

1

VIH-00206113 IP-00060425  
Mrs. ELUVAKA SRILEKHA  
29-05-1996 30 Y 0 M 23 D (F)  
Dr. MADHUMITA ANIRUDDHA GITAY

ING

Name:  \_\_\_\_\_

UHID No : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant : \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission : 21/6/26 Time : 1:15 AM Date of Discharge : \_\_\_\_\_ Time : \_\_\_\_\_

Room / Bed No : 219 Ward : L1W Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
		L1W		

**Cross Consultation Visit**

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







# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



VIH-00206113 IP-00060425

Patient Name :

Mrs ELUVAKA SRILEKHA  
29-05-1996 30 Y 0 M 24 D (F)  
Dr. MADHUMITA ANIRUDDHA GITAY

IP.No: 60425

Ward: L/W



DOA: 21/6/2021 - 1:15AM

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment form	1			
4	Patient Transfer Forms	-			
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	6			
7	Nurses Progress notes	3			
8	Consultation Sheets	-			
9	General Consent for Treatment	1			
10	Consent for Surgery	-			
11	Consent for Blood Transfusion	-			
12	Consent for Chemotherapy	-			
13	Consent for High Risk	-			
14	Consent for Restraint	-			
15	DAMA Consent	-			
16	Consent for Special Procedure	-			
17	Consent for Radiological Investigations	-			
18	Consent for HIV Test	-			
19	Anaesthesia consent form	1			
20	Anaesthesia notes (Pre Anaesthesia & Post)	1			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	-			
23	Operation Theatre notes	-			
24	Nurses Clinical Presentation	-			
25	TPR & BP chart	3			
26	Intake and Output chart (fluid Chart)	2			
27	Drug Chart (Regular prescription)	1			
28	Daily Investigation sheet	-			
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart - Neonatal counseling (1)	-			
31	Diabetic chart	-			
32	Nutritional Review chart Assessment (1)	-			
33	MLC form (in case of MLC)	-			
34	Patient Education Form	-			
35	Medication reconciliation (1)	-			
36	Obstetric Trauma (1)	-			
37	Bradford Hill (1)	-			
38	Checklist for thrombolytic (1)	-			
39	Pain assessment form (1)	-			
40	Moore Fall risk (1)	-			
41	Isolation policy (1)	-			
	Total No. of Pages	34			

Handwritten circled numbers 1 through 11 next to rows 30-41.

22/6/2021  
21/6/2021  
Signature and Date: [Signature]

Signature and Date :

# **ERROR LOG**

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060425

Admit Date : 21-Jun-2026

Admit Time : 01:15 AM UHID : VIH-00206113

Patient Details :

Patient Name : Mrs ELUVAKA SRILEKHA

Age : 30 Y 0 M 23 D

Guardian : Mr E PRAVEEN

DOB : 29-05-1996

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : HNO-1-95 JYOTHINAGAR TEEGAL PAHAD  
NASPUR Mancherial Telangana INDIA 504302

Phone No : 9866237323

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

Contact Details :

Name : Mr E PRAVEEN

Relationship : Husband

Contact Address : HNO-1-95 JYOTHINAGAR TEEGAL PAHAD  
NASPUR Mancherial Telangana INDIA 504302

Phone No : 9866237323 / 9704071034

E. Tay  
Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr M Srilatha

Phone No : 9440472414

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 21/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify CUO

Primary Language:  Telugu  English  Hindi  Others, specify \_\_\_\_\_

Do you require an interpreter?  Yes  No if Yes specify \_\_\_\_\_

Source of Information:  Patient  Family  Others, specify \_\_\_\_\_

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**Allergies:**  Yes  No  Medications  Blood Transfusion  Food  Other: \_\_\_\_\_  
 If yes, identify \_\_\_\_\_

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**Chief Complaints:** \_\_\_\_\_ Doctor Notified on Admission:  Yes  No  
Admitted for Obseultion Name of the Doctor: DR. Nikitha  
 Time Notified: 1 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>umbilical hernia &amp; sinus endometriosis 2024</u>	<u>1 prolapsed in-2021</u> <u>1 Hysterectomy in-2022</u>	<u>yes</u>

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Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>15/1/25</u>	Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

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**Obstetric History:** G 4 P 1 L 1 A 2

Previous LSCS: yes

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

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**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other both parents - HTN

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**Vital Signs / Measurements:** Temp: 98.4 F HR: 115 bpm RR: 19 bpm  
 BP: 122/73 mmHg Weight: 76 kg Height: 155 cm BMI: 31.6 kg/m<sup>2</sup> (Obese)

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**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 Score 15 (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score 28 (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 With Family

**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 to Mrs. SRILEKHA

Name of Person Orientation was given to: Mrs.

Orientation not given Reason: .....

Nurse Signature: [Signature]

Nurse Name: manga devi

Date & Time: 21/6/20



# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

Referred by Srilata hospital  
 Mancherai i/v/o severe oligo-  
 diamnion

LMP: 15/11/25

EDD: 01/01/26

Corrected EDD: 17/8/26

GA: 31+6 weeks

Obstetric Formula: G4P1L1A2

Menstrual History: Regular:  Yes  No

ML - 7 yrs NCM

Obstetric History:

## Obstetric Examination

G1 - 5 yrs female | FTLSCS | 2.5 kgs | Hypothyroid | oligo | A&W | Singareni Area hospital  
 G2 - 4 1/2 months | Hysterotomy | 2022 | 910GR | Peddapally | genetic evaluation not done.  
 G3 - 1 1/2 m | MTP | Srilata nursing home | twins | Anti D not taken.  
 Present Pregnancy Record:  
 G4 - pp, sp conception.  
 Unbooked to RCH, Prev ANC's at data nursing home, Mancherai.  
 Dx with hypothyroidism at 12 weeks  
 and was managed on T. Thyroxine 5mcg OD.  
 Two doses of Inj Betnesol taken at 30+4 & 30+5 weeks.  
 Inj Anti D taken at 30+2 weeks.  
 Date →  
 Prev LSCS, prev Hysterotomy, RH Negative, Severe oligohydramnios, Hypothyroid, umbilical Hernia. Steroids covered.

Fundal Height: Baby BG +ve

Uterine Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifths Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

146 bpm

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination Not done

Cervix:  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

Height: 155 cm

Weight: 76 kg

Allergies: Nil

Breast:  Normal  Abnormal

General Examination: c/c/c

Consciousness: (+) Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebrile PR: 82 bpm

BP: 123/70 mmHg DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: NAD Urine Output: Adq

## DIAGNOSIS

G4P1L1A2 with 31+6 weeks with previous LSCS with H/O Hysterotomy with Hypothyroidism with RH Negative pregnancy with Severe Oligohydramnios with Breech with umbilical Hernia with ? scar Endometriosis with Steroids covered for observation / Further Management

<p>Family History: Both parents - HTN</p>	<p>Surgical History: 1 previous LSCS in 2021 hysterotomy in 2022</p>
<p>Medical History: Umbilical hernia, Scar Endometriosis :: 2024</p>	<p>Medication History:</p>
<p>Plan of Care: <u>C/I to Dr Madhumita Nam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- (N) Diet</li> <li>- Post preparation</li> <li>- NST 8<sup>th</sup> huly</li> <li>- FHR monitoring</li> <li>- Monitor Vitals</li> <li>- Follow dry chart</li> <li>- Neonatal Counselling</li> <li>- HBsAg Card Method</li> <li>- Inform SAs.</li> </ul> <p>Noted by mangi 21/6/26 @1Am</p>	<p>Investigations: <b>BG - 'B' NEGATIVE</b> <b>HBG - 'O' POSITIVE</b></p> <p>HIV } NR. 12/6/26 HBsAg } CBP-10.9/12400/1.92L Sh. Creat - 0.7 LFT (N) CUE pus cells 35 Ep cells 5-6 9/6/26 ICT Negative 3/6/26 ICT POSITIVE 3+ with cell I &amp; II</p> <p><u>AFI Doppler</u> 20/6/26 SLUF Breech 30+1 weeks AFI-5-6cm Pl- Fundo post post grade II EFW-1.5kg ±230 gm Dopplers (N)</p> <p><u>TIFFA scan</u> 4/4/26 SLUF 20 weeks Pl- low lying No anomalies Cl- 3.4cm</p> <p><u>NT scan</u> 5/2/26 SLUF 12+2 weeks NT-1.9mm NB (P)</p> <p><b>Fts: low risk</b></p> <p>5/5/25 USG Abd &amp; pelvis 10mm defect 2 omentum (Umbilical Hernia) ? Scar Endometriosis / Desmoid tumor. 45 x 18 mm hypo - echic lesion in left rectus muscle in hypogastrium</p>

Doctor Name: DR. Nikita .  
Signature: .....  
Date & Time: 21/6/26 1Am .

Consultant Name: DR. Madhumita  
Signature: *[Signature]*  
Date & Time: 21/6/26 .



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**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
<u>21/6/2026</u> 5 AM	o/e - pt is c/c/c GIC - fair	Adv - (N) diet
	Afebrile	- Adeq. hydration
	BP - 120/79 mmHg	- Ambulation
	PR - 99 bpm	- monitor vitals
	S/E - NAD	- FHR monitoring
	P/A - ut ~ 31 wks	- Follow drug chart
	relaxed	- Inform sos
	FHR 142 bpm	
Noted by mangal 21/6/26 @ 5 AM <span style="float: right;">Dr. Nikhita</span>		
<u>21/6/26</u> 9 AM	o/e pt is c/c/c GIC fair	Adv - Normal diet
	Afebrile	- Adequate hydration
	BP - 118/72 mmHg	- Ambulation
	PR - 86 bpm	- Monitor vitals
	S/E - NAD	- FHR monitoring
	P/A - ut ~ 31 wks	- NST 8th hrly
	Relaxed	- Follow drug chart
	FHR @ 150 bpm	- Inform sos
Noted by prathusha <span style="float: right;">Dr. Yogeshwar</span> @ 9 AM		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26 11pm	O/C AT Ps c/dlc Uc fair Afebrile BP-120/72mmHg PR 90bpm S/E - NAD PIA - ut - 31 wks Relaxed FHR ⊕ 150bpm	Adv - High protein diet - W/F any prominent sign - Monitor FHR - NST 8th hly - No charting - Monitor vitals - Follow drug chart - Inform sos
22/6/26 3AM	O/C AT Ps c/dlc Uc fair Afebrile BP - 122/74mmHg PR - 94bpm S/E - NAD PIA - ut - 31 wks Relaxed FHR ⊕ 150bpm DTR - ⊕ RR - 18	Adv - High protein diet - W/F any prominent sign - Monitor FHR - NST 8th hly - No charting - Monitor vitals - Follow drug chart - Inform sos - NBM since 5 AM

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3

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

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 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2026 1 PM	BP PR Urine output	DTR RR
1 PM	114/74 mmHg 94 bpm	100 ml/hr ⊕ 18
2 PM	114/69 mmHg 100 bpm	100 ml/hr ⊕ 16
3 PM	104/72 mmHg 96 bpm	150 ml/hr ⊕ 18
4 PM	120/79 mmHg 98 bpm	100 ml/hr ⊕ 20
5 PM	116/74 mmHg 90 bpm	150 ml/hr ⊕ 16
6 PM	119/70 mmHg 94 bpm	100 ml/hr ⊕ 18
7 PM	112/72 mmHg 96 bpm	100 ml/hr ⊕ 18
8 PM	120/76 mmHg 96 bpm	100 ml/hr ⊕ 16
9 PM	122/75 mmHg 88 bpm	150 ml/hr ⊕ 16
10 PM	110/78 mmHg 89 bpm	200 ml/hr ⊕ 18
11 PM	112/79 mmHg 88 bpm	100 ml/hr ⊕ 16
22/6/26 12 AM	113/81 mmHg 86 bpm	100 ml/hr ⊕ 18



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Mrs ELUVAKA SRILEKHA

29-05-1996

30 Y 0 M 23 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



(M)

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### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	1	
7 AM	O/E	Adv
MgSO4 loading & maintenance given	Pt is c/c cc-fair	- NBM - Monitor FHR
USG abd + pel and pt growth scan today	Afebrile BP- 114/70 mmHg PR- 86 bpm	- Follow drug chart - I/O charting - Monitor vitals
VO- 100 ml/hr clear adequate	S/E- NAD P/A- Ut ~ 31 wks	- NST 8th hly - Inform sos.
Trace Rh antibody titre	Relaxed FHR ⊕ 150 bpm	
<del>Notes by Dr. 22/6/26 at 7:00 AM</del>		<del>↓ dryogestrom</del>
22/6/26	O/E pt to d/c	
9 AM	cc-fair	Adv
Diloadilyx namee done	Afebrile BP- 118/74 mmHg PR- 82 bpm	- NBM - FHR monitoring - NST 8th hly
Pelvic hr scan	S/E- NAD P/A- Ut ~ 31 wks	- I/O charting - Monitor vitals
	Relaxed FHR ⊕ 141 bpm	- Follow drug chart - Inform sos

*[Signature]*

~~Notes by Dr. 22/6/26 at 9:00 AM~~

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 12:30pm	<p>US growth scan            31+Swk            breech.            P1-P1H            AFE - 6.5cm            AC - 1.1</p>	
	<p>RM antibody            + titer - 1:32</p>	<p>EFW - 1475 (5.1)            Doppler normal.</p>
	<p>US abdomen            - simple, reducible umbilical hernia            defect of ~16mm            - omental fat seen hernial content            - uterus gravid            FUR @ 12:16pm</p>	<p>Notes by Teja            22/6/26 at 12:30pm            Dr. Ashwin</p>
22/6/26 12:45pm	<p>Scan reviewed            Counsellor</p>	
<p>Remove Foley's            send file for discharge</p>	<p>Plan for discharge            strict kick count            Review EAF + dopplers - 25/6/26            - Post lunch sugar</p>	<p>Dr. Madhumita</p>





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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes			Doctor's Order		
date	Time	FHR	contraction	Time	FHR	CONTRACTION
2/6/26	12:30AM	140b/min		2pm	149b/min	
	1AM	136b/min		2:30pm	146b/min	
	1:30AM	144b/min		3pm	136b/min	
	2AM	150b/min		3:30pm	132b/min	Nil
	2:30AM	141b/min	Nil	4pm	148b/min	
	3AM	153b/min		4:30pm	133b/min	
	3:30AM	144b/min		5pm	130b/min	
	4AM	136b/min		5:30pm	141b/min	
	4:30AM	140b/min		6pm	140b/min	
	5AM	142b/min		6:30pm	148b/min	
	5:30AM	136b/min		7pm	141b/min	
	6AM	142b/min		7:30pm	136b/min	
	6:30AM	139b/min		8pm	132b/min	
	7AM	142b/min		8:30pm	136b/min	
	7:30AM	140b/min		9pm	136b/min	
	8AM	152b/min		9:30pm	132b/min	
	8:30AM	140b/min		10pm	137b/min	
	9AM	136b/min		10:30pm	136b/min	
	9:30AM	143b/min		11pm	137b/min	
	10AM	150b/min		11:30pm	1310b/min	
	10:30AM	141b/min		12AM	142b/min	
	11AM	138b/min	Nil	12:30AM	149b/min	
	11:30AM	135b/min		1AM	148b/min	
	12PM	141b/min		1:30AM	147b/min	
	12:30PM	138b/min		2AM	146b/min	
	1PM	129b/min		2:30AM	147b/min	
	1:30PM	130b/min		3AM	148b/min	

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<del>136 b/m</del> <del>138 b/m</del> <del>140 b/m</del> <del>142 b/m</del> <del>143 b/m</del> <del>145 b/m</del> <del>136 b/m</del> <del>148 b/m</del> <del>145 b/m</del>	
22/6/26	3:30 AM 136 b/m	
	4: AM 138 b/m	
	4:30 AM 140 b/m	Nil
	5: AM 142 b/m	
	5:30 AM 143 b/m	
	6:30 AM 145 b/m	
	7:30 AM 136 b/m	
	8: AM 148 b/m	
	8:30 AM 145 b/m	
22/6/26	9:00 AM 146 b/m	
	9:30 AM 149 b/m	
	10:00 AM 142 b/m	Nil
	10:30 AM 147 b/m	
	11:00 AM 140 b/m	
	11:30 AM 144 b/m	
	12:00 PM 142 b/m	Nil
	12:30 PM 140 b/m	
	1:00 PM 147 b/m	

1

**NURSING SHIFT HAND OVER FORM**

SITUATION	Diagnosis: <u>Gupili A2 @ 31+6 wks @ Rh Negative pregnancy @ Oligo am</u>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure: <u>Obstruction hollow stomach</u>	Post OP Day:					
BACKGROUND	Date	<u>21/6/26</u>	<u>21/6/26</u>	<u>21/6/26</u>	<u>22/6/26</u>	<u>22/6/26</u>	
	Shift	<u>Night</u>	<u>m</u>	<u>e</u>	<u>N</u>	<u>m</u>	
	Medical Condition (Any special condition to be noted):	<u>Hypothym</u>	<u>Hypothym</u>	<u>Hypothym</u>	<u>Hypothym</u>	<u>Hypothym</u>	
Diet:							
ASSESSMENT	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	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	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>98.4°F</u>	<u>96.2°F</u>	<u>96.3°F</u>	<u>98.0°F</u>	<u>98.6°F</u>
		Res:	<u>19b/min</u>	<u>20b/min</u>	<u>19b/min</u>	<u>20b/min</u>	<u>19b/min</u>
		SpO <sub>2</sub> :	<u>99%</u>	<u>96%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>89b/min</u>	<u>80b/min</u>	<u>90b/min</u>	<u>92b/min</u>	<u>89b/min</u>
		BP:	<u>120/70mmHg</u>	<u>116/70mmHg</u>	<u>122/72mmHg</u>	<u>120/70mmHg</u>	<u>116/70mmHg</u>
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
	Fall Risk Score:	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity:	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>	<u>intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<u>nil</u>					
	Others Specify:	<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	
	Special Diet:	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Critical Lab Test / Values:	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	<u>nil</u>	
	Other Special Orders / Medications:	<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	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>DEPENDENT</u>	
Post Operative Procedure Special Orders:	<u>Alcohol consumption a/c</u>		<u>breast start</u>		<u>today d/c</u>		
Handed Over By Name :	<u>Rani</u>	<u>Prathyshe</u>	<u>Prathyshe</u>	<u>Pooja</u>	<u>Rani</u>		
Signature / ID :	<u>010822</u>	<u>020533</u>	<u>020533</u>	<u>905233</u>	<u>24 010822</u>		
Date:	<u>21/6/26</u>	<u>21/6/26</u>	<u>21/6/26</u>	<u>22/6/26</u>	<u>22/6/26</u>		
Time:	<u>8 AM</u>	<u>@ 2pm</u>	<u>@ 4pm</u>	<u>8 AM</u>	<u>at 1: 20pm</u>		
Taken Over By Name :	<u>Prathyshe</u>	<u>Prathyshe</u>	<u>Rani</u>	<u>Rani</u>			
Signature / ID :	<u>020533</u>	<u>020533</u>	<u>010822</u>	<u>24 010822</u>			
Date:	<u>21/6/26</u>	<u>21/6/26</u>	<u>21/6/26</u>	<u>22/6/26</u>			
Time:	<u>@ 8 AM</u>	<u>@ 2pm</u>	<u>5 pm</u>	<u>at 8:00 AM</u>			

VIH-00206113 IP-00060425  
 Mrs ELUVAKA SRILEKHA 30 Y 0 M 23 D (F)  
 29-05-1996  
 Dr. MADHUMITA ANIRUDDHA GITAY

### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
<b>ASSESSMENT</b>	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	
	Ventilation (RA, NP, NIV, VENTI):							
	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 <sub>2</sub> :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
	Pain Score:							
	Skin Integrity							
<b>Recommendations</b>	Safety Needs:	<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	
	Physiotherapy:							
	Others Specify:	<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	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<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	
	PU Prophylaxis:	<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	
DVT Prophylaxis:	<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		
	ADL (Dependent / Non Dependent):							
	Post Operative Procedure Special Orders:							
	Handed Over By Name :							
	Signature / ID :							
	Date:							
	Time:							
	Taken Over By Name :							
	Signature / ID :							
	Date:							
	Time:							

VIH-00206113 IP-00060425  
 Mrs ELUVAKA SRILEKHA  
 29-05-1996 30 Y 0 M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



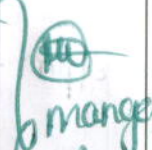
# NURSING CARE RECORD



Date: 21/6/20

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	2AM	⇒ ensure safety	2:10 AM	⇒ provided side rails	⇒ patient safety	⇒ patient safe & comfortable	 Mangal 21/6/20 @Tilashan
	7AM	⇒ Any others, spring tide		⇒ Check FHR & NST	⇒ Checked FHR NST	⇒ FHR & NST good	

VIH-00206113 IP-00060425  
 Mrs ELUVAKA SRILEKHA  
 29-05-1996 30 Y 0 M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



# NURSING CARE RECORD

Date: 21/6/26

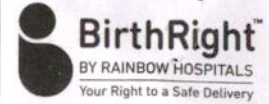
**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	10pm	Maintain fluid Balance	10am	Encourage to take oral fluids	Provide oral fluids	Patient was dehydrated	Pradhul @ 10pm 21/6/26
	11pm	Ensure safety	1pm	Provide side rails	To prevent fall from bedside.	Patient was safe	Pradhul @ 1pm 21/6/26
Afternoon	3pm	FHR monitoring	3pm	FHR monitoring 2nd hourly	monitored FHR	FHR was good	Pradhul @ 3pm 21/6/26
	7pm	monitor vitals	7pm	checked vitals	vitals are normal	Patient was stable	Pradhul @ 7pm 21/6/26
Night	9pm	Ensure safety		provide side rails	To prevent falls	patient is safe	Pradhul @ 9pm 21/6/26
		FHR monitoring		FHR monitoring 2nd hourly	monitored FHR	FHR is good	Pradhul @ 9pm 21/6/26

VIH-00206113 IP-00060425  
 Mrs ELUVAKA SRILEKHA  
 29-05-1996 30 Y 0 M 24 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

# NURSING CARE RECORD



Date: 22/6/26

**Goals**

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify FHR & NST 8th hr

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8:00 AM	ensure safety	8:10 AM	provide side rails	patient safety	comfortable position	[Signature] 22/6/26 at 1:30 PM
	11 AM	Any others. Specify	11:10 AM	check FHR & NST 8th hr	checked FHR & NST 8th hr	FHR & NST Good	
Afternoon							
Night							

Patient Sticker

# NURSING CARE RECORD



Date: .....

**Goals**

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications
- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....
- Maintain Fluid Balance
- Meet Elimination Needs
- Improve Activity Tolerance
- Ensure Safety
- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
<b>Morning</b>							
<b>Afternoon</b>							
<b>Night</b>							



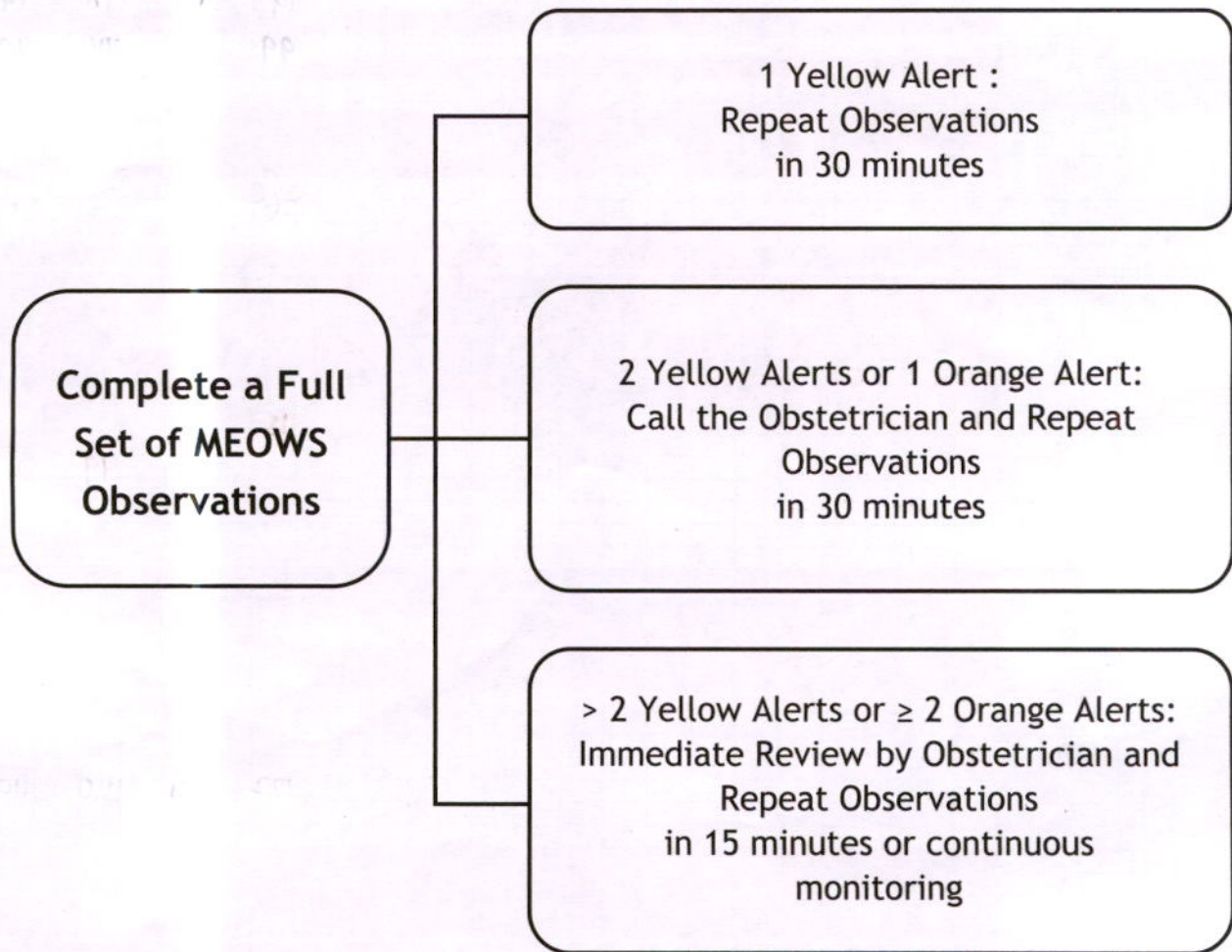


## Early Warning Observation Score Chart - Obstetrics

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

21/6/26		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																		19	19	18	19			
	0 - 10																								
Saturations	94 - 100 %																	99	99	100	99				
	< 94 %																								
Administered O <sub>2</sub> (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																		36	36	37	36			
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																	115	100	99	90				
	100																								
	90																								
	80																								
	70																								
	Systolic Blood Pressure	190																							
180																									
170																									
160																									
150																									
140																									
130																									
120																									
110																			122	114	120	119			
100																									
90																									
Diastolic Blood Pressure		130																							
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
NEURO RESPONSE [✓]	Alert																		✓	✓	✓	✓			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30																		✓	✓	✓	✓			
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																		NA	NA	NA	NA			
	Heavy / Foul																								
Liquor	Clear / Pink																		NA	NA	NA	NA			
	Green																								
TOTAL YELLOW SCORES																		0	0	0	0				
TOTAL ORANGE SCORES																		0	0	0	0				
Nurse Initial																		MS	MS	MS	MS				

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00206113 IP-00060425  
 Mrs ELUVAKA SRILEKHA  
 29-05-1996 30 Y O M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

2

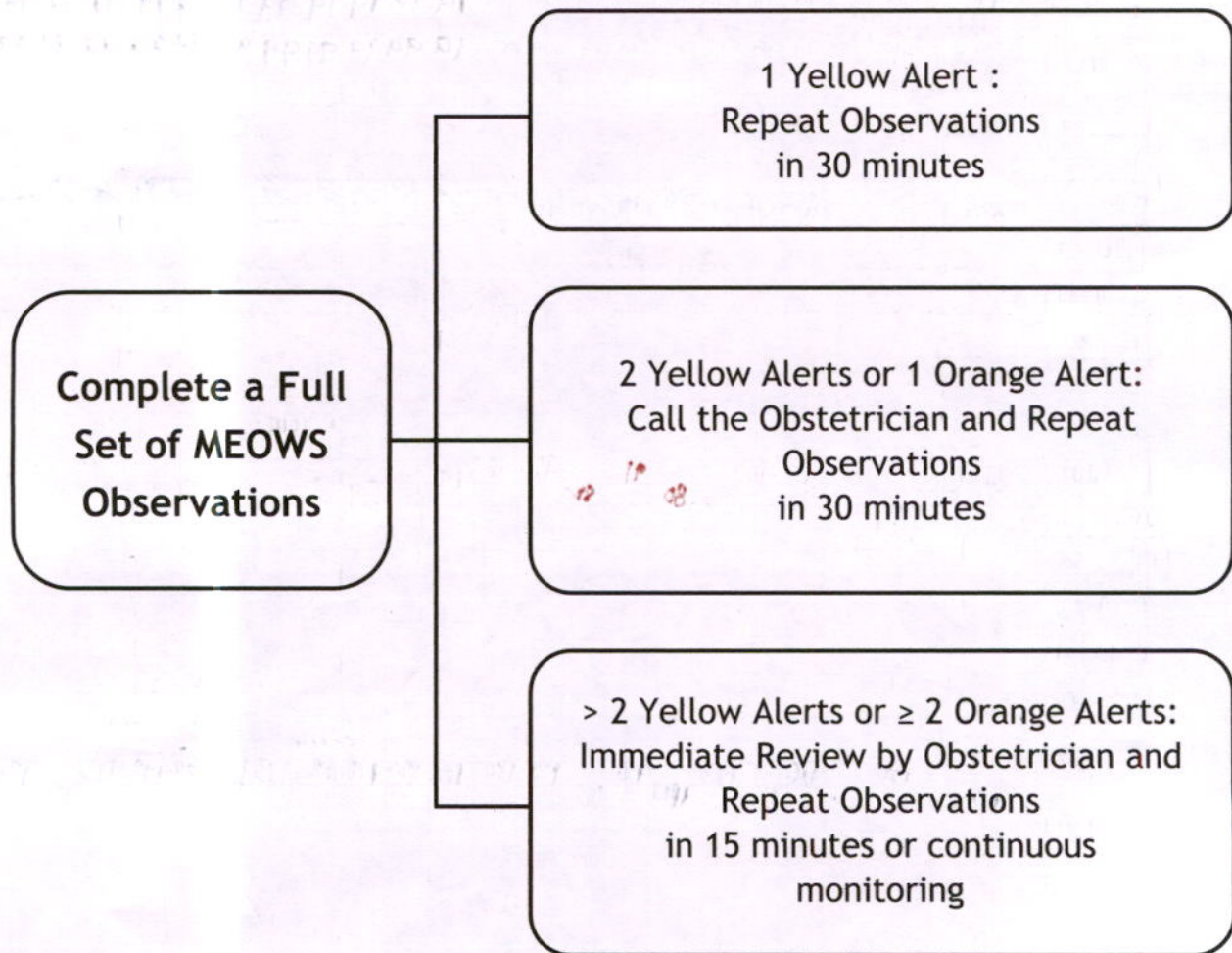


# Early Warning Observation Score Chart - Obstetrics

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

21/6/26		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	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																										
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99		
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36	36	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	80	79	88	90	86	80	91	96	98	96	88	89	88	86	87	86	87	88	89	91	92					
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	110	121	126	123	126	110	120	122	125	124	110	112	113	120	124	112	113	108	120	120						
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80																											
70																											
60	69	70	76	70	78	63	71	70	72	76	75	78	79	81	82	75	81	82	83								
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	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00206113 IP-00060425  
 Mrs ELUVAKA SRILEKHA  
 29-05-1996 30 Y 0 M 24 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



3

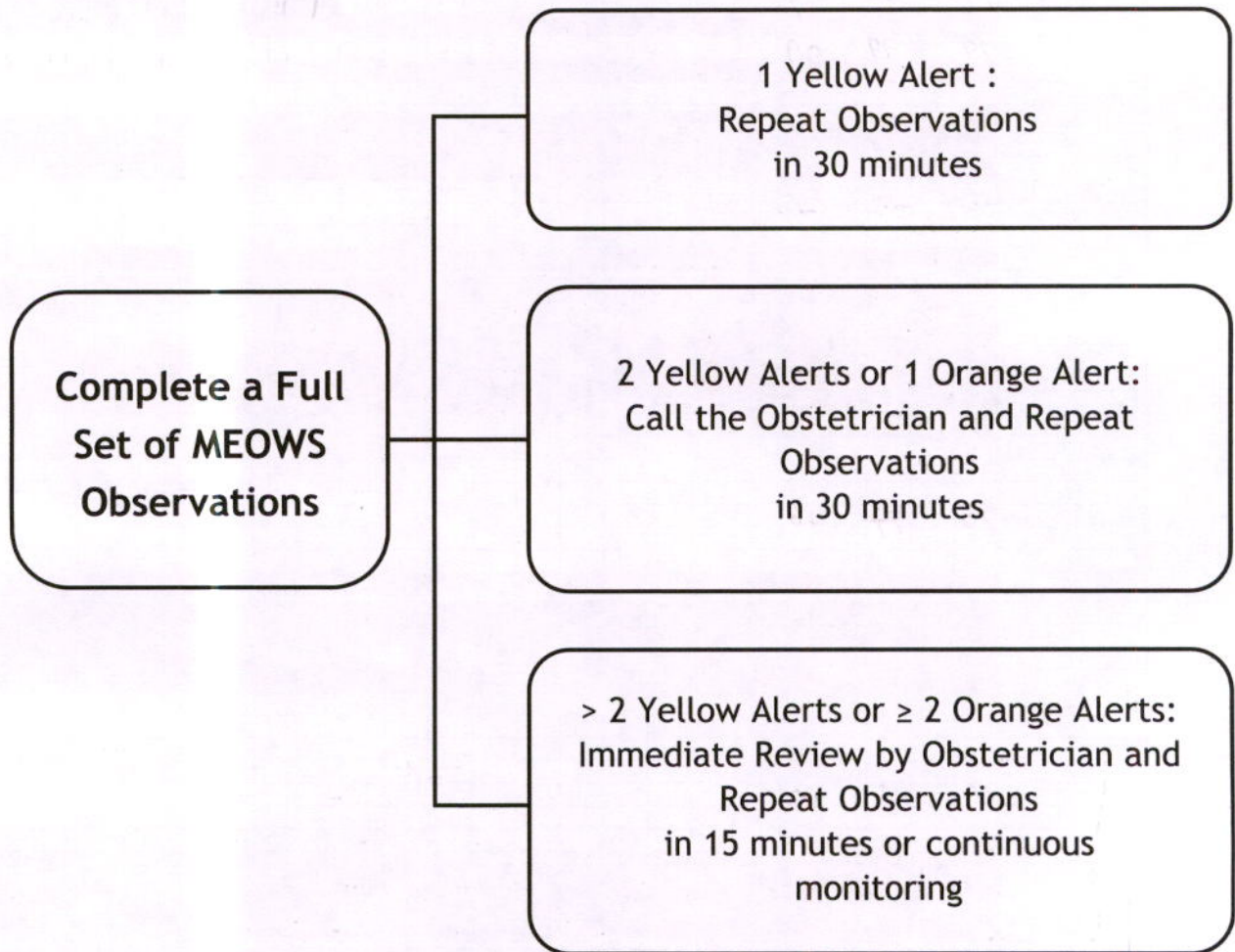


## Early Warning Observation Score Chart - Obstetrics

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

Date		Time																											
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20	19	19	19																									
	0 - 10																												
Saturations	94 - 100 %	99	99	99																									
	< 94 %																												
Administered O <sub>2</sub> (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37																												
	36	36	36	36																									
	35																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70	70	77	76																									
	60																												
	50																												
40																													
Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100	110	116	112																									
	90																												
	80																												
	70																												
60																													
50																													
Diastolic Blood Pressure	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70	70	74	70																									
60																													
50																													
40																													
NEURO RESPONSE [✓]	Alert																												
	Voice	✓	✓	✓																									
	Pain																												
	Unresponsive																												
URINE mls / hour	> 30	✓	✓	✓																									
	< 30																												
Proteinuria	Protein ++																												
	Protein > ++																												
Lochia	Normal	NA	NA	NA																									
	Heavy / Foul																												
Liquor	Clear / Pink	NA	NA	NA																									
	Green																												
TOTAL YELLOW SCORES		0	0	0																									
TOTAL ORANGE SCORES		1	0	0																									
Nurse Initial		dy	TH	SA																									

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00206113 IP-00060425  
 Mrs ELUVAKA SRILEKHA  
 29-05-1996 30 Y 0 M 23 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



# FLUID CHART

Sheet No. : 1

- 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	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am	H <sub>2</sub> O	100ml										
	01:00 am	H <sub>2</sub> O	100ml										
<b>Total Intake :</b> 200ml						<b>Total Output :</b> passed							
	02:00 am	H <sub>2</sub> O	100ml										
	03:00 am	H <sub>2</sub> O	100ml										
	04:00 am	H <sub>2</sub> O	50ml										
	05:00 am	H <sub>2</sub> O	50ml										
	06:00 am	H <sub>2</sub> O	50ml										
	07:00 am	H <sub>2</sub> O	100ml										
<b>Total Intake :</b> 450ml						<b>Total Output :</b> passed							

2/16/26

2/16/26

Mangga  
 2/16/26  
 @ 1 AM

Mangga  
 2/16/26  
 @ 7:10 AM

**Total 24 hrs. Intake**      650 ml

**Total 24 hrs. Output**      passed



**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		
21/6/26	08:00 am	H <sub>2</sub> O 100ml										Prathiba @ 11 pm 21/6/26
	09:00 am	H <sub>2</sub> O 100ml										
	10:00 am	H <sub>2</sub> O 100ml										
	11:00 am	H <sub>2</sub> O 100ml										
	12:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml										
	01:00 pm	H <sub>2</sub> O 50ml + Zuj. mgSO <sub>4</sub> 25ml							100ml			
<b>Total Intake :</b> 750ml			<b>Total Output :</b> 100ml									
21/6/26	02:00 pm	H <sub>2</sub> O 50ml + Zuj. mgSO <sub>4</sub> 25ml							100ml		Prathiba @ 2 pm 21/6/26	
	03:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml				
	04:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml				
	05:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						150ml				
	06:00 pm	H <sub>2</sub> O 50ml + Zuj. mgSO <sub>4</sub> 25ml						100ml				
	07:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml				
<b>Total Intake :</b> 750ml			<b>Total Output :</b> 700ml									
21/6/26	08:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml		Prathiba @ 9 pm 21/6/26		
	09:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						150ml				
	10:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						200ml				
	11:00 pm	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml				
	12:00 am	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml				
	01:00 am	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml				
<b>Total Intake :</b> 750ml			<b>Total Output :</b> 750ml									
22/6/26	02:00 am	H <sub>2</sub> O 100ml + Zuj. mgSO <sub>4</sub> 25ml						100ml		Prathiba @ 9 pm 22/6/26		
	03:00 am	H <sub>2</sub> O 100ml						250ml				
	04:00 am	H <sub>2</sub> O 50ml						100ml				
	05:00 am	H <sub>2</sub> O 50ml						300ml				
	06:00 am	H <sub>2</sub> O 100ml						100ml				
	07:00 am	H <sub>2</sub> O 100ml						300ml				
<b>Total Intake :</b> 500ml			<b>Total Output :</b> 100ml									

**Total 24 hrs. Intake**

**Total 24 hrs. Output** 2 100ml



# FLUID CHART

Sheet No. : ..... 3 .....

- 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		
22/6/26	08:00 am	H <sub>2</sub> O	NBM							150ml	0	} nurse 22/6/26 at 12:00 pm
	09:00 am		NBM							100ml	0	
	10:00 am		NBM							100ml	0	
	11:00 am	H <sub>2</sub> O	Som							50ml	0	
	12:00 pm	H <sub>2</sub> O	100ml							50ml	0	
	01:00 pm	H <sub>2</sub> O	100ml							50ml	0	
<b>Total Intake :</b>			250ml			<b>Total Output :</b>					350ml	
22/6/26	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# 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.

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													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>								



# DRUG CHART

Date of Admission: 21/6/2026 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)

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name .....











REGULAR PRESCRIPTIONS

Weight. 76kg Ward. 123

Chithara 21/6/26  
 Chik 21/6/26  
 Chik 21/6/26  
 Chik 21/6/26

DRUG: TAB. IRON				Date Time	21/6/26 10 PM
Dose	Route	Frequency	Start Date		
1 TAB	PO	ONCE DAILY	21/6		
Name & Signature of the Doctor Starting the Drugs:					PM
 DR. NIKHITA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: TAB. CALCIUM				Date Time	21/6/26 2 PM
Dose	Route	Frequency	Start Date		
1 TAB	PO	ONCE DAILY	21/6		
Name & Signature of the Doctor Starting the Drugs:					2 PM
 DR. NIKHITA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: TAB. THYROXINE				Date Time	21/6/26 6 AM
Dose	Route	Frequency	Start Date		
50 MG	PO	ONCE DAILY	21/6		
Name & Signature of the Doctor Starting the Drugs:					6 AM
 DR. NIKHITA					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG: L- ARGININE SACHET				Date Time	21/6/26 9 AM
Dose	Route	Frequency	Start Date		
1 SACHET	PO	12TH HOURLY	21/6		
Name & Signature of the Doctor Starting the Drugs:					9 AM
 DR. NIKHITA					
Additional Instructions:					9 PM
Daily Doctor's Endorsement by a Sign					