

**ACTIVITY RECORD** **IG**

RCWH.0000094545 IP-00060486  
M<sup>o</sup> POLAGANGU CHANDANA  
11-07-2007 18 Y 11 M 14 D (F)  
Dr. SRILATA PATNAIK

Name: -----

UHID No: ----- Consultant: ----- Dept: -----

Date of Admission: 25/6/26 Time: 7:12pm Date of Discharge: ----- Time: -----

Room / Bed No: 219 Ward: micu/1w Suggested Billable bed type: -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
25/6/26	12:40 AM	MICU	Room (213)	M
26/6/26	2:50 PM	2nd floor	MICU	P
26/6/26	11:55 PM	MICU	Room (213)	A

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	DR. Kiran Macha	25/6/26	3094659	[Signature]
2.	DR. Sandhya (Hematologist)	26/6/26		[Signature]
3.	Dr. Sandhya. Vaddadi	27/6/26	3095275	[Signature]
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
25/6/26	Iv placement	1		
	(OPD Bari's done)			
26/6/26	iv placement	(1)	3094953	Tij
26/6/26	Blood transfusion <sup>2.0 PRBC</sup>	(1)	3094953	Tij
<del>crossed checked by Jesu 26/6/26 at 19:40pm</del>				

**ANY OTHER INFORMATION**

.....

.....

.....

.....

.....

Date: 27/6/26      Time: 4pm      Prepared By: Smishra

<p>Staff Nurse</p> <p>Sye ab</p>	<p>Shift / Ward</p> <p>27/6/26 4pm.</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
----------------------------------	---	--------------------------	---------------------------



Name	Ms POLAGANGU CHANDANA	UHID	RCWH.0000094545
Father/Guardian	Mr MR GOPICHAND POLAGANGU	Age/Gender	18 Y 11 M 16 D/Female
Address	H.NO 6-91,C/O G.SHANKER RAO NEAR GOVT HOSPITAL SERILINGAMPALLY,, Serilingampally, Hyderabad, Telangana, INDIA, 500019		
IP No	IP-00060486	Admission Date	25-06-2026
Ref Doctor		Discharge Date	27-06-2026

### DISCHARGE SUMMARY

**Consultant:** Dr. SRILATA PATNAIK, CONSULTANT OBSTETRICIAN & GYNECOLOGIST

**Diagnosis:** 18 yrs old girl with Severe Anemia for further management.

**History:** Patient came with c/o weakness, referred from apollo hospital i/v/o anemia (Hb - 7.3g/dl). She had c/o fever, myalgia, jointpain, giddiness, nausea since 25.6.2026. She was advised 3 doses Inj FCM 500mg, 2 doses taken on 22.6.2026, 23.6.2026 on OPD basis, no transfusion reactions noted. Physician review done, was advised 1 Unit Blood transfusion. Oral antibiotics were started, CBP CUE sent and she was admitted for further management.

Menstrual history : Regular/ 5 days/ 2-3pad/day/clots+/dysmenorrhea  
LMP : 15.6.2026

Medical History: Diagnosed with hypothyroidism since 3 days no on rx

Family History: Nil

Surgical History: Nil

Allergies: Nil

Name

Ms POLAGANGU  
CHANDANA

UHID

RCWH.0000094545

**Investigations:** Enclosed

**Blood group : 'B' POSITIVE**

**Management:** On admission patient vitals stable, afebrile. Patient was started on conservative line of management with oral antibiotics and antipyretics. Physician review done, blood transfusion was advised. Investigations- Iron studies, LFT, Sr. creatinine, Reticulocyte count, LDH, ANA, DCT, HPLC, CRP, Urine C/S, CBP, Uric acid sent. CBP - 6.4/7120/4.6, DCT negative, Iron studies - Normal, CRP - 50, CUE- blood +++, RBCs - 25-30, pus cells - 3-4. Blood transfusion was started , patient complained of fever and chills, blood transfusion stopped, Inj Avil and Hydrocortisone given and blood sent for Re Cross matching, which was found compatible. Hematologist review done, USG abdomen advised. USG abdomen (27.6.2026) - Uterus - 5.5x3.5x4.6cm, ET- 2mm, Normal size, Bilateral ovaries normal, no significant abnormality. At the time of discharge patient vitals stable.

**Advice:**

1. Tab. Cefopodem XP 325mg twice daily till 30.6.2026
2. Tab Montec FX twice daily till 30.6.2026
3. Tab Pantoprazole 40mg once daily before breakfast till 30.6.2026
4. Tab Folvite once daily.
5. Tab Livogen twice daily before meal for 2 weeks followed by once daily for 4 months.
6. Tab Shelcal 500mg once daily after lunch for 2 weeks.
7. Tab Albendazole 400mg on 3.7.2026
8. Repeat CBP after 5 days
9. Collect HPLC, ANA, Urine culture reports.
10. Review to DR. Sandhya (hematologist) in Banjara hills with reports.

Name

Ms POLAGANGU  
CHANDANA

UHID



**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](http://www.rainbowhospitals.in)**

In case of emergency 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 doctor .....in the language that I understand and I have understood the same.

Name :

Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.

**Registrar/Resident/C.M.O**

**Dr. SRILATA PATNAIK**  
MBBS MD  
CONSULTANT OBSTETRICIAN  
& GYNECOLOGIST

PatientName : Ms POLAGANGU CHANDANA Inpatient No. : IP-00060486  
Age/Gender : 18 Y 11 M 14 D/ Female Admit Date : 25-06-2026  
Ward/Bed : N 2F-LABOUR WARD/ LW 219 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>BLOOD GROUPING (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :25-06-2026 19:39
BLOOD GROUP	B		
RH (D) TYPE	POSITIVE		



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>URIC ACID (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 03:11
URIC ACID (Uricase)	3.9	mg/dl	3 - 5.9



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE BLOOD PICTURE (Specimen : BLOOD)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 10:40
HEMOGLOBIN (Colorimetry)	6.4	g/dL	L 12 - 16
RBC COUNT (DC detection method)	2.61	10 <sup>12</sup> /L	L 4 - 5.2
PCV/HCT (Calculated)	19.8	VOL%	L 33 - 51
MCV (Calculated)	75.9	fL	L 80 - 100
MCH (Calculated)	24.5	pg/cells	L 26 - 34
MCHC (Calculated)	32.3	g/dL	32 - 36
RDW-CV (Calculated)	18.6	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	460	10 <sup>9</sup> /L	H 150 - 450
MPV (Calculated)	7.3	fL	6.5 - 10
WBC COUNT (DC Detection Method)	7.92	10 <sup>9</sup> /L	4.5 - 11
<b>Differential Count</b>			
NEUTROPHILS (Microscopy, Leishman stain)	82	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	13	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	4	%	4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%	1 - 4

PERIPHERAL SMEAR (Microscopy, Leishman stain)

RBC - NORMOCYTIC / NORMOCHROMIC, ANEMIA  
WBC - TC NORMAL WITH RELATIVE NEUTROPHILIA  
PLATELETS - INCREASED

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.  
040-42462200, Ext 2000,2001,2002.

PatientName	: Ms POLAGANGU CHANDANA	Inpatient No.	: IP-00060486
Age/Gender	: 18 Y 11 M 15 D/ Female	Admit Date	: 25-06-2026
Ward/Bed	: N 2F-LABOUR WARD/ LW 219	Discharge Date	:

Investigation	Result	Unit	Biological Reference Interval
---------------	--------	------	-------------------------------



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

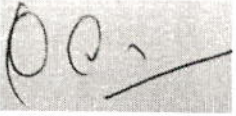
Investigation	Result	Unit	Biological Reference Interval
CREATININE (Specimen : SERUM)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 10:40
CREATININE (Enzymatic)	0.3	mg/dl	L 0.5 - 1.1



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
DIRECT COOMBS TEST (Specimen : BLOOD)			TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 10:40
DIRECT COOMBS TEST	NEGATIVE		



Dr. SUREKHA DEVI ALLANKI, SENIOR CONSULTANT, TRANSFUSION CONSULTANT,



MC-7373

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.  
040-42462200, Ext 2000,2001,2002,



**PatientName** : Ms POLAGANGU CHANDANA  
**Age/Gender** : 18 Y 11 M 15 D/ Female.  
**Ward/Bed** : N 2F-LABOUR WARD/ LW 219

**Inpatient No.** : IP-00060486  
**Admit Date** : 25-06-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
<b>LDH (LACTATE DEHYDROGENASE) (Specimen : SERUM)</b>			TEST RESULT STATUS : REPORT AUTHORISED Order Date :26-06-2026 10:40
LDH (L to P-IFCC Ref. PROC.,Calibrated)	184	U/L	120 - 330

*Hafsa*

Dr. HAFSA AHMAD, MBBS,DCP

CONSULTANT CLINICAL PATHOLOGY, Reg No : 36473

**Rainbow Children's Hospital - Secunderabad**

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.  
040-42462200, Ext 2000,2001,2002.

PatientName : Ms POLAGANGU CHANDANA Inpatient No. : IP-00060486  
Age/Gender : 18 Y 11 M 15 D/ Female Admit Date : 25-06-2026  
Ward/Bed : N 2F-LABOUR WARD/ LW 219 Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
<b>LIVER FUNCTION TEST (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :26-06-2026 10:40			
TOTAL BILIRUBIN (Azobilirubin)	0.4	mg/dl	<1.3
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.3
UNCONJUGATED BILIRUBIN (Spectrophotometric)	0.3	mg/dl	<1.1
SGOT (AST) (Kinetic with P5P)	16	U/L	5 - 30
SGPT (ALT) (Kinetic with P5P)	15	U/L	5 - 35
ALKALINE PHOSPHATASE (pNPP/AMP buffer)93		U/L	50 - 130
PROTEIN (Biuret method)	6.6	g/dL	6.3 - 8.6
ALBUMIN (Bromocresol Green)	3.5	g/dL	L 3.7 - 5.6
GLOBULIN (Calculated)	3.1	g/dL	1.6 - 3.5
A/G RATIO (Calculated)	1.1		L 1.4 - 3.4



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>RETICULOCYTE COUNT (Specimen : BLOOD)</b>			
TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :26-06-2026 10:40			
RETICULOCYTE COUNT (Microscopy, New methylene blue stain)	2.5	%	1 - 3



Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

Investigation	Result	Unit	Biological Reference Interval
<b>C REACTIVE PROTEIN (Specimen : SERUM)</b>			
TEST RESULT STATUS : REPORT ENTERED			
Order Date :26-06-2026 19:11			
CRP (Immunoturbidimetry)	50	mg/L	<10

Investigation	Result	Unit	Biological Reference Interval
<b>COMPLETE URINE EXAMINATION (Specimen : URINE)</b>			
TEST RESULT STATUS : REPORT AUTHORISED			
Order Date :26-06-2026 19:52			
<b>PHYSICAL</b>			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	SLIGHTLY TURBID		

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009  
040-42462200, Ext 2000,2001,2002,



**PatientName** : Ms POLAGANGU CHANDANA  
**Age/Gender** : 18 Y 11 M 15 D/ Female  
**Ward/Bed** : N 2F-LABOUR WARD/ LW 219

**Inpatient No.** : IP-00060486  
**Admit Date** : 25-06-2026  
**Discharge Date** :

Investigation	Result	Unit	Biological Reference Interval
pH (Double pH indicator)	6.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.015		1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT		NIL
<b>CHEMICAL</b>			
PROTEIN (Protein error of pH indicator)	NIL		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	PRESENT +++		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
<b>MICROSCOPY</b>			
PUS CELLS	3 - 4	HPF	L 0 - 5
EPITHELIAL CELLS	6 - 8	HPF	L 0 - 5
RBCS.	25 - 30	HPF	L 0 - 2

Dr. SRUJANA SHYAMALA, MD, DNB

Consultant Pathologist, Reg No : 39356

PatientName : Ms POLAGANGU CHANDANA  
Age/Gender : 18 Y 11 M 16 D/ Female  
Ward/Bed : N 2F-LABOUR WARD/ LW 219

Inpatient No. : IP-00060486  
Admit Date : 26-06-2026  
Discharge Date :

**URINE CULTURE AND SENSITIVITY ( Specimen : URINE )**

RESULT

TEST RESULT STATUS : REPORT ENTERED  
Order Date : 26-06-2026 13:02:45

Gross examination: Pale yellow in colour, clear.

Gram stained smear: Shows no polymorphs or organisms

Culture: No growth after 24 hrs of incubation

..... End of the Report .....

**ULTRA SOUND ABDOMEN REQUEST FORM**

Ind floor  
27/06/2026  
6:26 pm



RCWH.000094545 IP-00060488  
M# POLAGANGU CHANDANA  
11-07-2007 18 Y 11 M 16 D (F)  
Dr. SRILATA PATNAIK



RCWH.00009454

UID:

DATE:

**LIVER** : Normal in size <sup>13cm</sup> and echotexture. No intra hepatic biliary duct dilatation. Portal vein is normal. No focal lesions.

**GALL BLADDER** : Distended <sup>minimally</sup> well and appears normal. ~~No evidence of calculi or wall thickening.~~ Common bile duct appears normal.

**SPLEEN** : Normal in size <sup>10.5cm</sup> and echotexture.

**PANCREAS** : Normal in size and echotexture. MPD not dilated. No calcification noted.

**KIDNEYS** : Right kidney : <sup>107x43mm</sup> mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

Left kidney : <sup>106x49mm</sup> mm. Normal in size and echotexture and shows smooth contour. No hydronephrosis or calculi.

**URINARY BLADDER** : Distended well and appears normal.

No ascites / Lymphadenopathy. No evidence bowel wall thickening / edema.

uterus - 5.5x3.5x4.6cm, ET-2mm (1) in size and echotexture  
(2) Ovary 2.3x1.5cm, (4) Ovary - 2.7x1.3cm, Bdt are normal.

**IMPRESSION** : No obvious sonological abnormality in abdomen.

Rest unremarkable

Suggested clinical correlation.

No significant sonologic abnormality

DR MOHD ABDUL KHALID MD, DNB.

DR V. MAHIDHAR (MD)

DR VAISHNAVI REDDY B (MD)

(Consultant Radiologist)

V. Mahidhar

# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



RCWH.0000094545 IP-00060486  
 M# POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 16 D (F)  
 Dr. SRILATA PATNAIK

Patient Name :

IP.No:

Ward:



DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	/	/	
2	Discharge Summary	2	/	/	
3	Nursing Initial assessment form	2	/	/	
4	Patient Transfer Forms	3	/	/	
5	In-patient Medical Record	1	/	/	
6	Doctors Progress Sheets	2	/	/	
7	Nurses Progress notes	3	/	/	
8	Consultation Sheets	2	/	/	
9	General Consent for Treatment	1	/	/	
10	Consent for Surgery				
	Consent for Blood Transfusion	2	/	/	
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				
20	Anaesthesia notes (Pre Anaesthesia & Post)				
21	Pre Operative checklist				
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	3	/	/	
26	Intake and Output chart (fluid Chart)	3	/	/	
27	Drug Chart (Regular prescription)	5	/	/	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	/	/	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	/	/	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	Thromboprophylaxis	1	/	/	
	para Anaesthesia	2	/	/	
	Borden &	2	/	/	
	Other	8	/	/	
	Total No. of Pages	51 pages			

Signature and Date :

*[Handwritten Signature]*  
 22/6/20  
 SRW

# **ERROR LOG**

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

### Registration Details :



Admission No : IP-00060486

Admit Date : 25-Jun-2026

Admit Time : 07:29 PM UHID : RCWH.0000094545

### Patient Details :

Patient Name : Ms POLAGANGU CHANDANA

Age : 18 Y 11 M 14 D

Guardian : Mr MR GOPICHAND POLAGANGU

DOB : 11-07-2007

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : H.NO 6-91,C/O G.SHANKER RAO NEAR GOVT  
HOSPITAL SERILINGAMPALLY,,  
Serilingampally Hyderabad Telangana INDIA  
500019

Phone No : 9951880727

E-mail : na123@rainbowhospitals.in

### 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 MR GOPICHAND POLAGANGU

Relationship : Father

Contact Address : H.NO 6-91,C/O G.SHANKER RAO NEAR  
GOVT HOSPITAL SERILINGAMPALLY,,  
Serilingampally Hyderabad Telangana INDIA  
500019

Phone No : 9951880727

  
Signature

### Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor :

Phone No :

Co-Consultant :

### Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT  
LTD

# PATIENT TRANSFER FORM

RCWH.0000094545 IP-00060486  
M<sup>s</sup> POLAGANGU CHANDANA  
11-07-2007 18 Y 11 M 14 D (F)  
Dr. SRILATA PATNAIK



Date & Time of Admission <i>25/6/26 @ 7:29pm</i>		Date & Time of Transfer Order <i>26/6/26 @ 2:50pm</i>
Treating Consultant Name	Transfer Ordered by <i>DR. NIKHITA</i>	Reason for Transfer <i>observation</i>
From Unit <i>2nd floor</i>	To Unit	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>32 pages</i>	Number of Imaging Films <i>Nil</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.	<i>Nil</i>	
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>DR. SRILATA PATNAIK.</i>		
Name & Signature of Person who is Transferring <i>Sis :- Roja</i>		Name of Person Ordered Transfer <i>DR. NIKHITA</i>
Patient & Clinical Records Received by : <i>K. Subashini</i>		
Date & Time of Patient Received : <i>26/6/26 2:50pm</i>		


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

# PATIENT TRANSFER FORM

RCWH.0000094545 IP-00060486 M# POLAGANGU CHANDANA 11-07-2007 18 Y 11 M 16 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission <b>25/6/26 @ 7:29 PM</b>	Date & Time of Transfer Order <b>26/6/26 @ 11:55 AM</b>
Treating Consultant Name	Transfer Ordered by <b>Dr. Nalikaitha</b>	Reason for Transfer <b>Patient stable</b>	
From Unit <b>MICU</b>	To Unit <b>2nd floor</b>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <b>41</b>	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.	<b>In + Pen (1)</b>		
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <b>Kamala 26/6/26 @ 11:55 AM</b>		Name of Person Ordered Transfer <b>Dr. Nalikaitha</b>	
Patient & Clinical Records Received by : <b>N. K. S. H.</b>			
Date & Time of Patient Received : <b>27/6/26 @ 12 AM</b>			

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

# PATIENT TRANSFER FORM



Patient Name / I.P. No. RCWH.0000094545 IP-00060486 Ms POLAGANGU CHANDANA 11-07-2007 18 Y 11 M 14 D (F) Dr. SRILATA PATNAIK 		Date & Time of Admission 25/6/26 @ 7:29 pm	Date & Time of Transfer Order 25/6/26 @ 12:00 AM
		Transfer ordered by Dr. Greshma	Reason for Transfer observation
From Unit MICU	To Unit Room (213)	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 38	Number of Imaging films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / notes written by Doctor :

Dr. Greshma

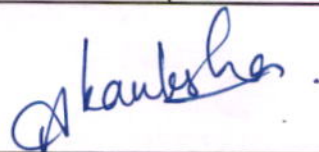
Name & Signature of Person who is Transferring

Sis. Meghna

Name of Person Ordered Transfer

Dr. Greshma

Patient & Clinical records received by :



Date & Time of Patient Received:

25/6/26 @ 1 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

RCWH.000094545 IP-00060486  
 Ms POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 14 D (F)  
 Dr. SRILATA PATNAIK



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify UW

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:** Anemia for observation. U/weakness. Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. srilata patnaik  
 Time Notified: 7:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Diagnosed 7 Hypothyroidism 3 days back was on J. Thyroxine 25 mg</u>	<u>Nil</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u> Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>15/6/26</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Obstetric History:** G \_\_\_\_\_ P \_\_\_\_\_ L \_\_\_\_\_ A \_\_\_\_\_

**Previous LSCS:** \_\_\_\_\_

**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 \_\_\_\_\_

**Vital Signs / Measurements:** Temp: 99.1°F HR: 80 b/min RR: 19 b/min  
 BP: 117/71 mmHg Weight: 60 kg Height: 1.60 cm BMI: \_\_\_\_\_

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

RCWH.0000094545 IP-00060486  
 Ms POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 14 D (F)  
 Dr. SRILATA PATNAIK

**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 .....Ms. p. Chandana.....  
 Name of Person Orientation was given to: .....Ms. p. Chandana.....  
 Orientation not given Reason: .....

Nurse Signature: .....  
 Nurse Name: .....Meghana.....  
 Date & Time: .....25/6/26 @ 7:35pm.....





7) Allergy:  Yes  No, If Yes : .....

8) Current Medications:  Prenatal Vitamin  None  Others: I. Thyroxine 25 mcg

9) Prenatal Medical History:

- None  Gestational Diabetes  
 Chronic Hypertension  Low placenta  
 Gestational Hypertension  Others if yes, specify .....  
 Diabetes

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)  
 **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)  
 **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)  
 **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)  
 **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

**OBCU Obstetrical Triage Acuity Scale (OTAS)**

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> <li>Acute onsite severe abdominal pain</li> <li>Altered level of consciousness</li> <li>Cord prolapse</li> <li>Severe respiratory distress</li> <li>Suspected sepsis</li> </ul>	<ul style="list-style-type: none"> <li>Major trauma</li> <li>Shortness of breath</li> <li>Unplanned and unattended birth</li> </ul>	<ul style="list-style-type: none"> <li>Abdominal/back pain greater than expected in pregnancy</li> <li>Flank pain / hematuria</li> <li>Nausea /vomiting and /or diarrhea with suspected dehydration</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing assessment from out patient clinic (for hypertension, blood work)</li> <li>Minor trauma (minor MVC/fall)</li> <li>Nausea/Vomiting and /or diarrhea</li> <li>Signs of infection (ie dysuria ,cough, fever, chills)</li> </ul>	<ul style="list-style-type: none"> <li>Anything that does not seem to pose threat to mother or fetus</li> <li>Cervical ripening</li> <li>Out patient placenta previa protocols</li> <li>Pre-booked visits (ie Rh and progesterone injections, NST</li> <li>Assessment for version</li> <li>Rashes</li> </ul>

Time seen by Doctor: 7:30 pm

Nurse Name: Meghana Nurse Signature: [Signature]

Date: 25/6/06 Time: 7:05 pm

RCWH.000094545 IP-00060486  
 Ms POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 14 D (F)  
 Dr. SRILATA PATNAIK

Ref. No.: F/GYNIC/18

**BirthRight**

BY RAINBOW HOSPIT  
 Your Right to a Safe Del



**SHEET FOR GYNECOLOGY**

Date of Admission: 25/6/26  
 Time of Admission: \_\_\_\_\_

PERSONAL DETAILS

Name: Mrs Chandana P Age: 18 yrs Date of Birth: 11/7/2007  
 UHID No. RCWH-94545/IP-60486 IP No.: IP-60486  
 Department: ORGY Consultant: Dr. Srilata Patnaik

PRESENTING COMPLAINTS

18 yrs Unmarried | Anemia | <sup>Subclinical</sup> Hypothyroidism | For Observation |  
 further management

Patient came to do weakness, referred from Apollo Hospital  
 w/o Anemia (Hb-73 g/L). She was advised by PCP 3 doses  
 3 doses of 2 doses of Ij. FCM done. Physician reviewed done  
 caused 1 PRBC transfusion, Ij. Meaxon Plus and Oral Antibiotics.  
 CRP, CUE sent. She was admitted for further management.  
 She was diagnosed to hypothyroid 3 days back & is on P. THYROXINE 20mg

22/6/26

TSH-5.235

CUE - Calcium Oxalate Crystals (+)

Paras: 0-1

EC: 2-3

RBC: 4-5

BLOOD GROUP - (B) POSITIVE

CUE - Blood (+)

Paras: 3-4

EC: 3-5

RBC: 4-6

CRP - 6.5/9.00 | 4.962

MENSTRUAL HISTORY

Year of Marriage: Unmarried  
 Previous Periods: Regular / 5 days / 2-3 pads /  
flow heavy  
 LMP: 15/6/26 Clot (+) Dysm (+)  
 Contraception: Nil

OBSTETRIC HISTORY

Parity: Unmarried  
 Mode of Delivery: -  
 Last Child Birth: -

MEDICAL HISTORY	SURGICAL HISTORY
Diagnosed to Hypothyroidism 3 days back & was on TRIMYLOXINE 20mg	NIF
FAMILY HISTORY	NOTES / ALLERGIES
Nil	Allergy - Nil.

INITIAL ASSESSMENT

Date	Breasts	Local / Speculum Examination
Ht. 160 cm Wt. 60 kg	(N), No lumps	Not done
BMI	Abdominal Examination	Bimanual Pelvic Examination
B.P. 110/70 mmHg	Soft NT	Not done
Pallor (+)		
CVS 4h (+)		
Respiratory System BAC (+)		
Thyroid (N)		

PROVISIONAL DIAGNOSIS : 18 yrs / Unmarried / Hypothyroid / Anemia for observation / Further management.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
- Blood grouping & Typing - Uric Acid	- Admission - Normal diet - Monitor vitals - Follow drug chart - 10 PRBC to be transfused - Iferon 500	

Name of the Doctor : Dr. Sulata Patraik.

Date: 25/6/16 Time: 9:30 PM.

Signature of Doctor

Noted by Medsup  
25/6/16  
@ 7:30 PM

*[Handwritten Signature]*

RCWH.000094545 IP-00080488  
 M<sup>s</sup> POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 16 D (F)  
 Dr. SRILATA PATNAIK

chandana



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	1/5/2022 -	
	CBP - 8.5 / 7220 / 4L	
	Sz. iron - 16 ug/dl	
	TIBC - 448	
	Transferrin - 313.2g	
	% saturation - 3.57	
	Sz. Ferritin - 6.9	
	31/12/2025 - H/o Anemia, Fatigue :: 2 months.	
	<u>23/6/2025</u> - c/o pain during menses :: 6 months.	
	Sz. Magnesium - 2.12	
	Vit B-12 - 297 pg/ml	
	Vit D - 16.6	
	Sz. Calcium - 9.63 mg/dl	
	CBP - 9.9 / 7400 / 3.22L	
	PS - microcytic hypochromic, moderate Anisopoikilocytosis	
	T <sub>3</sub> - 1.01, T <sub>4</sub> - 4.99, TSH - 5.67	
	HbA1c - 6%	
	• KUB & pelvis scan -	
	RT. ovary - multiple small cysts seen.	
	left ovary - multiple small cysts seen	
	B/L polycystic ovaries.	
	<u>26/7/2025</u> - Dysmenorrhoea :: 6 months. (Rainbow)	
	Gravidal 9 - 1 <sup>st</sup> dose taken.	
	<u>30/7/2025</u> - OATT - 97 / 89 / 94.	
	TSH - 4.562, T <sub>3</sub> - 0.99, T <sub>4</sub> - 6.70	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
7/3/2026	- c/o palpitations, Anorexia, c/o chills	
	dry cough (↑ in night)	
	shortness of breath. No Fever.	
	• CBP - 9.9 / 4970 / 3.05 L	
	CBNAAT - MTB not detected.	
14/2/2026	- c/o dry cough, breathlessness,	
	sore throat.	
	CBP - 9.7 / 6380 / 3.29 L	
	S <sub>2</sub> Creat - 0.7	
	eGFR > 60	
	GRBS - 97 mg/dl	
	HBA1C - 5.6 %	
	TSH - 3.907	
	2D Echo - Normal.	
	Chest X-ray done.	
21/06/2026	- c/o generalized weakness.	
	Headache.	
18/6/2026	- c/o myalgia.	
19/6/26	- Hb - 7.3 gm/dl	MCV - 80.7
	PS - Normocytic normochromic	
	mild anisocytosis ± Hypochromia	
	thrombocytosis.	
	- immature granulocytes - 0.6%	
	S <sub>2</sub> Ferritin - 36.1	
	iron - 19.	

RCWH.0000094545 IP-00080488  
 Ms POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 16 D (F)  
 Dr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	22/6/2026 - TSH - 5.235	
	Total T3 - 1.01	
	T4 - 6.5	
	CUE - protein - Trace	
	RBC - 4-5	
	Ep. cells - 2-3	
	pus cells - 0-1	
	Ca. oxalate crystals (+)	
	• Two FCM transfused on 22/6 & 23/6	
	25/6/2026 - clo Fever, myalgia, joint pain, giddiness, nausea.	
	CBP - 6.5 / 9000 / 4.96 L	
	MCV - 75. Neutrophils - 85.7%	
	CUE - Blood (+)	
	pus cells 3-4	
	Ep. Cells 3-5	
	RBCs - 4-6	
	ECG - Normal.	
	• 24/6/2026 - Eye sight - (N)	
	• 26/6/2026 - CRP - 50	
	CBP - 6.4 / 7920 / 4.60 L	
	DCT - Negative	
	LDH - 184	
	Reticulocyte count - 2.5	
	LFT - Albumin - 3.5	





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 9:30 PM	O/E Rt is d/c Gc-fall <del>Temp-100°F</del> BP- 114/74 mmHg PR- 86 bpm S/E- NAD P/A- soft RT BS ⊕	Adv - (N) diet - Adequate hydration - Monitor vitals - Follow drug chart - References - 1 PRBC to be transfused
Noted by Meghna 25/6/26 @ 9:30 pm <span style="float: right;">Dr. Jeyaraman</span>		
25/6/26 9:30 PM	C/I to Paalmitata Mann Vitals stable Temp- 100°F	Adv - Hold Blood transfusion - 2g PARACETAMOL 2g IV 12th hly - Betadine gargling - Monitor vitals - Follow drug chart - References
Noted by Meghna 25/6/26 @ 9:30 pm <span style="float: right;">Dr. Jeyaraman</span>		

RCWH.0000094545 IP-00060486  
 Ms POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 14 D (F)  
 Dr. SRILATA PATNAIK

### GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 11:30 PM	O/E Rt IC clc GC - fair Temp - 98°F BP - 116/79 mmHg PR - 81 bpm S/E - NAD P/A - 60/6 NT	ASU - @ diet - Betadine gargling - Monitor vitals - Follow dry diet - Refer to see
Shift to room	Noted by Meghna 25/6/26 @ 11:30 pm	Dr. Durgadevi
26/6/26 7:30 AM	O/E Rt IC clc GC - fair Temp - 100.3°F at 7 AM 98°F at 7:30 AM BP - 113/80 mmHg PR - 81 bpm S/E - NAD P/A - 60/6 NT	ASU - @ diet - Adequate hydration - Betadine gargling - Monitor vitals - Follow dry diet - Refer to see
	noted by Meghna 26/6/26 @ 8 AM	Dr. Durgadevi



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26.6.26 9, 45 AM	18 yrs old unmarried girl. Co. Generalized today Myalgia today.	
[IMP-15.6.26]	H/o Breathing difficulty swelling of feet Parvovirus in feb 2026 Coimbatore Vomiting	
DST	• Iron studies	① Hb% = 9-10 gm/dl
	• LFT	② MTB test -ve
	• Sr. Creatinin.	③ PFT Normal
	• Reticulocyte count	Child had H/o → Bronchitis after coming to India. (Previously at Germany)
	• LDH	P/A - soft MAD.
	• ANA	① For B.T. (Packed cell)
	• DCI	③ Contact today
	• [HPLC]	Note by Raja B. 26/6/26 9.10 AM
	• CRP	
	• Urea	
	• CBP	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
26/6/2026 12 pm.	C/S/B Dr. Srilata mam & C/I to Dr. Sandhya (Hematologist) mam	
		Adv:
		- 1 @ PRBC transfusion stat.
		- shift to labour ward.
		Dr. Nikhita
		<del>Not e by Pofa... 28/6/26 epm</del>
		Adv:
	O/E - pt is c/c	- (N) diet
	Gc - Fair	- Betadine gargles
	Afebrile	- monitor vitals
	BP - 108 / 57 mmHg	- W/B
	PR - 71 bpm.	- Follow drug chart
	S/E - NAD	- Insform sas.
	P/A - soft, NT,	
	BS (+)	Dr. Nikhita
	LFT - (N)	<del>Not e by Pofa... 28/6/26 epm</del>
	Sr creat - 0.3	
	CBP - Hb - 6.4   7.92/4.60	
	Sr uric acid - 3.9.	



(B)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 3: pm	C/I to Axon / Dr. Srilata Patnaik Ma'am Pt is c/cle GTC fuis Febrile (100.2°F) BP - 108/64 mmHg PR - 94 S/E - NAD P/A - soft NT	2 mild chest pain Adv - Inj PCM 1gm IV - stat - start blood transfusion 10 PRBC @ 25ml/hr. after Inj PCM 1gm - stat - Prepare Inj Hydrocortisone 100mg - IV. 7 Inj Pantoprazole 40mg - stat Inj Pheniramine maleate - IV - stat ready standby. - Inform SOS
26/6/26 4 pm	Pre transfusion Notes Pt is c/cle GTC fuis Febrile - (100.2°F) BP - 108/64 mmHg PR - 94 bpm S/E - NAD P/A - soft NT	Adv - w/f Any Transfusion reaction - follow drug chart - monitor vitals - Inform SOS
26/6/26 4 pm	Noted by Subhansu upm 26/6/26	Noted by Dr. Parnes



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 6 pm	<p><u>C/I to Dr Axon</u>            Pt is clec &amp; do shivering -            4 chills -</p>	
<p>send            CPE</p>	<p>BP - 116/82 mmHg            PR - 95 bpm            Temp - 98.6 F</p>	<p>Adx            - Transfusion            stopped            - Ij Avil 45.5            mg - IV - stat            - Ij Hydromet            100 mg IV - stat            - Ringer lactate - slow            IV - stat  <u>Phar</u>  <u>Dr Gomez</u></p>
<p>noted by            Sachin            26/6/26</p>		
26/6/26 7:20 pm	<p><u>C/I to Dr. Srilata mam</u>            PR - 122 bpm            Temp - 101.2 F            LDH - 184            Reticulocyte Count - 2.5            DCT - Negative            CRP - 50</p>	
<p>noted by            Sachin            26/6/26            7:26 pm</p>		<p><u>DR. Nikita</u></p>


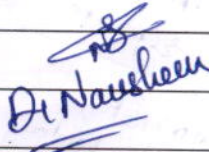


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 10:45 pm	O/E - pt is c/c/c G/C - Fair	<p>Adv:</p> <ul style="list-style-type: none"> <li>- (N) diet</li> <li>- <del>lots</del> bleeding p</li> </ul>
pt. can be shifted to room	Temp - BP - 107/65 mmHg PR - 107 bpm S/E - NAD	<ul style="list-style-type: none"> <li>- monitor vitals</li> <li>- Adeq. hydration</li> <li>- Rest</li> <li>- Follow drug chart</li> </ul>
Trace HPLC Iron studies ANA wine c/s reports	P/A - soft, NT.	<ul style="list-style-type: none"> <li>- Inform sas.</li> </ul> <p style="text-align: right;">@ Dr. Nikhita</p>
<p>Noted by Kanch 26/6/26 @ 10:45 PM</p>		
27/6/2026 8 AM	<p>PRO</p> <p>O/E - pt is c/c/c G/C - Fair Afebrile</p>	<p>Adv:</p> <ul style="list-style-type: none"> <li>- (N) diet.</li> <li>- Adeq. hydration</li> <li>- monitor vitals.</li> <li>- Rest.</li> </ul>
urine passed motion passed	BP - 106/86 mmHg PR - 91 bpm S/E - NAD.	<ul style="list-style-type: none"> <li>- Follow drug chart</li> <li>- Inform sas.</li> </ul>
Trace HPLC Iron studies ANA UCS reports	P/A - soft, NT.	<p style="text-align: right;">@ Dr. Nikhita</p>
<p>Noted by A. Kumar 27/6/26 @ 8 AM</p>		
Hematologist review today		



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 8 AM	C/I to Dr. Srilata mam	
	UOE - sediment (+) Blood +++ pus cells - 3-4 Epithelial cells - 6-8 RBCs - 25-30	
27/6/26 2 pm	Iron studies	 Dr. Nikhita
	Sx. Iron 51 (N) Total Iron binding capacity 310 (N) UIBC → 259 (N)	
	Transferrin Saturation Index (6-45%)	
27/6/26 2 pm	o/e pt is c/c/c y/c/fair a/f/b BP - 109/65 mmHg PR - 72 bpm S/E NAD I/A soft NT	Adv - (N) Diet - Monitor Vitals - Follow dry chart - Hydration - Rest - Inform S/S.
Hematologist Review today Trace HPLC ANA, urine c/s reports	Note by Raja Per 27/6/26 @ 2 pm	 Dr. Naveen



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/6/26 4:15pm.	c/s/B Dr Sandhya (hematologist)	
		<u>Adv</u>
		- Start Folvite
		- Inj Vit B12 1000 mg. iv stat.
		- T. Vit C (500mg) OD X 2 weeks
		- T. Livogen BP X 2 weeks HB once daily X 4 months
		- T. Shelcal (500mg) OD X 2 weeks
USG Abdomen today		- T. Albendazole 400mg stat fb after 1 week.
		- Repeat CBP after 5 days.
27/6/26 4:30pm.	c/s/B Dr Srilata Mann	<del>AS</del> Dr Naushan
		<u>Adv</u>
		- Start all medications advised by hematologist
		- Repeat CBP after 5 days
pt can be discharge		- Review to Dr Sandhya after 5 days with reports Dr Naushan





h  
o

110 PRBC → 2576.

0 9mg Ferritin 500 in 1000 25

0 9mg MEASURED PAIN 1 Amp in evening

h  
6-5

0 9mg ARTICHAID 60 (IM) SPON

USIC Acid

discharge only

0 7. MEASURED 100 x 30 day

0 7. PAIN RELIEF 100 x 30 day

0 7. BROWN 100 x 30 day

0 7. CEPODIN 300mg

100 x 3 day

0 7. MONSIFX

100 x 3 day

Start today

# CONSULTATION FORM



Doctor Name : Dr Sandhya V

Date : 27/6/26 Hour : .....

Hospital : .....  
 RCWH.000094545 IP-00060486  
 M# POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 16 D (F)  
 Dr. SRILATA PATNAIK

Type of Referral :  Emergency (within one hr.)

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Referred for :  Opinion  Management  .....

Date : ..... Time : ..... By : .....

Transfer of care

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

M.D. \_\_\_\_\_

**Report of Findings and Recommendations :**



Send macro for evaluation  
 no bleeding /

c/o out of pain  
 1 year

26/6  
 OCT -ve  
 LCH 184  
 Rbc count 2.5  
 CFT alb: 3.5  
 a2p: 50  
 Wt: Blood (+)  
 creat: (10)  
 ure acid 3.9

Worst under  
 s/o IDA  
 PBS s/o IDA  
 Referred  
 1v cur  
 1gm 23/6

(P)  
 → Start foliate  
 → @ by Vitamin B12 1000mg iv stat  
 → F. vit C (100mg) no more x 2 weeks  
 → F. folic acid 1 tab once daily before food x 4 weeks  
 → F. sheval (100mg) once daily x 2 weeks every

Consultant : \_\_\_\_\_

Name : ..... Signature : \_\_\_\_\_ Date & Time : .....

NOTE : If more space is required use another consultation sheet as continuation

→ expect CBP after 5 days  
USG abd

→ Trace HPLC FAMA

if poss enclement / to  
w/c for - BM → fahu / aplam  
L malabsorption  
Cronks NEG HA

Abundant 4 comp  
stat  
today  
&  
after  
week

\_\_\_\_\_

# CONSENT FOR BLOOD TRANSFUSION



Name: MRS POLAGANGU CHANDANA Age: 18 Gender: Male  Female   
UHID.No: V.H-0000094545/1P-00060426 Date: 26/6/26

- Type of Blood Product:**
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fresh Frozen Plasma | <input checked="" type="checkbox"/> Packed Red Blood Cells | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> Cryoprecipitate     | <input type="checkbox"/> Single Donor Platelet             | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> Albumin             | <input type="checkbox"/> Red Blood Cell                    | <input type="checkbox"/> Others .....           |

I MRS POLAGANGU CHANDANA hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for Human Immuno-deficiency Virus antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections occur even with screened blood, especially if it is in. The "window period" and also due to various other infections which have not been screened for. I also understand that any blood components transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about the alternative for this procedure that .....

All the above-mentioned risk, benefits and alternatives have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood / or blood components Packed Red Blood Cells, Red Blood Cell, Platelets, Fresh Frozen Plasma, Cryoprecipitate etc.) to me / my Patient during he present hospital stay and treatment.

**Patient (Or Patient Relative / Guardian):**

Signature: P. Gopichand  
Name: P. Gopichand  
Date & Time: 26/6/26 4pm

**Doctor (Who is talking the consent)**

Signature: [Signature]  
Name: Dr. Farooq  
Date & Time: 26/6/26 4pm

**Witness**

Signature: [Signature]  
Name: Dr. B. Madhavi Devi (mother)  
Date & Time: 26/6/26 4.00pm

**రక్త మార్పిడి కొరకు అంగీకార పత్రము**

రోగి పేరు: ..... వయస్సు: ..... లింగము  పురుషుడు  స్త్రీ  
UHID. సంఖ్య: ..... తేదీ: .....

- రక్త ఉత్పత్తి రకాలు:**
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> తాజా ఘనీభవించిన ప్లాస్మా | <input type="checkbox"/> ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు | <input type="checkbox"/> Random Donor Platelets |
| <input type="checkbox"/> క్రయోప్రెసిపిటేట్        | <input type="checkbox"/> ఒకే ధాత ప్లేటిలెట్స్           | <input type="checkbox"/> Whole Blood            |
| <input type="checkbox"/> మొత్తం రక్తం             | <input type="checkbox"/> ఎర్ర రక్త కణం                  | <input type="checkbox"/> ఇతరులు.....            |

నేను ..... ఇందు మూలముగా రెయిన్ఫో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా నాకు గాని/ నా రోగికి గాని రక్తమార్పిడిచై/ రక్త రక్త ఉత్పత్తుల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటిస్ జి సర్వేస్ యాంటిజన్, హైపటైటిస్ యాంటిబడీస్, మలేరియా మరియు సిప్లిస్ లక్షణాలు లేవని పరీక్షించి బడినది అని వివరించడమైనది. రక్త పరీక్ష నిర్ణయ కాల పరిమితి లో జరిగినప్పటికీ పరీక్షలో కనబడని అనేక ఇతర ఇన్ఫెక్షన్ ద్వారా అతి అరుదుగా ఇన్ఫెక్షన్లు సోక వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త ఉత్పత్తుల మార్పిడికి సంబంధించిన ప్రతిచర్యలు సోకే ప్రమాదం వుందని, ప్రసరణ వ్యవస్థలో అదనపు ద్రవం మొదలగు అరుదైనది పర్యవసానాలు తెలెత్తవచ్చు అని నేను అర్థం చేసుకున్నాను.

ఈ ప్రక్రియకు ప్రత్యామ్నాయం గురించి డాక్టర్ నాకు వివరించారు .....

పైన పేర్కొన్న అన్ని ప్రమాదాలు, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు నాకు / నా రోగికి చికిత్స చేస్తున్న డాక్టర్ ద్వారా నాకు వివరించబడ్డాయి. చికిత్స చేస్తున్న సమయంలో అన్ని రకముల రక్తమార్పిడులకు (మొత్తం రక్తం / లేదా రక్త ఉత్పత్తులు ప్యాక్ చేయబడిన ఎర్ర రక్త కణాలు, ఎర్ర రక్త కణాలు, ప్లేట్ లెట్స్, ప్లెష్ ప్రోజెన్ ప్లాస్మా, క్రయోప్రెసిపిటేట్ మొదలైనవి) నా అంగీకారము తెలుపుతున్నాను. నాకు పూర్తిగా అర్థమగు భాషలో నాకు నా రోగికి వివరించారు మరియు నేను దానిని సమ్మతిస్తున్నాను

సహాయకుడు(అటెండెంట్)	సాక్షి
సంతకము .....	సంతకం .....
పేరు .....	పేరు .....
తేదీ మరియు సమయము .....	తేదీ మరియు సమయము .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....  
పేరు .....

## BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : ms. polaganu chandana UHO : 00060486 IP No : PCWH. 90505  
 Age : 18y Gender : female Department : ICU/MICU Ward : MICU  
 Blood group of the patient : 'B' positive Blood group on the Blood bag : 'B' positive  
 Blood bank issue no : 658 Date of collection : 19/6/26 Date of expiry : 24/07/26  
 Time of starting transfusion : 26/6/26 at 4:10 pm Planned duration of transfusion : 26/6/26 at 16:00 PM 3hr

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO <sub>2</sub>	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
4:10 pm	86b/m	98.6f	106/77 mmHg	99%	-	-	-	fever & chills
4:25 pm	89b/m	98.6f	100/76 mmHg	99%	-	-	-	at 6pm
5pm	85b/m	98.6f	102/84 mmHg	100%	-	-	-	
6pm	96b/m	98.6f	112/69 mmHg	98%	-	-	-	

Comments : patient developed fever & chills during transfusion  
transfusion stopped immediately.

Nurse Name : gubasini Nurse Signature : [Signature]

DONATE BLOOD

SAVE LIFE

**B**

Rh (D)

**POSITIVE**  
PACKED RED CELLS I.P.  
220-280 ml of Blood to  
+49ml / 63ml of CPDA Solution

**RUDHIRA  
BLOOD CENTRE**

(A UNIT OF RUDHIRA HEALTH ORGANISATION)  
#12-13-197/301, 1st Floor,  
Pavani Anasuya Towers,  
Opp. HUDA Complex,  
TARNAKA, Secunderabad - 17.  
Ph: 040-27801040, 8508 601 601

Lic No. 115/HD/TS/2021/BC/G/CP

**VOLUNTARY / REPLACEMENT**

Unit No. : 658	Volume : 250ml
Date of Collection : 19/06/26	HIV I & II } HBsAg } NEG HCV } VDRL } MP - Not Found.
Date of Tested : 19/06/26	
Expiry Date : 24/07/26	
Date of X-Matching & Issue : 26/06/26	

1) Keep continuously at 4°C to 6°C before use. 2) Cross match before use. 3) Shake gently before use. 4) Check blood group on label and recipient's group before administration. 5) Administer without warming. 6) Do not add any other medicine to the blood. 7) Contents should not be used if there is any visible evidence of deterioration like hemolysis, clotting or discoloration. 8) Use a fresh, clean, sterile and pyrogen free disposable transfusion set with filter to transfuse blood. 9) Transfuse under medical supervision. 10) No atypical antibody detected. 11) Do not vent. 12) Do not dispense without prescription.

RCWH.0000094545 IP-00060486  
 Ms POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 14 D (F)  
 Dr. BRILATA PATNAIK

①

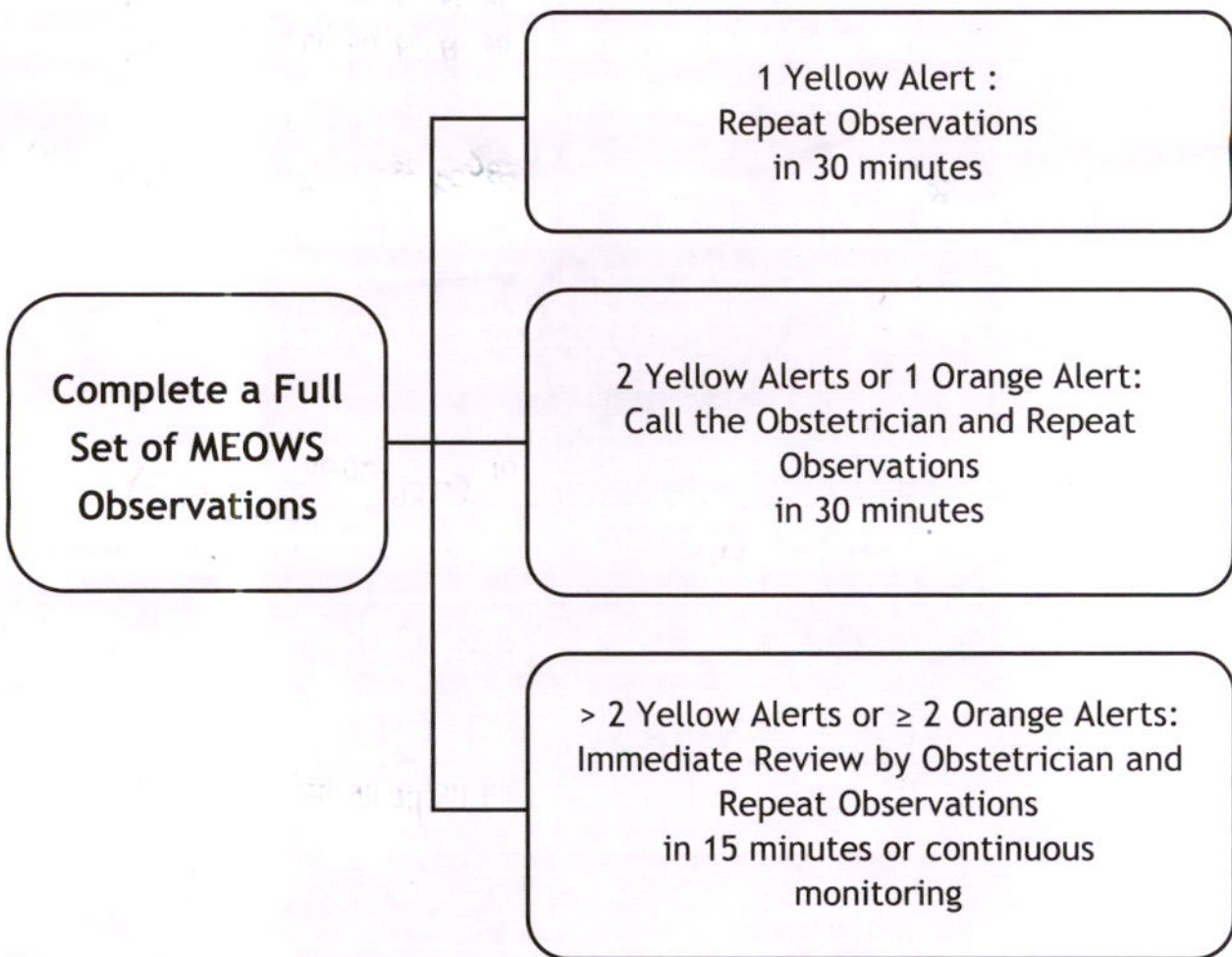


## Early Warning Observation Score Chart - Obstetrics

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

25/6/26		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	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 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																											
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)

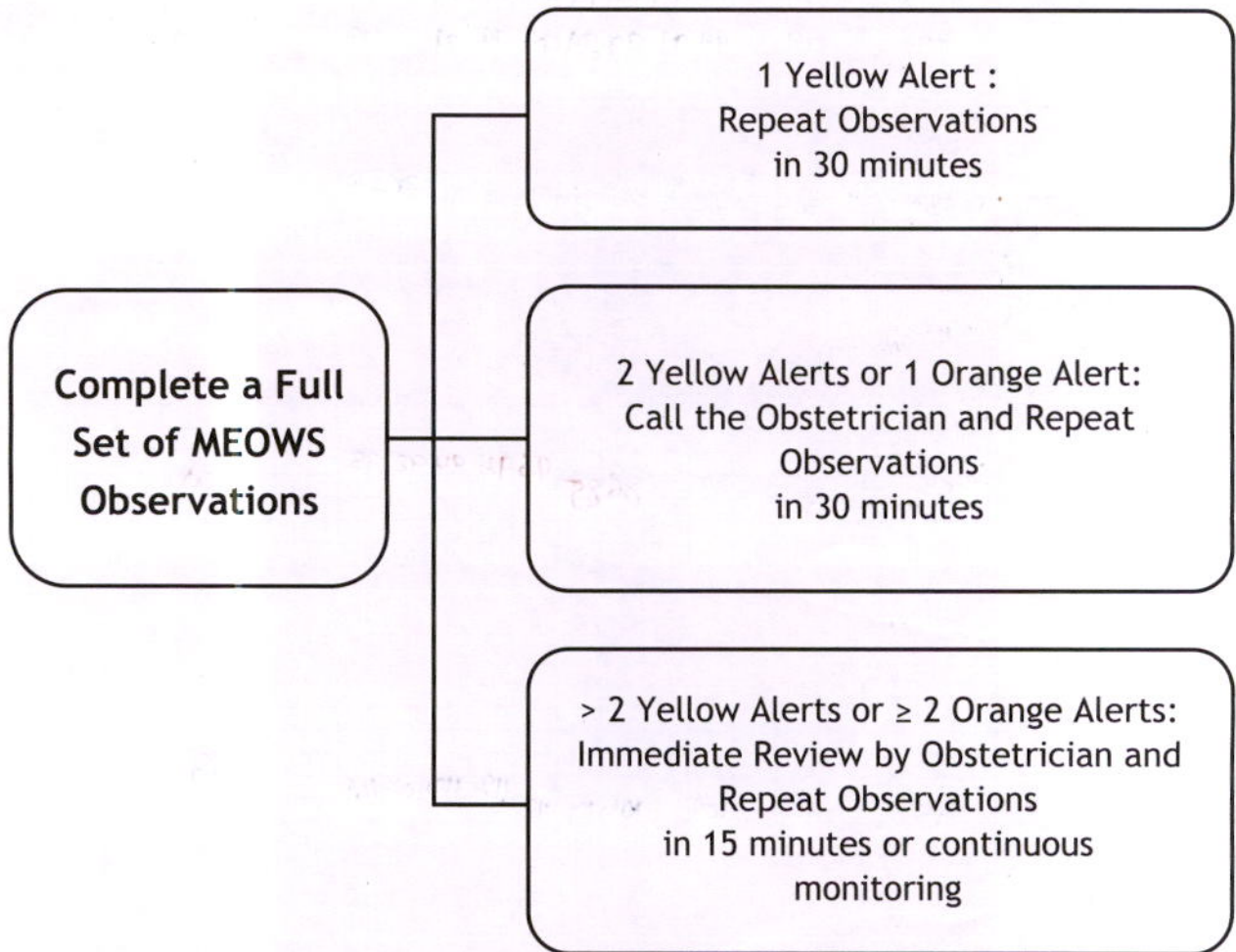


## Early Warning Observation Score Chart - Obstetrics

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

261666		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	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																									
Saturations	94 - 100 %		19			19		19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36		36c			36c		36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	36c	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		52			71		51	86	85	96	92	90	92	98							91			92	
	70																									
60																										
50																										
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		95			108		102	105	102	112	110	102	106								106			113	
	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		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		
	Green																									
TOTAL YELLOW SCORES			0			0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES			0			0		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial			SP			AP		AP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP		

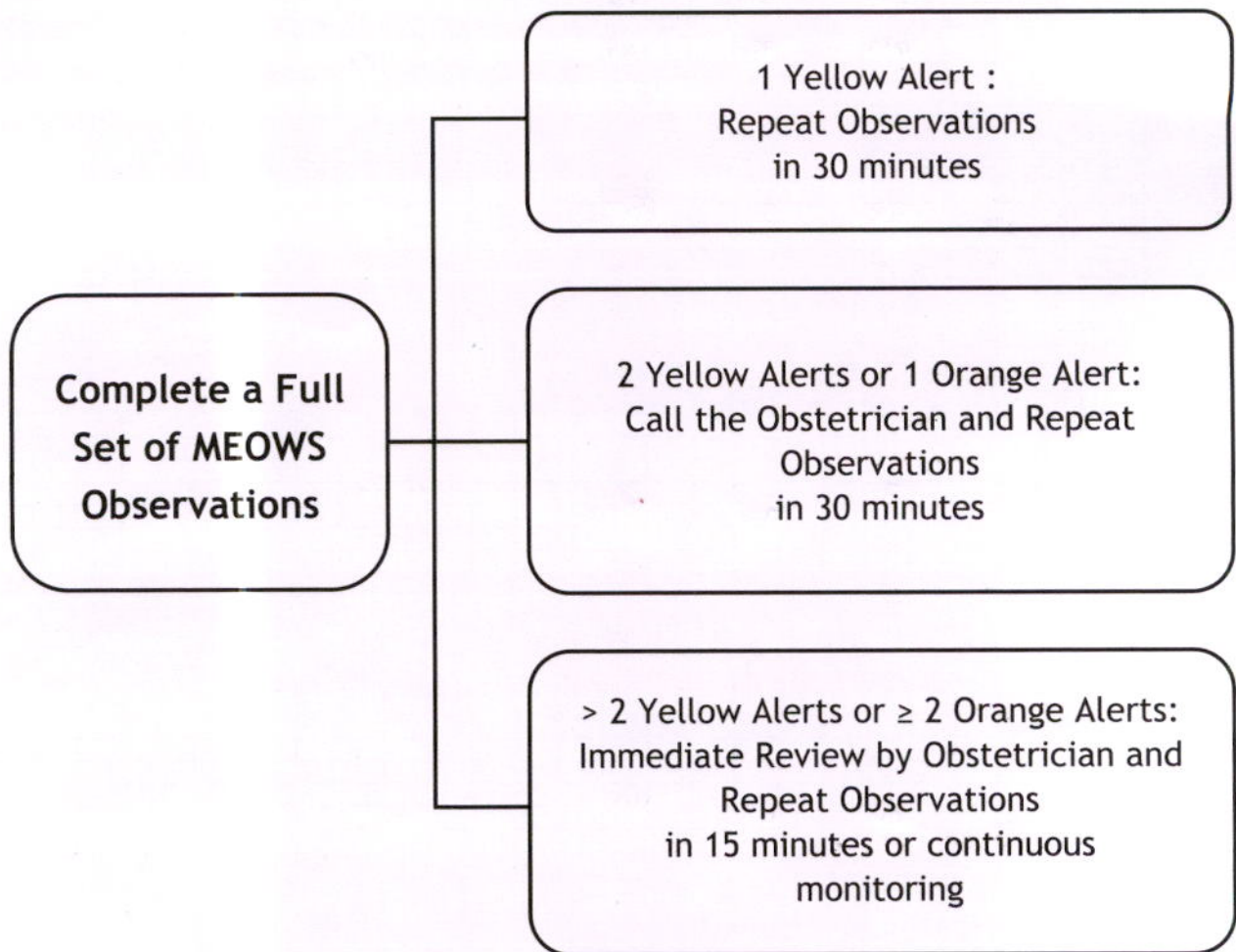
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

RCWH.0000094545 IP-00060486  
 Ms POLAGANGU CHANDANA  
 11-07-2007 18 Y 11 M 14 D (F)  
 Dr. SRILATA PATNAIK



# FLUID CHART

Sheet No. : ..... 1 .....

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

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													
<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>								
25/6/26	08:00 pm	H <sub>2</sub> O	100ml											
	09:00 pm	H <sub>2</sub> O	100ml +											
	10:00 pm	H <sub>2</sub> O	100ml + pcm	100ml/hr										
	11:00 pm													
	12:00 am		H <sub>2</sub> O											
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
26/6	02:00 am													
	03:00 am													
	04:00 am		H <sub>2</sub> O											
	05:00 am													
	06:00 am		H <sub>2</sub> O											
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>								



# FLUID CHART

Sheet No. : ..... (2) .....

26/6/26

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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
26/6/26	08:00 am											Rita 26/6/26 @ 2pm
	09:00 am		Tea						✓			
	10:00 am											
	11:00 am		H <sub>2</sub> O									
	12:00 pm									✓		
	01:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
26/6/26	02:00 pm									0		26/6/26 7pm
	03:00 pm									0		
	04:00 pm								✓	0		
	05:00 pm	H <sub>2</sub> O	50ml PRBC	25ml/hr						0		
	06:00 pm			PRBC 100ml/hr stop						0		
	07:00 pm	H <sub>2</sub> O	100ml RL	50ml/hr.						0		
<b>Total Intake :</b>					<b>Total Output :</b> passed.							
26/6	08:00 pm	H <sub>2</sub> O + RL	50ml/hr							0		Rita 26/6/26 11:30pm
	09:00 pm	H <sub>2</sub> O + RL	50ml/hr						✓	0		
	10:00 pm	H <sub>2</sub> O + RL	50ml/hr							0		
	11:00 pm	H <sub>2</sub> O + RL	50ml/hr						✓	0		
	12:00 am		50ml									
	01:00 am		50ml									
<b>Total Intake :</b>					<b>Total Output :</b>							
27/6	02:00 am			50ml								Rita 27/6/26 @ 2pm
	03:00 am			50ml					✓			
	04:00 am	R		50ml								
	05:00 am	✓		50ml								
	06:00 am			50ml								
	07:00 am									✓		
<b>Total Intake :</b>					<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>												
<b>Total 24 hrs. Output</b>												



**FLUID CHART**

27/6/26

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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
27/6/26	08:00 am											27/6/26 08/1
	09:00 am	Fejig										
	10:00 am											
	11:00 am	H <sub>2</sub> O										
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
27/6/26	02:00 pm											27/6/26 08/1
	03:00 pm	H <sub>2</sub> O										
	04:00 pm	H <sub>2</sub> O										
	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** 57

**Total 24 hrs. Output** 11



## 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: ..... W/W ..... Shifted to: ..... Room (213) .....

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	<u>T. AMYPROXINE</u>	<u>25mg</u>	<u>PO</u>	<u>ONCE DAILY</u>	<u>23/6/26</u>	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. G. S. G. G. G. .....

Date & Time : ..... 25/6/26, 7:30 PM .....

Nurse Name & Signature: ..... Meghna Ms .....

Date & Time : ..... 25/6/26 7:30 PM .....



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ICU ..... Shifted to: ..... ICU .....

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	<u>T. FEXOFENADINE HYDRO- CHLORIDE + MONTELUKAST SODIUM</u>	<u>1 TABS</u>	<u>PO</u>	<u>12th hly</u>	<u>25/6</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	<u>T. CEFPODOXIME PROXETTI + POTASSIUM CLAVULANATE</u>	<u>1 TABS</u>	<u>PO</u>	<u>12th hly</u>	<u>25/6</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	<u>INS. PARACETAMOL</u>	<u>1 GM</u>	<u>IV</u>	<u>12th hly</u>	<u>25/6</u>	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Geetha .....

Date & Time : ..... 25/6/26, 11:30 PM .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time : ..... 25/6/26, 11:30 PM .....



# DRUG CHART

Date of Admission: 25/6/20 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 ..... Signature .....



REGULAR PRESCRIPTIONS

Weight. 60kg Ward. 11W

S. maceel/Comar 25/6/26  
 S. maceel/Comar 28/6/26  
 S. maceel/Comar 25/6/26  
 S. maceel/Comar 26/6/26 6:30am  
 Sujalec S.

<b>DRUG :</b> T. FEROFENADINE HYDROCHLORIDE + MONTELUKAST SODIUM				Date Time	25/6/26 26/6 27/6
Dose	Route	Frequency	Start Date		
1TAB	PO	12th hly	25/6	11PM	PO PO
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions: T-MONTEC-FX (For 5 days)				11PM	PO
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG :</b> F. CEPPODOXIME PROXETIL + POTASSIUM CLAVALUATE				Date Time	25/6/26 26/6 27/6
Dose	Route	Frequency	Start Date		
1TAB	PO	12th hly	24/6	11PM	PO PO
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions: T. CEPODEM-XP (For 5 days)				11PM	PO
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG :</b> INT. PARACETAMOL				Date Time	25/6/26 26/6 27/6
Dose	Route	Frequency	Start Date		
1GM	IV	12th hly	25/6	10PM	5am
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:				10PM	PO
<b>Daily Doctor's Endorsement by a Sign</b>					

<b>DRUG :</b> PANTOPRAZOLE				Date Time	27/6/26
Dose	Route	Frequency	Start Date		
40mg	PO	ONCE DAILY	24/6	6AM	12:00
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
<b>Daily Doctor's Endorsement by a Sign</b>					



Weight. 60 kg Ward. 112

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6	9:40pm	INJ PARACETAMOL	1GM	IV	[Signature]	Mr rei
26/6	3:30 pm	INJ PARACETAMOL	1GM	IV	[Signature]	manga.
26/6	6:00 pm	INJ HYDROCORTISONE	100 MCG	IV	[Signature]	manga
26/6	6:10 pm	INJ PHENIRAMINE MALEATE	45-5 MCG	IV	[Signature]	manga
26/6	3:30 pm	INJ PANTOPRAZOLE	40 MCG	IV	[Signature]	manga
26/6	5:20pm	T. ALBENDAZOLE	400MG	PO	[Signature]	[Signature]
26/6/26	5:30pm	INJ VITAMIN B12	1000 MCG	IV	[Signature]	[Signature]

Signature  
VERIFIED BY : N



Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
----------------	----------	-----------	-------	-------------

**REGULAR PRESCRIPTIONS**


<b>DRUG : T. VITAMIN C</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
500MG	PO	ONCE DAILY	27/6/26																
Name & Signature of the Doctor starting the Drugs:																			
<i>AS</i> DR NAUSHFEEN																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : T. IRON</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
1 TAB	PO	12th 6:00 PM	27/6/26																
Name & Signature of the Doctor starting the Drugs:																			
<i>AS</i> DR NAUSHFEEN																			
Additional Instructions:																			
L IVOFEN																			
Daily Doctor's Endorsement by a Sign.																			

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

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



Patient Name :		I.P. No.	Sheet No.	Wards	Weight (kg)
----------------	---	----------	-----------	-------	-------------

**REGULAR PRESCRIPTIONS**

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

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

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

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