
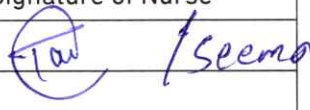


11/6/26
①

ACTIVITY RECORD FOR BILLING

Name: --- MAH-00322477 IP2-00056530 -----
Mrs ANUJA GUNNAM
UHID No : 18-12-1991 34 Y 5 M 24 D (F) ----- Consultant : ----- Dept : -----
Date of A  e : ----- Date of Discharge : ----- Time: -----
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	10:10 pm	400	504	

Cross Consultation Visit

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

PROCEEDURE

Date	Proceudure	Quantity	Order No.	Signature
11/6/26	IV Placemen+	①	945189 ✓	Tijasa
11/6/26	PAC	①	945188 ✓	Tijasa
11/6/26	Catheterizateam	①	945189 ✓	Tijasa
11/6/26	Em-USCS + B/C Tubectomy	①	944981 ✓	Tijasa
11/6/26	Done USA or waralarshui	①	944982 ✓	Tijasa
cross checked done by sis. Nirmala 12/6/26 @ 12:30 AM				
12/6/26	N.H.A	①	945315 ✓	Laxmi
cross checked done by manishu 13/06/26 @ 10pm				

ANY OTHER INFORMATION

Op file Given to Pt Attender
 ↓
 GA. [Signature]

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

Staff Nurse Tijasa	Shift / Ward 400 ↓ 504 Seema	Billing Assistant	Billing Supervisor
---------------------------	--	-------------------	--------------------



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

At do pain abdomen since morning

Obstetric Formula: *G2P1L1*

Obstetric History:

G1-2020-UGS / ♀ / 2.6 kgs / 10/10 MSL, Baby 0⁺ - Anti-D

Present Pregnancy Record:

G2 - PP - sp. conception. Booked at 5⁺ wks.

RISK FACTORS: *NT TIFFAJ (N)*

- Rh - ve

Height: cm

Weight: *97.3* kg

Allergies:

Breast: Normal Abnormal

General Examination:

Consciousness:

Pallor:

Icterus:

Edema:

Temp:

PR: *102/min*

BP: *130/80 mmHg*

DTR:

CVS:

RS

Liver/Spleen:

Urine Output:

LMP: *6/9/25* EDD:

Corrected EDD: *17/6/26* GA: *34*

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: *~24*

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: *4/5⁺*

FHS: *150/min* Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: *1 cmh.* Long Partially effaced Effaced

Os: *closed* Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

*G2P1L1 / previous USS / 39⁺ wks / with PROM (gr-I MSL)
 Rh-ve / in early labour*



Family History: m-HTN	Surgical History: 2020 - URS.
Medical History: -	Medication History: -
Plan of Care: Admit consent parts preparation. Try - TAXIM 1gm IV stat IV cannula CBP - check blood availability -	Investigations: O-ve Husband B +ve HIV HBsAg / NR. HCV VDRL <u>22/5/20</u> 36 ⁺ 2, cephalic E. wet - 2.137gms, 25% A.C. - 45% AFI - 19 cms PI - P.H VAD - (N)

Doctor Name: Dr. Vasan
Signature: [Signature]
Date & Time: 11/6/26

Consultant Name: Dr. Varalaxmi
Signature: [Signature]
Date & Time: 13/6/26

MAH-00322477

IP2-00056530

Mrs ANUJA GUNNAM

18-12-1991

34 Y 5 M 24 D

(F)

Dr. VARALAKSHMI NANDYALA



11/6/26
①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>11/6/26</u> 5pm	POD-0 PT cle afebrile	Adv - NBM 2hrs
Baby mx BF ⊕	BP = 118/70 mmHg PR = 86 bpm SpO ₂ = 100	- EBF - monitor vitals - drugs as charted - w/ bleeding plv
v/o - 15ml, clear	p/A - vlcw v. LE - NAB.	- I/O charting - Inform ROS
Trace out Baby BT group		J
Noted by sis Deepika		
<u>11/06/26</u> 7pm	POD-0 PT cle afebrile	Rx 0 → 5ips of water
Baby - mx (A) BF ⊕	BP - 129/80 mmHg PR - 90 bpm v. LE - NAB	→ 1lb clear liquids → follow drug chart → monitor vitals
v.o - 20ml, clear adg	p/A - w/wr Bt	→ w/ bleeding plv → I/O charting
Trace baby BT E - Inform	Bt +/+ +/+	→ early mobilization → EBF
	v. LE - NAB	→ Inform ROS

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD - 0</u>	
12/06/26 7:30 AM	pt clec	<u>Rx</u>
	ac fair, afebrile BP - 100/60 mmHg PR - 80 bpm	+ soft diet + follow drug chart + monitor vitals + wlf bleeding pv
baby MS BF ⊕	SE - NAD PIA - ut NWR	+ I/O charting + Ambulation
flatus - P	soft, BS +/+	+ adq. hydration
U.O - 1100ml, clear	+/+	+ Remove foley
high coloured	UE - NAB	@ 11 AM
by anti-give		→ Inform SOS
Noted by Laxmi 12/6/26 @ 10 AM		
12/6/26 1:30 PM	<u>POD - 1</u>	
of ac-fair afebrile	PA = 86/w	<u>Adq</u> - ⊕ diet
BP = 100/60 mmHg		- Adequate hydration
baby MS BF ⊕	PIA - uterus well retained, BS ⊕	- BSF
UE - bleeding WNL		- wlf bleeding pv
urine ✓ flatus ✓		- monitor vitals
by anti-D ✓		- Ad Ambulate
		- follow drug chart orders
		- Inform SOS

MAH-00322477

IP2-00056530

Mrs ANUJA GUNNAM

18-12-1991

34 Y 5 M 25 D

(F)

Dr. VARALAKSHMI NANDYALA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26 7:30pm	POD-1	Adv
	Ptele cypais afebrile	- @ diet - EBF - monitor vitals
Babyms BF ⊕	BP = 110/90 mmHg PR = 80/min ✓ SpO2 = 98% @ RA	- drugs as charted - Ambulation - adequate hydration
VV P ✓	pA - soft, BS ⊕ UT clear VLE - NAB	- Inform cas Dr
13/6/26 7 AM	POD-2	Adv
	Ptele cypais afebrile	- @ diet - EBF - monitor vitals
Babyms BF ⊕	BP = 100/60 mmHg PR = 82/min	- drugs as charted - Ambulation - adequate hydration
VV MV	pA - soft, BS ⊕ UT clear VLE - NAB	- Inform cas Dr
<p>Noted by Laxmi 12/6/26 @ 8pm</p>		

MAH-00322477 IP2-00056530
 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 25 D (F)
 Dr. VARALAKSHMI NANDYALA




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/6/26 2pm	<u>POD-02</u> pt stable Col clear, afebrile BP- 116/89 mmHg. PR- 90 bpm SIA-NAD P/A- w/ NWR U-P, N-P Soft, BS (+) UA-NAB	Rx → (N) diet → follow drug chart → monitor vitals → w/ access PV → Ambulation → PR → adp. hydration → Inj am SOS
13/6/26 7:20PM	<u>POD-2</u> Pt stable BP- 114/70 PR- 70 bpm PA- w/ well @ 16 @ 4E min PV bleed	Adv - monitor vitals → (N) diet → EBP → drugs as charted → w/ access PV bleed → Inj am SOS
14/6/26 8am	Noted by Laxmi 14/6/26 @ 8am	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26		POD-3
8:15am		Pt stable
		BP-108/74
		PR-82b/min
Healthy NG		PA-wt well (2) (6P)
		UE-min PV bleed
UP FL NG ✓	Adv - Monitor vitals	
	- (2) diet	
	- EBF	
	- Drugs as charted	
	- w/f excess PV bleed	
	- Infon SOS	
		
	Noted by Laxmi	14/6/26 @ 8am

MAH-00322477 IP2-00056530
 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 24 D (F)
 Dr. VARALAKSHMI NANDYALA

11/6/26
 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: CW Shifted to: 504

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

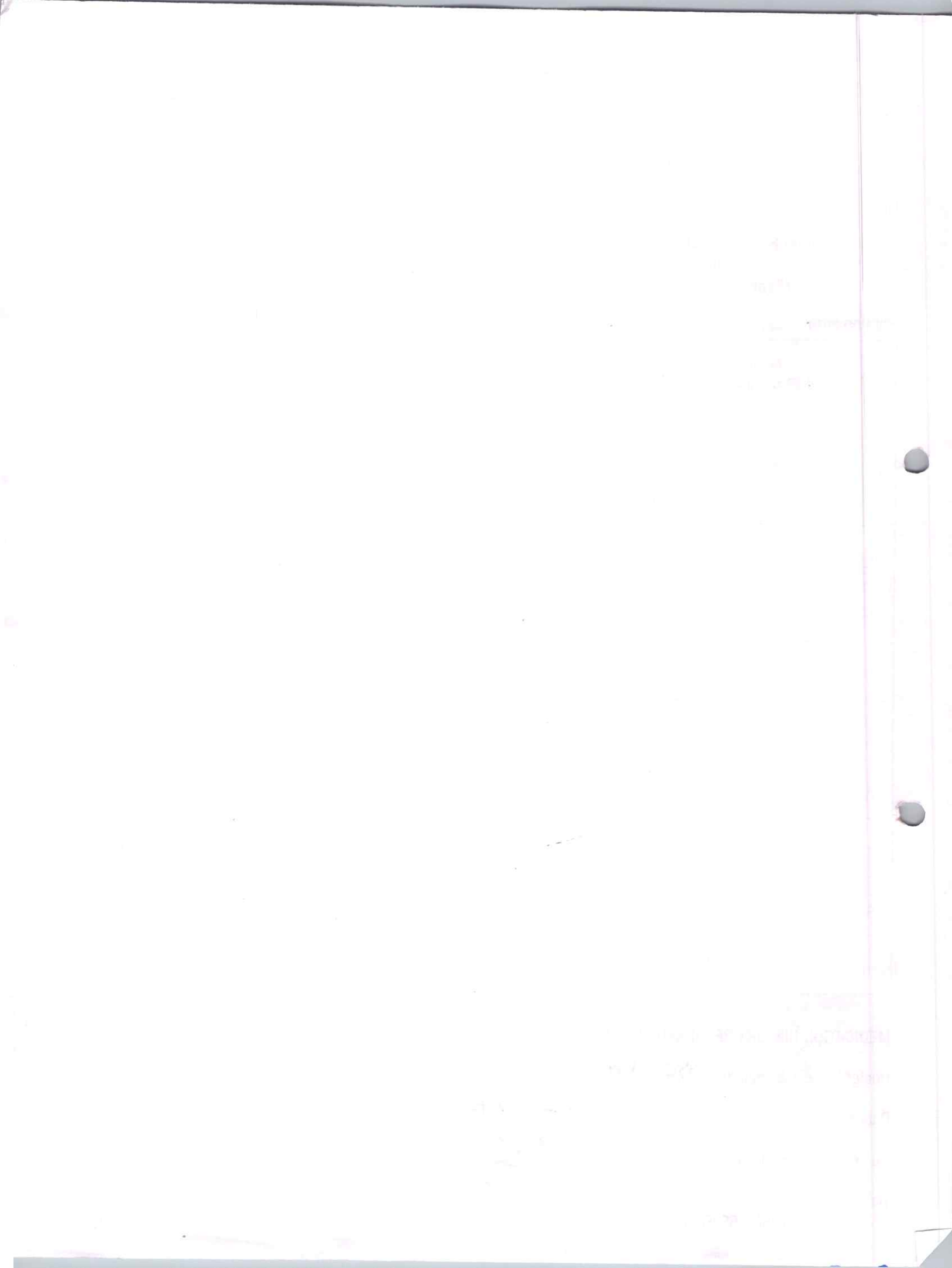
Doctor Name & Signature: Dr. Varuni, Dr.

Date & Time: 11/6/26 8pm

Nurse Name & Signature: Deepika Suf

Date & Time: 11/6/26 8pm

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





②
REGULAR PRESCRIPTIONS

Weight Ward. 00

DRUG :				Date						
				Time						
T. TAXIM				12/6						
Dose	Route	Frequency	Start Date							
4pm	IV	BD	11/6/26							
Name & Signature of the Doctor Starting the Drugs:				4pm						
Additional Instructions:				4pm Laxmi						
Daily Doctor's Endorsement by a Sign										
T. PARACETAMOL				11/6	12/6	13/6	14/6			
Dose	Route	Frequency	Start Date							
4g	PO	QID	11/6/26							
Name & Signature of the Doctor Starting the Drugs:				6 AM	Seema	Chand	manisha			
Additional Instructions:				6 PM	Laxmi	Seema	manisha			
Daily Doctor's Endorsement by a Sign										
T. TRAMADOL				12/6	13/6	14/6				
Dose	Route	Frequency	Start Date							
100mg	PO	TID	11/6/26							
Name & Signature of the Doctor Starting the Drugs:				8 AM	Laxmi	Seema				
Additional Instructions:				4 PM	Laxmi	Laxmi				
Daily Doctor's Endorsement by a Sign										
T. DICLOFENAC				11/6	12/6	13/6	14/6			
Dose	Route	Frequency	Start Date							
50mg	PO	TID	11/6/26							
Name & Signature of the Doctor Starting the Drugs:				7 AM	Seema	Chand	manisha			
Additional Instructions:				3 PM	Laxmi	Laxmi				
Daily Doctor's Endorsement by a Sign										

Patient No. _____ I.P. No. _____ Sheet No. _____ Wards (200) Weight (kg) _____

REGULAR PRESCRIPTIONS

DRUG : <u>Ty CLEXANE</u>				Date						
Dose	Route	Frequency	Start Dt.	Time						
40mg	SC	OD	11/6/26	12/6	13/6	14/6				
Name & Signature of the Doctor starting the Drugs: <u>Dr. ASHWARYA</u> Ashly				3:45 AM	<u>Seema</u>	<u>Chand</u>	<u>Murshika</u>			
				Additional Instructions: After 3:45 AM 12/6/26.						
Daily Doctor's Endorsement by a Sign.										

DRUG : <u>T. TAXIM-O</u>				Date						
Dose	Route	Frequency	Start Dt.	Time						
800mg	PO	BD	12/6	9 AM	13/6	14/6				
Name & Signature of the Doctor starting the Drugs: <u>Dr.</u>				9 AM	<u>Seema</u>	<u>Chand</u>	<u>Murshika</u>			
				Additional Instructions: 9 AM 12/6/26						
Daily Doctor's Endorsement by a Sign.										

DRUG : <u>T. Pantop</u>				Date						
Dose	Route	Frequency	Start Dt.	Time						
40mg	PO	OD	12/6	6 AM	12/6	13/6	14/6			
Name & Signature of the Doctor starting the Drugs: <u>Dr.</u>				6 AM	<u>Seema</u>	<u>Chand</u>	<u>Murshika</u>			
				Additional Instructions:						
Daily Doctor's Endorsement by a Sign.										

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



MAH-00322477 IP2-00056530
 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 24 D (F)
 Dr. VARALAKSHMI NANDYALA

(u)

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



	I.P. No.	Sheet No.	Wards 603	Weight (kg)
--	----------	-----------	--------------	-------------

REGULAR PRESCRIPTIONS

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.																			

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.																			

(5)

Weight. Ward. 60



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/6/26	8:30 pm	Iv - TAXIM	1gm	IV	[Signature]	[Nurses]
11/6/26	3:49 pm	Iv CARBETOCIN	100mcg	IV	[Signature]	[Nurses]
11/6/26	4:30 pm	Supp. DICLOFENAC	100mg	PR	[Signature]	[Nurses]
11/6/26	4:30 pm	Supp. TRAMADOL	100 mg	PR	[Signature]	[Nurses]
11/6/26	4:08 pm	Iv ONDANSETRON	4mg	IV	[Signature]	[Nurses]
11/6/26	4:10 pm	Iv METHERGINE	0.2mg	IV	[Signature]	[Nurses]
11/6/26	4:30 pm	Ti miso	400mcg	PR	[Signature]	[Nurses]
11/6/26	3:30 pm	Pnj Pantop	40mg	IV	[Signature]	[Nurses]
11/6	10 pm	INJ. ANTI-D	300MCG	IM	[Signature]	[Nurses]

VERIFIED BY: Signature

504

Patient's Name
Aniya Sunnam
34y 5m



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 12/6/26 Time: 10:30am

Origin: India Height: - Weight: - BMI: -

Food Allergies: no allergies

Diagnosis: ces

Medical History: NO

Surgical History: NO

- Vegetarian
- Non-Vegetarian
- Vegan

Diet Advised: soft diet

Patient's / Attendant's

Signature: K. S. S. S. S. S.

Name:

Date & Time:

Dietician's

Signature: [Signature]

Name: Jashmi

Date & Time: 12/6/26, 10:30am



CAESAREAN SECTION OPERATIVE NOTES

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

Surgeon's Name: <u>Dr. Nishitha</u>	Date of delivery: <u>11/6/26</u>
Assistant surgeon: <u>Dr. Aishwarya</u>	Time of delivery: <u>3:48pm</u>
Anaesthetist: <u>Dr. Aishwarya</u>	Sex of baby: <u>Female</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of baby: <u>2.995 kgs</u>
Paediatrician: <u>Dr. Ashwini</u>	Apgar score: <u>8 9</u>
Scrup Nurse: <u>Sr. Madhavi, Sr. Sidya</u>	NICU Admission: <u>No</u>

Elective Emergency Indication: previous lcs + g/i I MSL

- 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: _____ cm

5th palpable: _____ 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 Inverted T J incision

Previous scar: Intact Thinned out 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 (N) Complete Incomplete Piecemeal

Cord appearance: (N) Cord around the neck Yes No

Appearanc of placenta: (N) Cavity explored Yes No

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

Complications / Comments: By modified pomeroys method

Uterine closure: One layer Two layers _____ Suture

Peritoneal closure: Pelvic Abdominal None _____ Suture

Sheath closure: _____ Suture

Fat closure: Yes No _____ Suture

Skin closure: Subcuticular Mattress _____ Suture

2-ovicoyl

3-omacoyl

Vaginea evacuated: Yes No Estimated blood loss: 500 ml

Drain: Yes No Remove in _____ days Await instructions

Ctheter: Yes No Remove in 1 days Await instructions

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

Intraoperative antibiotics cover: Yes No Thromboprophylaxis: Yes No

Post operative Comments: norm x2 hrs, w/ bleeding pr
moniter vitals

Signature

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Vardas
 Asst. Surgeon : Dr. N. S. Khatia
 Anaesthetist : Dr. Ashwari
 Scrub Nurse : Dr. Archana
 Patient Name : Mr. S. Arora
 UHID No. : NA 10032488
 Date : 11/6/24
 Age : 54
 Gender : M
 Surgery Name : ESD LGS
 In-time : 3:30 PM
 Out-time : 4:30 PM

Dr. Bidya



Before Induction of Anaesthesia >

SIGN IN Time: 3:30 PM

Patient Has Confirmed
 Identity Yes No
 Site Yes No
 Procedure Yes No
 Consent Yes No

Site Marked
 Yes No N/A

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 : Dr. Ashwari
 Name : Dr. Ashwari

Before Skin Incision >

TIME OUT Time: 3:45 PM

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: bleeding
 What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?
 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? are there Equipment issues or any Concerns? yes
 Yes No NA

Is Essential Imaging Displayed?
 Yes No NA

Signature : Dr. Vardas
 Name : Dr. Vardas

Before Patient Leaves Operating Room

SIGN OUT Time: 4:30 PM

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 : Dr. Vardas
 Name : Dr. Vardas

Handwritten notes on the left side of the page, including the word "PREFACE" and some illegible text.

Handwritten notes on the right side of the page, including the word "PREFACE" and some illegible text.



MAH-00322477 IP2-00056530

Mrs ANUJA GUNNAM

18-12-1991 34 Y 5 M 24 D (F)

Dr. VARALAKSHMI NANDYALA



11/6/26
①

RESULT SHEET

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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Date	11/6/26				
Time	2:42 PM				
Hb	13.0				
PCV	38.1				
RBC	4.43				
WBC	10.87				
N/L					
Platelets	185				
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 O⁺ O ^{-ve}						
HIV ?						
HCV } NR						
HBSAg						

Culture and Sensitivities :

.....

.....

.....

Radiology: USG :

 X-Ray:.....

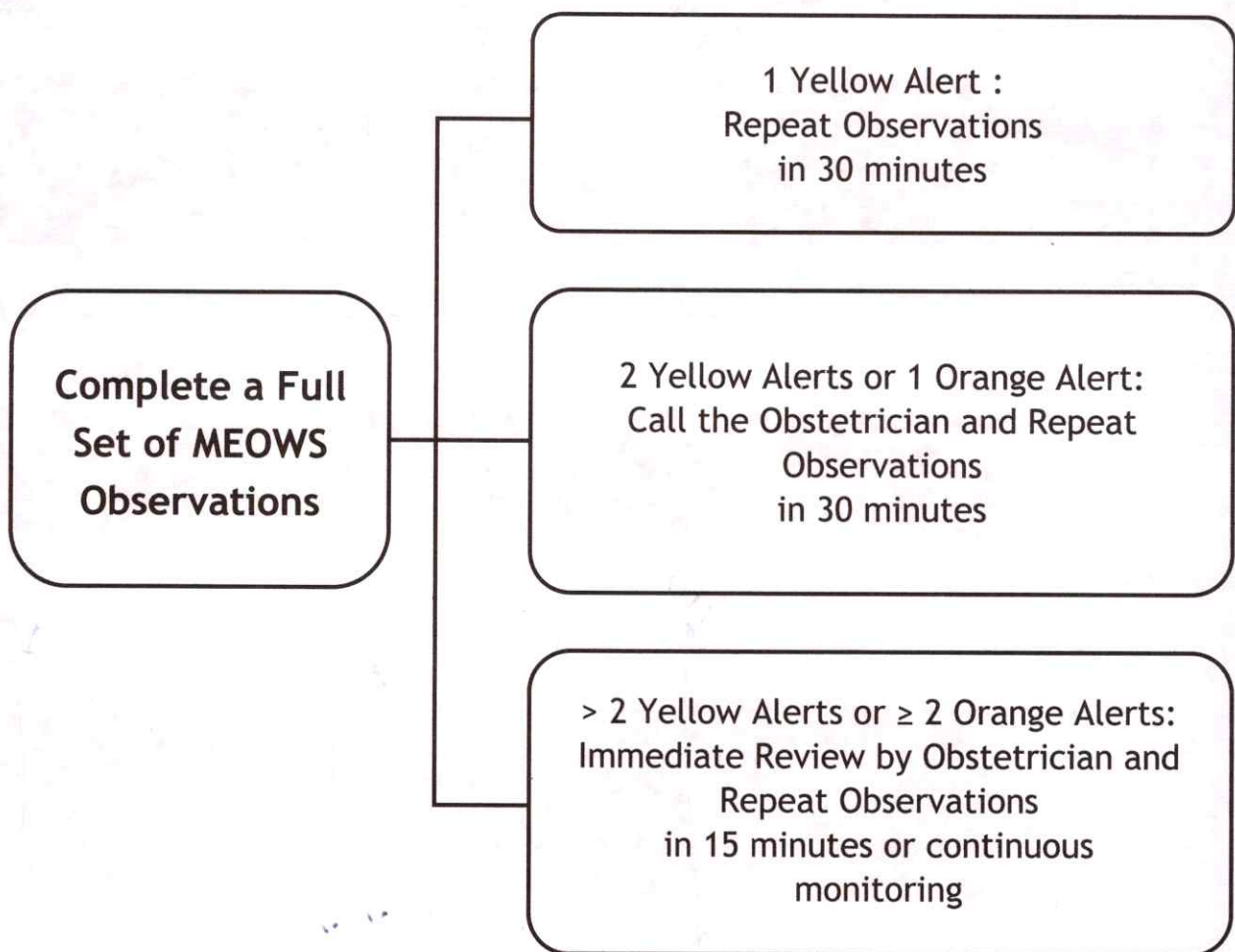
 ECHO:

 CT:

 MRI

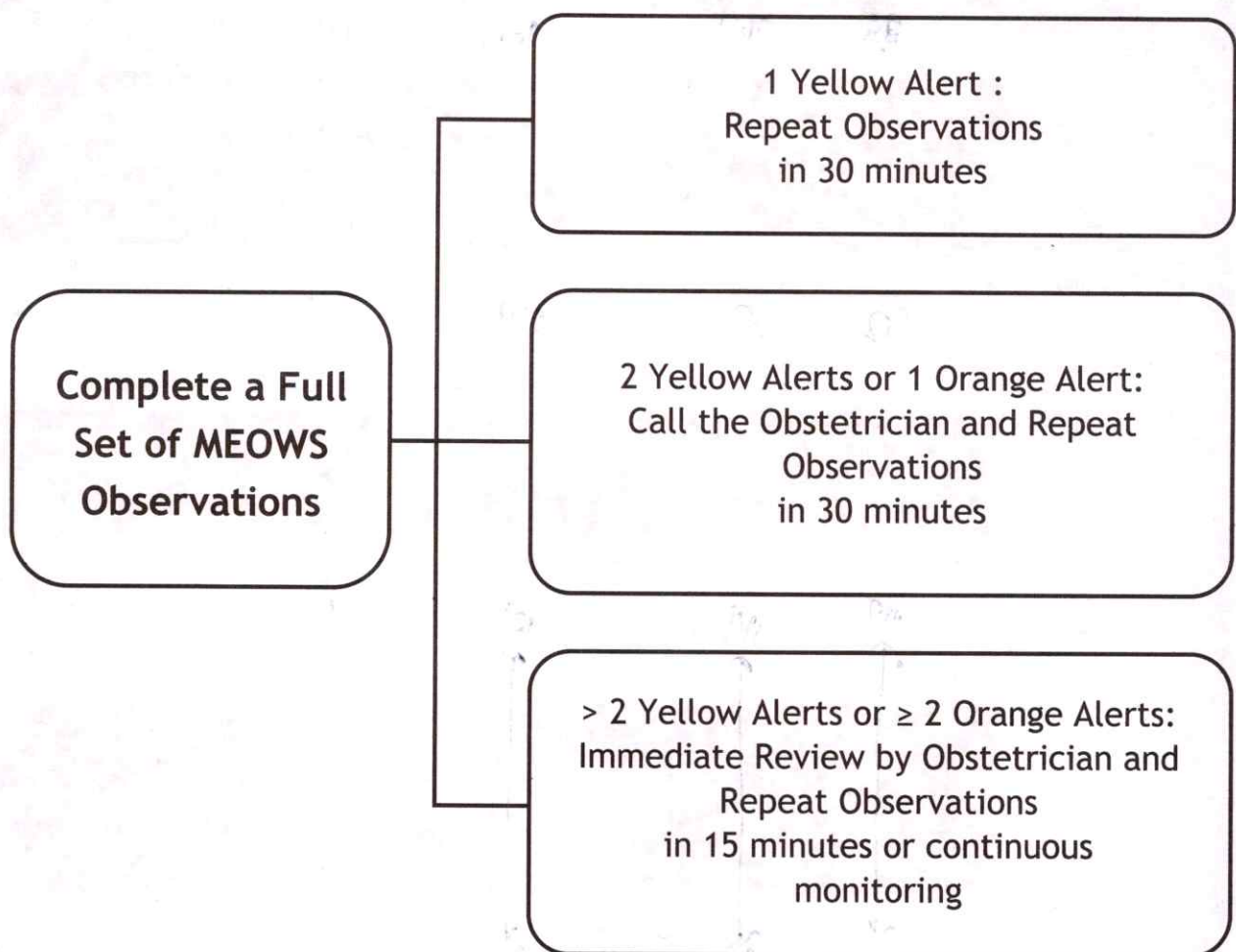
 Others (ECG, Contrast Studies etc.) :

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

15/10/20



Early Warning Observation Score Chart - Obstetrics

MAH-00322477
 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 25 D (F)
 Dr. VARALAKSHMI NANDYALA

IP2-00056530
 EARLY INTERVENTION IF PATIENT
 ELLOWS SCORES AT ANY ONE TIME

Date of Birth :

IP No. :

		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			19		20					20						19								19		
	0 - 10																										
Saturations	94 - 100 %			100%		100%					99%					99%									99%		
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37		98.1		98.1						98.1						98.2								98.2		
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		83			90					82						84								82		
	70																										
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	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			0		0						0					0								0			
TOTAL ORANGE SCORES			0		0						0					0								0			



MAH-00322477 IP2-00056530
 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 24 D (F)
 Dr. VARALAKSHMI NANDYALA



FLUID CHART

Sheet No. : 11/8/26

- 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	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			OR									
	03:00 pm			500									
	04:00 pm			RL 500ml									
	05:00 pm			RL 500ml					(OT) 150ml				
	06:00 pm								100				
	07:00 pm								100				
Total Intake : 1500 ml						Total Output : 350 ml							
	08:00 pm	H ₂ O 100ml							100	0			
	09:00 pm	H ₂ O 50ml							50ml	0			
	10:00 pm								50ml	0			
	11:00 pm	soup 200ml							50ml	0			
	12:00 am								50ml	0			
	01:00 am								50ml	0			
Total Intake : soup + H ₂ O						Total Output : U - 350ml m-0							
	02:00 am	H ₂ O							100ml	0			
	03:00 am	200ml							50ml	0			
	04:00 am								50ml	0			
	05:00 am	Idly							50ml	0			
	06:00 am	Ti							50ml	0			
	07:00 am	Body water							100ml	0			
Total Intake : Idly + Body water						Total Output : U - 400ml m-0							
Total 24 hrs. Intake		soup + Idly Body water + H ₂ O				Total 24 hrs. Output		U - 1100ml m-0					

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	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am									100ml	0	} 28
	09:00 am	Jelly				}			100ml	0		
	10:00 am	+ H ₂ O							100ml	0		
	11:00 am	+ Soup							-	0		
	12:00 pm								✓	0		
	01:00 pm									0		
Total Intake : Jelly + H ₂ O + Soup			Total Output : U - 300ml m - 0									
	02:00 pm	Curd				}				0	} 28	
	03:00 pm	Rice								0		
	04:00 pm	+ H ₂ O							✓	0		
	05:00 pm	+ Soup								0		
	06:00 pm									0		
	07:00 pm									0		
Total Intake : Curd Rice + H ₂ O + Soup			Total Output : U - 01 m - 0									
	08:00 pm					}				0	} 28	
	09:00 pm	Kichdi							✓	0		
	10:00 pm	Dhalya								0		
	11:00 pm	H ₂ O								0		
	12:00 am									0		
	01:00 am									0		
Total Intake : Dhalya Rice Kichdi H ₂ O			Total Output : U - 2 m - 1									
	02:00 am					}				0	} 28	
	03:00 am	H ₂ O							✓	0		
	04:00 am									0		
	05:00 am	H ₂ O								0		
	06:00 am									0		
	07:00 am									0		
Total Intake : H ₂ O			Total Output : U - 2 m - 0									
Total 24 hrs. Intake		Jelly + soup and Rice + H ₂ O Dhalya				Total 24 hrs. Output		U - 6 m - 1				

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 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 24 D (F)
 Dr. VARALAKSHMI NANDYALA



3



13/06/26

FLUID CHART

Sheet No. :

- 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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am								✓			
	09:00 am	Idly										
	10:00 am	H2o										
	11:00 am	soup							✓			
	12:00 pm											
	01:00 pm											
Total Intake : Idly, H2o, soup					Total Output : U-2 M-0							
	02:00 pm											
	03:00 pm	curd							✓			
	04:00 pm	Rice										
	05:00 pm	H2O							✓			
	06:00 pm	soup										
	07:00 pm											
Total Intake : Curd Rice-H2O+Soup					Total Output : U-02 M-01							
	08:00 pm											
	09:00 pm	Rice							✓			
	10:00 pm	dal										
	11:00 pm	chapati										
	12:00 am								✓			
	01:00 am											
Total Intake : Rice+dal+chapati					Total Output : U-2 M-1							
	02:00 am								✓			
	03:00 am	H2o										
	04:00 am								✓			
	05:00 am	H2o										
	06:00 am								✓			
	07:00 am											
Total Intake : H2o					Total Output : U-3 M-0							
Total 24 hrs. Intake		Idly + soup + rice dal + chapati + H2o			Total 24 hrs. Output		U-9 M-2					

MAH-00322477 IP2-00056530
 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 24 D (F)
 Dr. VARALAKSHMI NANDYALA

14/06/20



FLUID CHART

Sheet No. :

- 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 Thrombo-phlebitis 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 24 hrs. Intake						Total 24 hrs. Output							



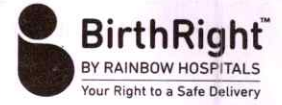
11/6/26
 (A)

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. Varalakshmi Department: Geo Date of Admission: 11/6/26

SITUATION	Diagnosis: <u>0-POD</u>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known				
			If Yes Specify:				
BACKGROUND	Area	<u>Geo</u>	<u>5th Floor</u>	<u>5th Floor</u>	<u>5th Floor</u>	<u>5th Floor</u>	
	Shift Time	<u>N</u>	<u>(D)</u>	<u>NO</u>	<u>(M)</u>	<u>E</u>	
ASSESSMENT	Medical Condition (Any special condition to be noted):	<u>---</u>	<u>LSES POD-I</u>	<u>LSES POD-I</u>	<u>---</u>	<u>LSES POD-II</u>	
	Allergy:	<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	
RECOMMENDATIONS	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	
	Vital Signs:	Temp:	<u>98.8</u>	<u>98.4</u>	<u>98.6</u>	<u>98.3</u>	<u>98.6</u>
		Res:	<u>20</u>	<u>20</u>	<u>20</u>	<u>19</u>	<u>20</u>
		SpO ₂ :	<u>100</u>	<u>99%</u>	<u>99%</u>	<u>100%</u>	<u>99%</u>
		Pulse:	<u>86</u>	<u>82</u>	<u>82</u>	<u>83</u>	<u>87</u>
		BP:	<u>118/70</u>	<u>112/65</u>	<u>110/60</u>	<u>116/69</u>	<u>112/65</u>
		Fall Risk Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	Pain Score:	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	
Safety Needs:	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>		
Physiotherapy	<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		
Others Specify:	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>		
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		
Other Special Orders / Medications:	<u>2nd TAXIM</u>	<u>Inf. Taxim</u>	<u>inf. clean</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Post Operative Procedure Special Orders:	<u>cell APV bleeding</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
Handed Over By Name :	<u>Deepika</u>	<u>Laxmi</u>	<u>Mausik</u>	<u>Ashwina</u>	<u>Laxmi</u>	<u>Mausik</u>	
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>11/6/26</u>	<u>12/6/26</u>	<u>13/6/26</u>	<u>13/6/26</u>	<u>13/6</u>	<u>13/6/26</u>	
Time:	<u>10pm</u>	<u>@ 8pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>@ 8pm</u>	<u>[Signature]</u>	
Taken Over By Name :	<u>Laxmi</u>	<u>Mausik</u>	<u>Ashwina</u>	<u>Laxmi</u>	<u>Mausik</u>		
Signature :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>12/6/26</u>	<u>12/6/26</u>	<u>13/6</u>	<u>13/6</u>	<u>13/6</u>		
Time:	<u>@ 8am</u>	<u>@ 9pm</u>	<u>@ 8am</u>	<u>@ 2pm</u>	<u>[Signature]</u>		

MAH-00322477 IP2-00056530
 Mrs ANUJA GUNNAM
 18-12-1991 34 Y 5 M 24 D (F)
 Dr. VARALAKSHMI NANDYALA



NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
BACKGROUND	Area	Shift Time	/	/	/	/	/
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:	Temp:					
		Res:					
		SpO ₂ :					
		Pulse:					
		BP:					
Recommendations	Safety Needs:						
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:						
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							