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202



ACTIVITY BILLING

VIH-00190956 IP-00060232
Mrs W MADHURI
16-04-1989 37 Y 1 M 20 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY

Name: -----

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

Date of Admission: 5/6/26 Time: 12:24 PM Date of Discharge: ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
5/6/26	4:20 pm	L/w	Room (104)	[Signature]

Cross Consultation Visit

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



SURGERY DETAILS

Sl.No.

Date : 5/6/26

Patient Name : Mrs Madhuri Age : 37 Sex : F

UHID No. : 190956 IP No. : BR-I

Date of Surgery : 5/6/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : Normal delivery with Epidural.

Time in : 01:30 pm Time Out : 2:30 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Madhurita	
2. Anaesthetist		
3. Asst. Surgeon		
4. OT Technician		
5. Circulating Nurse	C. Shrivani	
6. Asst. Nurse		

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3087213 Ordered by :

ADMISSION SHEET

Registration Details :



Admission No : IP-00060232

Admit Date : 05-Jun-2026

Admit Time : 12:24 AM UHID : VIH-00190956

Patient Details :

Patient Name : Mrs W MADHURI .

Age : 37 Y 1 M 20 D

Guardian : Mr M KARTHIK

DOB : 16-04-1989

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : SAFILGUDA Malkajgiri Hyderabad Telangana
INDIA 500047

Phone No : 9885758468/ 9959442010

E-mail : madhuri.wadekar99@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 M KARTHIK

Relationship : W/O

Contact Address : SAFILGUDA Malkajgiri Hyderabad Telangana
INDIA 500047

Phone No : 9885758468


Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 5/6/26 Time of Arrival: 12AM Time Seen by Nurse: 12AM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

- Severe Pain / Moderate Pain
- Bleeding PV: Slight / Heavy
- Decreased Fetal Movement
- No Fetal Movement
- Preterm rupture of Membranes / Leaking Water PV
- Preterm Labor/ Labor
- Spontaneous Rupture of Membrane / Leaking Water PV
- Other Reason: 2OL

3) Vital Signs: Temperature: 98.6F Pulse: 92b/m RR: 18b/m SpO₂: 99% BP: 105/73 Weight: 73.65kg

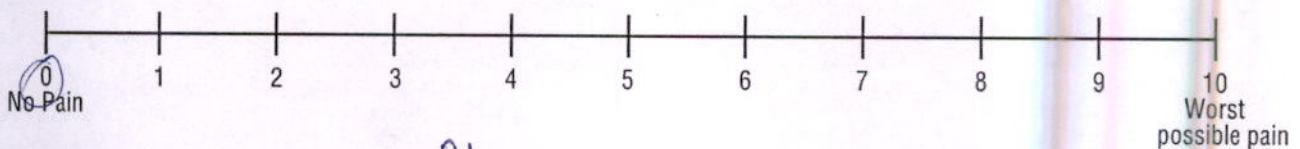
4) Gestational Criteria:

Gravida:	<u>G₂</u>	P	<u>1</u>	L	<u>1</u>	A	<u>-</u>
----------	----------------------	---	----------	---	----------	---	----------

LMP: 15/9/25 EDD: 22/6/26 Gestational Age: 37 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



- Location: Nil
- Duration: Nil Days / Weeks/ Months (Strike out which is not applicable)
- Character: Nil
- Frequency: Nil
- Interventions: Nil

6) Past History:

- a) Surgeries: cervical cerclage
- b) Medical: Endometrial TB - 6 months



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

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"> Acute onsite severe abdominal pain Altered level of consciousness Cord prolapse Severe respiratory distress Suspected sepsis 	<ul style="list-style-type: none"> Major trauma Shortness of breath Unplanned and unattended birth 	<ul style="list-style-type: none"> Abdominal/back pain greater than expected in pregnancy Flank pain / hematuria Nausea/vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> Ongoing assessment from out patient clinic (for hypertension, blood work) Minor trauma (minor MVC/fall) Nausea/Vomiting and /or diarrhea Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> Anything that does not seem to pose threat to mother or fetus Cervical ripening Out patient placenta previa protocols Pre-booked visits (ie Rh and progesterone injections, NST Assessment for version Rashes

Time seen by Doctor: 1 AM

Nurse Name : K. Sahasini Nurse Signature: [Signature]

Date: 5/6/26 Time: 12:10 AM



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 5/6/26

Baseline Information:
 Admission From: ER OPD Admission Desk Others, specify _____
 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: _____ Doctor Notified on Admission: Yes No
 _____ 20k Name of the Doctor: Dr. Nikhita
 _____ Time Notified: 1 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Endometrial TB 6 months AET</u>	<u>cervical cerclage</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>15/9/25</u>	Caesarean Section: <input 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 checked="" 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 2 P 1 L 1 A _____
Previous LSCS: NO

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

Family History: No Abnormalities Detected
 Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other father & mother

Vital Signs / Measurements: Temp: 98.8F HR: 82b/m RR: 18b/m
 BP: 105/63mmHg Weight: 73.65kg Height: 153cm BMI: 31.5/29/12

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. madhuri

Name of Person Orientation was given to: Mrs. madhuri

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: K. Subhavi

Date & Time: 5/6/26 1:00pm

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PATIENT TRANSFER FORM

WIH-00190956 IP-00060232

Mrs W MADHURI .

16-04-1989 37 Y 1 M 20 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



	Date & Time of Admission 5/6/26 at 12:24 AM	Date & Time of Transfer Order 5/6/26 @ 7:20 pm
Treating Consultant Name	Transfer Ordered by Dr. ATHAR	Reason for Transfer For observation
From Unit LW	To Unit Room 104	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File - 88 -	Number of Imaging Films - 5 -	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.	Sand - ①, under - ①	
2.	TAB :- Paracetamol - ①⑤	
3.	TAB :- Diclofenac - ①⑩	
4.	TAB :- TRAMADOL - ①⑩	
5.	TAB :- PANTAPRAZOLE - ①⑤	

Shifting Summary / Notes Written by Doctor : Yes No

Dr. ATHAR

Name & Signature of Person who is Transferring S. Prathyusha	Name of Person Ordered Transfer Dr. ATHAR
---	--

Patient & Clinical Records Received by :

Subham

Epidural Catheter Removed
YES NO

Date & Time of Patient Received :

5/6/26 @ 7:20 PM

Dr. Prathyusha
5/6/26

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

- Unavailable Bed
- Nurse not Available
- Available Bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: *G1P1L1*
ML-5423 NCM.

Obstetric History:

I - Male / IUI / pcos / 3423 / FTNVD / Janani Hosp. / 10 BT given / emergency cesarean 6th mo
3.1 kg / uneventful / AFW 1 2022 June / BF not done

II - pp / IUI conception.

Present Pregnancy Record: *Booked at RCH*

at 14+5 wks. previous ANCs at Janani Hosp.
plastic cesarean was done at 17+5 weeks.
removed at 37+2 wks. she was on
Tab. Ecospain 150 mg od since conception.

RISK FACTORS:

stopped at 36 weeks
H/o recurrent UTI with UES positive for
Klebsiella at 25+4 wks, managed
conservatively.

- Recurrent UTI.

Height: *153* cm

Weight: *73.65* kg

Allergies: *Nil.*

Breast: Normal Abnormal

General Examination: *pt is c/c/c*

Consciousness: Pallor:

Icterus: Edema:

Temp: *Afeb* PR: *92 bpm*

BP: *105/73 mmHg* DTR:

CVS: *S1S2* RS: *BAE*

Liver/Spleen: *NAD* Urine Output: *Adeg.*

LMP: *15/09/2025* EDD: *15/07/2026*

Corrected EDD: *22/06/2026* GA: *37+4 weeks*

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: *~ 34*

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

135 bpm.

Per Speculum Examination *Not done.*

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: *1 inch* Long Partially effaced Effaced

Os: Closed _____ Dilated *2cm*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G1P1L1 with 37+4 weeks with IUI conception with recurrent urinary tract infections for induction of labour.



<p>Family History: Mother - DM, Hypothyroid.</p>	<p>Surgical History: Cervical cerclage in 2022 & Jan 2026.</p>
<p>Medical History: Endometrial TB - 6 months ART Jan 2025.</p>	<p>Medication History:</p>
<p>Plan of Care: <u>C/I to Dr. Madhumita mam</u></p> <p>Admission Consent (N) diet post preparation NST 4th hourly FHR monitoring monitor vitals Follow drug chart Inform SAS - Ambulation - Biting ball exercise</p> <p>noted by Suhani 5/6/26 (Am)</p>	<p>Investigations: <u>BG: 'A' POSITIVE.</u> 24/05/2026 CBP - 11-1 / 13200 / 2.0 J E</p> <p>HxU HBsAg } NR. Hw VDRL }</p> <p>• <u>Growth scan</u> 8/5/2026 SLIUF 33 + 4 wks Cephalic. post-high - PL AFI - 12-8 cm. AC - 26 y. EFW - 2203 gm. Dopplers - (N)</p> <p>• <u>NT Scan</u> outside. 10/12/2025 12 + 2 wks. SLIUF NT - 1.9 mm.</p> <p>• <u>TIFFA scan -</u> 6/02/2026. SLIUF 20 + 4 wks. PL - post-high. CL - 33 mm. No anomalies. Echogenic focus in RU</p> <p>NSG - (N) NIPS - low risk. FTS - low risk.</p>

Doctor Name: Dr. Nikhita
 Signature:
 Date & Time: 5/6/2026, 1 AM

Consultant Name: Dr. Madhumita G.
 Signature:
 Date & Time: 5/6/2026



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 12:45 Am	O/E - pt is c/c/c GC - Fair Afebrile	Adv: - (N) diet - Adeq. Hydration - Ambulation
First dose Tab. miso 25 mcg kept PU	BP - 105/73 mmHg PR - 92 bpm S/E - NAD PIA - ut ~ TG Cephalic FHR ⊕ 142 bpm Relaxed V/E - Cx - 1 inch long CS - 2cm PPUx 1-3/ memb ⊕	- Birthing ball exercise - monitor vitals - FHR monitoring - NST 4th hourly - w/F POL - Follow drug chart - Infom sos
5/6/26 5:15 am	O/E pt d/c/c ac fair afebrile BP - 110/76 mmg PR - 82 bpm NAD PIA ut ~ TG cephalic irritable PU - 1 inch long CS - 2cm LPPUx - 3/ m ⊕	Adv: - (N) diet - adq. hydration - ambulation - NST 4th hourly - w/F POL - FHR monitoring - monitor vitals - follow drug chart - inform sos

Noted by
Subhant
5/6/26
12:45 AM

Dr. Nikhita

T. miso 25mcg
2nd dose
kept

Noted by



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26	O/E - pt is c/c/c	Adv:
8:50 AM.	G/C - Fair	- clear liquids
	Afebrile.	- continuous FHR
	BP - 116/74 mmHg	monitoring
ARM done	PR - 76 bpm.	- monitor vitals
liquor clear	S/E - NAD.	- Ambulation
	PIA - ut - TG	- Birthing ball exercise.
	Cephalic	- Follow drug chart
	3C/15-20 sec/10 min.	- Infuse sas.
	V/E - cx - 1/2 inch long, soft,	- w/F POL.
	OS - 3cm.	
	PPVx 1-2	
	memb ⊖, liquor clear.	
	Noted by Prathyusha @ 8:50 AM	
5/6/26	O/E pt is c/c/c	Adv
10:40 AM	G/C - fair	- Clear liquids
	Afebrile.	- Continuous FHR monitoring
	BP - 104/72 mmHg	- Monitor vitals
	PR - 86 bpm.	- Follow drug chart
↓ Epidural	S/E - NAD	- w/F POL
	PIA - ut - TG	- Infuse sas.
	Cephalic	
	3C/20-25 sec/10 min	
	FHR ⊕ 140 bpm.	
	V/E - cx: 50% effaced	
	OS - 4cm	
	PPVx 1-2, M ⊖, lig ⊖	
	Noted by Prathyusha @ 10:40 AM	

Dr. Nikita

Dr. Friedman



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 11:40 AM	<p>O/E Rt's c/c</p> <p>ac-fair</p> <p>Afebrile</p> <p>BP - 108/67 mmHg</p> <p>PR - 90 bpm</p> <p>S/E - NAD</p> <p>P/A - U+TG</p> <p>Cephalic</p> <p>3c/25-30 sec/10 min</p> <p>FHR ⊕ 147 bpm</p> <p>V/E - cx: 70% effaced</p> <p>Os: 7cm</p> <p>PPVx / 0/</p> <p>M ⊕, Uq ⊕</p>	<p>Adv</p> <ul style="list-style-type: none"> - Clear liquids - Continuous FHR monitoring - W/P POL - Monitor vitals - Follow drug chart - Inform SOS
<p>Noted by Prathvika @ 11:40 AM</p>		
5/6/26 12:10 PM	<p>O/E Rt's c/c</p> <p>ac-fair, Afebrile</p> <p>BP - 110/70 mmHg</p> <p>PR - 82 bpm</p> <p>S/E - NAD</p> <p>P/A - U+TG</p> <p>Cephalic</p> <p>4c/30 sec/10 min</p> <p>FHR ⊕ 139 bpm</p> <p>V/E - cx: Fully effaced</p> <p>Os: Fully dilated</p> <p>PPVx / +1/</p> <p>M ⊕ Uq ⊕</p>	<p>Adv</p> <ul style="list-style-type: none"> - Clear liquids - Continuous FHR monitoring - W/P POL - Monitor vitals - Follow drug chart - Inform SOS
<p>Noted by Prathvika @ 12:10 pm</p>		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
05/06/26 02:00 PM	<u>Delivery Notes</u>	Dr Madhumita Dr Farnaz				
		SIS SHAMINI, PRATYUSHA				
	Under aseptic conditions perineum painted & draped. At the time of crowning at peak of contraction PMLE given under 2% Lignocaine.					
	A male baby of weight 3.016 kg of APGAR 5/10 7/10 delivered at 02:01:25 PM on 05/06/26.					
	Baby cried immediately, cord clamped & cut, baby handed over to pediatrician Placenta & membranes expelled, episiotomy sutured in layers. No perineal tear or extension. Hemostasis secured.					
	<table border="1"> <tr> <td>MALE</td> <td>02:01:25 PM</td> </tr> <tr> <td>3.016 kg</td> <td>05/06/26</td> </tr> </table>	MALE	02:01:25 PM	3.016 kg	05/06/26	
MALE	02:01:25 PM					
3.016 kg	05/06/26					
	 Dr. Madhumita	 Dr. Farnaz				
		 Dr. Athar				



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 2 PM	<p><u>PND-0</u> o/e pt is clec ac-fair Afebrile BR 112/78 mmHg PR- 81 bpm S/E- NAD P/A- Ut w/WR Soft, BS (+)</p>	<p>Adv - Soft diet - WIF Bleeding PV - Monitor vitals - Follow drug chart - Adequate hydration - Inform SOS</p>
<p>Dr. Madhumita</p>	<p>L/E - NAB BABY - NICU into Resp Distress</p>	<p>Dr. Pawan Dr. Gaurav</p>
<p>5/6/26 6:00 PM</p>	<p>Noted by Prathiyasha <u>PND-0</u> o/e pt is clec ac-fair Afebrile BP- 118/74 mmHg PR- 76 bpm S/E- NAD P/A- Ut w/WR Soft BS (+) L/E - No Active Bleedg</p>	<p>(a) 2 PM Adv - Normal diet - WIF Bleeding PV - Adequate hydration - Monitor vitals - Follow drug chart - Inform SOS</p>
<p>Urine - Passed Patient can be shifted to the room</p>		
<p>Noted by Prathiyasha @ 6 PM</p>		<p>Dr. Anani</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/5/26 8:00pm	PND-0 O/S Pt is c/c/c GC: fair Apreide	Ad - Normal diet - wif bleedg ph
Urine Passed	BP: 114/80 mmHg	- Rest - Monitor vitals
Motion Passed	PR: 69 bpm S/E: NAD	- follow dry chest - Inform SOS
	PIA: ut nwr Soft, BS ⊕	
	L/S: NAB Baby: NICU	
		Attn Dr. Alton
6/6/26 7am	PND-1 O/S Pt is c/c/c GC: fair Apreide	
Urine passed Motion passed	BP: - 100/66 mmHg	- Normal diet - Adequate hydration - Ambulation
	PR - 79 bpm	- wif bleedg ph
	S/E: NAD	- Monitor vitals
Pt can be discharged	PIA: ut nwr Soft, BS ⊕	- follow dry chest - Inform SOS
	L/S: NAB Baby: NICU	
		Dr. Anshu



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/2026 1 PM	PND-1 O/E Pt is d/c G/L fair Afebrile	Adv - Normal diet. - Adequate hydration - Ambulation.
Urine passed Motion passed	BP- 110/70 mmHg PR- 85 bpm S/E - NAD. PIA - U/WK Soft. L/E - NAB Baby - NICU.	- W/F bleeding PV. - Monitor vitals - Follow drug chart - Inform SOS
		Dr. Yogeshwar
6/6/26 2 PM	PND-1 Comfortable vitals stable Baby - NICU	R - Pt can be discharged at her will
		Dr. Madhumita
		Noted by Endu @ 2 PM 6/6/26

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. W. Madhusi Age: 37y Sex: f UHID No: VH-00190956
 Date: 5/6/26 Time: 9:47 am Proposed Operation: Epidural for labor analgesia
 Diagnosis: C2-P12 T8 3rd weeks 0 prev NVD
 B.P / CRT: 105/73 mmHg H.R: 92 bpm Weight: 78.65 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 11.1 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: HBS Ag: None ECG:
 WBC: 13,200 Creat: Total Bill: HCV: 2D Echo:
 Plate: 2.09 Lacs Na: Dir. Bill: Blood group: A+ve Stress/Anglo:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4 TSH
 INR: Mg++: Amylase: SGOT/SGPT:
 Cl-: SGOT/SGPT:

Allergies: NEDA

Medical History: CVS: Diabetes: None
 RESP:
 CNS:
 Renal: Physical Activity: Moderate
 Hepatic / GE: H/O Endometrial TB - 6 months took Treatment in Jan 2025

Others:
 Past Anaesthetic History: Cervical cerclage done in 2022 & Jan 2026

Physical Exam: Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact

Airway: MP 1 (2) 4
 Lungs: RL AE (+) clear
 Heart: NS (+)

CNS: NAD Venous Access Site: (+) Spine Exam for regional: Midline

Pregnant: Yes No NA
 Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

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

Signature: [Signature] Name: Dr. Bunde

VIH-00205663
 Baby TIA MISHRA DESAI
 28-05-2026
 Dr. AKHEEL SYED RIZWAN
 IP-00060244
 0 Y 0 M 9 D
 (F)

RE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP • PULSE > BLOOD PRESSURE	250		250
	240		240
	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
	150		150
	140		140
	130		130
	120		120
	110		110
	100		100
	90		90
	80		80
	70		70
	60		60
50		50	
40		40	
30		30	
20		20	
10		10	
0		0	
SPO ₂		0	

IV Cannula Site :

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0						
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

- Reassessment Frequency:**
- Every eight hours for all hospitalized patients.
 - For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - Within 30-60 minutes after pain relief intervention

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:

VH-00205663 IP-00060244
 Baby TIA MISHRA DESAI
 28-05-2026 0 Y 0 M 9 D (F)
 Dr. AKHEEL SYED RIZWAN



Physiology
EPIDURAL ANESTHESIA RECORD



Date: 5/6/26 Time: 10:15am Procedure done by Dr. Bunde

CSE / Spinal / Epidural Position: Sitting Space: L3-L4 Technique (LOF/LOS) LOS

Depth: 4cm Catheter at Skin: 9cm Attempts: 01

Parasthesia: Yes/No if yes details: No

Solution Composition: 0.1% Bupivacaine + 2ug/cc Fentanyl

Any other issues:
 a) _____
 b) _____

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
10:30am	-	1/10x0 ABR BCC	-	-	12/81	101	-	-
10:45am	6ml/hr of prepared solution	-	T6	T6	11/76	80	145	pt comfortable

Delivery Details: Time: _____ APGAR: _____ SVD / Instrumental / LSCS (if LSCS Details)
 Catheter Removed by and Tip Inspected: _____
 Patient Satisfaction: _____

Discharge / Shifting ordered by _____
 Doctor Signature: _____
 Doctor Name: _____
 Date and Time: _____

Epidural Catheter Removed YES/NO

Dr. Bunde 5/6/26

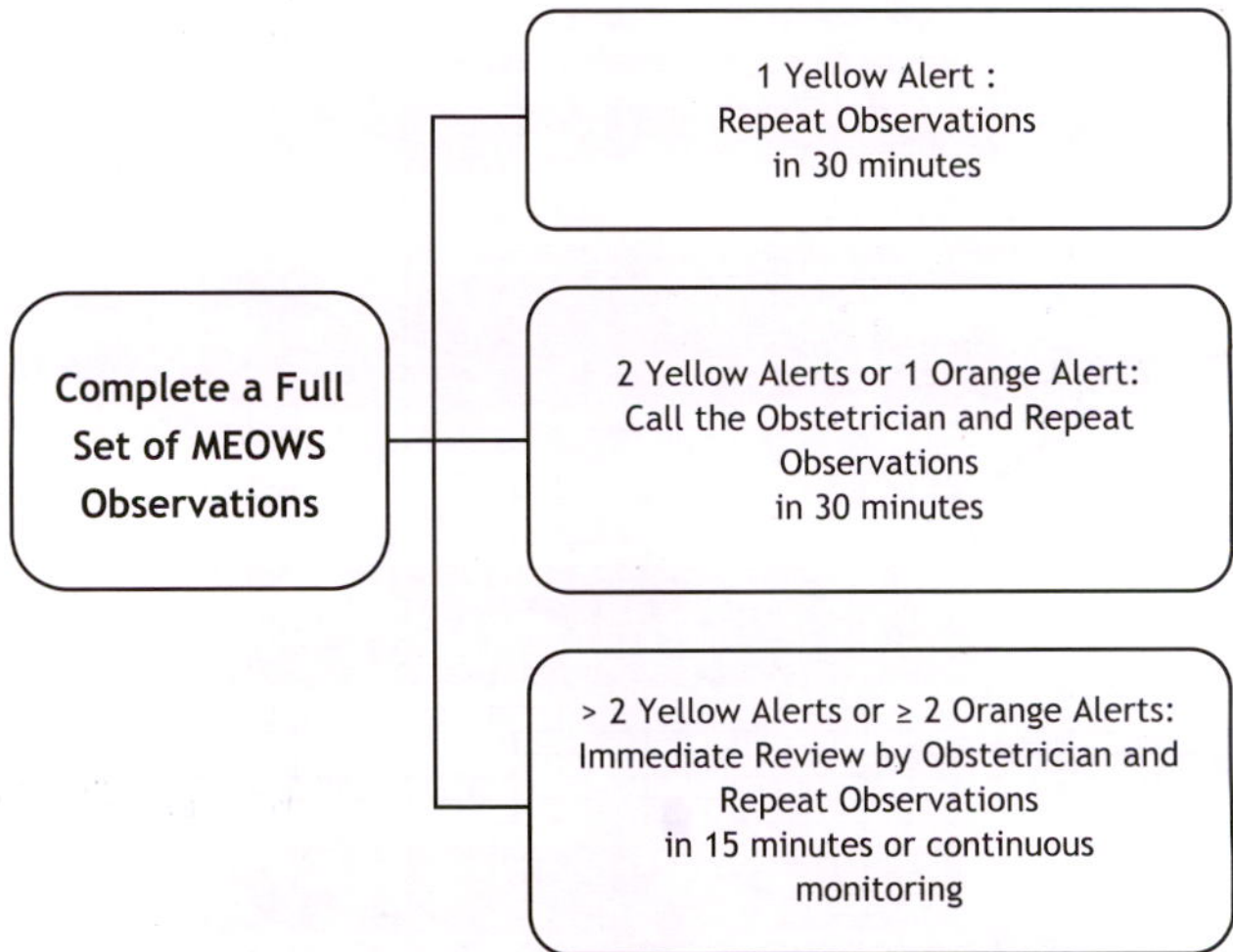


Early Warning Observation Score Chart - Obstetrics

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																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (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)

VIH-00190956 IP-00060232
 Mrs W MADHURI .
 16-04-1989 37 Y 1 M 20 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



2

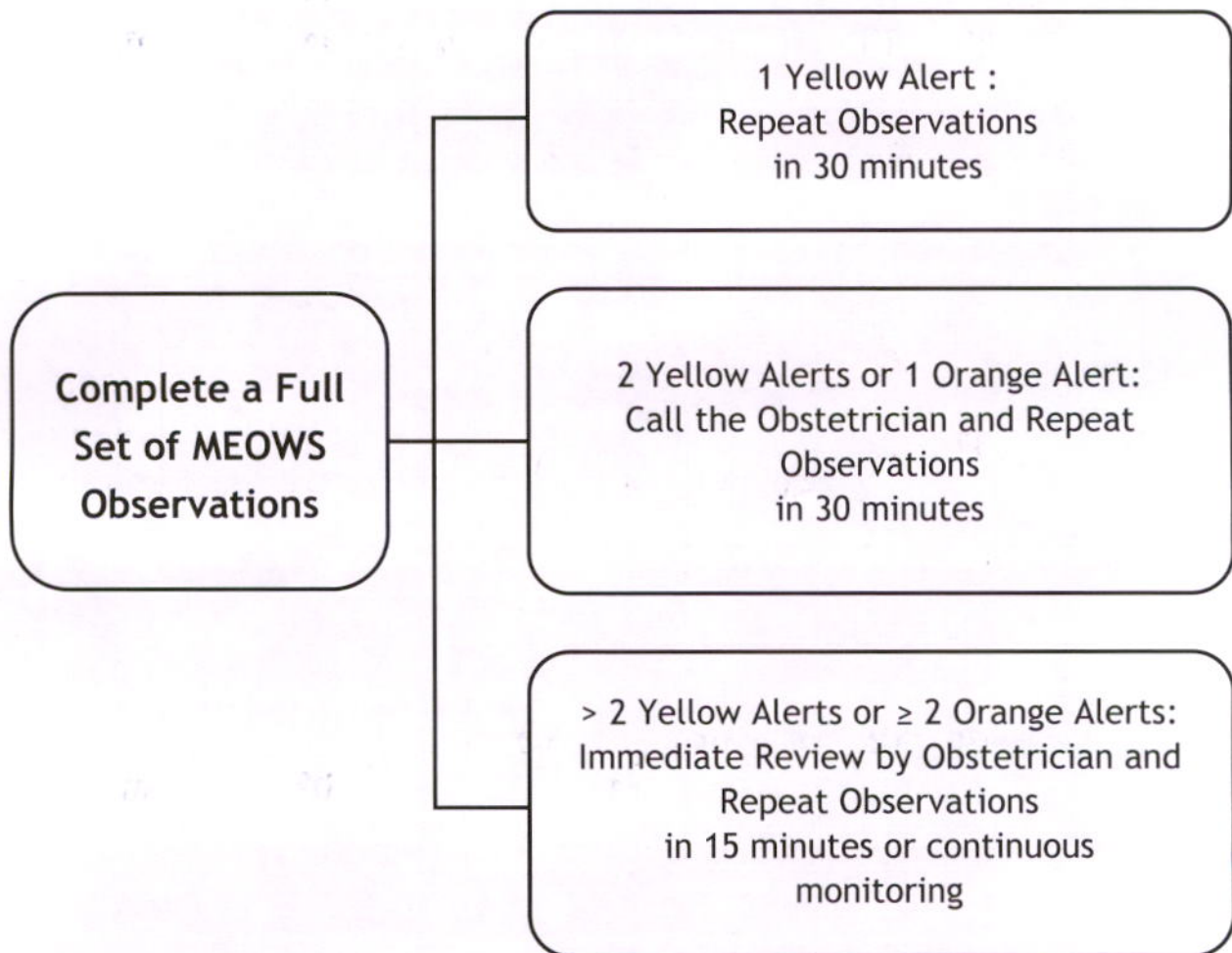


Early warning Observation Score Chart - Obstetrics

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

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	18	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	11 - 20																									
	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 ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	37°C	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	92																								
	90		90																							
	80																									
	70																									
	60																									
	Systolic Blood Pressure	170																								
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
80																										
70																										
60																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90	86																								
	80		72																							
	70																									
NEURO RESPONSE [✓]	Alert Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA		
	Heavy / Foul																									
Liquor	Clear / Pink	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA	ND	NA		
	Green																									
TOTAL YELLOW SCORES		2	0	0	0	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	0	0	0	0		
Nurse Initial		GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA	GA		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



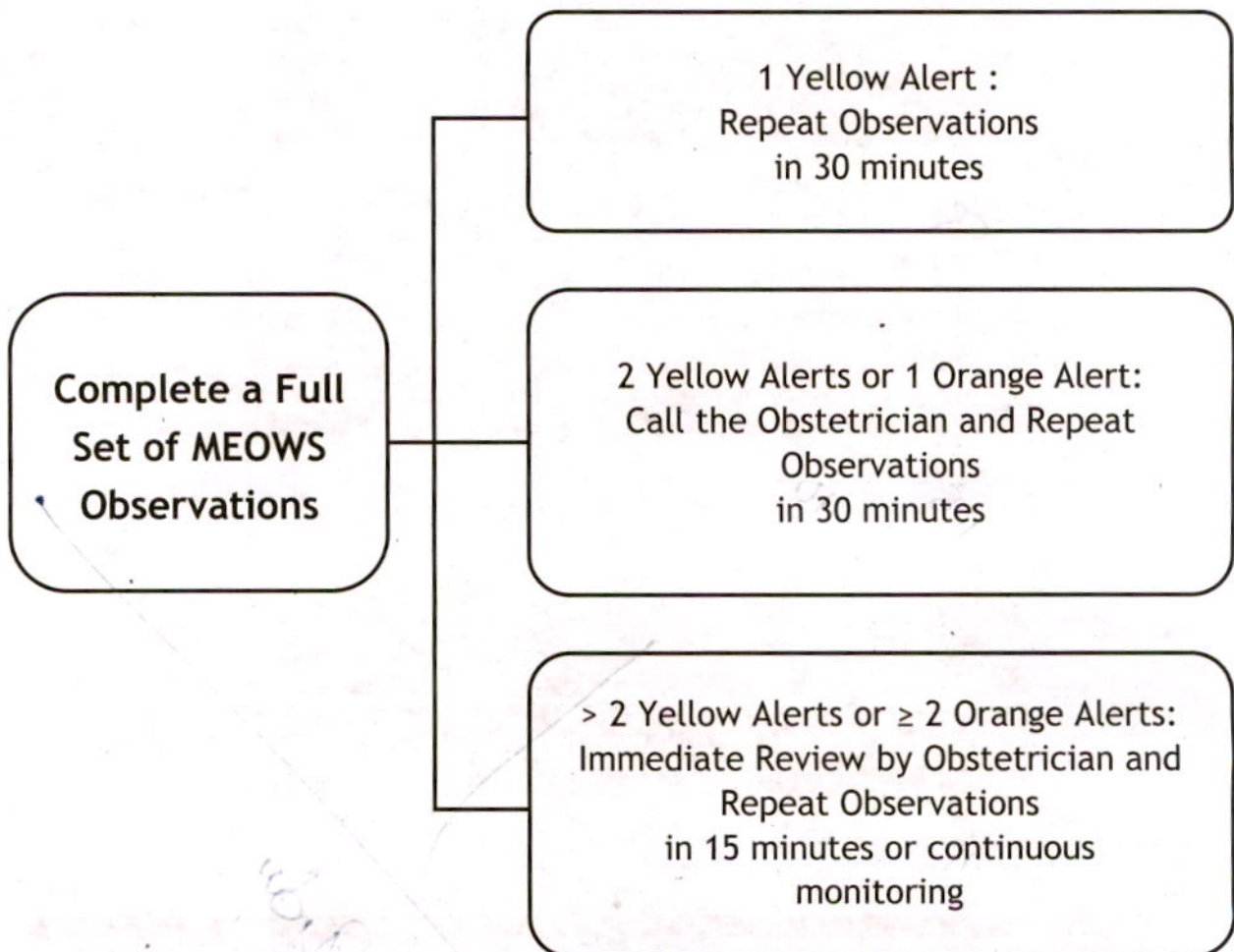
Early Warning Observation Score Chart - Obstetrics

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

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																				
	0 - 10																									
Saturations	94 - 100 %		98			98																				
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36		36°C			36°C																				
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		88			85																				
	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		2			1																				
	Heavy / Foul																									
Liquor	Clear / Pink		0			0																				
	Green																									
TOTAL YELLOW SCORES			2			2																				
TOTAL ORANGE SCORES			1			1																				
Nurse Initial			/			/																				

Noted by Dr. [Signature]
6/10/22

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Pati



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.

		Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am			100 ml								
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm			100 ml								
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am	H ₂ O	100 ml						✓	0	9.8	
	01:00 am	H ₂ O	50 ml						✓	0	5.6/26	12 AM
Total Intake : 150 ml.					Total Output : passed.							
	02:00 am	H ₂ O	50 ml							0		
	03:00 am	H ₂ O	100 ml	RLFF	50 ml				✓	0		
	04:00 am									0		
	05:00 am	H ₂ O	50 ml + RL	100 ml					✓	0		
	06:00 am	H ₂ O	50 ml + RL	100 ml					✓	0		
	07:00 am	H ₂ O	50 ml + RL	100 ml					✓	0		
Total Intake : 1100					Total Output : at 7:00 AM							
Total 24 hrs. Intake		1250			Total 24 hrs. Output							

Date 5/6/26

TIME

FHR

Centeration

12:00AM 149 b/mf
 12:30AM 144 b/mf
 1:00AM 147 b/mf
 1:30AM 145 b/mf
 2:00AM 140 b/mf
 2:30AM 144 b/mf
 3:00AM 147 b/mf
 3:30AM 147 b/mf
 4:00AM 145 b/mf
 4:30AM 149 b/mf
 5:00AM 142 b/mf
 5:30AM 140 b/mf
 6:00AM 147 b/mf
 6:30AM 144 b/mf
 7:00AM 140 b/mf
 7:30AM 142 b/mf
 8:00AM 149 b/mf

m/f

m/f

5/6/26

- Delivery

9:00am - 138 b/mf
 10:00am - 140 b/mf
 11:00am - 130 b/mf
 12:00pm - 135 b/mf
 1:00pm - 142 b/mf
 2:00pm - 135 b/mf



FLUID CHART

Sheet No. : 2


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

Date	Time	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
5/6/26	08:00 am	RL 100ml + bij-oxyc 5ml/hr									1	} s/b Bathya cpr
	09:00 am	Rd 100ml		40ml							0	
	10:00 am	Rd 100ml		40ml								
	11:00 am	Rd 100ml		40ml								
	12:00 pm	Rd 100ml		40ml								
	01:00 pm	Rd 100ml		40ml								
Total Intake :		500ml 200ml			Total Output : Passed							
s/b	02:00 pm	Rd 500ml										} s/b Bathya
	03:00 pm	H ₂ O 50ml									1	
	04:00 pm	H ₂ O 100ml										
	05:00 pm	H ₂ O 50ml					✓				0	
	06:00 pm	H ₂ O 100ml									1	
	07:00 pm	H ₂ O 50ml										
Total Intake :		350ml			Total Output : Passed 350ml							
s/b	08:00 pm	(N) diet										} padma s/b 26 IA
	09:00 pm											
	10:00 pm	H ₂ O					✓					
	11:00 pm											
	12:00 am											
	01:00 am	H ₂ O										
Total Intake :					Total Output :							
s/b	02:00 am											} padma s/b 26 A
	03:00 am											
	04:00 am						✓					
	05:00 am	H ₂ O										
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
6/6	08:00 am	Solid Bdg								✓		Andy 02pm 6/6/22	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												✓
	01:00 pm												
	Total Intake :					Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :					Total Output :								
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :					Total Output :								
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :					Total Output :								
Total 24 hrs. Intake					Total 24 hrs. Output								



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: 1/W Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. IRON	1 TAB	PO	ONCE DAILY	5/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB. CALCIUM	1 TAB	PO	ONCE DAILY	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. FOLIC ACID .	1 TAB	PO	ONCE DAILY	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : DR. NIKHITA [Signature]

Date & Time : 5/6/2026 . 1 AM

Nurse Name & Signature: k. [Signature]

Date & Time : 5/6/26 . 1 AM

VIH-00190956 IP-00060232
 Mrs W MADHURI .
 16-04-1989 37 Y 1 M 20 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

2



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: Room (104)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. CEFIXIME	200MG	PO	12 hr bily	stop	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PARACETAMOL	1GM	PO	8hr bily	stop	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50MG	PO	8hr bily	stop	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	stop	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SYRUP. DUPHALAC	15ML	PO	AT BED TIME	stop	<input checked="" 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 : 5/6/26 2:00 PM

Nurse Name & Signature: Prathibha

Date & Time : 5/6/26 6pm

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

Epidural catheter removed
 YES/NO
 B de
 Dr. Brinda
 5/6/26



DRUG CHART

Date of Admission: 5/8/26 Drug Allergies: Nil Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name _____ Sig _____



REGULAR PRESCRIPTIONS

Weight. *73.6 kg* L/w *L/w* Ward.

DRUG : <i>INICEFOTAXIME</i>				Date Time
Dose <i>1 gm</i>	Route <i>IV</i>	Frequency <i>12th hourly</i>	Start Date <i>5/06</i>	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Gredhna</i>				<i>STOP 17/6/26 SP</i>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

U Shyamini 5/6/26 @ 4 pm

DRUG : <i>T. PARACETAMOL</i>				Date Time
Dose <i>1 gm</i>	Route <i>PO</i>	Frequency <i>8th hourly</i>	Start Date <i>5/06</i>	<i>5/6 6/6 AM PM 10 PM EOW</i>
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Gredhna</i>				<i>STOP 17/6/26 SP</i>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

U Shyamini 5/6/26 @ 4 pm

DRUG : <i>T. DICLOFENAC</i>				Date Time
Dose <i>50 mg</i>	Route <i>PO</i>	Frequency <i>8th hourly</i>	Start Date <i>5/06</i>	<i>5/6 6/6 AM PM 11 PM EOW</i>
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Gredhna</i>				<i>STOP 17/6/26 SP</i>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

U Shyamini 5/6/26 @ 4 pm

DRUG : <i>T. PANTOPRAZOLE</i>				Date Time
Dose <i>40 mg</i>	Route <i>PO</i>	Frequency <i>ONCE DAILY</i>	Start Date <i>5/06</i>	<i>5/6 6/6 AM PM EOW</i>
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Gredhna</i>				<i>STOP 17/6/26 SP</i>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VIH-00190956 IP-00060232
 Mrs W MADHURI
 18-04-1989 37 Y 1 M 20 D (F)

P	Dr. MADHUMITA ANIRUDDHA GITAY	DHURI	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : T. CEFIXIME				Date	5/6/24														
Dose	Route	Frequency	Start Dt.	Time															
200MG	PO	12th daily	5/6/24	10 am															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYRUP DUFHALAC				Date	5/6														
Dose	Route	Frequency	Start Dt.	Time															
15ML	PO	AT BED TIME	5/6	10 PM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

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

C. Shanini Do Datta
 5/6/26 @ 4pm

Dr. Shanini Do Datta
 5/6/26 @ 4pm

VIH-00205663 IP-00060244

Baby TIA MISHRA DESAI
28-05-2026 0 Y 0 M 9 D (F)
Dr. AKHEEL SYED RIZWAN

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



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

REGULAR PRESCRIPTIONS

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

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

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

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



Weight. 73.65kg Ward. 11W

U Shrinani 5/6/26 @ 4pm

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE OINTMENT		Dose				
		Dr. Sign.				
Route LOCAL	Start Date 5/6/26	Dose				
		Dr. Sign.				
Name & Signature of the Doctor		Dose				
Dr. Madhumita		Dr. Sign.				
Additional Instructions:		Dose				
		Dr. Sign.				

U Shrinani 5/6/26 @ 4pm

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE LOTION		Dose				
		Dr. Sign.				
Route LOCAL	Start Date 5/6/26	Dose				
		Dr. Sign.				
Name & Signature of the Doctor		Dose				
Dr. Madhumita		Dr. Sign.				
Additional Instructions:		Dose				
		Dr. Sign.				

STAT / ONCE ONLY DRUGS

VERIFIED BY : Name

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6	12:45 AM	TAB MISOPROSTOL	25 MCG	PU	Dr. Madhumita	U Shrinani
5/6	5:15 AM	T. MISOPROSTOL	25 MCG	PU	Dr. Madhumita	U Shrinani
5/6	10:30 AM	INJ. CEFOTAXIME AFTER TEST DOSE	1 GM	I.V.	Dr. Madhumita	U Shrinani
5/6	9 AM	ENEMA PROCTOCLYSIS	100 ML	PR	Dr. Madhumita	U Shrinani
5/6	10:30 AM	INS DROTAVERINE	40MG	IV	Dr. Madhumita	U Shrinani
5/6	11 AM	INJ VALETHAMATE BROMIDE	8MG	IV	Dr. Madhumita	U Shrinani
5/6	11:30 AM	INJ DROTAVERINE	40MG	IV	Dr. Madhumita	U Shrinani
5/6	12 PM	INJ VALETHAMATE BROMIDE	8 MG	IV	Dr. Madhumita	U Shrinani
5/6		INS. PANTOPRAZOLE	40mg	IV	Dr. Madhumita	HOLD

VIH-00190956

IP-00060232

Mrs W MADHURI .

16-04-1989 37 Y 1 M 20 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY



I.V. FLUIDS CHART

Weight. 73.65 kg Ward. 112

Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
5/6	9:50 AM	RINGER LACTATE	IV	FF	AI	[Signature]	5/6/20	[Signature]	[Signature]
5/6	5:30 AM	RINGER LACTATE	IV	100 ML HR	AI	[Signature]	5/6	[Signature]	[Signature]
5/6	10:30 AM	INT. OXYTOCIN 5IU IN 500 ML RINGER LACTATE	IU	5ML HR	[Signature]	[Signature]	5/6	[Signature]	[Signature]
5/6	12:30 PM	RINGER LACTATE	IV	FF	[Signature]	[Signature]	5/6	[Signature]	[Signature]
5/6	2:02 PM	INT OXYTOCIN 15UNITS IN 500ML RINGER LACTATE	IV	FF	[Signature]	[Signature]	5/6	[Signature]	[Signature]

Signature

VERIFIED BY : Name

