Rainbow®

ANC-00008777
Mrs ANJALI U
23-04-1998
Dr. N SUNITHA

IP28-00004538
28 Y 1 M 18 D (F)

DISCHARGE TRACKING SHEET

R: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	10/6/26 @ 10:15 am			
Activity Sheet updated by Pharmacy	10/6/26 at 10:55 am	10/6/26 at 10:58 am	Priya.	

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RD FOR BILLING

Name: Mrs. Anjali

UHID No: 8777 IP No: 4538 Consultant: Dr. Sunitha Dept: OG

Date of Admission: 9/6/16 Time: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/16	1 PM.	LBR-I	M. floor	

CROSS CONSULTATION VISIT

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

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ENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

Rainbow Children's Hospital - Anna Nagar
Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,Thirmangalam Anna Nagar West ,Chennai ,Tamil Nadu, INDIA ,600040.
TEL NO :044-69289928
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP28-00004538 **Admit Date** : 09-Jun-2026 **Admit Time** : 05:13 AM **UHID** : ANC-00008777

Patient Details :

Patient Name	: Mrs ANJALI U	**Age**	: 28 Y 1 M 17 D
Guardian	: Mr DINESHKUMAR A	**DOB**	: 23-04-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: No.7, Makkal murpoku manram street Red Hills Chennai Tamil Nadu INDIA 600052	**Phone No**	: 8220227119/
		E-mail	: 8220227119@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : LDR 501 **Ward Name** : 5F-PRE/POST

Room No : LDR 501 **Admission Type** : First Visit

Contact Details :

Name : Mr DINESHKUMAR A **Relationship** : Husband

Contact Address : No.7, Makkal murpoku manram street Red Hills Chennai Tamil Nadu INDIA 600052 **Phone No** : 8220227119 / 8220227119

Signature

Doctor Details :

Doctor Name	: Dr. N SUNITHA	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Dr V K Shantha	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

Payor Name : SELFPAY

RAINBOW CHILDREN'S MEDICARE LTD. ANNA NAGAR

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CONSENT FOR VAGINAL BIRTH

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Patient Name : ..... UHID No : 8777

Gender: ☐ Male ☑ Female Date : 9/6/26 Time : .....

I hereby authorized the performance of the following procedure:

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

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

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

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

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

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

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

Name of the Doctor performing the procedure: Dr. Sanitha

Consentee :

Signature : Anjali

Name : ANJALI U

Date & Time : 9/6/26 at 7Am

Witness :

Signature : ~

Name : ~

Date & Time : ~

Patient Attendant :

Signature : ADu

Name : DINESH KUMAR A

Relationship with Patient: Husband

Date & Time : 9/6/26 at 7Am

Doctor (who is taking the consent) :

Signature : R

Name : Dr Raga

Date & Time : 9/6/26 at 11am

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ET FOR OBSTETRICS

Presenting Complaints 27yr old G_2P_1 /Previous NVD/ came with c/o ↑ pains since 12 Am midnight.

Obstetric Formula: G_2P_1 Lo

Obstetric Hostory:
- G_1 - SVD / 37+2 wks / Trisomy 18 (IUD / Severe FGR) / Girl / 1.32kg - B.Wt /

Present Pregnancy Record:
Terminated due to trisomy 18
- G_2 - PP; Spontaneous conception

RISK FACTORS:
- Previous Trisomy 18
- PP - NIPT (low risk)

Height: 158.2 cm
Weight: 70 kg
Allergies: NIL
Breast: ☑ Normal ☐ Abnormal
General Examination: AC fair
Consciousness: Pallor: (-)
Icterus: Edema: (-)
Temp: (N) PR:
BP: 120/76 mmHg DTR:
CVS: RS
Liver/Spleen: Urine Output:

LMP: 7/9/2025 EDD: 14/6/2026
Corrected EDD: GA: 39+2 wks.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term
Ut. Activity: ☐ Relaxed ☐ Mild ☐ Mod ☐ Severe (acting)
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 50% - 60% effaced)
Os: Closed _____ Dilated OS 4-5 cm
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

DIAGNOSIS

G_2P_1 / GA - 39+2 wks / Previous NVD (Trisomy 18) / in labour.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026 8.50am	S/B Dr. Sunitha	
	P/V - well effaced	
	6cm dilated	
	membrane ⊕ - ARM done	
	Clear liquor drained.	
	vertex at -1 station.	
9/6/26 8.15am	S/B Dr. Raaj.	
	Pt reviewed.	
	vitals stable	
	P/A - Uterine term	
	4/40'/10'	
	Cephalic ⊙/L	
	FHS ⊕ - 130bpm	
	P/V - OS fully dilated	
	vertex at -0' station	
		Dr Emergency Charting
		Dr Raaj (PG)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26.		8/B Dr. Pavithra.
		H. Reviewed.
		No specific Complaints.
	Breast - secretions (+)	P/A - uterus Contracted.
		L/E - BWNL
		Adv
		CST
		[signature]
9/6/26 9pm	SMS Delivered	
	H/o Coughing	
	Intas stat	
	Pt Soft	[illegible]
	, [illegible]	[illegible]
	[illegible]	
		[signature]

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

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RESULT SHEET

Date	Blood group – B +ve					
Time						
Hb 18/5	– 11.1 gm/dl					
PCV						
RBC						
WBC					HIV	
N/L					HBsAg	
Platelets					VDRL	– non-reactive
CRP						
ESR						
PCT	HBA1C – 5.1 %					
RBS	LFT – Normal					
Na					17/3/26 –	
K	FBS – 84.2				Urine R/E – WNL	
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine 23/9/25	– TSH – 1.9					
ALP 18/5/26	– 152					
SGPT	– 19					
SGOT	– 15					
T.Bill/Conj	– 0.2					
T.Protein						
S.Albumin 18/5/26	– Serum bile acids – 2					
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR 8/8/25	PT – 14.6	; INR – 1.05				
APTT	aPTT – 26.3					
CSF Protein / Sugar						
Cells						
N/L						

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DRUG CHART

Date of Admission: 9/6/26 Drug Allergies: Nil ☑ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

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

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

SOS / PRN (As Required Medication)

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

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

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

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

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Weight. 70kg Ward. [illegible]

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
~~9/6/26~~	~~7:53 AM~~					[signature]
9/6/26	7.00AM	INJ BUSCOPAN	20mg	IM	[signature]	[signature]
9/6/26	8:45 Am	INJ METHERGINE	0.2mg	[illegible]	[signature]	[signature]
9/6/26	9am	JUSTIN SUPPOSITORY	100mg	P/R	[signature]	[signature]
9/6/26	5pm	Inj Perinorm	10mg	IV	[signature]	[signature]

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NURSING CARE RECORD

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Date: 9/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	2 PM						
Night	4.50PM	Assess The patient condi -tion Assess The Patient pain	4.50PM	To Assess The patient condition Assess The Patient pain	Vitals are Stable	Re-Assess -ment done	prm 67847

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies ....Nil....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
9/6/26		Admission node :-
	4.50AM	The patient admission to
		pain Check vitals Signs
		and CTG Fetal heart Rate
		is good 154 b/m patient
		vitals Stable I am inform
		the Dr. Sharuba Soon by
	5.00AM	The patient IV placement
		RL connected Dr. Sharuba
		Mam PV checking 4 cm
		dilation. patient vitals
		Stable BP-130/90mmHg P-90b/m
9/6/26	5.10AM	Spo2 - 100%. part preparation
		done FHR well 154 b/m
	5.40AM	ENEMA giving The patient
	5.50AM	patient motion pass —— Spoorthy
		UTQ P1 / UTA - 39+2 wks Dr Sunitha 607847
	7.45AM	mam PV done 6cm dilation
	7.50AM	Dr. Sunitha Mam inform the
		Buscopan Injection 2ml giving
9/6/26	7.56AM	The patient Synto giving
		The patient 0.5mg U.25 Mix The
	8.00AM	RL check The patient Vitals
		BP-130/80mmHg P-80b/m Spo2-100%
		patient vital Stables —— Spoorthy 607847

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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(USE BALL POINT PEN ONLY)

☑ No Known Drug Allergies

☐ Drug Allergies N/K

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
9/6/26.		She feeds her baby well. bleeding is
		normal. pad tired. ———
	11 am	vital signs are stable.
		She voided freely (450 ml) informed
		to Raaga.
	12 pm	S/B Dr. Raaga is done. bleeding
		is normal. pad tired. patient shift
		to ward. ———
9/6/26.	1pm	vital signs are stable. BP: 100/70 mmHg
		Pulse: 88 b/m patient shifted to
		ward.
		Receiving notes:
9/6/26	2pm	→ patient received from LDR staff
		PIC Devasitham
		→ patient conscious and oriented
		→ patient done ī normal vaginal
		delivery
		→ patient had normal diet.
		B - Both breast symmetrical
		U - Uterus soft
		B - Bowel sound present
		B - Bladder urine voided
		L - Lochia rubra present

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☐ Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	9pm	duty doctor seen the patient continue same treatment
	10pm	Encouraged oral fluid Health education given as per disease condition
	12AM	vital monitoring and recorded
		B - Both breast are soft
		U - uterus are soft
		B - Bowel sound present
		B - Bladder, urine voided
		L - Lochia rubra present
		E - Episiotomy care given
		H - Homans sign negative
		E - Emotionally stable
	4AM	vital monitoring and recording
	6AM	medication given as per day chart, episiotomy care given.
	7AM	Intake and output monitoring
	8AM	Handing over given to morning duty

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