaint's - BP checked informed to. mam advise 4. Nifedipine 10mg given as per doctor's order -	Am 018950						

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

No Known Drug Allergies

Drug Allergies No!

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE						
22/6/26		→ continue 22/6/26 No chart Maintained — Obi patient motion passed — No any complaint's —	dy 00890						
	1:30pm	patient details hand Over given to night duty staff — ← 22/6/26 ON Night duty →	dy 00890						
22/6	7:30pm	The patient details handing over taken from evening duty to night duty. The patient is conscious and oriented. Iv line present. no pain, no swelling.	nir 00890						
	8pm	Iv line pattern. patient on CBD. vital signs are checked and recorded. vital are stable.	nir 00890						
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>P</td> <td>PP</td> <td>PPT</td> </tr> <tr> <td>+</td> <td>+</td> <td>+</td> </tr> </table>	P	PP	PPT	+	+	+	
P	PP	PPT							
+	+	+							
	10pm	patient on CBD. urine clear and adequate. urine done well. Patient is open well.	nir/00890						
23/6/26	12am	vital signs are checked and recorded. vitals are stable. FHR checked and recorded. T. Nitroprusside 10mg given as per Doctors order. Plv bleeding Present informed to Dr. Divya Lakshmi	Dasi 6021						

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



⑦

NURSES NOTES



- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/66	12.30 AM	The Patient condition seen by Dr. Fathima nam advised to give T. Nifedipin 10mg po oral.	<i>[Signature]</i>
	1.10 AM	T. Nifedipin 10mg po given as per doctors order.	<i>[Signature]</i>
	2 AM	Patient has complaints of continuous pain informal to Dr. Divyalakshmi nam advised to shift the patient from 4th floor to LDR.	<i>[Signature]</i>
	2.25 AM	Patient shifted from 4th floor to LDR	<i>[Signature]</i>
	2.25 AM	Receiving Notes. Patient Receiving 4th floor. Staff and SDR patient patient on connecting by sai lakshmi patient Connecy and oriented. Worenel condition fair patient PHR ⊕	<i>[Signature]</i>
	3 AM	patient on going PHR ⊕ 140 b/m patient Connecy and oriented Worenel condition fair	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Patient Sticker

NURSES NOTES

No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	8.10AM	STB DR. Faahimee advises OTN disconnecting FHR ⊕ 144b/m patient stop order. Come out patient placed axillary axillary stitch Roman, Pen 1DR ⊕	[Signature]
	8.45 AM	patient checked vital signs vital are stable. A, ssp axillary stitch removed into. stitch removed checked FHR ⊕ 148b/m	[Signature]
	4.10 AM	patient OTN connecting FHR ⊕ 150b/m patient conscious and oriented and vital condition	[Signature]
	4.30 AM	STB DR. Faahimee advises patient was NPO order, come out patient explain to NIK for oral NO drum water return to patient	[Signature]
	5AM	STB DR. Divya Laksh. advises OTN stop order. The FHR monitoring. patient OTN disconnecting ⇒ Patient Leung Pashui Concession, PI shift to next	[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



(8)

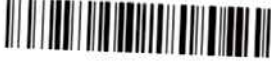


NURSES NOTES

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26		→ LABOUR ONLY ←	
	5:48 AM	<p>Patient Shift to Labour room</p> <p>Patient having lithotomy position under aseptic technique. Perineal washing by chlorhex. RMSE cut. Good maternal efforts. A single alive Normal vaginal delivery delivered, male baby alive, baby cry immediately cord clamped cut.</p> <p>1st Syntocin 10ml for give.</p> <p>2nd Syntocin 20ml add 10PL</p> <p>Over 19mmHg in flow, uterus contracted well. Pt bleedings Normal, 100 RMSE after done used Uterine 2777-2, done up.</p> <p>Dr. Fisher new. Tab. miso 600mg PR give, Justin Suppater PR give. Patient vital signs stable. General condition fair</p> <p>B: 23/6/26 at 5:48 AM</p> <p>A: Boy</p> <p>B: 1.7761kg.</p> <p>G:</p>	
	6 AM	<p>→ Patient vital signs checked by recorded, General condition fair</p>	→ 10/11/26
	7 AM	<p>B: Breast shift ongoing</p>	→ 10/11/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
<u>Cont</u>		U: utus firm contracted well.	
		B: Breast areola Present	
		B: Patient in com verbal touch	
		L: Lashes reflex Present no evidence of face grimace.	
		H: Respiration current appropriate.	
		H: Heart rate regular	
		E: Patient emotional	
		Stable good	→ 12/10/17
	7:30 AM	→ Patient report hand over to morning duty staff	12/10/17
23/06/16	7:40am	Morning duty Notes: Patient details handed over taken from night duty staff. patient consciously oriented. vitals are checked & recorded. patient had normal diet. pv bleeding normal. patient not voided.	12/10/17
	8:30 am	post partum assessment done. B ⇒ Breast soft. No breast engorgement U ⇒ Uterus contracted. pv bleeding normal B ⇒ Patient not voided	12/10/17

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



9

NURSES NOTES

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
23/6/26	continue	B → Bowel movements present L → Lochia rubra present. NO evidence of foul smelling T → REEDA assessment done H → Homans sign negative E → patient emotional status good.	s/n paraman 016808
	9.30AM	patient vitals are stable. PV bleeding normal. encourage orals.	
	9.50 am	patient voided 200ml. Informed to Dr. Sreedevi patient maintains self voiding Baby NICU	s/n paraman 016808
	10.30 am	Dr. pavithra saw the patient advised to continue medication checked vitals, vitals are stable, patient shift to ward	s/n paraman 016808
	10.40 am	patient shifted to ward patient details, files handed over given to 4th floor staff → Receiving notes ←	s/n paraman 016808
23/6/26	10.40am	Pt moved from LDR to 4th floor Pt details handover taken from CDR duty s/n. Pt was conscious & oriented in all spheres Date. Pt had normal diet	s/n paraman 016808

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

No Known Drug Allergies

Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		→ continue notes ←	
<i>23/6/26</i>	<i>11am.</i>	<i>pt sleeping well. No any fresh complaints</i>	
	<i>12pm</i>	<i>vitals are checked & stable vitals are stable maintaining I/O chart</i>	<i>[Signature]</i>
	<i>1:30pm</i>	<i>pt details handing over again to the evening duty s/n. → evening duty on: 23/6/26 ←</i>	<i>[Signature]</i>
	<i>1:30pm</i>	<i>patient details hand over taken from morning duty staff patient is conscious & oriented patient IV cannula patent -</i>	<i>[Signature]</i> <i>018900.</i>
	<i>2pm</i>	<i>patient in normal diet patient mobilization ^{done} given.</i>	
	<i>3pm</i>	<i>B - Breast soft NO breast engorgement C - Uterus contracted IV bleeding normal. B → patient self voided. B → Bowel movement present. L → lochia rubra present NO evidence of foul smelling E - REEDA assessment done. H → Romann's sign negative E → patient emotional status good</i>	<i>[Signature]</i> <i>018900.</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/6/20 Time of Arrival: 2 AM Time Seen by Nurse: 2:10 AM

- 1) Level of Consciousness: Conscious Semi-Conscious Unconscious
- 2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)
- Severe Pain / Moderate Pain
 - Bleeding PV: Slight / Heavy
 - Decreased Fetal Movement
 - No Fetal Movement
 - Preterm rupture of Membranes / Leaking Water PV
 - Preterm Labor/ Labor
 - Spontaneous Rupture of Membrane / Leaking Water PV
 - Other Reason:
- 3) Vital Signs: Temperature: 98.8 Pulse: 130 RR: 18 SpO₂: 100 BP: 120/70 Weight: 63
- 4) Gestational Criteria:

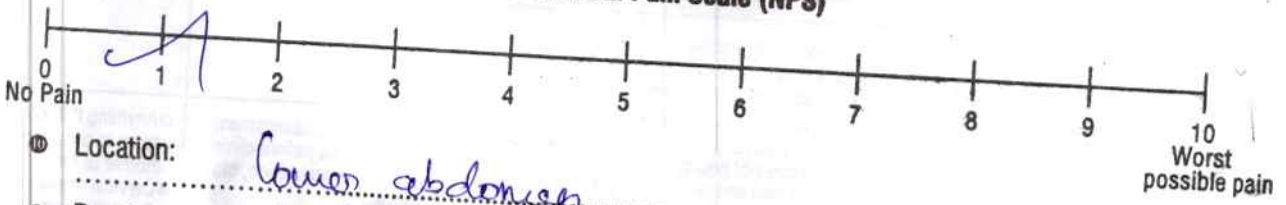
Gravida:	G <u>2</u>	P	<u>1</u>	L	<u>1</u>	A
----------	------------	---	----------	---	----------	---

LMP: 3/11/25 EDD: 10/8/26 Gestational Age: 32 w 4 d

Uterine Contraction	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset <u>21/6/20</u>	Time	Frequency: <u>1 in 10 mins</u>
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening:

Numerical Pain Scale (NPS)



- ① Location: Lower abdomen
- ① Duration: 10 sec Days / Weeks/ Months (Strike out which is not applicable)
- ① Character:
- ① Frequency: 1 in 10 mins
- ① Interventions: comfortable position

6) Past History:

- a) Surgeries: cervical encircled at 19 wks
- 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	<ul style="list-style-type: none"> ● Acute onsite severe abdominal pain ● Altered level of consciousness ● Cord prolapse ● Severe respiratory distress ● Suspected sepsis 	<ul style="list-style-type: none"> ● Major trauma ● Shortness of breath ● Unplanned and unattended birth 	<ul style="list-style-type: none"> ● Abdominal/back pain greater than expected in pregnancy ● Flank pain / hematuria ● Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> ● 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) 	<ul style="list-style-type: none"> ● 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: 2:10 AM

Nurse Name : S. Proja

Nurse Signature: *[Signature]*

Date: 2/16/20 Time: 2:15 AM

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 6 D (F)
 Dr. DIVIYA ARUN



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	21/6/26	21/6/26	21/6/26	Fall Risk Grading		
		Score	20	20	20	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0						
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10	0	0	0			
	Normal /On Bed Rest /Immobile	0						
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20 30	20	20			
		Signature	[Signature]	[Signature]	[Signature]			

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

ಮೈತ್ರಿ ಹಿರಿಯರ ಸೇವಾ ಕಾರ್ಯಕ್ರಮದ ಅರ್ಜಿ

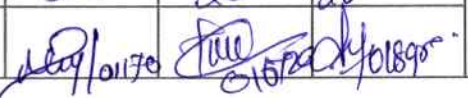
ಹೆಸರು: _____
 ವಯಸ್ಸು: _____
 ಠಾಣಾ: _____
 ತಾಲ್ಲೂಕು: _____
 ಜಿಲ್ಲೆ: _____



ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____
 ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____
 ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____
 ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____
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 ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____
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 ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____
 ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____
 ಇದೇ ಮನೆಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ವಾಸಿಸುತ್ತಿರುವುದಿಲ್ಲ. _____

GUC-00092885
 Mrs SIVAKAMI K IP18-00036124
 15-03-1994
 Dr. DIVYA ARUN 32 Y 3 M 7 D (F)

Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	21/6/20	M	6-	Fall Risk Grading		
		Score				Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20	Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0					
GAIT / Transferring	Impaired	20				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Weak (uses touch for balance)	10	0					
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			30	20	20			
		Signature						

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

ПРОФ. НАВИГАЦИЯ И ИИ В БИЗНЕСЕ

Имя: Алина

№18

18

18

1. Анализ рынка

2. Анализ конкурентов

3. Анализ потребителей

4. Анализ ресурсов

5. Анализ рисков

1. Анализ рынка

2. Анализ конкурентов

3. Анализ потребителей

4. Анализ ресурсов

5. Анализ рисков

Анализ рынка

№	Имя	Фамилия	Группа
1	Иван	Иванов	18
2	Петр	Петров	18
3	Александр	Александров	18
4	Сергей	Сергеев	18
5	Дмитрий	Дмитриев	18
6	Андрей	Андреев	18
7	Кирилл	Кириллов	18
8	Игорь	Игорьев	18
9	Владимир	Владимиров	18
10	Алексей	Алексеев	18

№	Имя	Фамилия	Группа
1	Иван	Иванов	18
2	Петр	Петров	18
3	Александр	Александров	18
4	Сергей	Сергеев	18
5	Дмитрий	Дмитриев	18
6	Андрей	Андреев	18
7	Кирилл	Кириллов	18
8	Игорь	Игорьев	18
9	Владимир	Владимиров	18
10	Алексей	Алексеев	18

GUC:-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-13-1994 32 Y 3 M 7 D (F)
 Dr. DIVIYA ARUN



Morse Fall Risk Assessment Form

Choose Highest Applicable Score from each Category		Date / Time	N	M	Q	Fall Risk Grading		
		Score	22/6/26	23/6/26	23/6/28	Risk Level	Morse Fall Score (MFS)	Action
History of Falling (immediately or w/in 3 months)	Yes	25				Low Risk	0 - 24	Standard Fall Precaution
	No	0	0	0	0			
Secondary Diagnosis (more than one diagnosis)	Yes	15				Moderate Risk	25 - 50	Implement Moderate Fall Prevention Intervention
	No	0	0	0	0			
Ambulatory Aid	Furniture	30				High Risk	≥ 51	Implement High Risk Fall Prevention Intervention
	Crutches, Cane(S), Walker	15						
	None /Bed Rest /Nurse Assist	0	0	0	0			
IV / Heparin Lock or Saline	Yes	20	20	20	20			
	No	0						
GAIT / Transferring	Impaired	20						
	Weak (uses touch for balance)	10						
	Normal /On Bed Rest /Immobile	0	0	0	0			
Mental Status	Forgets limitations	15						
	Oriented to own ability	0	0	0	0			
Total Morse Fall Scale Score:			20	20	20			
Signature			<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>			

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

Handwritten title or subject name in the center of the page.

Handwritten notes on the left side of the page, possibly describing a concept or providing an example.



Sl. No.	Name	Grade	Roll No.	Signature
1				
2				
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9				
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GUC-00092885
Mrs SIVAKAMI K
15-03-1994
Dr. DIVIYA ARUN

IP18-00036124
32 Y 3 M 6 D (F)



BRADEN 'Q' SCALE

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

①

					Date:	2/16	2/16	2/16	2/16
					Time:	2AM	8AM	E	W
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
'Activity The degree of physical activity'	1. Bedfast : Confined to bed	2. Chairfast : Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.*	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation, OR, limited ability to feel pain over most of the body surface.	2. Very limited: Responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICION-SHEAR Friction Occurs when Skin moves against support surfaces Shear Occurs when skin and adjacent bony surface slide across one another	1. Significant problem: Spasticity, contracture, itching, or agitation leads to almost constant thrashing and friction.	2. Problem: Requires moderate to maximum assistance in moving. Complete lifting without sliding against sheets is impossible. Frequently slides down in bed or chair, requiring frequent repositioning with maximum assistance.	3. Potential problem: Moves freely or requires minimum assistance. During a move, skin probably slides to some extent against sheets, chair, restraints, or other devices. Maintains relative good position in chair or bed most of the time but occasionally slides down.	4. No apparent problem: Able to completely lift patient during position change, moves in bed and in chair independently and has sufficient muscle strength to life up completely during move. Maintains good position in bed or chair at all times.*		4	4	4	4
Nutritional Usual food intake pattern	1. Very Poor: NPO/or maintained on clear liquids, or IVs for more than 5 days OR albumin < 2.5 mg/dl OR never eats a complete meal. Rarely eats more than half of any food offered. Protein intake includes only 2 servings or meat or dairy products per day. Takes fluids poorly. Does not take a liquid dietary supplement.	2. Inadequate: Is on liquid diet or tube feedings/TPN, which provides inadequate calories and minerals for age OR albumin < 3 mg/dl OR rarely eats a complete meal and generally eats only about half of any food offered. Protein intake includes only 3 servings of meat or dairy products per day. Occasionally will take a dietary supplement.	3. Adequate: Is on tube feedings or TPN, which provide adequate calories and minerals for age OR eats over half of most meals. Eats a total of 4 servings of protein (meat, dairy products) each day. Occasionally will refuse a meal, but will usually take a supplement if offered.	4. Excellent: Is on a normal diet providing adequate calories for age. For example, eats most of every meal. Never refuses a meal. Usually eats a total of 4 or more servings of meat and dairy products. Occasionally eats between meals. Does not require supplementation.		4	4	4	4
Tissue Perfusion & Oxygenation	1. Extremely compromised: Hypotensive (MAP < 50 mm Hg; < 40 in a newborn) or the patient does not physiologically tolerate position changes.	2. Compromised: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be > 2 seconds; serum pH is < 7.40.	3. Adequate: Normotensive oxygen saturation may be < 95%; hemoglobin may be < 10 mg/dl; capillary refill may be 2 seconds; serum pH is normal.	4. Excellent: Normotensive, oxygen saturation > 95%; normal hgb; capillary refill < 2 seconds.		4	4	4	4
TOTAL SCORE						27	27	27	27
Evaluator's Name						[Signature]	[Signature]	[Signature]	[Signature]

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	<ul style="list-style-type: none"> ⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ 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	<ul style="list-style-type: none"> ⑩ Use the Same Protocol as for "At Risk" Patients ⑩ 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	<ul style="list-style-type: none"> ⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ 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	<ul style="list-style-type: none"> ⑩ Use same protocol as for "High Risk" Patients ⑩ Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	High density foam mattress Gel pads for high-risk areas Alternating pressure mattress overlay

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 7 D (F)
 Dr. DIVIYA ARUN



BRADEN 'Q' SCALE



					Date:	22/6/16	28/6	29/6/16	23/6
					Time:	M	E	N	M
Mobility	1. Completely immobile: Does not make even slight changes in body or extremity position without assistance.	2. Very limited: Makes occasional slight changes in body or extremity position but unable to completely turn self independently.	3. Slightly limited: Makes frequent through slight changes in body or extremity position independently.	4. No limitations: Makes major and frequent changes in position without assistance.		4	4	4	4
'Activity The degree of physical activity'	1. Bedfast: Confined to bed	2. Chairfast: Ability to walk severely limited or non-existent. Cannot bear own weight and/or must be assisted into chair or wheelchair.	3. Walks occasionally: Walks occasionally during day, but for very short distances, with or without assistance. Spends majority of each shift in bed or chair.	4. All patients too young to ambulate; OR walks frequently: Walks outside the room at least twice a day and inside room at least once every 2 hours during walking hours.		3	3	3	3
Sensory Perception	1. Completely limited: Unresponsive (does not moan, flinch or grasp) to painful stimuli due to diminished level of consciousness or sedation. OR, limited ability to feel pain over most of the body surface.	2. Very limited: responds to only painful stimuli, cannot communicate discomfort except by moaning or restlessness; OR, has sensory impairment that limits the ability to feel pain or discomfort over half of body.	3. Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or need to be turned; OR, has some sensory impairment that limits ability to feel pain, or discomfort in one or two extremities.	4. No impairment: Responds to verbal commands. Has no sensory deficit that would limit ability to feel or communicate pain or discomfort.		4	4	4	4
Moisture Degree to which skin is exposed to moisture	1. Constantly moist: Skin is kept moist almost constantly by perspiration, urine, drainage, etc. Dampness is detected every time patient is moved or turned.	2. Very moist: Skin is often, but not always, moist. Linen must be changed at least every 8 hours.	3. Occasionally moist: Skin is occasionally moist, requiring linen change every 12 hours.	4. Rarely moist: Skin is usually dry, routine diaper changes; linen only requires changing every 24 hours.		4	4	4	4
FRICION-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	9	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 meat and dairy products. Occasionally eats between meals. Does not require supplementation.		3	3	3	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						26	26	26	27
Evaluator's Name						<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>

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

BRADEN SCALE

Risk Score	Category	Action	Support Surfaces <small>(Please Note: Only required for children who are deemed at risk due to altered mobility, consider occupation therapy referral for advice)</small>
15-18	At Risk	<ul style="list-style-type: none"> ⑩ Regular Turning Schedule ⑩ Enable as much activity as possible ⑩ Protect the heels ⑩ Use pressure redistribution surfaces ⑩ Manage moisture, friction and shear ⑩ Advance to a higher level of risk if other major risk factors are present 	<p>High density foam mattress</p> <p>Gel pads for high-risk areas</p> <p>Alternating pressure mattress overlay</p>
13-14	Moderate Risk	<ul style="list-style-type: none"> ⑩ Use the Same Protocol as for "At Risk" Patients ⑩ Position patient at 30 degree lateral incline using foam wedges 	<p>High density foam mattress</p> <p>Gel pads for high-risk areas</p> <p>Alternating pressure mattress overlay</p>
10-12	High Risk	<ul style="list-style-type: none"> ⑩ Follow the same protocol as for "Moderate Risk" Patients ⑩ In addition to regular turning schedule ⑩ Make small shifts in their position frequently 	<p>High density foam mattress</p> <p>Gel pads for high-risk areas</p> <p>Alternating pressure mattress overlay</p>
Less than 9	Severe Risk	<ul style="list-style-type: none"> ⑩ Use same protocol as for "High Risk" Patients ⑩ Add a pressure redistribution surface for patients with severe pain or with additional risk factors. 	<p>High density foam mattress</p> <p>Gel pads for high-risk areas</p> <p>Alternating pressure mattress overlay</p>



PAIN ASSESSMENT FORM

Date	Time	Pain Score (0/10)	Location	Duration	Acuity	Character	Modifying Factors	Patient / Family Educated	Intervention	Sign
21/6/26	3 AM	0/10	Nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	nil	Shalini 01672
21/6/26	8 AM	1/10	Lower abdomen	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pharmacological therapy	Shalini 01672
21/6/26	12 PM	1/10	Abdomen	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	comfortable position	Shalini 01672
21/6/26	2 PM	0/10	Nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No pain	Shalini 014072
21/6/26	6 PM	0/10	Nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No pain	Shalini 014072
21/6/26	8 PM	0/10	Nil	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	No pain	Shalini 014072
22/6/26	12 PM	1/10	Lower Abdominal pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient low Fuley Position	Shalini 01672
22/6/26	4 PM	1/10	Lower back pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Position changed	Shalini 01672
22/6/26	6 AM	1/10	Lower Abdominal pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input checked="" type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	breast feeding exercise	Shalini 01672
22/6/26	8 AM	1/10	Lower Abdominal pain	<input type="checkbox"/> Continuous <input checked="" type="checkbox"/> Intermittent	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic	<input type="checkbox"/> Sharp <input checked="" type="checkbox"/> Dull <input type="checkbox"/> Aching <input type="checkbox"/> Burning	<input type="checkbox"/> Increasing <input checked="" type="checkbox"/> Decreasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	comfortable position	Shalini 01672

Re-assessment Frequency:

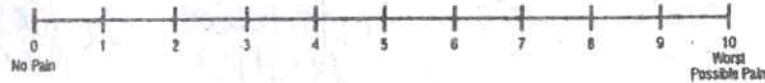
- Every eight hours for all hospitalized patients.
- For post-surgical patients, patients with chronic pain, patient with severe pain:
 - At least every 2 hours for the first 24 hours
 - Then every 4 hours.
 - Prior to pain pain-relieving intervention.
 - Within 30 - 60 minutes after pain relief intervention.

PAIN ASSESSMENT TOOLS

FACC 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, rigid, or Jerking
Cry	No Cry (Awake or asleep)	Moans or whimpers occasional complaint	Crying steadily, screams or sobs, frequent complaints
Consolability	Cont. it, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort

Numerical Pain Scale (Obstetric and Gynecology)



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, SaO₂	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

Wong - Baker (Pediatrics) Above 7 Years



GUC-00092885
 Mrs SIVAKAMI K
 15-03-1994
 Dr. DIVIYA ARUN
 IP18-00036124
 32 Y 3 M 6 D (F)



RISK ASSESSMENT TOOL FOR DEEP VEIN THROMBOSIS

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

Date: 21/6/20

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



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

Part - I.

Patient's / Learner Language: family Patient / Learner Literacy: Read Write Speak

Willingness to Learn: Yes No

Healthcare Literacy: Yes No

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
21/6/26	3AM	Yes	Educate about fall risk safety needs (put side rails)	Patient	No learning barriers	oral	none	Yes	Good	Doc on
22/6/26	8AM	Yes	Educate about fall risk safety (needs put side rails)	PT	No Learning Barriers	oral	none	Yes	good	Abaka 01800
23/6/26	8am	Yes	Educate about safety needs	Patient	none	oral	none	Yes	good	01800

Part - III: CODES

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

Learning Barriers:

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

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

Mechanism/s to overcome barrier/s:

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

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

INTERDISCIPLINARY ELEMENTARY EDUCATION RECORD



NAME	DATE OF BIRTH	SEX	RACE	RELIGION	ADDRESS	CITY	STATE	ZIP	TELEPHONE	EDUCATIONAL LEVEL	EDUCATIONAL INSTITUTION	EDUCATIONAL LEVEL	EDUCATIONAL INSTITUTION	EDUCATIONAL LEVEL	EDUCATIONAL INSTITUTION	EDUCATIONAL LEVEL	EDUCATIONAL INSTITUTION	EDUCATIONAL LEVEL	EDUCATIONAL INSTITUTION
John Doe	10/15/1985	M	W	Catholic	123 Main St	Ann Arbor	MI	48106	734-555-1234	Elementary	St. Ann's School	Elementary	St. Ann's School	Elementary	St. Ann's School	Elementary	St. Ann's School	Elementary	St. Ann's School
Jane Smith	03/22/1988	F	W	Protestant	456 Oak Ave	Ann Arbor	MI	48106	734-555-5678	Elementary	St. Ann's School	Elementary	St. Ann's School	Elementary	St. Ann's School	Elementary	St. Ann's School	Elementary	St. Ann's School

Handwritten notes in the right margin of the form, including the name 'John Doe' and other illegible text.

Signature: [Handwritten Signature]

Date: [Handwritten Date]

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K 32 Y 3 M 6 D (F)
 15-03-1994
 Dr. DIVIYA ARUN

BREAST FEEDING HANDOVER AND ASSESSMENT FORM

1. Breastfeeding initiated?
 a. Yes b. No

2. If No, Reason

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

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

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



Feeding Positions:
 Cross Cradle



Feeding Positions:
 Football / Clutch

6. Was the position explained:

- a. Yes
- b. No

7. For Caesarian mothers:

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

8. NICU admission:

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

9. Additional notes: *Baby new*

Continuity of Care:

Date:

Baby new.

Handover given by *S. Nwatu*

Handover taken by

Signature *[Signature]* 10/1/26

Signature

Date & Time: *23/6/26*

Date & Time:

1



PATIENT TRANSFER FORM

GUC-00092885 IP18-00036124
Mrs SIVAKAMI K
15-03-1994 32 Y 3 M 6 D (F)
Dr. DIVIYA ARUN



Attending Consultant Name

Dr. Diviya Arun

Date & Time of Admission
21/6/26 at

Date & Time of Transfer Order
21/6/26 at 3.40 AM

Transfer Ordered by

Dr. Pawitan

Reason for Transfer

pt care

From Unit

UPR

To Unit

412

Information to Attendant

Yes No

Number of Sheets in Clinical File

pt no file

Number of Imaging Films

01 (1)

Personal belongings including clinical documents. If any handed over to attendant

Yes No

If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	↑ Nitroglycerin cony	8
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Pawitan

Name & Signature of Person who is Transferring

S. Poorna Prasad

Name of Person Ordered Transfer

Dr. Pawitan

Patient & Clinical Records Received by :

NSP/012001. 21/6/26 at 3.45 AM

Date & Time of Patient Received :

21/6/26 at 3.45 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

Patient Name: <i>Mr. J. Smith</i> Room No.: <i>101</i>	
From Unit: <i>ICU</i>	To Unit: <i>Med-Surg</i>
Number of Sheets: <i>10</i>	Date of Transfer: <i>10/25/01</i>
Time of Day: <i>10:00 AM</i>	Signature of Receiving Nurse: <i>[Signature]</i>
Signature of Sending Nurse: <i>[Signature]</i>	Signature of Transporter: <i>[Signature]</i>
Name of Transporter: <i>John Doe</i>	Shipping Number: <i>101-101-101</i>
Patient & Clinic: <i>ICU</i>	Date & Time of Patient Return: <i>10/25/01</i>
If the transfer order, date & time are present in the order, check this box.	If the transfer order, date & time are present in the order, check this box.

2



PATIENT TRANSFER FORM

GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K 32 Y 3 M 6 D (F)
 15-03-1994
 Dr. DIVIYA ARUN



Date & Time of Admission <i>21/6/26 at 2²⁴ AM</i>	Date & Time of Transfer Order <i>21/6/26 at 6³⁰ AM</i>
Treating Consultant Name <i>DR Diviya.</i>	Transfer Ordered by <i>DR. pavithra</i>
Reason for Transfer <i>Further management</i>	
From Unit <i>412</i>	To Unit <i>LDR</i>
Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>File</i>	Number of Imaging Films <i>-</i>
Personal belongings including clinical documents. If any handed over to attendant. Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Inj. cefotaxime</i>	<i>2</i>
2.	<i>10cc</i>	<i>2</i>
3.	<i>Tab. Nitrofurantoin 10mg</i>	<i>5</i>
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Dr. Diviya Arun</i>	Name of Person Ordered Transfer <i>DR. pavithra.</i>
--	---

Patient & Clinical Records Received by : *S. pooja / S. Anitha / Dr. Diviya*

Date & Time of Patient Received : *21/6/26 at 6:40 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

Date of Trip: 12/15/12 Location: [unclear]	Name of Child: [unclear]	Parent/Guardian Name: [unclear]
Reason for Transfer: [unclear]	Date of Transfer: [unclear]	Time of Transfer: [unclear]
Description of Incident: [unclear]	Name of Staff: [unclear]	Signature of Staff: [unclear]
Description of Injury: [unclear]	Name of Parent: [unclear]	Signature of Parent: [unclear]
Description of Treatment: [unclear]	Name of Doctor: [unclear]	Signature of Doctor: [unclear]
Description of Medication: [unclear]	Name of Pharmacist: [unclear]	Signature of Pharmacist: [unclear]
Description of Follow-up: [unclear]	Name of Nurse: [unclear]	Signature of Nurse: [unclear]
Description of Discharge: [unclear]	Name of Discharge Planner: [unclear]	Signature of Discharge Planner: [unclear]
Description of Home Care: [unclear]	Name of Home Care Provider: [unclear]	Signature of Home Care Provider: [unclear]
Description of Insurance: [unclear]	Name of Insurance Provider: [unclear]	Signature of Insurance Provider: [unclear]
Description of Billing: [unclear]	Name of Billing Department: [unclear]	Signature of Billing Department: [unclear]
Description of Other: [unclear]	Name of Other Department: [unclear]	Signature of Other Department: [unclear]

This form is to be completed by the staff member who was present at the time of the incident. It is to be filled out as soon as possible after the incident. The parent/guardian must sign and return this form to the staff member who was present at the time of the incident. The staff member must retain a copy of this form for their records.

PATIENT TRANSFER FORM



GUC-00092885
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 7 D (F)
 Dr. DIVIYA ARUN

IP18-00036124



Date & Time of Admission 21/6/26 at 2.24 AM		Date & Time of Transfer Order 22/6/26 at 12 NSPM
Treating Consultant Name Dr. Diviya Arun	Transfer Ordered by Dr. Akshitha	Reason for Transfer Shifted to ward for further care
From Unit LDR	To Unit 4th Floor	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 22 files	Number of Imaging Films CTG (8)	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	C. FLORIDA 2L	9
2.	T. NYMPICAL	7
3.	C. SUSTEN 200mg	6
4.	T. NIFEDIPINE 10mg	8
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring S/N. Jayashree 21/6/26	Name of Person Ordered Transfer Dr. Akshitha
--	---

Patient & Clinical Records Received by :
 [Signature] 22/6/26

Date & Time of Patient Received :
 [Signature] 21/6/26

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

Transfer to: Transfer from: Transfer to: Transfer from:

Patient Name: _____
 Room No: _____
 Date & Time of Transfer: _____
 Patient's Condition: _____
 Reason for Transfer: _____
 Name & Signature of Transferor: _____
 Name & Signature of Recipient: _____
 Shifting Summary: _____
 1. _____
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PATIENT TRANSFER FORM



GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 7 D (F)
 Dr. DIVIYA ARUN



Date & Time of Admission 22/6/26 @ 2.24 AM		Date & Time of Transfer Order 23/6/26 @ 2.25 AM
Treating Consultant Name Dr. Divya Arun	Transfer Ordered by Dr. Divyalekshmi	Reason for Transfer Further management
From Unit 449	To Unit LDR	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File IP file	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> 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 C. Sasikala 60926	Name of Person Ordered Transfer Dr. Divyalekshmi
--	---

Patient & Clinical Records Received by :
 D. Sobel 21/7/26

Date & Time of Patient Received :
 D. Sobel 23/06/2026 2.25 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
 GUC-00092885 IP18-00036124
 Mrs SIVAKAMI K
 15-03-1994 32 Y 3 M 8 D (F)
 Dr. DIVIYA ARUN

R FORM



Date & Time of Admission <i>21/6/26 @ 2.24 am</i>	Date & Time of Transfer Order <i>23/6/26 @ 10.40 am</i>	
Treating Consultant Name <i>Dr. Divya aareen</i>	Transfer Ordered by <i>Dr. Pavithra</i>	Reason for Transfer <i>Further u/gls</i>
From Unit <i>LDR</i>	To Unit <i>412</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>Casesheet</i>	Number of Imaging Films <i>CTG</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Inj: para</i>	<i>2</i>
2.	<i>Inj: pan</i>	<i>1</i>
3.	<i>Inj: kipnex fasto</i>	<i>1</i>
4.	<i>Under pad</i>	<i>1</i>
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>S. Paramesh 016808</i>	Name of Person Ordered Transfer <i>Dr. pavithra</i>
---	--

Patient & Clinical Records Received by :
Dr. Divya Arun 016808

Date & Time of Patient Received :
23/6/26 @ 10.40 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

Patient Name: [Handwritten Name]	
Room No: [Handwritten Room No]	
Transfer Date: [Handwritten Date]	
Transfer Time: [Handwritten Time]	
Number of Staff: [Handwritten Number]	
Specialist: [Handwritten Specialist Name]	
Referring Summary: [Handwritten Summary]	
Time & Signature of [Handwritten Name]	
Handwritten notes and signatures in the bottom section.	

Handwritten text at the bottom left.

Handwritten text at the bottom center.

Handwritten text at the bottom right.

GUC-00092885 IP18-00036124
Mrs SIVAKAMI K
15-03-1994 32 Y 3 M 8 D (F)
Dr. DIVIYA ARUN



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 22/06/2026 Time:

Origin: Height: 153 cm Weight: 63 kg BMI: ~26 kg/m²
 ~28 kg/m²
 ~30 kg/m²

Food Allergies:

Diagnosis: NORMAL VAGINAL DELIVERY T RMLE

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

Diet Advised:

Liquid Diet - ORS/Coconut Water/Butter Milk/Barley Water/Soups ②

Normal Diet - Rice, Rotis, Dal and Soft Cooked Vegetables and Curd ①

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

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

Patient's / Attendant's

Signature:

Name:

Date & Time:

Dietician's

Signature: A. Sadiga Fozheen (012336)

Name: A. Sadiga Fozheen

Date & Time: 22/06/26 A

