Ref. No. F/OT/05

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

SURGERY DETAILS

Date : 11/6/26

Sl.No.

Patient Name : ..... Age : ..... Sex : .....

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 27 D (F)
Dr. LAKSHMI KIRAN S

UHID No. : ..... IP No. : .....

Date of Surgery : 11/6/26 ..... OT : ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : EM-LSCS ↓ SA
Baby is with mother Sd

Time in : 5:30 pm Time Out : 6:30 pm

NAME	AMOUNT
1. Surgeon : Dr Lakshmi Kiran / Dr Nishita	
2. Anaesthetist : Dr Aishwarya	
3. Asst. Surgeon : Dr Rajini	
4. OT Technician : Mr Aravind	
5. Circulating Nurse : Sr Deepika	
6. Asst. Nurse : Sr Bidya	

Special Equipment : ☐ Laproscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C-ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 948084 / 948085 Order by : .....

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 23 D (F)
Dr. LAKSHMI KIRAN S

Lscs

CONSUMABLES OF OT

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Circulating staff ..... Technician : ..... Date : 4/6/26 Time : 5:30pm to 6:30pm

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack Lscs		1	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		3	2346	1		Suction Catheter		
HME filter : A / P / N			2364	1		Feeding Tube		
Syringes : 10 cc		3	1326	1		Vaccum Suction Set		
05 cc		3	Gloves			Surgical Gloves		
02 cc		2	PF/3465	5	3	Gauze Pack		
01 cc			3470	2		Syringe 1ml / 2ml		
Cautery plate : A / P / N		1	Surgical blade 22		2	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		3	Cautery pencil		1			
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
Tranexa		02	Ointments	1				
O2 mask		01	Suction Catheter					
Fentanyl		1	Cap, Mask	10	10			
Morphine			Gauze Pack	3	2			
Ketamine			Mop Pack	2	4			
Propofol			Steristrip					
Rocuronium			Underpad Alles	3	1			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel	1				
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22		1	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		1	Romodrain bag					
Antibiotics			Bandage 6"	1				
Tox 7/.		01	Tegaderm	1				
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		1	Vaccum Suction set	2				
Justin : 12.5 mg / 25mg / 100mg		1	Plastic Bed Sheet		3			
Tab. Misoprost : 200mg		2	Betadine Solution	2				
Cuttefoclone		01	Microshield					
methergin		01	Cotton Balls	2				
			Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. :..... Ordered by : .....

Doc. No. : RCH / FRM / GENERAL / 125

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10/6/26
(1)

ACTIVITY RECORD FOR BILLING

Name: ---------- MAH-00383038 IP2-00056518 Mrs SAMMANI BHANU SREE . 15-07-1999 26 Y 10 M 26 D (F) ----------

UHID No : ------- Dr. LAKSHMI KIRAN S --- Consultant : ---------- Dept : ----------

Date of Admissi(---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : ---------- L/ul Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
10/6/26	11:30pm	L/ul	409	Anitha 11:45pm

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR: KAVITHA (TC)	11/6/26	944863	
2.	Dr. Kavitha (TC)	11/6/26	944866	Rizie
3.	Cross Checked done by sis. Nirmala 11/6/26@11PM			
4.	DR. Kavita (TC)	12/6/26	945243	Anitha
5.	DR. Kavita (TC)	12/6/26	945524	Sushma
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
10/6/26	CBP – 1	26008004	
10/6/26	NST – 1	2722	
10/6/26	GRBS – 125 mg/dl (10:30 Am)	26008021	
10/6/26	NST – 2	2730	
11/6/26	GRBS – 139 mg/dl (9:30 Am)	26008025	
11/6/26	NST – 3	2731	
11/6/26	NST – 4	2732	
11/6/26	GRBS – 168 mg/dl (6:30 Am)	26008048	
11/6/26	NST – 5	002735	
11/6/26	NST – 6	002736	
11/6/26	GRBS = 148 mg/dl @ 10:30 am	26008047	
11/6/26	GRBS = 107 mg/dl @ 12:30 pm	26008066	
11/6/26	NST – 7	002739	
11/6/26	NST – 8	2752	
11/6/26	GRBS 89 mg/dl.	26008095	
11/6/26	GRBS 99 mg/dl. 7:30 pm	26008096	
	Cross Checked daily SIS Nirmala 11/6/26 @ 11PM		
12/6/26	FBS – 134 mg/dl 6AM	26008111	Anitha
12/6/26	PPBS – 154 mg/dl.	26008135	Sandhya
12/6/26	RLBS – 140 mg/dl	26008157	Sushma
13/6/26	FBS – 115 mg/dl	26008185	Anitha
13/6/26	PPBS 124 mg/dl	26008190	
13/06/26	RBS 130 mg/dl	26008220	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	Cardiac monitor	6:30pm	11:30pm	945138	[illegible]
	cross checked	done	by sis.	Nirmala	
	Nay				11/6/26 @ 11:30M
	cross checked				by Rajth 13/06/26 3:30p

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
11/6/26	Ir Placement	1	944696	
11/6/26	PAC	1	945137	
11/6/26	Catheterization	1	945136	
11/6/26	em- LSCS de spinal	1	945084	
11/6/26	done by Dr Lakshmi Kiran	1	945085	
	cross checked done by sis. Nirmala 11/6/26 ex.sor			
13/6/26	N.A.A	1	945638	
	Cross Checked by 13/6/26			

ANY OTHER INFORMATION

Pt op file given by Pt attender.

Date : 11/6/26 Time : 10 pm Prepared By : Pinu

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sis: Tuyasa	L/W +0 40a		

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IP A[illegible] OR OBSTETRICS

Presenting Complaints
admitted for IOL
no c/o abdominal pain or leaking or bleeding p.v.

Obstetric Formula: G_2A_1

Obstetric Hostory:
G_1 - 2025 (Aug) - missed miscarriage

Present Pregnancy Record:
G_2-PP | spont - conception.
Booked at 5^{+5} weeks
NT - (N), FTS - Negative

RISK FACTORS: TIFFA - fetus - B/L hydronephrosis
- Preg est. DM on Insulin

Height: ..... cm
Weight: ..... kg
Allergies: .....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: (-)
Icterus: Edema: (-)
Temp: PR: 105/m
BP: 140/80 mmHg DTR:
CVS: RS
Liver/Spleen: Urine Output:

LMP: 15/9/25 EDD:
Corrected EDD: 27/6/26 GA: 37^{+4}
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: 36
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 4/5 th
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 admitting tip of finger Dilated _____
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
G_2A_1 | 37^{+4} weeks | Pre-GDM on Insulin | hypothyroid
for IOL.

MAH-00383038 IP2-00056518
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Family History:	Surgical History:
Mother - Type2 DM, HTN, hypothyroid. father - Type 2 DM.	—
Medical History: - Hypothyroid - 10 years. -	**Medication History:** Tab Thyronorm 125 mcg OD (pre-pregnancy - 100 mcg) - Preg DM on Insulin - Inj NR - 22U - 20U - 54U Inj Lantus - 28 U HS.
Plan of Care: - Admission - NST 2nd hourly - Send CBC. - Parts prepare. - Consent for IOL and vaginal birth. - Tab misoprostol 50mcg P/V at 10:40 pm. - check GRBS 4th hourly GRBS - 134 mg/dl. - Next V/E at 2:40 AM.	**Investigations:** A+ve. HIV, HbsAg, HCV } NR. 13/4/26 - Hb - 12.9 plt - 2.1. USG obs on 3/6/26 at 36+4 week - cephalic, 2.8 kg, 37.1, AFI - 12cm, placenta ant high, dopplers (N).

Doctor Name: Sameer
Signature: Sam
Date & Time: 10/6/26

Consultant Name: Dr Lakshmi Kiran.
Signature: [signature]
Date & Time: 10/6/26.

MAH-00383038 IP2-00056518
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11/6/26
(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6 2:30 AM	S: ↓ 10 L	
	O/E GC - fair afebrile	Adv
GRBS = 139 mg/dl	PR = 90/m BP = 130/70 mmHg	- GRBS 4th hourly - Tab misoprostol 25 mcg P/V at 2:30 AM
	P/A - uterus term size cephalic, relaxed	- NST 2nd hourly
	FHS (+) 150 bpm	- w/f contractions
	P/V - OS 1 finger, 1" long, PPV x at -3 ischs memb (+)	- Next V/E at 6:30 AM
	Noted By Sis: Pinku	
6:30 AM	S: ↓ 10 L	
	O/E GC - fair afebrile PR = 80/m BP = 120/80 mmHg	
	P/A - uterus term size cephalic, contractions (+) 2/10 sec/10 min FHS (+)	
	P/V - OS 1 F, 1" long, PPV x at -2 ischs memb (+)	

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

(P.T.O)

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
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Dr. LAKSHMI KIRAN S

(2) 11/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Adv - Tab misoprostol 25 mcg P/V kept	
	- NST 2nd hourly.	
	- GRBS 4th hourly.	
	- Next V/E at 10:30 AM	
	GRBS - 168	
	C/I/T Dr. Kavitha Mala	
	Adv - Inj NR 2 2 U	
	Noted By SIS: Pinku	
11/6/2026 10:30am	S/B Dr. Kiran	
	Pt stable	
	vitals (N)	
	PA - wt term	
	2-3 c/ 2.5"/10'	
	FHR good	
	PV - Cx 20% eff.	
	1cm, Vx cat - 2	
	Adv - T. MISO 25 mcg PV given	
	- NST 2nd hrly	
	- GRBS 4th hrly	
	- Reassess at 2:30 PM	
	- Inform SOS	

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

Noted by :- Reza

MAH-00383038 IP2-00056518
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Dr. LAKSHMI KIRAN S

Pat

(2)
11/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10:30AM	GRBS-148	
	c/i/T Dr. Kavitha	- Check GRBS 2nd hrly
		- Inform SOS
11/10/26 3pm		
	PA- stable	
	vitals (n)	
	P/A- UTN ~ 18	
	cephalic	
	FHS (+)	
	3c/Fed/10"	
	~~FHS~~ NST- Reactive	
	PV- CX mineffaced	
	OS/cm	
	Vx @ -2	
		Adv
		- FHR monitoring
		- NST 2nd hrly
		- GRBS = 89 mg/dl.
	c/i/T Dr. Kavitha	- DNS 10 RL
		- GRBS 2nd hrly
		- Inform sos.

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

(4) 11/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/06/26 5pm	(4) 10L	
	pt c/c/c	
	ac afir, afebrile	
	BP- 124/74 mmHg	
	PR- 84 bpm	
	S/E- NAD	
	P/A - ut NTG V/E - Cx - long	
	3C/15-20sec/10min OS- 1cm	
	FHR @ 148 bpm PP < Vx -2	
	Patient and her attenders have been clearly explained regarding the non progression of labour even with 4 doses of RCET there was no cervical changes and no further dilatation, risk of fetal distress, and continuing vaginal delivery and need for EM LSCS have been explained and they opted for EM CSCS	
		Adv → NBM → foley catheterization → consents → FHR monitoring → O2 for 10 min

Noted by Deepika

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

MAH-00383038 IP2-00056518
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11/6/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
11/06/26 6.30 pm	pt clic cc fair, afebrile BP- 130/80 mmHg PR- 86	Rx: → NBM x 2 hrs → follow dry chart → monitor vitals → wt bleeding PV
baby - NS (A/H), BF (+)	S/E - NAD P/A - wt ~ WR soft, BS +/-	→ pad for observation → I/O charting → Early Ambulation
U.O - 100ml, clear adq	CVS - NAD	→ SRBS monitoring → EBF → Inform SOS
		Noted by Tejasa @ 9:30 pm
11/06/26 8.30 pm	POD-0	Rx: → sips of water → f/b clear liquids
GRBS @ 8pm - 99 baby - NS (A/H), BF (+)	pt clic cc fair, afebrile BP- 111/78 mmHg PR- 78 bpm S/E - NAD P/A - wt NWR soft, BS +/+	→ monitor vitals → follow dry chart → wt bleeding PV → I/O charting → pad for observation → soft diet @ 12:30 AM
U.O - 200ml, clear Check FBS, PPBS, RLBS tm and Inform	CVS - NAD SHIFT TO ROOM	→ Remove foleys on 12/06/26 @ 2pm → EBF → Inform SOS

Noted by Tejasa

MAH-00383038 IP2-00056518
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15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
12/06/26 8AM		Rx:
	pt c/c/c	
	G C afeb, afebrile	→ Diabetic diet
	BP 111/68 mmHg	→ follow dupichart
	PR - 78 bpm	→ monitor vitals
baby-MS/(A)/(H), BF (P)	SK - NAD	→ w/f bleeding PV
	PA - Ut N WR	→ early Ambulation
U.O - 1600ml,	soft, BS (P)	→ I/O charting
clear, adq	LE - NAB	→ Remove foleys
		(OD) 8pm
FBS - 134 mg/dl		→ check PPBS, PLBS
		& Inform
CI to Dr. Kavitha mam		→ EBF
		→ Inform SOS
	ADD	
	→ Inj. Novarapid 6 units s/c stat	
	→ (D) diet	
	→ check PPBS & Inform	
	noted By A. Sila 12/6/26 @ 8AM	

MAH-00383038 IP2-00056518
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 2 pm	S: POD-1	
	O/E ac pale afebrile. PR = 78/min BP = 111/68 mmHg P/A - uterus well retracted, BS (+) UG - bleeding WNL U✓ F✓ MK.	- Diabetic diet - Adequate hydration - EBF. - W/F bleeding PV - Monitor vitals - follow drug chart orders. - Trace PBS & inform. - Inform SOS
Baby MS BF (+)		
	FBS-134, PPBS-154 mg/dl.	
	Noted by Sushma 12/6/26 @ 2pm	
12/6/26 8pm	POD-1 Pt c/c c/o pain afebrile BP = 110/80 mmHg PR = 78/min P/A - Uterus ret, BS (+) UG - WNL	Adv - diabetic diet - EBF - monitor vitals - ambulation - adequate hydration - follow drug chart
Baby MS BF (+)		
	U/I/c Dr. Kavitha mam	
Adv	T. metformin SR 500mg TID	- To do FBS, PPBS (13/6) - Informed Dr.
	U✓ F✓	
	Noted by Sushma 12/06/26 @ 8pm	

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 7AM.	POD-2	Adv
	Pt c/c	- (D) diet
	uterus	- EBF
	afebrile	- monitor vitals
	BP= 110/74 mmHg	- drugs as
Baby m/s	PR = 76/min ✓	charted
BF (E).		- ambulation
	P/A- UT NWR	- adequate
	soft, BS (+)	hydration
FBS=115mg/dl	CVS - NAD	- Inform sec
		- To do PPBS, PLBS
U ✓		and inform.
F ✓		
M ✓		
	Noted by Sandhya 13/6/26 @ 7 AM	
13/06/26 8pm	POD-02	Adv
	Pt c/c	→ (D) diet
	ac fair, afebrile	→ follow dry cord
baby-M/F (A/N), BF (+)	BP- 124/82 mmHg	→ monitor vitals
	PR- 92 bpm	→ w/f bleeding PV
FBS-115, PPBS-124	CVS-NAD	→ adq. hydration
	P/A-UT NWR	→ Ambulation
		→ EBF
check PLBS	soft, BS (+)	→ Inform SOS
& Inform	CVS - NAB	
	Noted by Sandhya 13/6/26 @ 2PM	

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

MAH-00383038 IP2-00056518
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Dr. LAKSHMI KIRAN S

Patien

10/6/26

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MEDICATION RECONCILIATION FORM

Drug Allergies: NIL ☐ Not known any Drug Allergies

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

Shifting From: ICU Shifted to: 409

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB THYRONORM	125mcg	P/O	ES	10/6	☐ C ☑ DC
2	TAB THYRONORM	100mcg	P/O	ES		☑ C ☐ DC
3	INJ NOVORAPID	22-20-54U	S/C	TID	9/6	☐ C ☑ DC
4	INJ LANTUS	28U	S/C	NS	9/6	☐ C ☑ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Sameer

Date & Time : 10/6/26 @ 11 PM

Nurse Name & Signature:

Date & Time : 10/6/26 @ 11 PM

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

MAH-00383038 IP2-00056518
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15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

BHC

11/6/26

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DRUG CHART

Date of Admission: 11/6/26 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 .....

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

(2)

REGULAR PRESCRIPTIONS

Weight. ..... Ward. ICU .....

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1g	PO	QID	11/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA Ashy

Additional Instructions:

Date / Time	11/6	12/6	13/6
12AM			Ayla
4PM		X	Anita Sunita
8AM		Ayla Anita Sunita	Ayla Anita Sunita
12PM	X	Sandhya Anjali	Sandhya Sneha
6PM		Sushma Anjali	

Daily Doctor's Endorsement by a Sign

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	TID	11/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA Ashy

Additional Instructions:

Date / Time	12/6	13/6
8AM	Sandhya Anjali	[illegible]
4PM	Sushma Anjali	Ayla Anita
11PM	Ayla Anita Sunita	

Daily Doctor's Endorsement by a Sign

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	PO	TID	11/6/26

Name & Signature of the Doctor Starting the Drugs: Dr. AISHWARYA Ashy

Additional Instructions:

Date / Time	12/6	13/6
7AM	Ayla Anita Sunita	Ayla Anita Sunita
3PM	Sushma Anjali	Ayla Anita
10PM	Ayla Anita Sunita	

Daily Doctor's Endorsement by a Sign

DRUG : INJ. TAXIM

Dose	Route	Frequency	Start Date
1GM	IV	BD	4/06

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date / Time	12/6
6AM	Ayla Anita Sunita
6PM	Ayla Anita Sunita

Daily Doctor's Endorsement by a Sign

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Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

(2)

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Na	I.P. No.	Sheet No.	Wards	Weight (kg)
			L/W	

REGULAR PRESCRIPTIONS

DRUG : T. TAXIM

Dose	Route	Frequency	Start Dt.
200MG	PO	BD	12/06

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time	13/6
9AM	
9PM	

Daily Doctor's Endorsement by a Sign.

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40MG	PO	OD	12/06

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time	12/6	13/6
6AM	Anita Sunita	Anita Sunita

Daily Doctor's Endorsement by a Sign.

DRUG : T. Metformin SR

Dose	Route	Frequency	Start Dt.
500MG	PO	TID	12/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time	12/6	13/6
6AM	X	Anita Sunita
2PM	X	Sunita
10PM	Anita Sunita	

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date / Time

Daily Doctor's Endorsement by a Sign.

MAH-00383038 **IP2-00056518**
Mrs SAMMANI BHANU SREE .
15-07-1999 **26 Y 10 M 26 D** **(F)**
Dr. LAKSHMI KIRAN S

4

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)
			4 M	

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

(5)

Weight. ..... Ward. ....L/W.

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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6	10:30pm	TAB MISOPROSTOL	50 mcg	P/V		
10/6/26	2:30AM	TAB MISOPROSTOL	25 mcg	P/V		
11/6/26	6:30AM	TAB MISOPROSTOL	25 mcg	P/V		
11/6/26	6:50AM	INS NOVORAPID	22 U	S/C		
11/6/26	10:30 am	T. MISO	25 mcg	PV		
11/6/26	5:47pm	Inj CARBETOCIN	100 mcg	IV		
11/6/26	5:40 pm	Inj CEFOTAXIM	1g	IV		
11/6/26	5:52pm	Inj ONDANSETRON	4mg	IV		
11/6/26	5:52pm	Inj METHERGINE	0.2mg	IV		

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Dr. LAKSHMI KIRAN S

(6)

I.V. FLUIDS CHART

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

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
11/6	1:30 pm	RL	IV	100 ml/hr			11/6		
11/6	5pm	RINGER LACTATE	IV	FF			11/6		
11/6	7pm	RL	IV	100ml			11/6		
11/6	1:30 2pm	DN3	IV	100ml			11/6		
11/6	9pm	RL	IV	FF			11/6		
11/6	10pm	RL	IV	FF			11/6		

Signature .....

VERIFIED BY : Name .....

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 27 D (F)
Dr. LAKSHMI KIRAN S

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/6/26	6:30 pm	sup. DICLOFENAC	100 mg	PR	Ashy	
11/6/26	6:30 pm	Sup TRAMADOL	100 mg	PR	Ashy	
11/06/26	6:30 pm	T. MISOPROSTOL	400 MCG	PR	[illegible]	
11/6/26	6:30 pm	Pantop	40 mg	IV	[illegible]	
12/06		INJ. NOVARAPID	6 UNITS	s/c	[illegible]	

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I.V. FLUIDS CHART

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

Date	Time	mposition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign

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

Ref No:F/GYNIC/16

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CAESAREAN SECTION OPERATIVE NOTES

Name: _____ Consultant I/C: _____ Reg. No: _____

Surgeon's Name:	Dr. Nishitha	Date of delivery:	11/06/26
Assistant surgeon:	Dr. Ragini	Time of delivery:	5.47 pm
Anaesthetist:	Dr. Aishwarya	Sex of baby:	Male
Type of Anaesthesia:	Spinal	Weight of baby:	3.065 Kg
Paediatrician:	Dr. Chandana	Apgar score:	9/10, 9/10
Scrup Nurse:	Sis. Bidyen	NICU Admission:	NO

Elective ☐ Emergency ☑ Indication: non progression of labour

Urgency
- ☐ Immediate threat to life of woman or fetus
- ☐ Maternal or fetal compromise not immediately life threatening
- ☑ No maternal or fetal compromise but needs early delivery
- ☐ Delivery timed to suit woman and staff

Decision time : _____ Knife to rectus: _____

CTG description _____

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: ☑ cephalic ☐ breech ☐ other _____

Cervical dilatation: 1 cm

5th palpable: 4/5th

Fetal position: _____

Station: -3 ☐ -2 ☑ -1 ☐ 0 ☐ +1 ☐ 2 ☐

Moulding: None ☑ + ☐ ++ ☐ +++ ☐

Caput: + ☐ ++ ☐ +++ ☐

Meconium: None ☑ + ☐ ++ ☐ +++ ☐

Bladder catheterized Yes ☑ No ☐

Urine : Clear ☑ Blood stained ☐

Skin incision: Pfannensteil ☑ Transverse ☐ midline ☐ other

Uterine incision: Lower segment ☑ Classical ☐ InvertedT ☐ J incision ☐

Previous scar: Intact ☐ Thinnedout ☐ Ruptured ☐ No scar ☑

Incision through placenta: Yes ☑ No ☐

Delivey of head: Manual ☑ Forceps ☐

Liquor: Clear ☑ Meconium: I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not offensive ☐

Delivery of placenta: Manual ☐ CCT ✓ Complete ☑ Incomplete ☐ Piecemeal ☐

Cord appearance: N Cord arond the neck Yes ☑ No ☐

Appearanc of placenta: N Cavity explored Yes ☑ No ☐

Uterus, tubes and ovaries: Normal ☑ Not normal ☐ Sterilization Yes ☐ No ☑

Complications / Comments:

Uterine closure: One layer ☐ Two layers ☑ vicryl 1-0 Suture

Peritoneal closure: Pelvic ☐ Abdominal ☐ None ☑ Suture

Sheath closure: vicryl no. 1 Suture

Fat closure: Yes ☑ No ☐ Suture

Skin closure Subcuticular ☑ Mattress ☐ monocryl 3-0 Suture

Vaginea evacuated Yes ☑ No ☐ Estimated blood loss: 400 ml

Drain: Yes ☐ No ☑ Remove in days Await instructiions ☐

Ctheter: Yes ☑ No ☐ Remove in 10-12 hrs days Await instructiions ☐

Swap & instruments count correct? Yes ☑ No ☐ Post-op antibiotics Yes ☑ No ☐

Intraopeative antibiotics cover: Yes ☑ No ☐ Thromboprophylaxis : Yes ☐ No ☑

Post operative Comments: NBM x 24hrs, follow drug chart, monitor vitals, wt bleeding PV, Early Ambulation, I/O charting, CIRBS monitoring, Inform RDS

Signature

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Nishitha
Asst. Surgeon : Dr. Ratna
Anaesthetist : Dr. Aishwarya
Scrub Nurse : S.S. Bidhya

Patient Name : Mrs. Bhanusree Age : 28y Gender : F
UHID No. : MRH-0038538 Surgery Name : Gm. C.S.L.S
Date : 11/6/26 In-time : 5.30 pm Out-time : 6.30 pm

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 5:30 pm

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☑ Yes ☐ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☑ No ☐ NA

Signature : Ash
Name : Dr. ASHWARYA

Before Skin Incision ➤➤

TIME OUT Time: 5:40pm

Confirm all team members have introduced themselves by Name and Role ☑ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☐ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 45min 500ml ☐ Yes ☑ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☑ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? yes are there Equipment issues or any Concerns? ☑ Yes ☐ No ☐ NA
- **Is Essential Imaging Displayed?** NO ☐ Yes ☑ No ☐ NA

Signature : Deepika
Name : Sry

Before Patient Leaves Operating Room

SIGN OUT Time: 6:30pm

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☑ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature :
Name :

MAH-00383038 IP2-00056518
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Dr. LAKSHMI KIRAN S

10/6/26
(1)

RESULT SHEET

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Date	10/6/26					
Time	10:42Pm					
Hb	12.3					
PCV	36.4					
RBC	4.35					
WBC	9.25					
N/L						
Platelets	241					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
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						

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Blood Grouping → A+ve Rapush Blood Bank 2 OPRBC Availability						
HIV						
HBSAG NR						
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology: USG : .....

X-Ray:.....

ECHO: .....

CT: .....

MRI .....

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

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10/6/26
(1)

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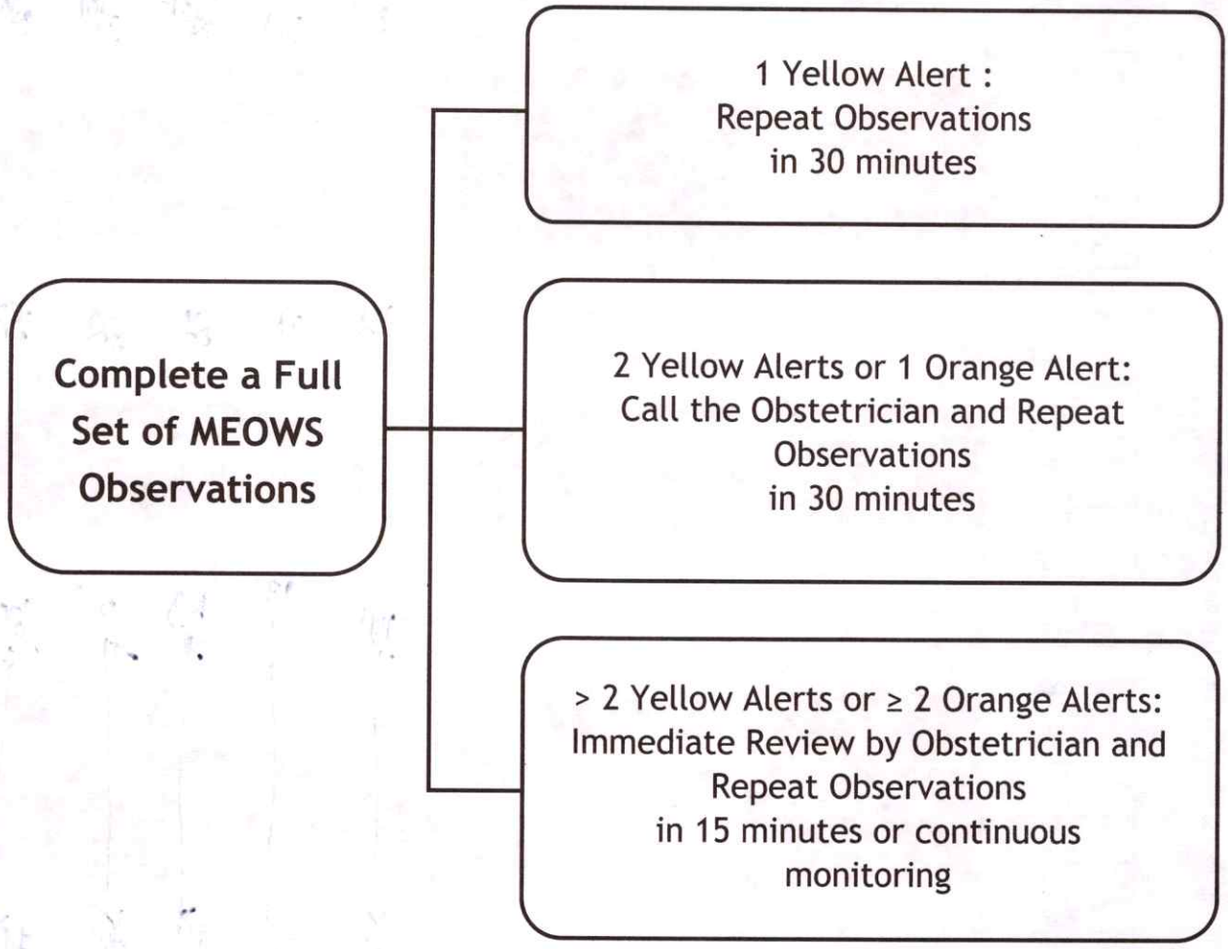
Early Warning Observation Score Chart - Obstetrics

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

	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20														20		19		20		19		20		20
	0 - 10																								
Saturations	94 - 100 %														100%		100%		100%		97%		98%		97%
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37														97°F		97°F		97°F		97°F		97°F		98°F
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80														102		97		87		82		87		90
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																130								
	110														141				129		125		120		119
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70														80		70		74		72		74		74
	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																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00383038 IP2-00056518
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Dr. LAKSHMI KIRAN S

11/6/26
Q

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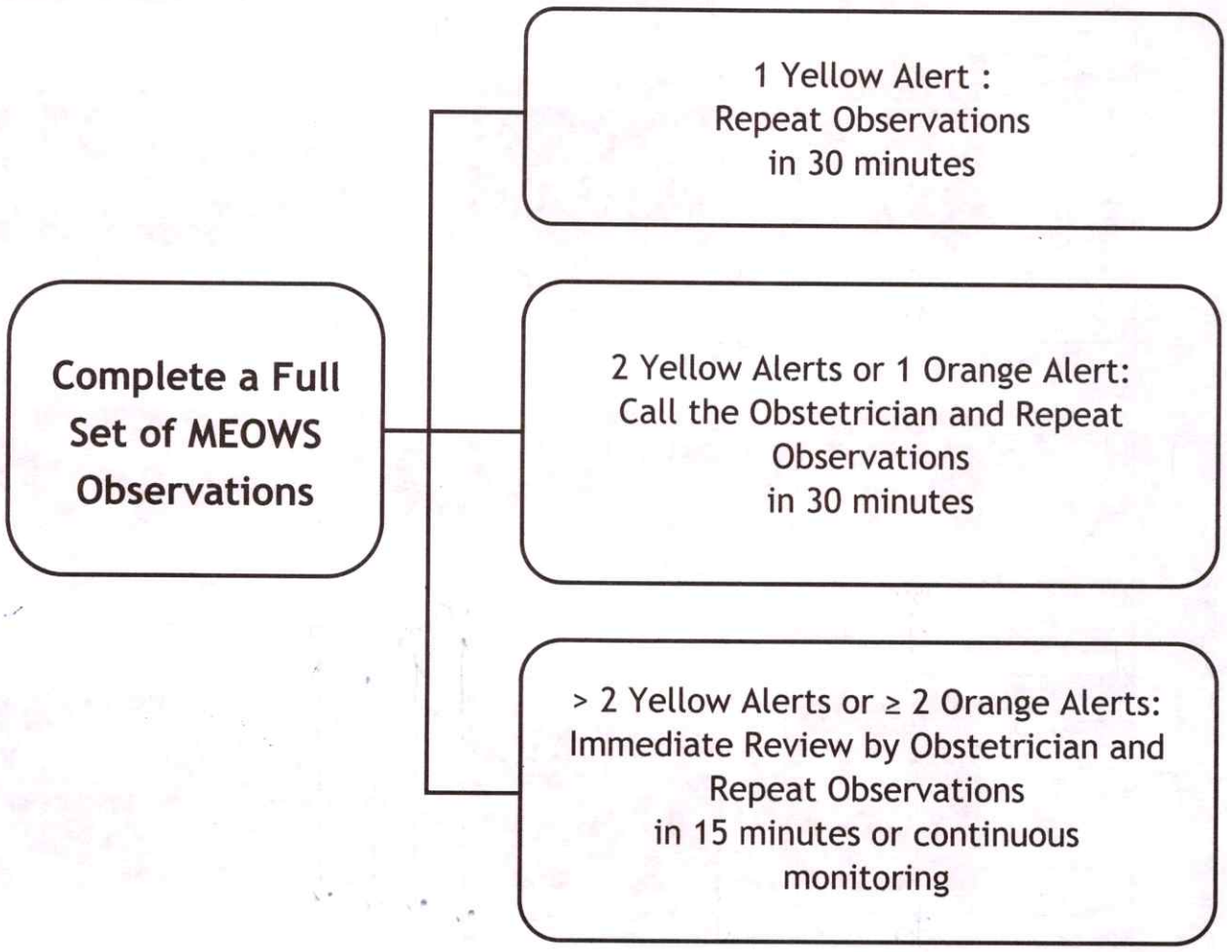
Early Warning Observation Score Chart - Obstetrics

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

	Date																							
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20		19		20		20		20		20	19	18	19	18	19								19	
	0 - 10																								
Saturations	94 - 100 %		99		99		99		99		99	100	100	99	98	99								99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37		98		98°F		98°F		98°F		98°F		98°F		98°F									98°F	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		92		89				86		80		86	85	81	88								78	
	80																								
	70						75																		
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130		130		125		116		120		120		120											111	
	120													115		114									
	110														103										
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80		77		70		69		78		80		71		82									68	
	70														79	77									
	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	0	0	0								0	
TOTAL ORANGE SCORES			0		0		0		0		0		0	0	0	0								0	
Nurse Initial			[illegible]		[illegible]		[illegible]		[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]								[illegible]	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 27 D (F)
Dr. LAKSHMI KIRAN S

12/6/26

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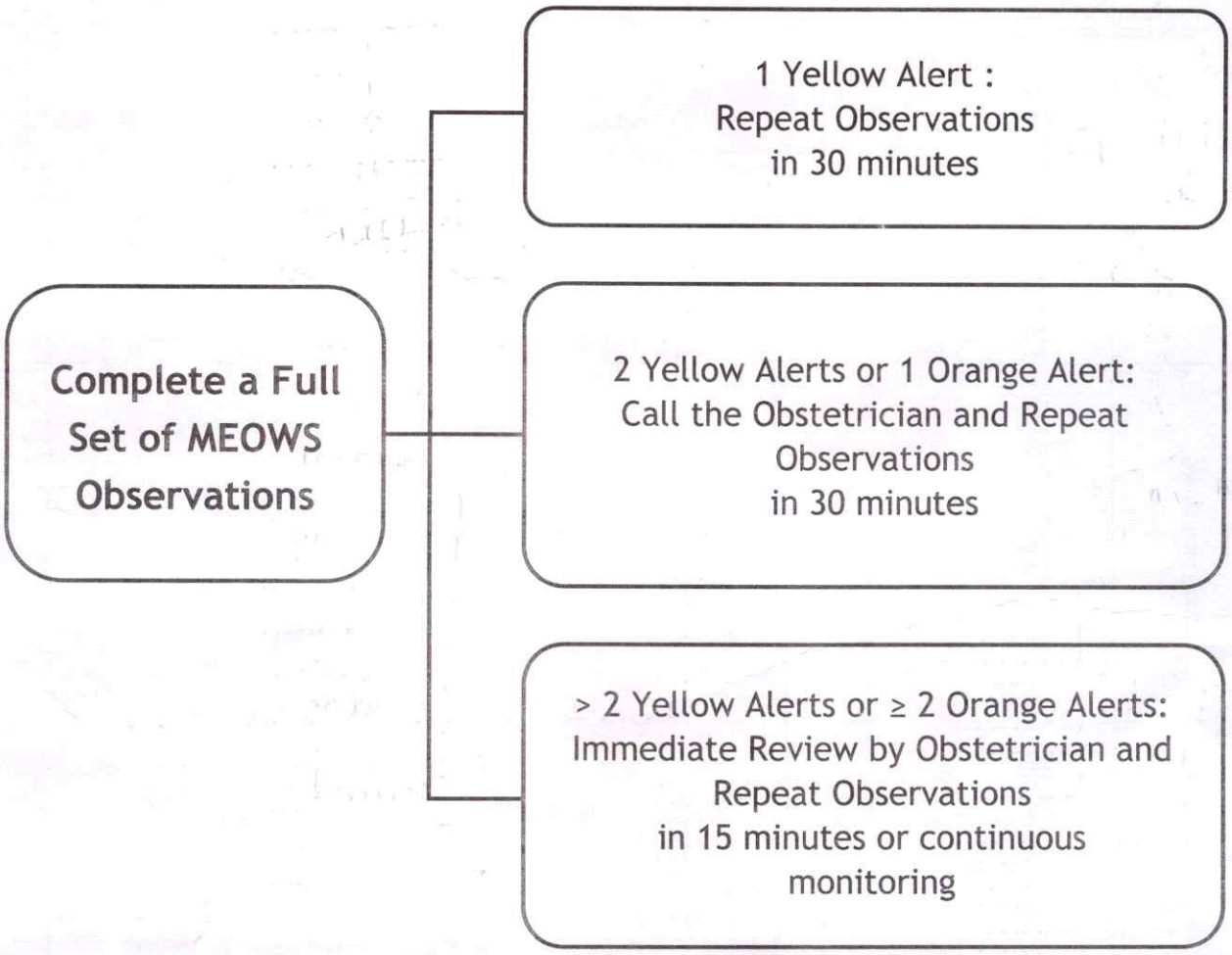
ing Observation Score Chart - Obstetrics

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 - 30																								
	11 - 20					20						20				20								20	
	0 - 10																								
Saturations	94 - 100 %					98%						98%				99%								100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					98.6						98.2				98.4								97.9	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					82						72				74								85	
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130					112																		125	
	120											100				100									
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																							82	
	60					68						70				74									
	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	
TOTAL ORANGE SCORES						0						0				0								0	
Nurse Initial						[illegible]						[illegible]				[illegible]								[illegible]	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 28 D (F)
Dr. LAKSHMI KIRAN S

13/6/26

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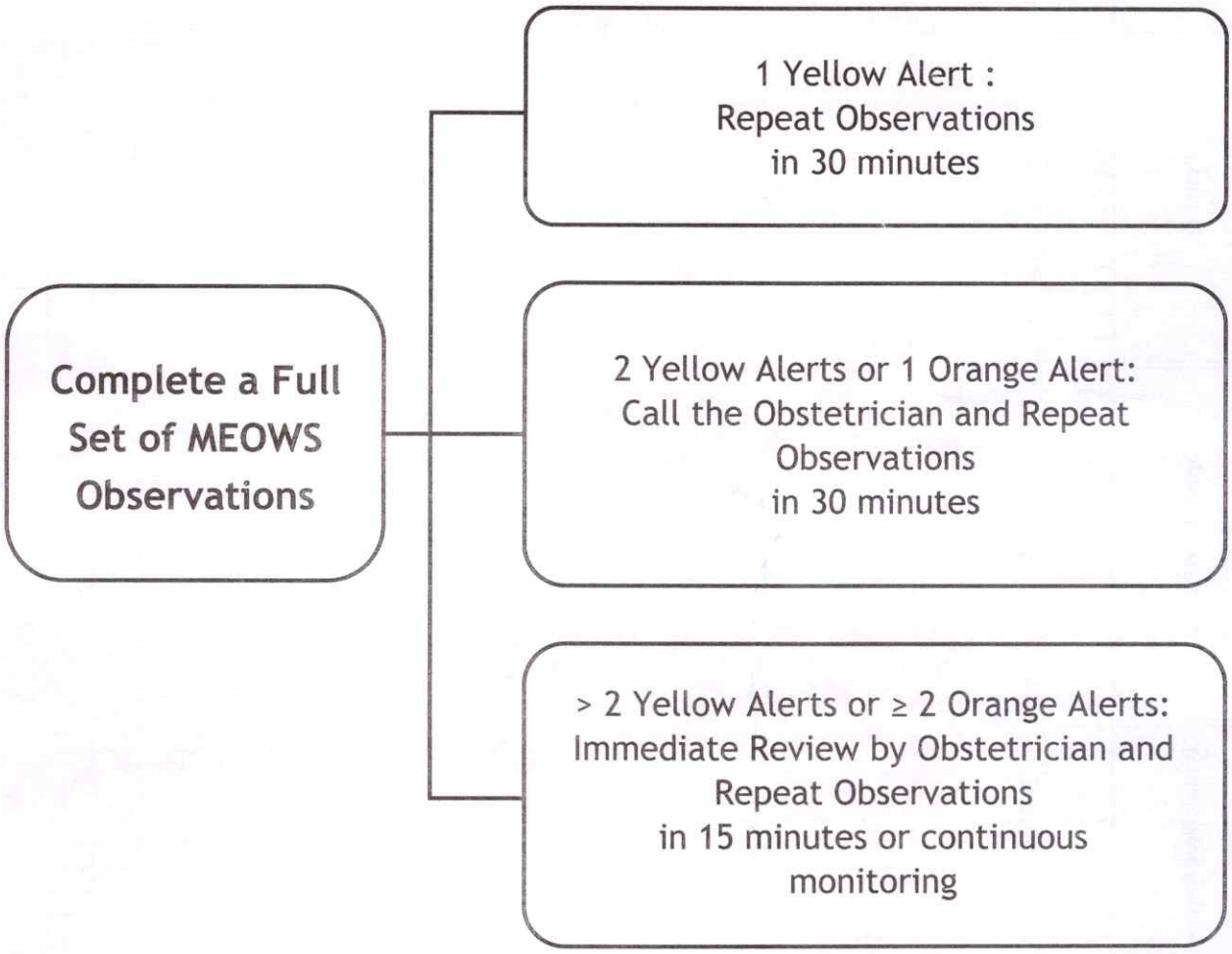
ırning Observation Score Chart - Obstetrics

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 - 30					18																			
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %					99%																			
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38				98.4°F																				
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100					93																			
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140					149																			
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80					82																			
	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																			
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

10/6/26
1

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm		H2O 100ml							✓	0	[signature]
	09:00 pm										0	
	10:00 pm		H2O 100ml								0	[signature]
	11:00 pm									✓	0	
	12:00 am		Edly + H2O 100ml								0	[signature]
	01:00 am									✓	0	
Total Intake :	400 ml + Edly					**Total Output :**	4-3 time					
	02:00 am		H2O 100ml							✓	0	[signature]
	03:00 am										0	
	04:00 am		H2O 100ml								0	
	05:00 am		Edly + H2O 100ml							✓	0	[signature]
	06:00 am		H2O 100ml								0	
	07:00 am									✓	0	[signature]
Total Intake :	400 + Edly					**Total Output :**	4-3 time					

Total 24 hrs. Intake	800 + 2 ml Edly	**Total 24 hrs. Output**	4 - 6 time

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

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

(2) 11/6/26

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

FLUID CHART

Sheet No. : (2)

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

Date	Time	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am										0	
	09:00 am										0	
	10:00 am		Idly H_2O 200ml								0	
	11:00 am		H_2O 100ml								0	
	12:00 pm		Soup 200ml								0	
	01:00 pm										0	
Total Intake : Idly + 500ml						Total Output : U-2, M-0, V-0						
11/6	02:00 pm		H_2O 200ml								0	
	03:00 pm			DNS 500ml							0	
	04:00 pm										0	
	05:00 pm			RL 500ml							0	
	06:00 pm			RL 500ml							0	
	07:00 pm								(OT)	100	0	
Total Intake : 1700 ml						Total Output : U- 100+2						
11/6	08:00 pm			RL 500ml						50ml	0	
	09:00 pm	RL	500ml	H_2O 200ml						50ml	0	
	10:00 pm	RL	500ml							200ml	0	
	11:00 pm									200ml	0	
	12:00 am		Iddy							100ml		
	01:00 am									100ml		
Total Intake : RL — 10,00ml + Iddy + H_2O - 200ml						Total Output : U - 900ml M-0						
12/6	02:00 am		H_2O 200ml							100ml	0	
	03:00 am									100ml		
	04:00 am									100ml	0	
	05:00 am		H_2O 200ml							100ml		
	06:00 am		Soup 200ml							100ml	0	
	07:00 am									100ml		
Total Intake : Soup - 200 ml + H_2O - 400ml						Total Output : U - 600ml M-0						

Total 24 hrs. Intake	Idly + Soup + RL - 10,00ml H_2O - 1100ml	Total 24 hrs. Output	U - 1600ml M-0

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

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FLUID CHART

Sheet No. : 3 12/6/20

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

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
										100ml		
	08:00 am									100m	0	
	09:00 am		1 idly +							100ml		
	10:00 am		H2O +							100 ml	0	
	11:00 am									100ml	0	
	12:00 pm									100ml		
	01:00 pm									100		
Total Intake : 1 idly + H2O.						Total Output : U - 600ml M - 00						
	02:00 pm											
	03:00 pm		Chappa								0	
	04:00 pm		+									
	05:00 pm		Dalia +								0	
	06:00 pm		Curds								0	
	07:00 pm											
Total Intake : Chappati + Dali + H2O.						Total Output : U - 01 M - 00						
	08:00 pm		Chapati									
	09:00 pm		~~Fried~~								0	
	10:00 pm		dal fry									
	11:00 pm										0	
	12:00 am		H2O								0	
	01:00 am											
Total Intake : Chapati + Paneer + H2O						Total Output : U - 1 m - 1						
	02:00 am											
	03:00 am		H2O								0	
	04:00 am										0	
	05:00 am		H2O									
	06:00 am										0	
	07:00 am											
Total Intake : H2O						Total Output : U - 1 m - 0						

Total 24 hrs. Intake	1 idly + chapati + dal fry + Rice + H2O	Total 24 hrs. Output	U - 3 m - 01

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

MAH-00383038 IP2-00056518
Mrs SAMMANI BHANU SREE .
15-07-1999 26 Y 10 M 26 D (F)
Dr. LAKSHMI KIRAN S

13/6/26

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

FLUID CHART

Sheet No. : 4

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am									✓	0	
	09:00 am		Ofappm				✓					
	10:00 am		Hbo									
	11:00 am		Jelly							✓	0	
	12:00 pm		Soup									
	01:00 pm										0	
Total Intake : Ofappm Jelly Hbo						**Total Output :** 0 & M 0						
	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 24 hrs. Intake		**Total 24 hrs. Output**	