



SURGERY DETAILS

Date : 8/06/26

Sl.No.

Patient Name

KOH-00308767
 Mrs V MANJULA 30 Y
 01-01-1996
 Dr. AKHILA GOGINENI (F)
 IP2-00056485

Age : Sex : R

UHID No. : IP No. :

Date of Surgery : 8/06/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : TOP (DONE) ↓ LA

Time in : 2pm

Time Out : 3pm

<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon : <u>Dr. Akhila</u>
2. Anaesthetist : <u>-</u>
3. Asst. Surgeon : <u>-</u>
4. OT Technician : <u>-</u>
5. Circulating Nurse : <u>Anusha</u>
6. Asst. Nurse : <u>Deepika</u>

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 944088
944089

Order by : [Signature]

Elmhurst



Elmhurst Hospital
1601 Lake Street
Tulsa, Oklahoma 74103

ORDER FOR SURGERY

12/15/10

Order No. _____

Patient Name: Mr. [Name]

Unit No. _____

Date of Surgery: _____

Name of the Surgery: _____

1601 Lake Street
Tulsa, Oklahoma 74103

1601 Lake Street
Tulsa, Oklahoma 74103

WAKSME

NAME

1. Surgeon: _____

2. Anesthetist: _____

3. Asst. Surgeon: _____

4. OT Technician: _____

5. Circulating Nurse: _____

6. Asst. Nurse: _____

Anesthesia Catheterization


Laboratory Radiology

Signature of the Surgeon: _____

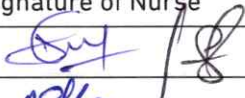


Order by: _____

Order No.: _____

ACTIVITY RECORD FOR BILLING

KOH-00308767 IP2-00056485
 Name: Mrs V MANJULA (F) 6/6/26 (1)
 01-01-1996 30 Y
 Dr. AKHILA GOGINENI
 UHID No:  Consultant: _____ Dept: _____
 Date of Admission: _____ Time: _____ Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/18/26	3:40 pm	Ce 10	405	
2/16/26	4:50 pm	405	410	
2/16/26	7:30 pm	410	305	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
6/6/26	replacement	(1)	943788	(M) arya
8/6/26	TOP Done (✓) local	1	944089	} (M) arya
	Done by Dr. Akhila	1	944088	
8/6/26	D4C Done	1	944090	} (M) arya
	by Dr. Akhila	1		
cross checked done by sis. niramala 8/6/26 arya				
cross checked by Dr. arya 9/10/26				

ANY OTHER INFORMATION

Op file given pt. Attender

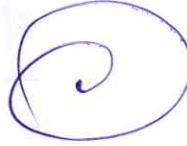
(M) arya

Date: 7/6/26

Time: 3:40 pm

Prepared By: (M) arya

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Deepika	4pm to 302 Sandhya		



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 6/6/26 Time of Admission : 6/6/26 @ 9:38 PM
 Allergies : Not know any drug allergies

PRESENTING COMPLAINTS :

G3A2 | 20⁺ weeks POC | Triplets reduced to singleton.
 UO leaking pv :: 10 days which stopped 4 days back. NO UO, abdominal pain or bleeding, ✓
 - was admitted on 4/6/26 at Dr. Neeraja's centre and was started with conservative management
 - referred to RCH for future management.
 Obsh/O - G3 - spont. conception - TOTA triplets - fetal reduction at 12 weeks at KIMS Hospital.
 developed UO leaking pv :: 10 days; had 1 fever spike of 99°F on 4/6. Admitted on 4/6 at Dr. Neeraja's clinic.
 started on sup monocef, sup piptaz, sup metrogyl, 20 amniocentesis, 10 albumin transfused.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : <u>2014</u>	Parity :
Previous Periods :	Mode of Delivery :
LMP : <u>30/12/25</u>	Last Child Birth :
Contraception : <u>COO - 6/10/26</u>	G1 - 2020 - A1 - 3 months, missed miscarriage Hb SER PC
	G2 - 2025 (Jan) - A2 - 3 months, missed miscarriage Hb SER PC
	G3 - PP / spontaneous conception

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
<u>4/6/26</u> -	USG Obs - SLIVF 20 ⁺ weeks / cephalic AFI - 1 cm placenta - fundoposterior 326 grams status - post fetal reduction in triplet pregnancy & persistent visualisation of 2 denuded fetus



FAMILY HISTORY: 	MEDICATION HISTORY:
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INITIAL ASSESSMENT :

Date <u>6/6/26</u> Ht. _____ Wt. _____ BMI _____ B.P. <u>120/80 mmHg</u> Pallor <u>PR = 87</u> CVR _____ Respiratory System _____ Thyroid _____	Breasts Abdominal Examination <u>P/A - uterus ~ 22 weeks</u> <u>relaxed</u> <u>PUS (+)</u>	Local/Speculum Examination <u>P/S - NO leaking seen</u> <u>cloudy white discharge (+)</u> <u>os closed.</u> Bimanual Pelvic Examination
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PROVISIONAL DIAGNOSIS : G3A2 / 20th weeks TCTA reduced to singleton /
C severe oligo = PPROM for conservative management.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
<u>6/6/26 - hb-11.7</u> <u>wbc - 7200, plt - 2.1</u> <u>CRP - 13.2</u> <u>5/6/26 - OGTT - 81/114/108</u> <u>5/6 - CRP - 20.9.</u> <u>O +ve</u> <u>MIV</u> <u>MBSAG</u> <u>Anti HCV</u> <u>VDR L</u>	<ul style="list-style-type: none"> - Admission - Bedrest - Foot end elevation - PUS 2nd hourly - Inj piptaz 4.5 gram IV BD - Inj monocef 1 gram IV BD - Inj metrogyl 500mg IV TID - Inj pantop 40mg IV OD - VSA obs on 7/6/26 - Send CBC - vitals charting 4th hourly - W.F. sign fever / tachycardia
} NR	

Name of the Doctor : sameer Signature of Doctor Akhila
 Date & Time : 6/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	<u>High risk consent</u>	
	<p>I/we have been explained that she is G3A2/ 20th weeks POG triplet pregnancy reduced to singleton at 12 weeks and she developed leaking pu 10 days back. USG done on 4/6/26 showed AFI-1cm - severe oligohydramnios. Risks of infection, chorioamnionitis, sepsis, Intrauterine fetal death and spontaneous miscarriage has been explained to them.</p>	
	<p>I/we will not hold hospital staff responsible for any untoward event</p>	
	<p>Manjula Patient's signature</p>	<p>Sameer Dr Sameer</p>
	<p> Husband's signature</p>	



7/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26 2 AM		
<p>MVS taken outside hospital to be handed</p>	<p>de ac-fau afebrile PR = 90/u BP = 120/70 mmHg P/A - uterus ~ 22 weeks relaxed, FUS ⊕ 140 bpm UE - pad dry</p>	<p>Ach - (N) diet - Adequate hydration - Bed rest - follow drug chart orders - vital checks - FUS 2nd hourly</p>
7/6/26 7 AM		
	<p>ac-fau afebrile PR = 92/u BP = 120/72 mmHg P/A - uterus 22 wks - relaxed, FUS ⊕ 150 bpm UE - pad dry</p>	<p>Ach - Bed rest - watch pad for observation - follow drug chart orders - USA obs scan today - FUS 2nd hourly</p>
<p>Noted by @maju 7/6/26 @ 7 AM</p>		



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7/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/26		
11:30 AM	<p>OLE - Ge-fais, gjeblide BP = 112/74/min PR = 104/min SpO₂ = 100% @ RA</p>	
	<p>PLA - ut ~ 20-24wks. FHS ⊕. ut - relaxed</p>	
	<p>CE - pad dry</p>	
	<p>USG</p>	<p>Adv</p>
	<p>sto - AFI - 2.3cm</p>	
	<p>FHR ⊕ - 156/min</p>	<p>- Bed rest</p>
	<p>Pl - P.H</p>	<p>- pad for observation</p>
	<p>Cn length - 3.6mm</p>	<p>- follow drug chart</p>
		<p>- FHR 2nd hourly</p>
		<p>Akhila</p>
	<p>Noted by Dr. Nandini</p>	<p>7/6/26 @ 11:30 AM</p>



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 27/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>27/6/26 2:30pm</p> <p>The couple has been explained about the present situation and about the termination of pregnancy and possible complications of continuing the pregnancy.</p>	
	<p>After financial counselling, the couple accepted for termination of pregnancy.</p>	
	<p>pt cle a/c a/c vitals - stable.</p>	
	<p>plA - ut 200-2200g FPE.</p>	
		<p>Adv - T. mifepristone 400mg PO stat 1st 200mg PO at night</p>
		<p>- continue IV antibiotics stop piptaz</p>
		<p>- shift to room.</p>
	<p>Noted by</p>	<p>Dr - sis Deepika</p>

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 Mrs V MANJULA (F)
 01-01-1996 30 Y
 Dr. AKHILA GOGINENI

(4)




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		Adv
8pm	PT cle.	- @ diet
	w/feels	- monitor vitals
	of sheile	- TPR charting
	BP = 110/70 mmHg	with wely
	PR = 89/min	- drugs as
	PIA - U + 2 rowk	charted
	FPE	- continue pipraz
		- shift to UR
		and plan for T. miso
		100 mg p/v at 5am
		(8/6/26)
		A

noted by sandhya 2/6/26 @ 8pm.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 5:20 AM	pt cle ac fois afebrile BP = 110/70 mmHg PR = 88/min.	
	p/A - UTA 2 weeks FP ⊕	
	V/E - as long as closed.	
		Adv - T. miso 400mg kept plv
		- soft diet - monitor vitals
		- drugs as charted - continue IV
		antibiotics - Zupremer
		- Next V/E at 9:20 AM
		
	Noted by sis: Pina	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 9:30 AM	pt clc ac fair, afebrile BP- 104/72 mmHg PR- 94 bpm SK- NAD P/A - utu 2owk irritable	Rx + soft diet + follow day chart + monitor vitals + WH explanation of fetus + continue IV antibiotics
T-MISOPROSTOL 400mcg PLV Kept	VLE - Gx - long os - tip of finger	→ next VLE @ 1:30 pm → Inpam 800 → Temp charting
Noted by Tiyasa @ 9:30 AM 8/6/26		
8/6/26 11:30 AM	C/S/B Dr. Akhila nam	
	pt clc ac fair BP- 114/74 mmHg PR- 94 bpm SK- NAD P/A - utu 2owk irritable VLE - Gx - 1/2 inch os - 1cm	Rx + soft diet Buscopan + Inpam 800 + Inp. Epidurin 8mg IV + T-MISO 400mcg SL @ 12:30 pm
Noted by Tiyasa @ 11:30 AM 8/6/26		

Akhila

KOH-00308767

IP2-00056485

Mrs V MANJULA

01-01-1996

30 Y

(F)

Dr. AKHILA GOGINENI



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26	<u>expulsion notes</u>	
	<p>→ Patient expelled a female fetus at 2:14 pm on 8/6/26 of weight 426 gram. Placenta expelled at 3:25 pm of weight - 125 gram, spontaneously followed by expulsion of 2 reduced fetuses at 3:40 pm.</p>	
	<p>Under USA guidance, bedside gentle curettage done.</p>	
	<p>Post procedure RPOC scan done suggestive of -</p>	
	<p>- <u>USG-RPOC</u></p>	
	<p>ET - 23mm</p>	
	<p>NORPOC</p>	
	<p>Ar</p>	

KOH-00308787 IP2-00056465

Mrs V MANJULA

01-01-1996

30 Y

(F)

Dr. AKHILA GOGINENI



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

ISS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/26 4pm	S: PEO-0	All - (no) diet
	d/c ac-fair	- Adequate hydration
	d/c brittle	- monitor vitals
	PR 282/u	① Summary
	BP = 103/66 mmHg	Cap Cap Augmentin
	P/A. soft, non	625mg
	tender	○ — ○
	d/c - minimal bleeding	T. Metrogyl 400mg
	②	○ — ○ — ○
		T. Misoprost 200ug
		○ — ○ — ○
		x 3 days
		Aclite

Noted by
Tijasa
8/6/26
4pm

KOH-00308767 IP2-00056485
 Mrs V MANJULA
 01-01-1996 30 Y (F)
 Dr. AKHILA GOGINENI



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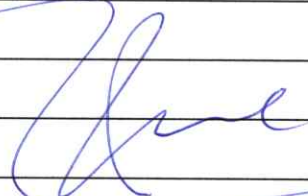
ESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/6/2026	R.P.C. seen	
8/6/2026 6:30 PM	At stable BP - 104/66 PR - 100b/m PA - soft, non tender UE - min PV bleed	
w	Adv - Monitor vitals - (N) diet - Ambulate - Drugs as charted - w/f excess PV bleed - Shift to room	
		Noted by Tyasa
		@ 6:30 pm

KOH-00308767 IP2-00056485
 Mrs V MANJULA
 01-01-1996 30 Y (F)
 Dr. AKHILA SOGINENI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26		Attable
8:30am		vitals (R)
		PA - soft, non tender
		HE - WNL
	Adv - Monitor vitals	
	- (R) diet	
	- Ambulate	
	- Drugs as charted	
	- w/f excess PV bleed	
	- Hyponatremia	
		
		Noted by Sandhya
		9/6/26 @ 8:30am



27/6/26



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: 309

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 DYDRGESTERONE	10mg	P/O	TID	5/6	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB DUADILON		P/O	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. Dydrogesterone long		PO	TID		<input type="checkbox"/> C <input checked="" 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

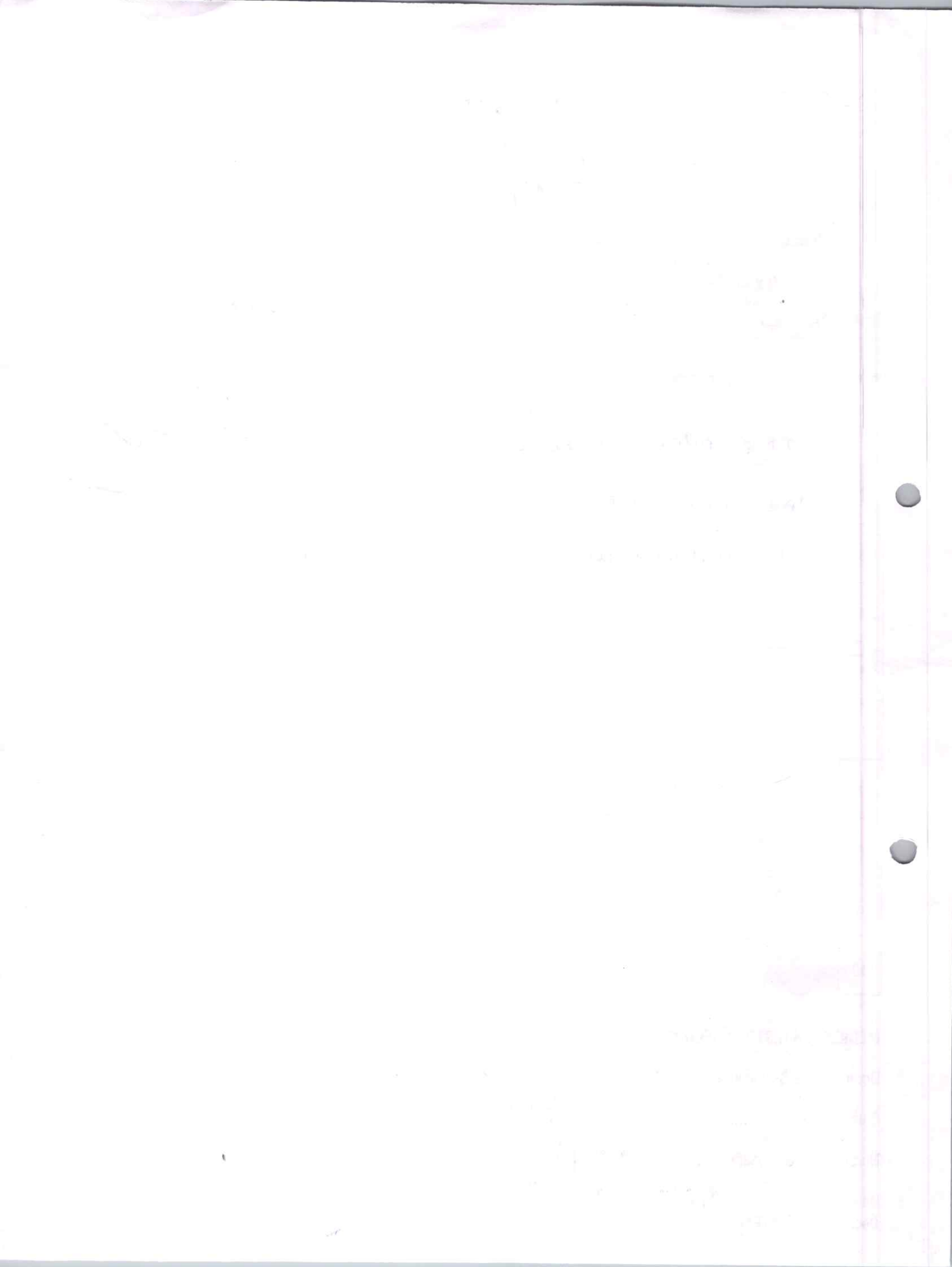
MEDICATION HISTORY RECORDED / VERIFIED BY

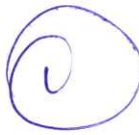
Doctor Name & Signature : Sameer

Date & Time : 6/6/26 @ 10pm

Nurse Name & Signature: Manjuli

Date & Time : 6/6/26 @ 10pm





DRUG CHART

Date of Admission: 6/6/26 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



6' (2)

REGULAR PRESCRIPTIONS

Weight. Ward. Coe

DRUG : INS MONOCEF				Date Time	7/6/26	8/6																	
Dose	Route	Frequency	Start Date																				
1 gram	IV	BD	6/6		1:30 AM	1:30 AM																	
Name & Signature of the Doctor Starting the Drugs: Saneer																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : INS PIPTAZ				Date Time	6/6/26																		
Dose	Route	Frequency	Start Date																				
4-5 gram	IV	BD	6/6		10:40 AM	10:40 AM																	
Name & Signature of the Doctor Starting the Drugs: Saneer																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : INS METROGAL				Date Time	6/6/26	7/6/26	8/6																
Dose	Route	Frequency	Start Date																				
500mg	IV	TID	6/6		8 AM	8 AM	8 AM																
Name & Signature of the Doctor Starting the Drugs: Saneer																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							
DRUG : INS PANTOP				Date Time	7/6/26	8/6																	
Dose	Route	Frequency	Start Date																				
40mg	IV	OD	6/6		6 AM	6 AM	6 AM																
Name & Signature of the Doctor Starting the Drugs: Saneer																							
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign																							



KOH-00308767 IP2-00056485
 Mrs V MANJULA
 01-01-1996 30 Y (F)
 Dr. AKHILA GOGINENI

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

I.P. No.	Sheet No.	Wards	Weight (kg)
—	①	②②	—

REGULAR PRESCRIPTIONS

DRUG : <u>Luj-PIPTAZ</u>				Date	<u>7/6</u>	<u>8/6</u>													
				Time															
Dose	Route	Frequency	Start Dt.																
<u>1-5mg</u>	<u>IN</u>	<u>BD</u>	<u>7/6</u>	<u>7AM</u>	<u>X</u>	<u>AM</u>	<u>AM</u>												
Name & Signature of the Doctor starting the Drugs:																			
<u>[Signature]</u>																			
Additional Instructions:																			
<u>7AM</u>																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <u>TAB AUGMENTON</u>				Date	<u>7/6</u>															
				Time																
Dose	Route	Frequency	Start Dt.																	
<u>625mg</u>	<u>P/O</u>	<u>BD</u>	<u>7/6</u>	<u>8AM</u>	<u>X</u>															
Name & Signature of the Doctor starting the Drugs:																				
<u>[Signature]</u>																				
Additional Instructions:																				
<u>10PM</u>																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : <u>TAB METROGYL</u>				Date	<u>7/6</u>															
				Time																
Dose	Route	Frequency	Start Dt.																	
<u>400mg</u>	<u>P/O</u>	<u>TID</u>	<u>7/6</u>	<u>6AM</u>	<u>X</u>	<u>9AM</u>	<u>12PM</u>													
Name & Signature of the Doctor starting the Drugs:																				
<u>[Signature]</u>																				
Additional Instructions:																				
<u>10PM</u>																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : <u>TAB MISOPROSTOL</u>				Date	<u>7/6</u>															
				Time																
Dose	Route	Frequency	Start Dt.																	
<u>200mg</u>	<u>P/O</u>	<u>TID</u>	<u>7/6</u>	<u>8AM</u>	<u>X</u>	<u>9AM</u>	<u>12PM</u>													
Name & Signature of the Doctor starting the Drugs:																				
<u>[Signature]</u>																				
Additional Instructions:																				
<u>10PM</u>																				
Daily Doctor's Endorsement by a Sign.																				

KOH-00308767 IP2-00056485
 Mrs V MANJULA
 01-01-1998 30 Y (F)
 Dr. AKHILA GOGINENI



	I.P. No.	Sheet No.	Wards	Weight (kg)
	—	8	CC	—

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.																			

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Weight. — Ward. C C



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
7/6	3pm	T. mifepristone	200mg	PO	[Signature]	[Signature]
7/6		T. mifepristone	200mg	PO	[Signature]	
7/6	2:30pm	T. Calpal.	10gm	P/O	[Signature]	[Signature]
8/6	5:20AM	T. misoprostol	400mcg	P/O	[Signature]	[Signature]
8/6	8AM	INT. PCM	1gm	IV	[Signature]	[Signature]
8/6	9:30AM	T. MISOPROSTOL	400mcg	PV	[Signature]	[Signature]
8/6	9:40AM	INT. ZOFE R	4mcg	IV	[Signature]	[Signature]
8/6	9:40AM	INT. TRAMADOL IN 100ML NORMAL SALINE 100MG		IV	[Signature]	[Signature]
8/6	11:30AM	INT. BUSCOPAN	20MG	IV	[Signature]	[Signature]

VERIFIED BY: Name Signature

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 Mrs V MANJULA
 01-01-1996 30 Y (F)
 Dr. AKHILA GOGINENI

58795000-241 2928030-HOM

Weight. Ward. 4W



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6/26	11:45 AM	INJ. EPIDOSIN	8MG	IV	[Signature]	Tyasa
8/6/26	12:30 pm	T. MISOPROSTOL	400MCG	S/C	[Signature]	Tyasa
8/6/26	1:20 pm	INS. DROTIN	40MG	IV	[Signature]	Tyasa
8/6/26	4:20 pm	T. MISOPROSTOL	400MCG	PR	[Signature]	Tyasa
8/6/26	4:40 pm	TAB CABERGOLINE	0.5MG	P/O	[Signature]	Tyasa

Signature
Name
VERIFIED BY

KOH-00308787 IP2-00056485

Mrs V MANJULA

01-01-1996 30 Y

Dr. AKHILA GOGINENI

(F)

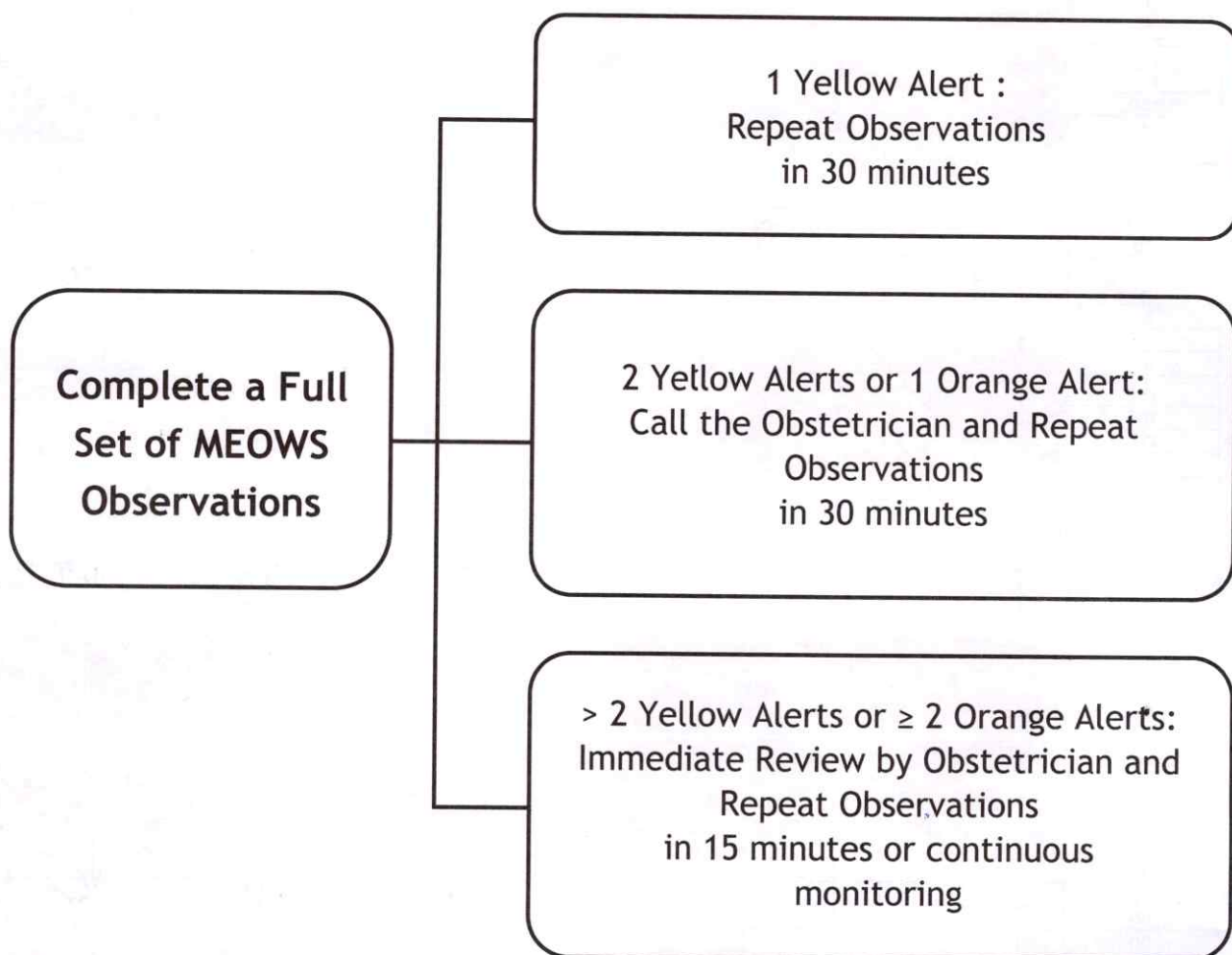


6/6/26 (1)
RESULT SHEET



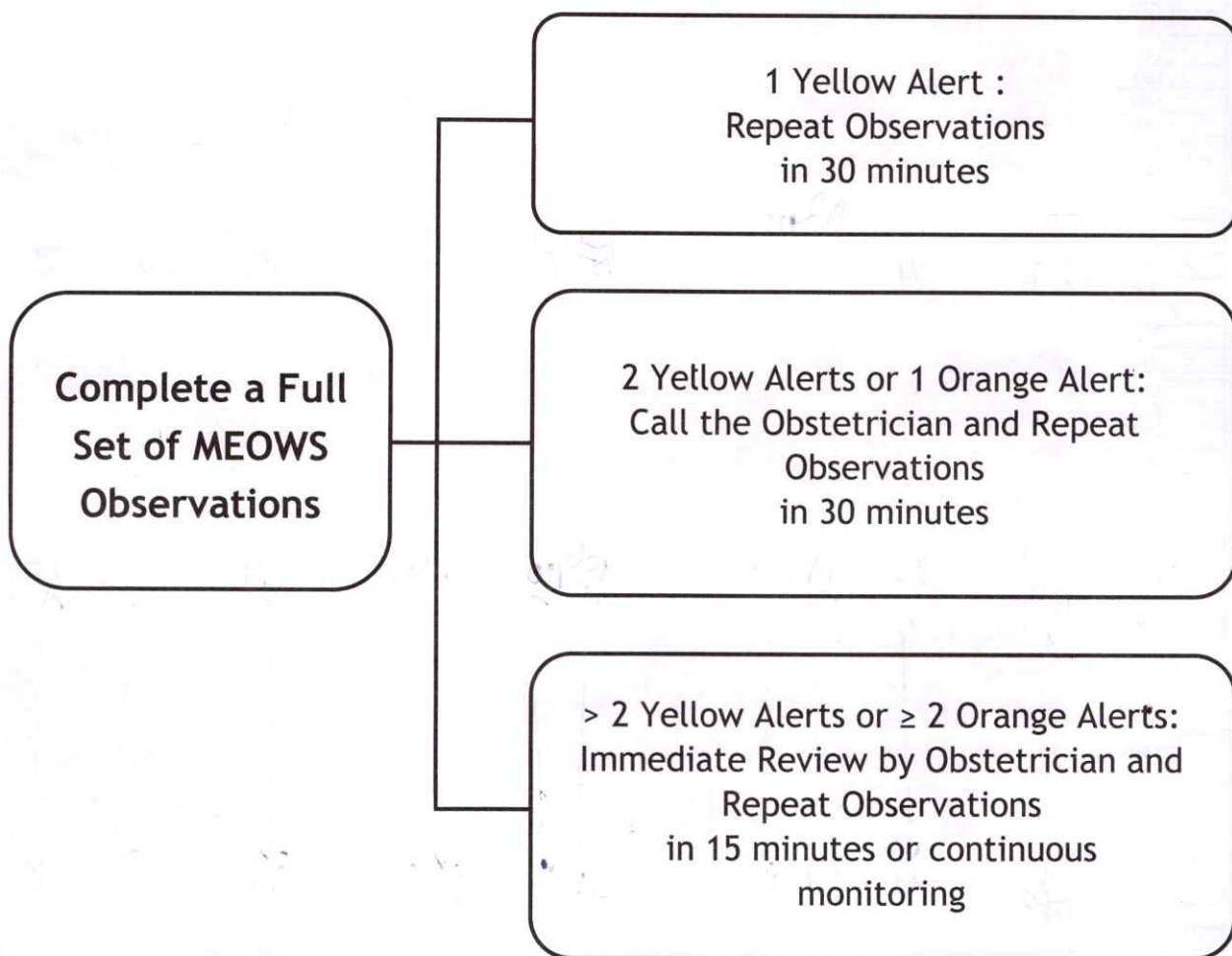
Date	6/6/26				
Time	11:13pm				
Hb	12.9				
PCV	37.1				
RBC	4.14				
WBC	10.21				
N/L					
Platelets	248				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					

Obstetrics and Gynaecology Early Warning Signs



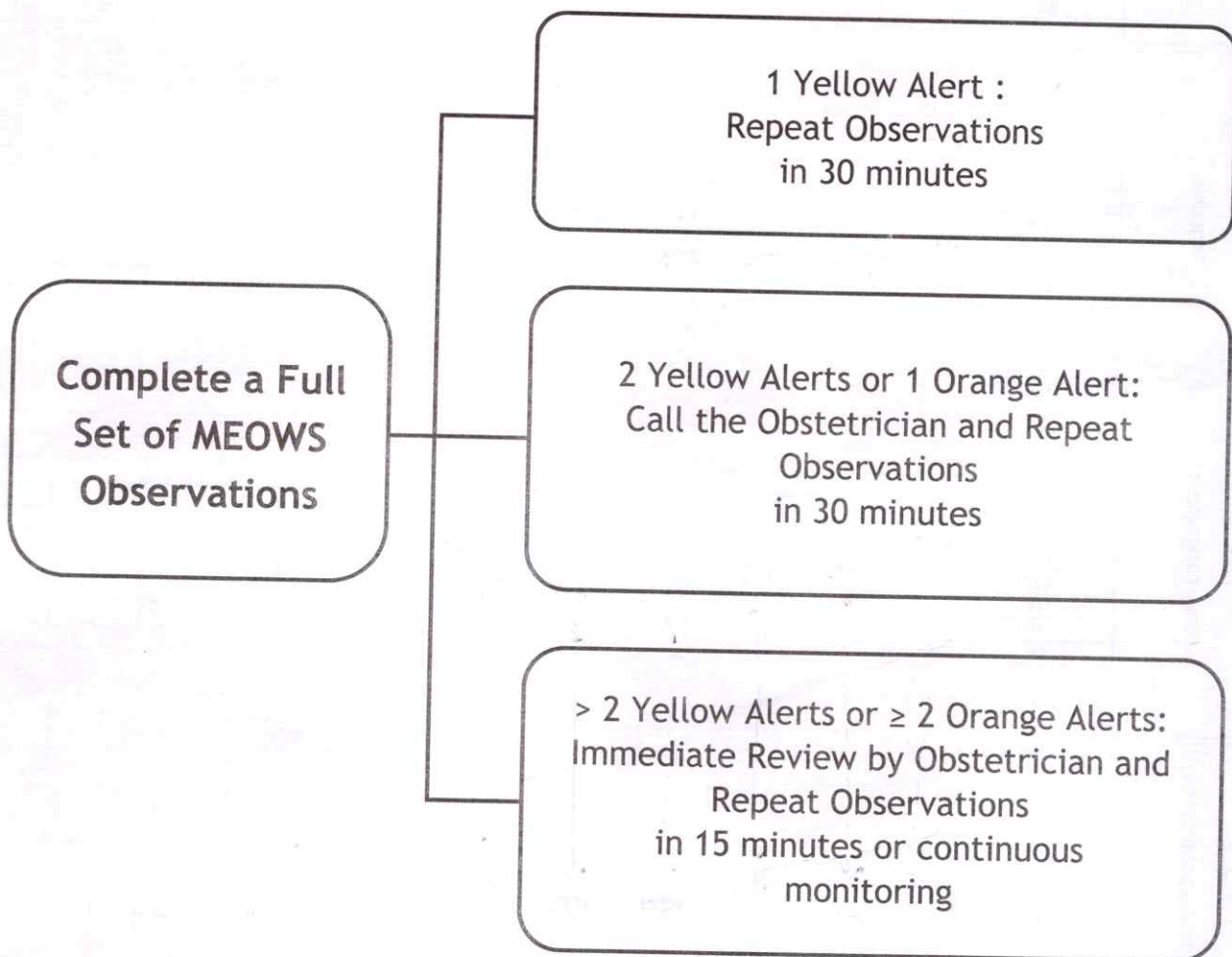
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS).

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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 Mrs V MANJULA
 01-01-1996 30 Y (F)
 Dr. AKHILA GOGINENI



FLUID CHART

Sheet No. : 6/6/20

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm									✓			
	10:00 pm										0		
	11:00 pm									✓			
	12:00 am										0		
	01:00 am										0		
Total Intake : Rice dal H ₂ O 400ml						Total Output : 4-2 m-0							
	02:00 am												
	03:00 am										0		
	04:00 am												
	05:00 am									✓	0		
	06:00 am										0		
	07:00 am										0		
Total Intake : H ₂ O 600ml						Total Output : 4-2 m-0							

Total 24 hrs. Intake
 Rice dal
 H₂O 1000 ml

Total 24 hrs. Output
 4-4 - m-0



7/05/26

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am					/					0	} Akhila
	09:00 am	Idly + Curry					0					
	10:00 am	H ₂ O 200ml					0					
	11:00 am	H ₂ O 300ml					0	✓				
	12:00 pm						0	✓				
	01:00 pm	H ₂ O 200ml					0	✓				
Total Intake : 700ml						Total Output : 0-0002						
	02:00 pm	① diet								0	} J	
	03:00 pm	H ₂ O 200ml							0			
	04:00 pm								0			
	05:00 pm	Tea							0			
	06:00 pm	water							0			
	07:00 pm								0			
Total Intake : Rice + H ₂ O						Total Output : 0-01 m-0						
	08:00 pm					/				0	} J	
	09:00 pm						0					
	10:00 pm	idly					0					
	11:00 pm	H ₂ O					0	✓				
	12:00 am						0	✓				
	01:00 am						0	✓				
Total Intake : idly + H ₂ O						Total Output : 0-01 m-0						
	02:00 am					/				0	} J	
	03:00 am						0					
	04:00 am	H ₂ O					0					
	05:00 am						0	✓				
	06:00 am	ORS 400ml + RL 500ml					0	✓				
	07:00 am						0	✓				
Total Intake : H ₂ O + RL 500ml						Total Output : 0-201 m-0						
Total 24 hrs. Intake			idly + Rice + H ₂ O + ORS 400ml			Total 24 hrs. Output			0-5 m-0			



FLUID CHART

8/6/26

Sheet No. : 3

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	IV	N.G							
	08:00 am	PL 500ml									0	[Signature]
	09:00 am	H ₂ O 200ml								0		
	10:00 am	H ₂ O 200ml								0		
	11:00 am	H ₂ O 200ml								0		
	12:00 pm	H ₂ O 200ml								0		
	01:00 pm	ORS 200ml								0		
Total Intake : 1300 ml					Total Output : U-0 M-0							
	02:00 pm	ORS 200ml								0	[Signature]	
	03:00 pm	H ₂ O 200ml PL 500ml								0		
	04:00 pm	Idly								0		
	05:00 pm	H ₂ O 200ml								0		
	06:00 pm	ops 200ml								0		
	07:00 pm									0		
Total Intake : 1300 ml					Total Output : U-Passed M-0							
	08:00 pm										[Signature]	
	09:00 pm	Rice Curry								0		
	10:00 pm									0		
	11:00 pm	H ₂ O								0		
	12:00 am									0		
	01:00 am									0		
Total Intake : Rice Curry + H ₂ O					Total Output : U-1 M-1							
	02:00 am									0	[Signature]	
	03:00 am									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		Idly + Rice Curry + H ₂ O			Total 24 hrs. Output		U-5 M-1			V-2		

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Mrs V MANJULA

01-01-1996 30 Y (F)

Dr. AKHILA GOGINENI



FLUID CHART

Sheet No. :

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 Thrombophlebitis 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											
	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						