

ACTIVITY VIH-00205241 IP-00060346

Mrs HIRANMAYEE MOHAPATRA
23-09-1997 28 Y (F)
Dr. SRILATA PATNAIK

Name: -----



UHID No: -----

Consultant: -----

Dept: -----

Date of Admission: 15/6/26 Time: 12:14 AM Date of Discharge: ----- Time: -----

Room / Bed No: 220 Ward: LW Suggested Billable bed type: -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	10:35 AM	LW	Room(204)	<i>[Signature]</i>

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
15/6/26	I.v placement	1	2090389	
15/6/26	Catheterization	1	2090389	
15/6/26	PAC	①	2090389	
Crown checked by a Shantini 15/6/26 AM				

ANY OTHER INFORMATION

Date: 16/6/26

Time: 9AM

Prepared By: *[Signature]*

Staff Nurse <i>Sushale</i>	Shift / Ward <i>AM 16/6/26 9AM</i>	Billing Assistant	Billing Supervisor
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SURGERY DETAILS



Sl.No.

Date : 15/6/26

Patient Name : Mrs. Hiranmayee Mohapatra Age : 28 y Sex : F

UHID No. : 205241 IP No: 60346

Date of Surgery : 15/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : Normal delivery & Epidural

Time in : 5 AM Time Out : 6 AM

NAME

AMOUNT

- | | | |
|----------------------|-----------------------|-------|
| 1. Surgeon | : Dr. Srilata Patnaik | |
| 2. Anaesthetist | : | |
| 3. Asst. Surgeon | : | |
| 4. OT Technician | : | |
| 5. Circulating Nurse | : A. Sranishi | |
| 6. Asst. Nurse | : | |

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3090377 Ordered by :

INSURANCE COPY

Name	Mrs HIRANMAYEE MOHAPATRA	UHID	VIH-00205241
Father/Guardian	Mr SUBHRANSU SEKHAR DAS	Age/Gender	28 Y /Female
Address	ratnanidhi residency, nacharam, telangana, Nacharam, Hyderabad, Telangana, INDIA, 500076		
IP No	IP-00060346	Admission Date	15-06-2026
Ref Doctor	Self	Discharge Date	16-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SRILATA PATNAIK,

Diagnosis: G2A1 with 38+1 weeks with Hypothyroidism in Latent labour for Delivery.

SPONTANEOUS NORMAL VAGINAL DELIVERY WAS DONE UNDER EPIDURAL ON 15.6.2026

History:

LMP: 21/9/2025

Obstetric formula: G2A1

EDD: 27/6/2026

Gestation at admission: 38+1 weeks

Obstetric History:

G1 -5 weeks/ MTP/ 2024

G2-Present pregnancy, Spontaneous conception.

Medical History: Hypothyroidism since 7 years on Tab. Thyroxine 12.5mcg OD

Family History: Mother- DM; Father- DM, HTN

Surgical History: Appendectomy in 2018

Allergies: Nil

Name	Mrs HIRANMAYEE MOHAPATRA	UHID	VIH-00205241
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Antenatal Details: Mrs HIRANMAYEE MOHAPATRA was unbooked to Rainbow hospital. She had previous antenatal checkups done at Bapuji hospital Nacharam. She h/o UTI at 24 weeks and managed conservatively. Two doses of TT taken. She had complaints of pain abdomen since 7pm on 14.6.2026. She was admitted at 38+1 weeks with Hypothyroidism in Latent labour for Delivery.

Investigations: Enclosed.

Blood group: 'A' POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was acting 2c/25sec/10min, cervix was 50% effaced and 2cm dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Artificial rupture of membranes done at 4 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 4cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 5.30 am. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 400 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Name	Mrs HIRANMAYEE MOHAPATRA	UHID
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Delivery Details:

Date: 15/6/2026

Time of Delivery: 5:37 AM

Type of Labour: Spontaneous

Type of Delivery: Spontaneous

Analgesia: Epidural

Baby Details:

Date: 15/6/2026

Time: 5:37 AM

Sex: Female

Weight: 2.895 kg

Apgar: 7/10, 9/10

Gestational Age: 38+1 weeks

NICU Admission: No.

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Ceftum 500mg (Cefuroxime-500mg) twice daily till 21/6/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 21/6/2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 21/6/2026 (10am-

Name	Mrs HIRANMAYEE MOHAPATRA	UHID	VIH-00205241
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4pm-10pm) after food.

4. Tab. Thyroxine 12.5 mcg once daily on empty stomach till further orders.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Tab. Pantoprazole 40 mg once daily till 21/6/2026 (7am) before food.
8. Repeat TSH after 6 weeks and review with reports.
9. Metronidazole P ointment and Betadine Lotion for local application.
10. Syp. Duphalac 15 ml at bedtime for one week.
11. HPV vaccine after 6 weeks of delivery.


Review after one week on 23/6/2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name: *Subhansu Sekhar Das*

Signature: 

Relationship: *Husband*

Name	Mrs HIRANMAYEE MOHAPATRA	UHID
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This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. SRILATA PATNAIK
MBBS MD

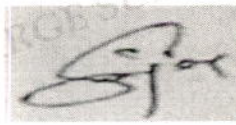
PatientName : Mrs HIRANMAYEE MOHAPATRA **Inpatient No.** : IP-00060346
Age/Gender : 28 Y / Female **Admit Date** : 15-06-2026
Ward/Bed : N 2F-LABOUR WARD/ LW 220 **Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
BLEEDING TIME/CLOTING TIME (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 00:41
BLEEDING TIME	2 min : 10 sec	min.	1 - 5
CLOTING TIME	4 min : 40 sec		3 - 7



Dr. SRUJANA SHYAMALA, MD, DNB
 Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :15-06-2026 00:41
HEMOGLOBIN (Colorimetry)	9.5	g/dL	L 12 - 16
RBC COUNT (DC detection method)	3.60	10 ¹² /L	L 4 - 5.2
PCV/HCT (Calculated)	28.2	VOL%	L 33 - 51
MCV (Calculated)	78.2	fL	L 80 - 100
MCH (Calculated)	26.4	pg/cells	26 - 34
MCHC (Calculated)	33.8	g/dL	32 - 36
RDW-CV (Calculated)	14.3	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	211	10 ⁹ /L	150 - 450
MPV (Calculated)	10.1	fL	H 6.5 - 10
WBC COUNT (DC Detection Method)	11.65	10 ⁹ /L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	76	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	18	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	05	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	01	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC : NORMOCYTIC / HYPOCHROMIC WBC : LEUCOCYTOSIS PLATELETS : ADEQUATE		



Dr. SRUJANA SHYAMALA, MD, DNB
 Consultant Pathologist, Reg No : 39356

ADMISSION SHEET

Registration Details :



Admission No : IP-00060346

Admit Date : 15-Jun-2026

Admit Time : 12:14 AM UHID : VIH-00205241

Patient Details :

Patient Name : Mrs HIRANMAYEE MOHAPATRA

Age : 28 Y

Guardian : Mr SUBHRANSU SEKHAR DAS

DOB : 23-09-1997

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : ratnanidhi residency, nacharam, telangana
Nacharam Hyderabad Telangana INDIA
500076

Phone No : 6350063480/ 8114865794

E-mail : subhrabsut2@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

Contact Details :

Name : Mr SUBHRANSU SEKHAR DAS

Relationship : W/O

Contact Address : ratnanidhi residency, nacharam, telangana
Nacharam Hyderabad Telangana INDIA 500076

Phone No : 6350063480 / 8114865794

15/06/26
Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA
 23-09-1997 28 Y (F)
 Dr. SRILATA PATNAIK



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify L100

Primary Language: Telugu English Hindi Others, specify _____

Do you require an interpreter? Yes No if Yes specify _____

Source of Information: Patient Family Others, specify _____

Allergies: Yes No Medications Blood Transfusion Food Other: _____

If yes, identify _____

Chief Complaints: Came to clo pain Doctor Notified on Admission: Yes No
Abdomen since 7 Pm Name of the Doctor: Dr.
 Time Notified: 12:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism since 7 years is on T-TAUOXINE 12.5mcg</u>	<u>Appendectomy in 2018</u>	<u>NO</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche: _____	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>21/9/25</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others: _____	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G _____ P 3 L _____ A _____

Previous LSCS: NO

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other Mother - DM, Father - DM, HTN

Vital Signs / Measurements: Temp: 98.2 F HR: 186/min RR: _____
 BP: 102/73 mmHg Weight: 62.3 kg Height: 158 BMI: 25 kg/m²

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score15..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score28..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives Withfamily.....

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump : Yes No
- Hand Hygiene Explained: Yes No
- Others

Above information given toMrs. Hiranmayee.....

Name of Person Orientation was given to:Mrs. Hiranmayee.....




Orientation not given Reason:Mrs. Hiranmayee.....

Nurse Signature:Kand.....

Nurse Name:Kand.....

Date & Time:15/6/26 12:00 am.....

PATIENT TRANSFER FORM

VIH-00205241 IP-00060346 Mrs HIRANMAYEE MOHAPATRA 23-09-1997 28 Y (F) Dr. SRILATA PATNAIK 		Date & Time of Admission 15/6/26 12:14 AM	Date & Time of Transfer Order 15/6/26 @ 10:35 AM
Treating Consultant Name		Transfer Ordered by Dr. Yogeshwar	Reason for Transfer Observation.
From Unit L/W	Room To Unit (204)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tab - Cefuroxime - 500mg - (10)	6) Bacirub - (1)	
2.	Tab - Pantop - (10)		
3.	Tab - Diadofin - (10)		
4.	saeel - (1)		
5.	under - pad - (1)		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring sis. Rani		Name of Person Ordered Transfer Dr. Yogeshwar M. Chellu	
Patient & Clinical Records Received by : 		Epidural Catheter Removed YES/NO	
Date & Time of Patient Received : 15/6/26 @ 10:40 AM			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready



IP A OR OBSTETRICS

Presenting Complaints

Came to Pain Abdomen since 7PM

Obstetric Formula: G₂A₁
 ML- 4 4 4, NCM

Obstetric History:

G₁ - 5 weeks / Medical MTP/2024

G₂ - PP, Spontaneous conception

Present Pregnancy Record: Unbooked to RCH

Previous ANCs at Bapuji Hospital, Nacharam.
 H/o UTI at 24 weeks and was managed conservatively. Two doses of Ty-TT

RISK FACTORS: taken.

Hypothyroidism (12.5mcg)

LMP: 21/9/25 EDD:

Corrected EDD: 27/6/26 GA: 38+1 weeks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: ~ T9

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable:

FHS: Normal Tachy Brady Absent

⊕ 150 bpm

Per Speculum Examination Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated 2cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 158 cm

Weight: 62.3 kg

Allergies: NIL

Breast: Normal Abnormal

General Examination:

Consciousness: c/c/c

Pallor: ⊖

Icterus: ⊖

Edema: ⊖

Temp: Afebrile

PR: 82 bpm

BP: 107/68 mmHg

DTR: ⊕

CVS: S1/2 ⊕

RS BAE ⊕

Liver/Spleen: ⊕

Urine Output: Adequate

DIAGNOSIS

G₂A₁ Primigravida with 38+1 weeks with hypothyroidism in latent labour for delivery.



<p>Family History:</p> <p>Mother - DM, HTN. Father - DM, HTN.</p>	<p>Surgical History:</p> <p>Appendectomy in 2018.</p>
<p>Medical History:</p> <p>Hypothyroidism since 7 years & is on LEVOTHYROXINE 125mcg</p>	<p>Medication History:</p> <p>Allergies - Nil.</p>
<p>Plan of Care: <u>C/I to Dr. Srilata Mam</u></p> <ul style="list-style-type: none"> - Admission - Consent - Parts Preparation - FHR monitoring - NST um hly - Monitor vitals - Follow drug chart - Inform sos - send CBP, BT, CT, Thyroid Profile, ECG. <p>Noted by Karale 15/6/26 @ 12:30 AM</p>	<p>Investigations: <u>BLOOD GROUP - 'A' POSITIVE</u></p> <p>HIV } NR 3/4/26 TB CAg } HCV } VDRL }</p> <p>CBP - 1015 / 14100 / 1.91 L. TSH - 2.16 CURB - leucocytes ++ Pus cell 10-12 Ec 10-15 Bacteria (+) TITFA scan (14/2/26) SLIUF 20+4 wks CL - 2.9cm No Anomalies</p> <p><u>Growth scan (23/5/26)</u> SLIUF 35 weeks Cephalic. AFH - 13.0cm AC - 25.7 EFW - 2.466kg Placenta - Ant, High. Doppler (+)</p> <p><u>NT scan (16/12/26)</u> SLIUF NT - 10mm. Nasal bone (+) CL - 3.5cm</p> <p>Fetal 2D Echo - (+) FTS - low risk.</p>

Doctor Name: Dr. Greshma
 Signature: [Signature]
 Date & Time: 15/6/26, 12:30 AM

Consultant Name: Dr. SRILATA PATNAIK
 Signature: [Signature]
 Date & Time: 15/6/26, 12:30 AM

VIH-00205241

IP-00060348

Mrs HIRANMAYEE MOHAPATRA

23-09-1997

28 Y

(F)

Dr. SRILATA PATNAIK

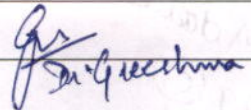


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Date</u> <u>Time</u> <u>FHR</u>	<u>Centralexi</u>
14/6/26	11 ³⁰ pm - 142 b/min	
15/6/26	12 AM - 136 b/min	
	12 ³⁰ am - 140 b/min	- 2 cut /cont / 25 sec
	1 am - 134 b/min	
	1 ³⁰ am - 132 b/min	
	2 am - 140 b/min	
	2 ³⁰ am - 143 b/min	- 3 cont /cont / 25 sec
	3 am - 136 b/min	
	3 ³⁰ am - 140 b/min	
	4 am - 136 b/min	- 2 cut /cont / 25 sec
	4 ³⁰ am - 138 b/min	
	5 am - 140 b/min	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 3 AM	BT - 2:10 sec CT - 4:40 sec CBP - 9.5 / 11.65 / 2.11 L	10 PRBC available at transfer blood bank 
15/6/26 4 am	At wants epd dural oleptolol cefaz cefuroxime BP - 121/69 mmHg PR - 100 bpm sLENAD PIA ut 24 3U30sd 110 ml FUR @ 140 bpm cephalic Pv - cx 90l-effused OS - 4cm m @ UIC	- ad - soft diet - NST checking - continue - FUR monitoring - WIF PO - monitor vitals - following day - inform SOS
noted by Kanak @ UAN 15/6/26	PPUX-21	HD ASAN




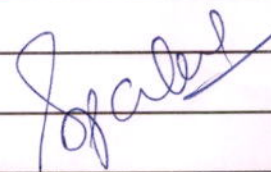
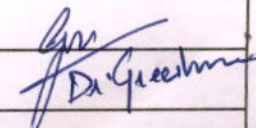
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 4:30am	<p>ULS by Dr. Srilata mam PR - cx fully effaced OS - 4cm M ⊕ Uq ⊕ PPR 1-2</p>	
ARM done Uq ⊕		Dr. Ashini
15/6/26 5:30 AM	<p>O/E A - 1st dete cc - fair Aphite BP - 116/78 mmHg PR - 82 bpm S/E - NAD PA - uterine Cephalic 34 35 weeks FHR ⊕ 138 bpm V/G - cx: fully effaced OS: 8cm PPR 1-2</p>	<p>Adv - W/F POL - Monitor vitals - Follow drug chart - Infuse Ser.</p>
↓ Epidural		
<p>Noted by <u>Kamal</u> @ 5:30 AM ⊕ 10/6/26 M ⊕, Uq ⊕</p>		<p>Dr. Ganesan</p>

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Paf No.: F / HW / PGN / INPR / 15

VIH-00205241 IP-00060346
Pati Mrs HIRANMAYEE MOHAPATRA 28 Y
Ag' Dr. SRILATA PATNAIK (F) F
I.F. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)				
		<u>Delivery Notes</u>				
15/6/26	5:45 AM	Dr. Sunita Patraik Dr. Ashwini Sis Shamini / Subasini Kamala.				
		Under strict aseptic conditions, patient placed in lithotomy position. Parts painted & draped. At the time of crowning, at peak of contraction, RMCE given; Under 2% lignocaine.				
		A Female baby of weight 2.895kg of APGAR 7/10, 9/10 delivered at 5:37 AM on 15/6/26.				
		Baby cried immediately, cord clamped & cut. Baby handed over to Pediatrician. Placenta & membranes expelled. Episiotomy sutured in layers. No Perineal tears or extensions noted. Hemostatics secured.				
		PR done NAD.				
		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Female</td> <td>2.895 kg</td> </tr> <tr> <td>5:37 AM</td> <td>15/6/25</td> </tr> </table> <p style="text-align: center;">7/10, 9/10</p>	Female	2.895 kg	5:37 AM	15/6/25
Female	2.895 kg					
5:37 AM	15/6/25					
		 				

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

15/6/26
6AM

PND-0

O/E Pt is c/c/c
Gc-fair
Afebrile

BP- 108/22mmHg
PR- 82bpm
S/E-NAD

PIA- utw w/r
soft BS ⊕

L/E-NAB

Baby motherside $\left\{ \begin{matrix} A \\ H \end{matrix} \right. \rightarrow$ BF ⊕

Adv

- Soft diet
- W/F Bleeding PV
- Adequate hydration
- Monitor vitals
- Follow drug chart
- Inform sos.

W.

Noted by Karan

15/6/26 @6AM

[Signature]

[Signature]
Dr. Gredhna

15/6/26
10:30AM

PND-0

O/E Pt is c/c/c
Gc-fair

Afebrile
BP- 98/60mmHg
PR- 86bpm
S/E-NAD.

PIA- utw w/r
soft BS ⊕

L/E-NAB

Baby $\left\{ \begin{matrix} A \\ H \end{matrix} \right. \rightarrow$ BF ⊕

Adv

- Normal diet
- W/F bleeding PV.
- Adequate hydration
- Monitor vitals
- Follow drug chart
- Inform sos

Urine passed

Pt can be shifted to room

[Signature]

Dr. Yogeshwari

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA (F)
 23-09-1997 28 Y
 Dr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 1 PM	PND-0 O/E PT is c/c/c Uc fair Afebrile BP- 112/72 mmHg PR- 86 bpm S/E - NAD PIA - Utvwr Soft L/E - NAB Baby - A BF ⊕	Adv - Normal diet - W/F bleeding PV - Monitor vitals - Adequate hydration - Ambulation - Follow drug chart - Inform sos
		Dr Yogeshwar
15/6/26 7 PM	C/I to Dr Srilata mam PT c/o pain ^{mild} & bleeding over left Nipple area	Adv zytee ointment
		Dr Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 9pm	<u>PND-0</u> o/e pt P s c/dc Uc fair Afebrile BP-106/62 mmHg PR-82 bpm S/E-NAD PIA-ut~wr soft U/E-NAB Baby ^A / _H BF⊕	<u>Adv</u> - Normal diet - Monitor vitals - W/F bleeding pv - Adequate hydration - Ambulation - follow drug chart - Inform SOS
15/6/26 10pm	Noted by Abanubh 15/6/26 10pm	↓ Dryogeshwar
16/6/26 7am	<u>PND-1</u> o/e pt P s c/dc Uc fair Afebrile BP-115/54 mmHg PR-86 bpm S/E-NAD PIA-ut~wr soft U/E-NAB Baby ^A / _H BF⊕	<u>Adv</u> - Normal diet - Monitor vitals - W/F bleeding pv - Adequate hydration - Ambulation - Follow drug chart - Inform SOS
	urine passed Motion not passed patient can be discharged	
	Noted by Abanubh 16/6/26 @ 8am	vaginal examination done ↓ Dryogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16.6.26 10AM	[18 AM]	Dr. S. Patnaik
Baby's mother for discharge	Afebrile nilabletable P/A soft W-unsual Low Leukocytes (M)	① Normal diet ② Local
reled by	16/6/26 10 AM	

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Mrs. Hiranmayee Mahapatra Gender: Male Female

UHID No : 111-00205241 Department : Anesthesiology Date : 15/6/26

I Mrs. Hiranmayee Mahapatra S/D/W/O

Here by give consent for procedure of : Epidural for labor analgesia

For my patient, Named : Mrs. Hiranmayee Mahapatra

The doctors have clearly explained to me that the procedure has following possible complications:

Hemodynamic instability, unilateral or patchy block, need for Resuscitation, itching, shivering, bleeding, PDPH, accidental dural puncture

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

IV Opioids, Entonox

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Dr. Brunda

Patient Attendant : 

Signature : 

Name : Hiranmayee

Relationship with Patient: self.

Date & Time : 15/6/26, 4 AM

Witness : 

Signature : 

Name : Subhrajou S. M. (Husband)

Date & Time : 15/6/26, 4 AM

Doctor (who is taking the consent) :

Signature : 

Name : Dr. Brunda

Date & Time : 15/6/26, 4 AM

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా గోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్వా

సంతకము

పేరు

తేదీ మరియు సమయము

**Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUATION**



Name: Mrs. Hiranmayee Mohapatra Age: 28y Sex: F UHID.No: VIH-00205241

Date: 15/6/20 Time: 4am Proposed Operation: Epidural for labor analgesia

Diagnosis: G2A1 38 wks for MVD

B.P./CRT: 122/78mmHg H.R: 116bpm Weight: 62kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 9.5 Glucose: Protein: HIV: g NR X-Ray:
 PCV: Urea: Alb: HBS Ag: g NR ECG:
 WBC: Creat: Total Bill: HCV: g NR 2D Echo:
 Plate: 2.11lakw Na: Dir. Bill: Blood group: Ave Stress/Anglo:
 PT: K: LDH: T3: Other:
 PTT: Ca++: Alk phos: T4:
 INR: Mg++: Amylase: TSH:
 Cl-: SGOT/SGPT:

Allergies: NLDA

Medical History: CVS:
 RESP: Diabetes: →
 CNS: Hypothyroidism since 7 yrs
 Renal:
 Hepatic / GE: on T. Thyronom 12.5mg Physical Activity: Moderate
 Others:

Past Anaesthetic History: Appendicectomy done - Uneventful.

Physical Exam:
 Airway: MP 1 (2) 4 Mouth Opening: Adequate Laryngoid Distance: (N) Neck: (N) Teeth: Intact
 Lungs: R/L NVBS (+)
 Heart: S1 (+)
 CNS: NAD

Pregnant: Yes No NA Venous Access Site: (P) Spine Exam for regional: Midline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: B. de Name: Dr. Brunda

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA
 23-09-1997 28 Y (F)
 Dr. SRILATA PATNAIK



①

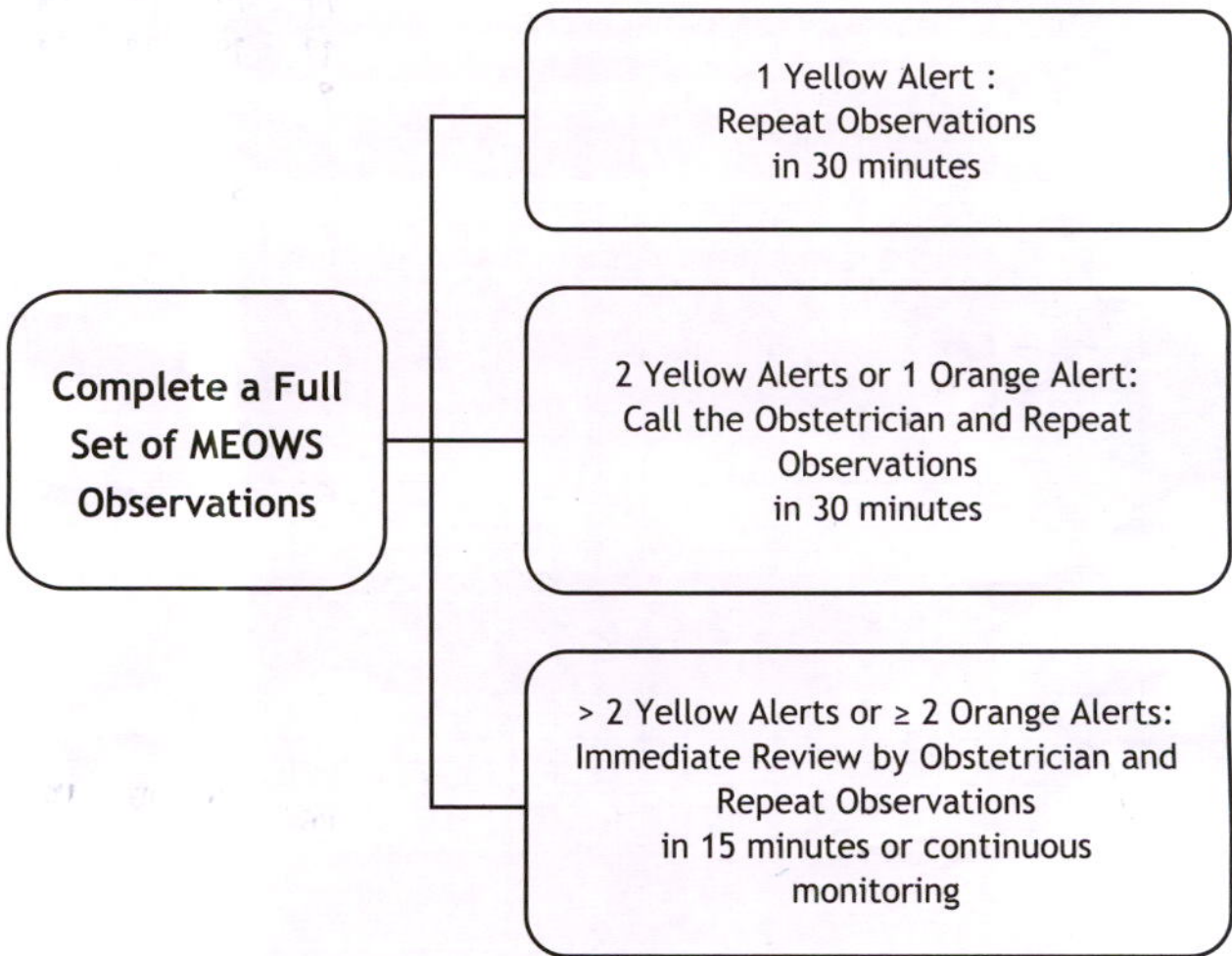


Early Warning Observation Score Chart - Obstetrics

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
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
80																									
70																									
60																									
50																									
40																									
Diastolic Blood Pressure	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																									
TOTAL ORANGE SCORES																									
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA
 23-09-1997 28 Y (F)
 Dr. BRILATA PATNAIK

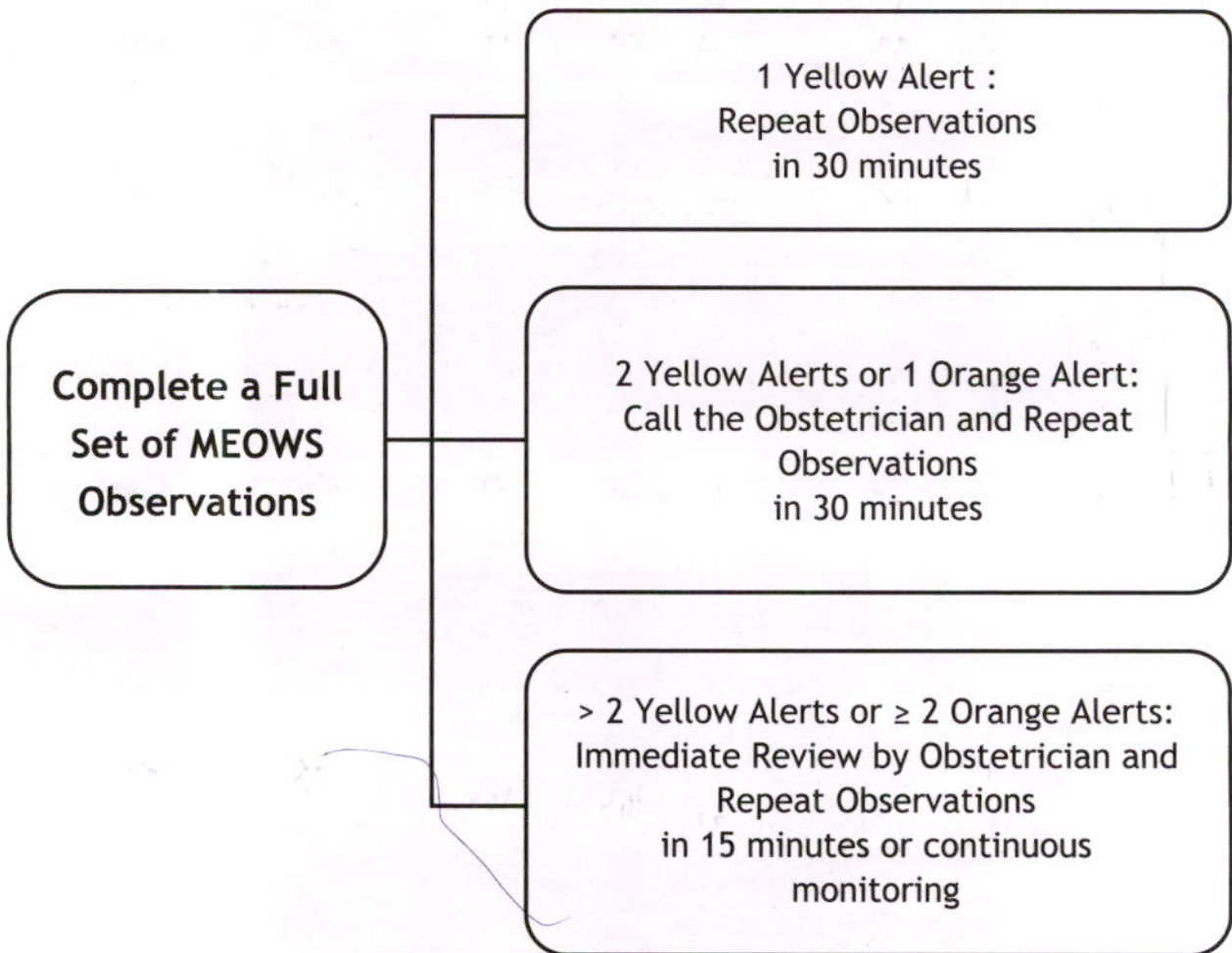


Observation Score Chart - Obstetrics

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	19				19	19				19				19				19					19	
	0 - 10																									
Saturations	94 - 100 %	98	99				99	99				99				99				99					99	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37	37				37	37				37				37				37					37	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	97																								
	90		86				85	87				82				85				85						81
	80																									
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	117																								107
	110																									
	100		98				97	103				106				115				110						107
	90																									
80																										
70																										
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80	61																								61
	70		60				62	60				62				54				61						61
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert	✓	✓				✓	✓				✓				✓				✓					✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓	✓				✓	✓				✓				✓				✓					✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	✓				NA	NA			NA				NA				NA					NA		
	Heavy / Foul																									
Liquor	Clear / Pink	NA	✓				NA	NA			NA				NA				NA					NA		
	Green																									
TOTAL YELLOW SCORES		1	1				0	0			0				0				0					0		
TOTAL ORANGE SCORES		0	0				0	0			0				0				0					0		
Nurse Initial		DP	DP				DP	DP			DP				DP				DP					DP		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA
 23-09-1997 28 Y (F)
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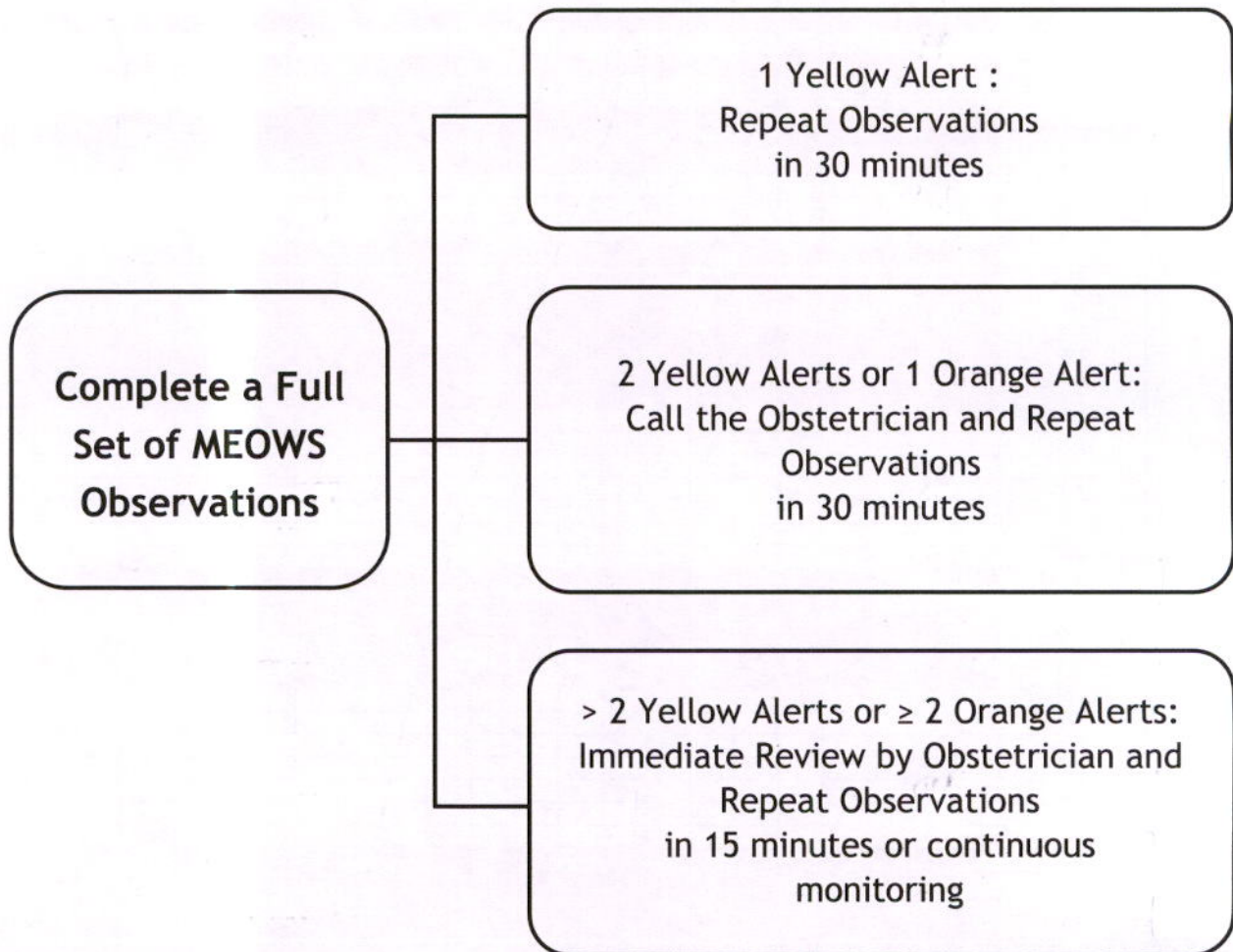


Early Warning Observation Score Chart - Obstetrics

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																									
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	0 - 10																									
Saturations	94 - 100 %																									
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Administered O ₂ (L/min.)																										
Temp ^o C	40																									
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	38																									
	37																									
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
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	80																									
	< 40																									
	Systolic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
120																										
110																										
100																										
< 50																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
Pain																										
Unresponsive																										
URINE mls / hour	> 30																									
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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)



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 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												
	11:00 pm	H ₂ O + 50ml								✓	0		
	12:00 am	H ₂ O + 50ml									0		
	01:00 am	H ₂ O + RL 100 ml/hr								✓	0		
Total Intake : 200ml						Total Output : Passed							
	02:00 am	H ₂ O 50ml									0		
	03:00 am	H ₂ O 100ml + RL 500ml								..	0		
	04:00 am	H ₂ O 100ml + RL 500ml								100ml	0		
	05:00 am	H ₂ O 50ml								100ml	0		
	06:00 am	H ₂ O 100ml								100ml	0		
	07:00 am	H ₂ O 100ml								100ml	0		
Total Intake : 1500ml						Total Output : 300ml							
Total 24 hrs. Intake		1700ml											
Total 24 hrs. Output		300ml											



FLUID CHART

Sheet No. : 9

- 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							
15/6/26	08:00 am	H2otany							✓		} padma 15/6/26 @ 2pm } Deepika 15/6/26 @ 8pm	} } } } } }
	09:00 am	H2ot 50 ml										
	10:00 am											
	11:00 am	Water										
	12:00 pm								~			
	01:00 pm	H2o										
Total Intake :					Total Output :							
15/6/26	02:00 pm										} } } } } }	} } } } } }
	03:00 pm	H2o										
	04:00 pm					✓						
	05:00 pm								✓			
	06:00 pm	Water							✓			
	07:00 pm											
Total Intake :					Total Output :							
15/6/26	08:00 pm										} } } } } }	} } } } } }
	09:00 pm								✓			
	10:00 pm	Ricet										
	11:00 pm	H2o.										
	12:00 am								✓			
	01:00 am											
Total Intake :					Total Output :							
16/6/26	02:00 am										} } } } } }	} } } } } }
	03:00 am											
	04:00 am	H2o							✓			
	05:00 am											
	06:00 am								✓			
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00205241 IP-00080346
 Mrs HIRANMAYEE MOHAPATRA
 23-09-1997 28 Y (F)
 Dr. SRILATA PATNAIK



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		
16/6/20	08:00 am		Idly								✓	16/6/20 16/6/20
	09:00 am		+ H ₂ O									
	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

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA (F)
 23-09-1997 28 Y
 Dr. SRILATA PATNAIK

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: Shifted to:

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	T-THYROXINE	12.5mcg	PO	ONCE DAILY	14/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T-IRON	1TAB	PO	ONCE DAILY	14/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T-CALCIUM	1TAB	PO	ONCE DAILY	14/6/26	<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 : Dr. Geethima

Date & Time : 15/6/26, 12:10 AM

Nurse Name & Signature: Manala

Date & Time : 15/6/26 @ 12:10 AM

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA
 23-09-1997 28 Y (F)
 Dr. SRILATA PATNAIK



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: LW Shifted to: Room 604

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	T. THYROXINE	12.5 mcg	PO	ONCE DAILY	14/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. CEFUROXIME	500 mg	PO	12TH HOURLY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. PARACETAMOL	1GM	PO	8TH HOURLY	15/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. DICLOFENAC	50mg	PO	8TH HOURLY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. PANTOPRAZOLE	40mg	PO	ONCE DAILY	15/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	SYRUP LACTULOSE	15ml	PO	AT BED TIME	15/6/26	<input checked="" 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 YOGESHWARI

Date & Time : 15/6/2026 10:30 AM

Nurse Name & Signature: Rani

Date & Time : 15/6/26 @ 10:30 AM

al. d. d. d. d. d.
Epidural Catheter Removed
 YES NO

VIH-00205241 IP-00060346
 Mrs HIRANMAYEE MOHAPATRA
 23-08-1997 28 Y (F)
 Dr. SRILATA PATNAIK



DRUG CHART

Date of Admission: 15/6/26 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 : OINTMENT METROGYL-P				Date																		
				Time																		
Dose	Route	Frequency	Start Date																			
1	LOCAL	AS NEEDED REQUIRED	15/6/26																			
Doctor's Signature		Valid Period	Pharm.																			
<i>[Signature]</i>			<i>[Signature]</i>																			
Additional Instructions:																						
METRONIDAZOLE + POVIDINE SODINE OINTMENT																						
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
[Signature]

Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

JLAR 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.																				



Weight. 62.3kg Ward. 112

C. S. Sharma 15/6/26 @ 7 AM

VARIABLE DOSE		Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE LOTION		Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Route LOCAL	Start Date 15/6/26	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor Dr. Gireeshma		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.	

C. S. Sharma 15/6/26 @ 7 AM

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE OINTMENT		STOP	Dose	Dose	Dose	Dose
			Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route LOCAL	Start Date 15/6/26	Dose	Dose	Dose	Dose	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Name & Signature of the Doctor Dr. Gireeshma		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
15/6/26	1:45 AM	INJ-CEFOTAXIME (AFTER TEST DOSE)	1GM	IV	[Signature]	Sule [Signature]
15/6/26	3:15 AM	INJ DROTAVERINE	40 MG	IV	[Signature]	Sule [Signature]
15/6/26	3:10 AM	ENEMA PROCTOCOLYSIS	100 ML	PR	[Signature]	Sule [Signature]
15/6	4:30 AM	INJ DROTAVERINE	40 MG	IV	H	Sule [Signature]
15/6	5 AM	INJ VALETHAMATE BROMIDE	8 MG	IV	H	Cute [Signature]
15/6	5 ^{sub} AM	INJ OXYTOCIN	10U	IV	[Signature]	Sule [Signature]
15/6	5 AM	DICLOFENAC SUPPOSITORY	100 MG	PR	H	Sule [Signature]
15/6	5 ⁵⁰ AM	T. MISOPROSTOL	400 MG	PR	H	Sule [Signature]
15/6	5 ⁵⁰ AM	INJ PARACETAMOL	1 GM	IV	[Signature]	Sule [Signature]

VERIFIED BY : neathie

Chait 15/6/26
 15/6 3 AM
 15/6 6 AM
 15/6

