

RADIOLOGY / SCANS

Date	Service	Signature	Date	Service	Signature
25/5/26	ONLY AFI scan	[Signature]			
11/10 Am	DR. SURESH	[Signature]			
24/5/26	Specialty scan done				
	In opo baatts				

SUPPORT SERVICES

Date	Physiotherapy	Signature	Date	Others Services	Signature

BLOOD BANK

Date	Units	Remarks

ANY OTHER INFORMATION

Blank area for additional information.

Date: 24/5/26 Time: 1:20 pm

Prepared By:

Staff Nurse /
Floor Co-ordinator

Nursing Supervisor

Billing Assistant

Billing Supervisor

[Signature]

Vasanthi,
24/5/26

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/06/26 @ 1:13 PM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No If Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other

If yes, identify

Chief Complaints: H/O 21st weeks Pregn. Doctor Notified on Admission: Yes No
 only approximating fetal movements Name of the Doctor: Dr. Shanmugam
 Time Notified: 5 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
GDM 6th month Pregnant	NO past medical surgical history	NO previous hospital admissions
Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Anstrual History: 5yr 2 mcn set of Menarche: Anstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: 22/1/25	Gynecology Surgical History: Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 1 P 2 L 2 A 2
 Previous LSCS: NO

Current Medication: None Yes, If Yes, Fill the reconciliation form

Medical History: No Abnormalities Detected

- Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
- Liver disease Other

Vital Signs / Measurements: Temp: 38.2 F HR: 94/Min RR: 20/Min
 BP: 110/70 Weight: 51.2 kg Height: 151cm BMI:

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



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 24/06/2026

Time of Admission :

Allergies : None

Not know any drug allergies

PRESENTING COMPLAINTS :

H/o 29th weeks pregnancy
 appreciating fetal movements
 No pain abdomen, flu like, PU bleed
 No urinary complaints, fever, cold, cough.

MENSTRUAL HISTORY

Year of Marriage : 5 yrs / NEM

Previous Periods : regular

LMP : 27/11/2025

Contraception : Nil EDD - 3/9/2026

OBSTETRIC HISTORY

Parity : Primigravida - IVF

Mode of Delivery : -

Last Child Birth : -
 Conception

PAST MEDICAL HISTORY

GDM - 6th month pregnancy

on Tab phytomen 500 mg 1st

PAST SURGICAL HISTORY

lap cholecystectomy 3yrs back

PROGRESS NOTES AND DOCTOR'S ORDER

Date Time	Progress Notes	Doctor's Order
4/6/26 5pm	CS/B Dr. Shivraj Patient comfortable receiving fetal movements	Lt to Dr. Shefali.
	Vitals - Stable P/A = uterus = 33 weeks, cephalic, relaxed FHR 145 bpm	
	→ Emp Hermin 1st dose given → Inf Betameral 12mg IM 1st dose given	
	@ 4pm → Inf Hermin 200mg IV at 4pm/hr and dose at 4pm → Daily fetal kick count → NST 1-1-1	
	→ 2nd dose Inf Betameral 12mg IM - at 3pm on 25/6/26 → monitor vitals + FHR.	
	→ Infosim 10ml.	
		SR Dr Shivraj

Name :



I.P. No.:

Sheet No.

REGULAR PRESCRIPTIONS

DRUG <u>SNS BETANESOL</u>					Date	Time
Dose	Route	Frequency	Start Date			
1mg	im	po	24/6/26			
Name & Signature of the Doctor					<i>[Signature]</i>	
Additional Instructions					once daily at 3pm x 2 doses	

DRUG <u>ARGY SATHETS</u>					Date	Time
Dose	Route	Frequency	Start Date			
1 packet	PO	17-1	24/6/26			
Name & Signature of the Doctor					<i>[Signature]</i>	
Additional Instructions					1 sachet in 1 glass water qpr	

DRUG					Date	Time
Dose	Route	Frequency	Start Date			
Name & Signature of the Doctor						
Additional Instructions						

DRUG					Date	Time
Dose	Route	Frequency	Start Date			
Name & Signature of the Doctor						
Additional Instructions						

DRUG					Date	Time
Dose	Route	Frequency	Start Date			
Name & Signature of the Doctor						
Additional Instructions						

