



# SURGERY DETAILS

VIH-00206246 IP-00060485  
 Mrs G. ANUSHA  
 13-05-2006 20 Y 1 M 13 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



Sl.No.

Date : 26/6/26

Patient Name

Age : 204 Sex: F

UHID No.

VIH-00206246

IP No: 60485

Date of Surgery

26/6/26

OT :  OT 1  OT 2  OT 3

Name of the Surgery

Normal delivery

Time in :

12:00AM

Time Out :

1:00AM

**NAME**

**AMOUNT**

1. Surgeon

Dr. Madhumita

2. Anaesthetist

:

3. Asst. Surgeon

:

4. OT Technician

:

5. Circulating Nurse

:

6. Asst. Nurse

msa

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C - ARM  Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. :

3094683

Ordered by :

**ACTIVITY** VIH-00206246 IP-00060485

Mrs G.ANUSHA  
13-05-2006 20 Y 1 M 13 D (F)

Name: Dr. MADHUMITA ANIRUDDHA GITAY



UHID No : - Consultant : - Dept : -

Date of Admission : 25/6/26 Time : 11:28 pm Date of Discharge : 27/6/26 Time : -

Room / Bed No : 219 Ward : 9W Suggested Billable bed type : -

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
25/6/20	IV Placement	①	3094683	<i>[Signature]</i>
25/6/20	Catheterize	①	3094690	<i>[Signature]</i>
25/6/20	PR	①	3094691	<i>[Signature]</i>
25/6/26	IV placement	①	3094690	<i>[Signature]</i>
Covers checked by Tiger 28/6/26 at 4:50 AM				

**ANY OTHER INFORMATION**

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 -----  
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Date :


Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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# DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name: Mrs G. ANUSHA  
 Ward: L/W  
 VIH-00206246 IP-00060485  
 13-05-2006 20 Y 1 M 13 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY  


IP.No: 60485  
 DOA: 25/6/26 at 4:28AM

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary	2			
3	Nursing Initial assessment form	1			
4	Patient Trasfer Forms	-			
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	5			
7	Nurses Progress notes	3			
8	Consultation Sheets	-			
9	General Consent for Treatment	1			
10	Consent for Surgery vaginal Birth 01	1			
11	Consent for Blood Transfusion	-			
12	Consent for Chemotherapy	-			
13	Consent for High Risk	-			
14	Consent for Restraint neonatal courting 01	-			
15	DAMA Consent	-			
16	Consent for Special Procedure	-			
17	Consent for Radiological Investigations	-			
18	Consent for HIV Test	-			
19	Anaesthesia consent form	1			
20	Anaesthesia notes (Pre Anaesthesia & Post)	1			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	-			
23	Operation Theatre notes	-			
24	Nurses Clinical Presentation	-			
25	TPR & BP chart	3			
26	Intake and Output chart (fluid Chart)	2			
27	Drug Chart (Regular prescription)	3			
28	Daily Investigation sheet	-			
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart	-			
31	Diabetic chart	-			
32	Nutritional Review chart	-			
33	MLC form (in case of MLC)	-			
34	Patient Education Form	-			
35	medication reconciliation form 01	1			
36	genial assessment form 01	1			
37	check list for thromboprophylaxis 01	1			
38	pain assessment form	1			
39	Braden or Gload	1			
40	Moore Fall risk	1			
41	Risk assessment	1			
42	Parental form	1			
43	Billing Policy	1			

Total No. of Pages: 5  
 U.S.

Signature and Date: *Neha 27/6/26*

# ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

## ADMISSION SHEET

## Registration Details :

Admission No : IP-00060485

Admit Date : 25-Jun-2026

Admit Time : 04:28 PM UHID : VIH-00206246

## Patient Details :

Patient Name : Mrs G.ANUSHA

Age : 20 Y 1 M 12 D

Guardian : Mr G.BHANU

DOB : 13-05-2006

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : OLAXMAPUR,MEDCHAL,MALKAGIRI Shamirpet  
Hyderabad Telangana INDIA 500078

Phone No : 9573380866

E-mail : NA@GMAIL.COM

## Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

## Contact Details :

Name : Mr G.BHANU

Relationship : Husband

Contact Address : OLAXMAPUR,MEDCHAL,MALKAGIRI  
Shamirpet Hyderabad Telangana INDIA 500078

Phone No : 9573380866 / 9848217986



Signature

## Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

## Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

<b>Name</b>	Mrs G.ANUSHA	<b>UHID</b>	VIH-00206246
<b>Father/Guardian</b>	Mr G.BHANU	<b>Age/Gender</b>	20 Y 1 M 13 D/Female
<b>Address</b>	OLAXMAPUR, MEDCHAL, MALKAGIRI, Shamirpet, Hyderabad, Telangana, INDIA, 500078		
<b>IP No</b>	IP-00060485	<b>Admission Date</b>	25-06-2026
<b>Ref Doctor</b>	Self	<b>Discharge Date</b>	

### **DISCHARGE SUMMARY**

**Consultant:** Dr. MADHUMITA ANIRUDDHA GITAY, GYNECOLOGIST AND OBSTETRICIAN

**Diagnosis:** G2A1 with 35+6weeks with Severe Oligohydramnios with severe IUGR with Abnormal dopplers in Preterm latent labor with Fetal distress for Delivery.

**SPONTANEOUS VAGINAL DELIVERY DONE ON 26.06.2026.**

**History:**

LMP: 18.10.2025

Obstetric formula: G2A1

EDD: 24.07.2026

Gestation at admission: 35+6 weeks

**Obstetric History:**

G1 - 12weeks / Spontaneous miscarriage/ Surekha hospital, kompally/ June 2025

G2 - Present pregnancy, Spontaneous conception.

Medical History: Nil

Family History: Nil

Name	Mrs G.ANUSHA	UHID	VIH-00206246
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Surgical History: Nil

Allergies: Nil

**Antenatal Details:** Mrs G.ANUSHA was unbooked to Rainbow hospital. Previous ANC's at Lingam hospital, Gajwel. She had H/o of bleeding PV at 12 weeks and was managed conservatively. She had regular antenatal checkups and investigations as advised. She came with complaints of backpain and pain abdomen with tightness since night on 24.6.2026. She was referred by Lingam hospital i/v/o Preterm latent labour. NST done was non reassuring. She was admitted at 35+6weeks with Oligohydramnios with severe IUGR with Abnormal dopplers in Preterm latent labor with Fetal distress for Delivery.

**Investigations:** Enclosed.

**Blood group:'AB' POSITIVE**

**Management: Course in hospital and Delivery Details:**

At admission on clinical examination the vitals were stable, uterus was Moderately acting, cervix was long and closed. Inj Betamethasone 12mg IM given after checking GRBS. Continuous FHR monitoring done with FHR baseline 110-120bpm with FHR drop noted 80bpm. Patient and attenders explained regarding fetal distress, oligohydramnios , severe IUGR with abnormal dopplers and risk of continuing with pregnancy and the need for emergency LSCS, and they opted for it. Repeat NST done was reactive. Patient and attenders were explained regarding the reactive NST with FHR baseline 110-120bpm with favourable cervix and trial of normal vaginal delivery and need for emergency LSCS if fetal distress occurs and patient and attenders opted for trial of normal vaginal delivery. Informed consent taken for normal vaginal delivery and labour was augmented by Artificial rupture of membranes at 2cm revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin infusion. She progressed to full dilatation

Name	Mrs G.ANUSHA	UHID	VIH-00206246
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at 12:10am. Passive descent of fetal head was allowed post full dilatation. She was put into position for vaginal birth at 12:15am. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by vaginal delivery with one loop of cord around neck, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta was retained and manual removal of placenta was done. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 800 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

**Delivery Details:**

Date: 26.6.2026  
Time of Delivery: 12:32am  
Type of Labour: Spontaneous  
Type of Delivery: vaginal delivery

**Baby Details:**

Date: 26.6.2026  
Time: 12:32am  
Sex: Male  
Weight: 1.274kgs  
Apgar: 8/10, 10/10  
Gestational Age: 36 weeks  
NICU Admission: Yes i/v/o low birthweight

**Post-Operative Notes:**

She was closely monitored for post partum hemorrhage. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following

Name	Mrs G.ANUSHA	UHID	VIH-00206246
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that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

**Advice:**

1. Cap. Augmentin 625mg (Amoxicillin + Potassium clavulanate) thrice daily till 30.6.2026 (8am-2pm-8pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 2.7.2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 2.7.2026 (10am-4pm-10pm) after food.
4. Tab. Metronidazole 400mg thrice daily till 29.06.2026 (10am-4pm-10pm) after food.
5. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Tab. Pantoprazole 40 mg once daily till 2.7.2026 (7am) before food.
8. Betadine ointment and lotion for local application.
9. Syp. Duphalac 15 ml at bedtime for one week.
10. HPV vaccine after 6 weeks of delivery.

Review after 2 weeks on 9.7.2026 at postnatal clinic with prior appointment (This consultation will be charged).

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

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

Name	Mrs G.ANUSHA	UHID	VH-00206246
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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: *G. Anusha.*

Signature: *G. Anusha.*

Relationship: *self*

This summary was explained by:

Summary prepared by: Dr.

*(MK)*

Dr. MADHUMITA ANIRUDDHA GITAY  
MBBS,MS,DNB  
GYNECOLOGIST AND OBSTETRICIAN  
03312

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

VIH-00206246 IP-00060485  
 Mrs G. ANUSHA 20 Y 1 M 12 D (F)  
 13-05-2006  
 Dr. MADHUMITA ANIRUDDHA GITAY



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify 1/6

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  
 Name of the Doctor: Dr. Creechay  
 Time Notified: 3:20 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>nil</u>	<u>nil</u>	<u>no</u>

<p><b>Gynecology Assessment:</b> <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History: _____</p> <p>Onset of Menarche: _____</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>18/10/25</u></p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: _____</p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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**Obstetric History:** G 2 P \_\_\_\_\_ L \_\_\_\_\_ A 1

**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: 98.6 F HR: 88 b/min RR: 22 b/min  
 BP: 110/20/14 Weight: 50 kg Height: 152 cm BMI: 20.3 kg/m<sup>2</sup>

**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  Needs Therapeutic Diet

Overweight  Poor Appetite > 3 Days  Hyperemesis Gravidarum  
 Under Weight  Diabetes Mellitus

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 .....  
 Name of Person Orientation was given to: .....  
 Orientation not given Reason: .....

Nurse Signature: .....  
 Nurse Name: .....  
 Date & Time: ..... 25/6/20 at 3:15 pm



# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints** Referred in view of  
 Came to do Back pain & Pain in  
 Abdomen & Tightness since last night

LMP: 18/10/25 EDD:   
 Corrected EDD: 24/7/26 GA: 35+6 weeks  
 Menstrual History: Regular:  Yes  No

Obstetric Formula: G2A1  
 ML- 1 1/2 yrs NCM

**Obstetric Examination**

Obstetric History:  
 G1 - 12 weeks / Spontaneous miscarriage  
 G2 - PP, Spontaneous conception.

June 2025 / Serikha Hospital, Kompally.  
 Fundal Height: 32/15 - 20x20x10cm  
 Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record: Unbooked to RCH  
 Previous ANCS at Lingam Hospital, Gajwel.  
 No Bleeding PV at 12 weeks and was  
 managed conservatively. Sj. TT two

Liquor:  Adequate  Oligo  Poly  
 PP:  Cephalic  Breech Others \_\_\_\_\_  
 Head Fifths Palpable: \_\_\_\_\_

**RISK FACTORS:** None taken.

FHS:  Normal  Tachy  Brady  Absent  
 123 bpm

sure  
 - Oligohydramnios (4-5cm)  
 - Severe IUGR  
 - Abnormal Doppler (Umb. Act PI-1.6)

**Per Speculum Examination** Not done.

Draining:  Present  Absent  Bleeding  
 Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Height: 157 cm  
 Weight: 50 kg

Os:  Closed  Dilated

Allergies: NIL

Membranes:  Present  Absent

Breast:  Normal  Abnormal

Liquor:  Clear  Meconium  Blood Stained

General Examination:

Presenting Part:  Vertex  Breech  Others

Consciousness: clear Pallor: ⊖

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

Icterus: ⊖ Edema: ⊖

Pelvis:  Adequate  Doubtful

Temp: Afebrile PR: 86 bpm

BP: 112/68 mmHg DTR: ⊕

CVS: L2 ⊕ RS BAE ⊕

Liver/Spleen: ⊕ Urine Output: Adequate.

**DIAGNOSIS**

G2A1 with 35+6 weeks with <sup>sure</sup> oligohydramnios with severe IUGR  
 with Abnormal Doppler in <sup>placenta</sup> latent labor with dropping FHR fetal distress  
 for delivery for emergency lower segment cesarean section.

<p>Family History:</p> <p>NIL</p>	<p>Surgical History:</p> <p>NIL</p>
<p>Medical History:</p> <p>NIL</p>	<p>Medication History:</p> <p>Allergies - Nil.</p>
<p>Plan of Care: C/S By madhumita maam        (OP basis)        GRBS - 65 mg/dl</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- continuous HR monitoring</li> <li>- BP charting - 2nd hourly</li> <li>- Growth scan today</li> <li>- NST - 4th hourly</li> <li>- 1mg PCM - 1gm IV - stat</li> <li>- Plan for laceration</li> <li>- 1mg Betamethasone 12mg IM - 12th hourly</li> <li>- 1 @ Ringer lactate - stat</li> <li>- Repeat NST - RL</li> <li>- Neonatal counselling.</li> <li>- Send CBP.</li> </ul> <p>Notes by        Dr. Shree        25/6/26        up</p>	<p>Investigations: <b>BLOOD GROUP - 'A' POSITIVE</b></p> <p>12/2/26        CBCP - 11.5   8900   211L        CUE - Puc cells: 2-3        EC: 1-2        25/4/26        Unkecks - No growth.</p> <p>Growth scan (25/6/26)        [outside]        SLIUF, 29+4 wks        Cephalic.        AFI - 4 to 5cm        CFW - 1310 ± 191 gm.        AC - 23.18cm        PI - Post, upper segment</p> <ul style="list-style-type: none"> <li>• Abnormal chorionic.</li> <li>Antey Doppler PI (1/6)</li> <li>• Severe IUQR (&lt;1X).</li> </ul> <p>TIFFA scan (24/3/26)        SLIUF (outside)        21+2 wks.        CL - 3.8cm.        No anomalies.</p> <p>NF scan (11/1/26)        SLIUF (outside)        12+2 wks        NF - 1.6mm.        Nasal bone ⊕        • Uterine Antey PI is mildly increased</p>

Doctor Name: Dr. Geeshma  
 Signature: [Signature]  
 Date & Time: 25/6/26, 3:20 PM

Consultant Name: Dr. MADHUMITA  
 Signature: [Signature]  
 Date & Time: 25/6/26, 3:20 PM



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 21:30 PM	O/E Pt is c/c/c ac fair Afebrile.	Adv
GRBS 68mg/dL	BP - 129/75 mmHg PR - 81 bpm	- NBM - WIF POL - Monitor vitals
Bedside scan - AEDF	4E - RAD	- Follow drug chart
1st dose	PIA - Ut is 28 to 30 wks.	- FHR monitoring continuous
Epi. betmexol 12mg	cephalic	- NST 4hr hly
Pain given @ 2:45 PM.	3c/15-20 sec/10 min FHR - low baseline	- Epidural to S. - Bl charting 2nd hourly.
<del>growth scan now</del>	110-120 bpm	- Repeat NST after RL
	VIC - Cx long	
	OS - closed.	
	PDVX 1-3	Dr. Anussha
Noted by a. Anussha 25/6/26 3:30 PM		
25/6/26	<u>Counseling Notes</u>	
4:45 PM	Patient and attendee have been explained	
	regarding fetal distress with Non-reassuring NST	
	with Abnormal Doppler with Oligohydramnios with	
	Severe IUGR with and risk of continuing pregnancy	
	and need for Emergency C/S and they opted for it.	
	G. Anussha.	Dr. Anussha
	(Patient)	(Husband)
		Dr. Anussha

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26 5 PM	cls by Dr Madhumita Ma'am pt is c/c	
	G-C Aus Afebrile	Adv <del>no diet</del> clear liquids
	BP - 110/76 mmHg	- Ambulation
NST reactive	PR - 84 bpm	- Hydration
	P/A - ut w 30 weeks	- Bowing bulb
	⊖ FHR ⊕ 148 bpm.	- excess
	- 3 C/15 sections	- w/f PO2
	vle - cx - 1/2 inch soft	- NST - 4th hourly
	os - 2 cm.	- continuous FHR
	BDM ⊕	- monitoring.
	Noted by shanvi 25/6/26 @ 5pm	- enema. - Inform SOS - follow drug chart - monitor vitals
25/6/26 5:00 PM		Shanvi Dr Farmer
	Patient & attenders explained regarding reactive NST with baseline FHR 110-120 bpm with favourable version & trial of normal vaginal delivery & need for emergency CS if fetal distress occurs & patient opted for trial of normal vaginal delivery	Shanvi Dr Farmer

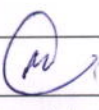
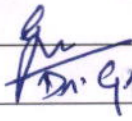


**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
25/6/26	Vitals stable	
11:30 PM	P/A - Ut ~ 30 wks	Adv
	Cephalic	- Clear liquids
	3c/35-40cc/10min	- WIF POL
	FHR ⊕ 114 bpm	- Continuous PHR
	V/E - CX: FOX effaced	monitoring
	Os - 7cm	- Monitor vitals
	PPVx 1-1	- Follows day chart
	M ⊕, Uq ⊕	- Discontinue so s.
Noted by Meghna 25/6/26 @ 11:30pm		Dr. Divyashree
CHIB Dr. Madhumita Mann		
26/6/26	O/E Pt is clear	
12:10 AM	GC - fair	Adv
	Afebrile	- Clear liquids
	BP - 118/80 mmHg	- WIF POL
	PR - 80 bpm	- Continuous PHR
	S/E - NAD	monitoring
	P/A - Ut ~ 30 wks.	- Monitor vitals
	Cephalic -	- Follows day chart
	3c/30cc/10min	- Discontinue
	FHR ⊕ 121 bpm	
	V/E - CX: fully effaced	
	Os: fully dilated.	
	PPVx 1+1	
	M ⊕, Uq ⊕	
Noted by Meghna 26/6/26 12:10 AM		Dr. Divyashree



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order						
26/6/26 12:50 AM	<u>Delivery Notes</u>	Dr. Madhumita Dr. Gneeshma Sis Teja / sis Pratyusha						
	Under aseptic conditions, patient placed in lithotomy position, parts painted & draped. At the time of crowning, at peak of contraction, RMLE given under 2% lignocaine.							
	A Male baby of weight 1.274 kg of APGAR 8/10, 10/10 delivered at 12:32 AM on 26/6/26 with one loop of cord. Baby cried immediately after birth, cord clamped & cut. Baby handed over to Pediatrician. Placenta & membranes removed manually in bits and pieces.							
	Epiotomy sutured in layers. No perineal tears or extensions noted. Hemostasis secured. PR done NAD.							
	<table border="1" data-bbox="536 1476 974 1649"> <tr> <td>Male</td> <td>1.274 kg</td> </tr> <tr> <td>12:32 AM</td> <td>26/6/26</td> </tr> <tr> <td></td> <td>8/10, 10/10</td> </tr> </table>	Male	1.274 kg	12:32 AM	26/6/26		8/10, 10/10	
Male	1.274 kg							
12:32 AM	26/6/26							
	8/10, 10/10							
	 Dr. Madhumita	 Dr. Gneeshma						



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 1 AM	<p style="text-align: center;"><u>PND-0</u></p> <p>O/E Pt to d/c                      GC-fair                      Afebrile                      BP- 109/71 mmHg                      PR- 74 bpm                      S/E-NAD                      P/A- Ut w/wr                      Soft BS (+)                      L/C-NAB</p>	<p style="text-align: center;"><u>Adv</u></p> <ul style="list-style-type: none"> <li>- Soft diet</li> <li>- WIF Bleeding PR</li> <li>- Adequate hydration</li> <li>- Monitor vitals</li> <li>- Follow drug chart</li> <li>- System ses.</li> </ul>
Send CBP at 4 pm tomorrow	<div style="border: 1px solid black; display: inline-block; padding: 2px;">Baby - Nieu</div> (10/0 Prematurity)	<p><i>[Signature]</i></p>
	<p>Noted by Meghna 26/6/26 @ 1 AM</p>	
26/6/26 5 AM	<p style="text-align: center;"><u>PND-0</u></p> <p>O/E Pt to d/c                      GC-fair                      Afebrile                      BP- 116/78 mmHg                      PR- 80 bpm                      S/E-NAD                      P/A- Ut w/wr                      Soft BS (+)                      L/C-NAB</p>	<p style="text-align: center;"><u>Adv</u></p> <ul style="list-style-type: none"> <li>- Soft diet</li> <li>- WIF Bleeding PR</li> <li>- Ambulation</li> <li>- Adequate hydration</li> <li>- Monitor vitals</li> <li>- Follow drug chart</li> <li>- System ses</li> </ul>
Urine Ruled Motion Ruled Ruled	<div style="border: 1px solid black; display: inline-block; padding: 2px;">Baby - Nieu</div>	<p><i>[Signature]</i></p>
Send CBP at 4pm	<p>Noted by Meghna 26/6/26 5 AM</p>	

IP-00060485  
 M-00206246  
 Mrs G. ANUSHA 20 Y 1 M 13 D (F)  
 13-05-2006  
 Dr. MADHUMITA ANIRUDDHA GITAY



(21)

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26	PND - 0	
8 AM		R
	Comfortable	• @ diet
	Vitals stable	• Ambulation
U-P	UA - ut - wr	• CST
m - NP	soft nr	• Send cbr at 4 pm
Bedside scan - cavity clear	YE - No active bleeding Baby - NICU	Dr. Madhumita
Noted by Meghna 26/6/26 8 AM		
26/6/26	PND - 0	
9 AM	O/C	
	PT PS c/c	Adv
	Act fair	- Normal diet
	Afebrile	- W/F bleeding PV
	BP - 116/72 mmHg	- Monitor vitals
	PR - 86 bpm	- Follow drug chart
	SE - NAD	- Ambulation
	PIA - Ut - wr	- Adequate hydration
	soft	- Inform SOs
	YE - No active Bleeding	
	Baby - NICU.	
Noted by Subhini 26/6/26 9 AM		

Dr. Prayogeshwan

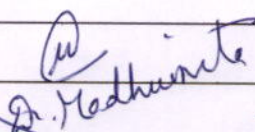
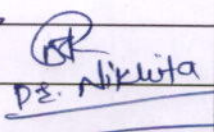


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/6/26 1PM	<u>PND - 0</u>	
	O/E pt ps c/c/c Gc fair Afebrile BP - 115/70 mmHg PR - 84 bpm S/E - NAD P/A - utw/r Soft NT	<u>Adv</u> - Normal diet - W/F bleeding pv - Monitor vitals - Follow drug chart - Ambulation - Adequate hydration - Inform sos
Urine passed	L/E - NO active Bleeding	
Motion Not passed	Baby - NICU	
send CBP at 4pm		
Noted by Subhash 1PM		Dr. Yogeshwari
26/6/26 9PM	<u>PND - 0</u>	
	O/E - pt ps c/c/c Gc fair Afebrile BP - 116/70 mmHg PR - 88 bpm S/E - NAD. P/A - utw/r Soft, NT	<u>Adv:</u> - (N) diet - w/f bleeding pv - monitor vitals - Ambulation - Adequate hydration - Follow drug chart - Inform sos
CBP - 11.1 / 19.12 / 1.91L	L/E - NAB.	
Urine passed	Baby - NICU	
Motion passed		Dr. Nikhita
Noted by Subhash 26/6/26 @ 9pm		

5

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
27/6/2026	PND-1	
7 Am.	O/E - pt is c/c/c	Adv:
	C/c - Fair	- (N) diet
	Afebrile	- w/F bleeding PU
urine passed	BP - 118 / 60 mmHg	- monitor vitals
motion passed	PR - 80 bpm.	- Adeq. hydration
	S/E - NAD.	- Ambulation
pt. can be discharged	PIA - wt - W/R.	- Follow drug chart
	soft, NT.	- Infom sas.
	L/E - NAB	
	Baby - NFW	 
Notes by	Kamal 27/6/26 @ 7 AM	





### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G2A1 3.5+6 wks E oligohydramnios</i> <i>Severe SUR c Abnormal Report in p/nt</i> <i>labour c fetal distress for EM-CSCU</i>						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known		
	Surgery / Procedure:						If Yes Specify: _____ Post OP Day:		
BACKGROUND	Date	<i>25/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>		
	Shift	<i>Evening</i>	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>		
	Medical Condition (Any special condition to be noted):	<i>oligo</i> <i>Severe SUR</i>							
Diet:	<i>NBM</i>	<i>soft diet</i>	<i>normal diet</i>	<i>N diet</i>	<i>S diet</i>	<i>N diet</i>			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>R/A</i>	<i>RA</i>		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Vital Signs:	Temp:	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.6 F</i>	<i>98.0 C</i>	<i>98.6 F</i>	<i>98.6 F</i>	
		Res:	<i>20 b/m</i>	<i>19 b/m</i>	<i>19 b/m</i>	<i>16 b/m</i>	<i>21 b/m</i>	<i>19 b/m</i>	
		SpO <sub>2</sub> :	<i>100 %</i>	<i>99 %</i>	<i>99 %</i>	<i>99 %</i>	<i>97 %</i>	<i>98 %</i>	
		Pulse:	<i>83 b/m</i>	<i>90 b/m</i>	<i>92 b/m</i>	<i>89 bpm</i>	<i>90 b/m</i>	<i>91 b/m</i>	
		BP:	<i>118/76 mmHg</i>	<i>115/75 mmHg</i>	<i>110/70 mmHg</i>	<i>110/70 mmHg</i>	<i>117/64 mmHg</i>	<i>115/76 mmHg</i>	
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	
	Fall Risk Score:	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>		
Pain Score:	<i>1</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>			
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Physiotherapy:	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>	<i>nil</i>		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Special Diet:	<i>NBM</i>	<i>soft diet</i>	<i>normal diet</i>	<i>N diet</i>	<i>S diet</i>	<i>N diet</i>		
	Critical Lab Test / Values:	<i>nil</i>							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ADL (Dependent / Non Dependent):	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>	<i>dependent</i>			
Post Operative Procedure Special Orders:	<i>w/ Pp phrenic labour</i>	<i>w/ Pp Bleeding PV</i>	<i>w/ Pp Bleeding PV</i>	<i>w/ Pp Bleeding PV</i>	<i>w/ Pp Pv bleeding -9</i>	<i>w/ Pp Bleeding PV</i>			
Handed Over By Name :	<i>A. Chauhan</i>	<i>Meghana</i>	<i>K. Sahni</i>	<i>K. Sahni</i>	<i>Renuka</i>	<i>Meghana</i>			
Signature / ID :		<i>M402022</i>	<i>020477</i>	<i>020477</i>	<i>020477</i>	<i>M4020232</i>			
Date:	<i>25/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>	<i>27/6/26</i>			
Time:	<i>8pm</i>	<i>6pm</i>	<i>8pm</i>	<i>8pm</i>	<i>8pm</i>	<i>8pm</i>			
Taken Over By Name :	<i>K. Sahni</i>	<i>K. Sahni</i>	<i>K. Sahni</i>	<i>K. Sahni</i>	<i>Meghana</i>				
Signature / ID :	<i>020477</i>	<i>020477</i>	<i>020477</i>	<i>020477</i>	<i>M4020232</i>				
Date:	<i>25/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>26/6/26</i>	<i>27/6/26</i>				
Time:	<i>2pm</i>	<i>2pm</i>	<i>2pm</i>	<i>8pm</i>	<i>8pm</i>				

## NURSING SHIFT HAND OVER FORM

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



# NURSING CARE RECORD

Date: 25/6/26

**Goals**

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon	3pm  up	Patient came to labour ward Conscious, oriented Plan surgery after that heart rate line hooked up So plan for spontaneous for labour Cautious	3pm	Maintain fluid balance  Consume safely	breastfeeding. NFA flow  provided side rails	To prevent dehydration  To prevent falls	C. Sharan 25/6/26
Night	8pm 11:50 AM 6:30 PM	Maintain fluid balance  Relieve pain & discomfort  Maintain personal hygiene	8pm 11:50 AM 6:30 PM	2L fluids administered  Analgesics given  personal hygiene Analgesics given	To prevent dehydration  To Reduce pain  To Prevent infection	patient is well hydrated  pain has reduced  patient is comfortable	Megha N 26/6/26 @ 8:30 AM



# NURSING CARE RECORD

Date: 26/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8:00 AM	Relieve Pain	8:00 AM	Analgesic given	Pain relief	Patient calm.	26/6/26
	12:00 PM	Maintain fluid balance	12:00 PM	Encourage to take more oral.	prevent dehy -dration	patient well hydrated	
Afternoon	2:00 PM	Ensure safety	2:00 PM	Branded side rails	To prevent fall	patient - is safe.	26/6/26
	6:00 PM	Maintain fluid balance.	6:00 PM	Encourage to take oral liquids	prevent dehy -dration	patient well hydrated	
Night	10:00 PM	Assess the general condition of the patient		Assessed the general condition of the patient	patient is stable	patient is hemodynamically stable	Renul 7/6 8/26
	12:00 AM	Provide w fluids		To maintain fluid balance	To prevent the dehydrati -on		



2

# NURSING CARE RECORD

Date: 27/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain Good nutritional status	8am	Soft diet given to patient	TO maintain good nutritional status	patient took diet	Megha NS 27/6/26
	10am	Maintain fluid balance	10am	Encourage to take oral fluids	TO prevent dehydration	patient is well hydrated	
	12pm	Monitor vitals	12pm	vitals monitored	TO know Baseline data	patient is stable	
Afternoon							
Night							

Patient Sticker

# NURSING CARE RECORD



Date: .....

**Goals**

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

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

**GENERAL CONSENT FOR TREATMENT**

**Patient Name:** Mrs G.ANUSHA

**Age :** 20 Y 1 M 12 D

**IP No:** IP-00060485

**Sex:** Female

**Consultant:** Dr. MADHUMITA ANIRUDDHA GITAY

**Ward/Bed No:** N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

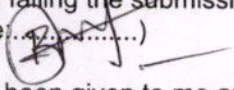
I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

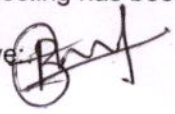
1 We do not allow use of medication brought from outside by the patient.

2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature: 

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative: 

Name: ~~G. Anusha~~ G. Anusha


Relationship: Mother


Date: 25-06-2026

Time:

Patient Address:

OLAXMAPUR, MEDCHAL, MALKAGIRI  
Shamirpet Hyderabad Telangana  
INDIA 500078

Wittness Name: 

Wittness Signature: 

# INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Ms. G. ANUSHA Age : 20 years Gender :  M  F

UHID / IP No. : VH-00 206246 / 60485 Date : 25/6/26 Time : 6:30 PM

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requiring the procedure of vaginal birth is pregnancy.

The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure : Dr. MADHUMITA

**Consentee :**

Signature : G. Anusha

Name : G. ANUSHA

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

**Patient Attendant :**

Signature : [Signature]

Name : G. Bharu

Relationship with Patient : Husband

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

**Witness:**

Signature : .....

Name : .....

Date & Time : .....

**Doctor :**

Signature : [Signature]

Name : Dr. Geetha

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

# Neonatal Counseling

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

Name: ANUSUA Age: 20y  
Husband's Name: Rhane Years of Marriage: 1.5y  
Referral Doctor: Dr Madhumita (Mv ANU - Gajwel)  
Address: Gajwel  
Tel: \_\_\_\_\_

Maternal Risk Factors : polyhydramnios  
A&D dop (↑ umb. A doppler)

### Fetal Details :

Gestational Age: 35<sup>wk</sup> Estimated Birth Weight : 1.310 ± 191g

Fetal Problem : sev. IUGR, A&D dop

Details of Prenatal Testing : \_\_\_\_\_

Amniotic Fluid Volume : 4105 cm Doppler : ↑ umb A dop Cardiotocogram : \_\_\_\_\_

Steroid Cover : Inf Betamethasone Date & Time : 25/6/26

Based on above details provided patient and her husband have been counseled in detail about :

Short Term Outcome     Long Term Outcome     Sequelae

Based on the information and counseling received, we have decided :

- Provide all possible care for our baby after birth
- We would like to deliver the baby in best possible condition, allow neonatal evaluation after birth and decide on further course of action based on evaluation
- We would not want any aggressive management of the baby. We would like everything to be done in the best interests of the mother
- We do not want any aggressive management of the baby including no aggressive obstetric interventions. We decline further fetal evaluation including fetal heart monitoring. We understand that this may lead to stillbirth.

Signature: [Signature]  
Neonatologist : [Signature]  
Parents Signature : [Signature]

# INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : Mrs. G. ANUSHA Gender:  Male  Female Age : 20 y  
UHID No : VH-00206246/60485 Date : 25/6/2026

### Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

EMERGENCY LOWER SEGMENT CESAREAN SECTION  
upon Mrs. G. ANUSHA  
(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, NEED FOR BLOOD & BLOOD PRODUCTS TRANSFUSION, ITS ASSOCIATED REACTIONS, BOWEL & BLADDER INJURY, URETERIC INJURY, INFECTIONS, POST PARTUM HEMORRAGE, NEED TO TRANSFER BABY TO NICU

### My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR. MADHUMITA GITAY.

### Consentee :

Signature : G. Anus ha  
Name : Mrs. G. ANUSHA  
Date & Time : 25/6/2026 4<sup>30</sup> pm

### Patient Attendant :

Signature : [Signature]  
Name : G. Bharu  
Relationship with Patient : Husband.  
Date & Time : 25/6/2026 4<sup>30</sup> pm

### Witness :

Signature : [Signature]  
Name : S. Archana Reddy  
Date & Time : 25/6/26 4<sup>30</sup> pm

### Doctor (who is taking the consent) :

Signature : [Signature]  
Name : DR. NEKHITA  
Date & Time : 25/6/2026 4<sup>30</sup> pm

# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MONITORED ANESTHESIA CARE

Patient Name : Mrs. G. Anusha Age : 20y Gender : Male  Female

UHID NO: VIH-205246 Surgeon Name: Dr. Madhumita

Anaesthesiologist : Dr. Madhav

Operative procedure planned : Emergency cesarean delivery

## PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk (s) :** The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease     Hypertension     Diabetes mellitus     Renal failure  
 Hepatic disorders     Shock     Multiple organ failure     Polytrauma / Renal Tubular Acidosis  
 Incapacitating Chronic Obstructive Pulmonary Disease  
 Others : Bleeding

Comments : .....

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

## DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. G. Anusha the above mentioned operation / Diagnostic / Therapeutic procedures Emergency cesarean delivery

I authorize and give consent for anaesthesia ( Regional /  General Anesthesia /  Monitored Anesthesia Care as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, risk, benefits and alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, Central Venous Pressure line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant :  Yes  No

**DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT**

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / Monitored Anesthesia Care to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

**Patient / Patient Attendant :**

Signature : G. Anusha

Name : G. Anusha

Relationship with Patient: Self

Date & Time : 25/6/20, 4:46 pm

**Witness :**

Signature : [Signature]

Name : G. Bhanu

Date & Time : 25/6/20, 4:46 pm

**Doctor (who is taking the consent) :**

Signature : [Signature]

Name : Dr. Braunda

Date & Time : 25/6/20, 4:46 pm

VIH-00206246 IP-00060485  
 Mrs G. ANUSHA  
 13-05-2006 20 Y 1 M 12 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

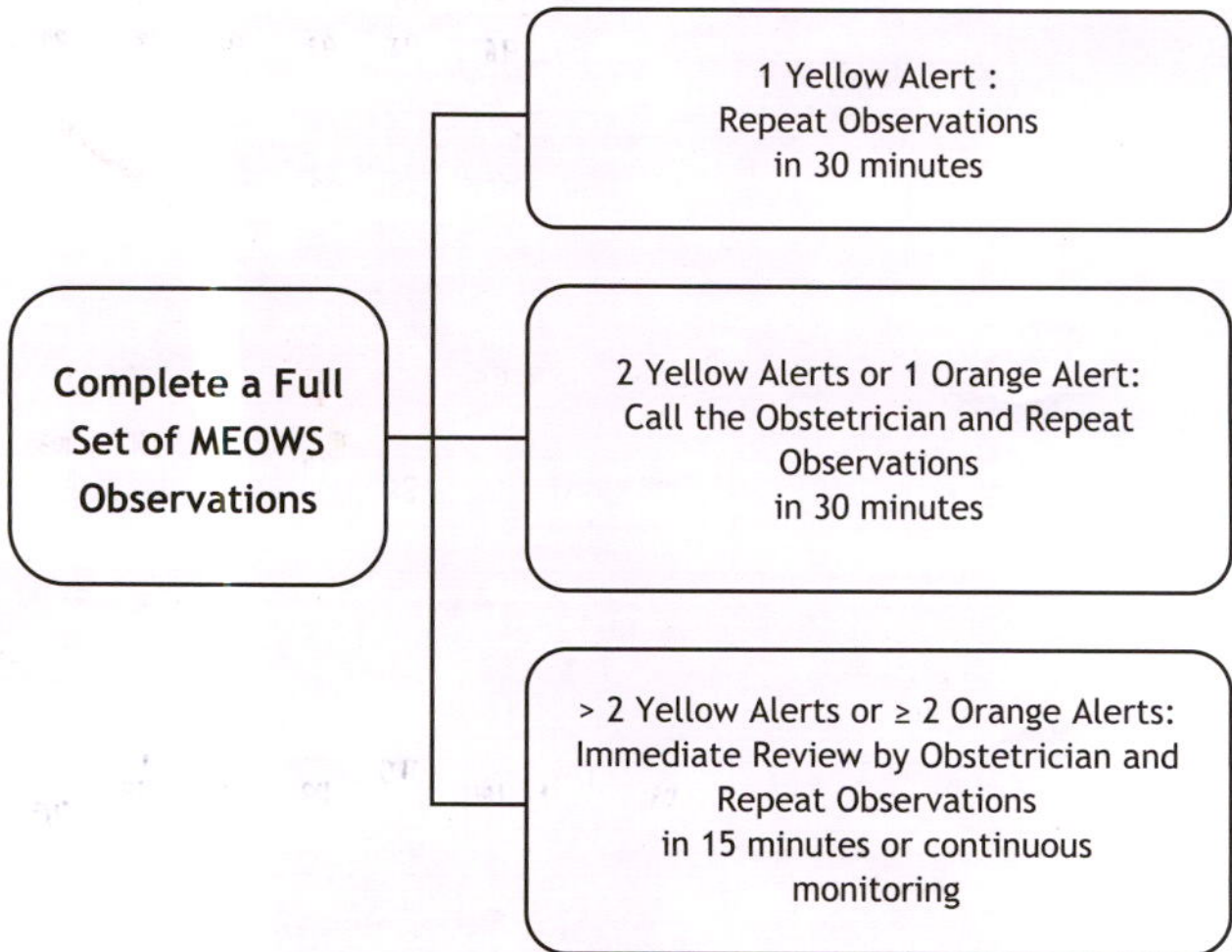


## Early warning Observation Score Chart - Obstetrics

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 <sub>2</sub> (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
50																												
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
70																												
60																												
50																												
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-00206246 IP-00060485  
 Mrs G. ANUSHA 20 Y 1 M 13 D (F)  
 13-05-2006  
 Dr. MADHUMITA ANIRUDDHA GITAY

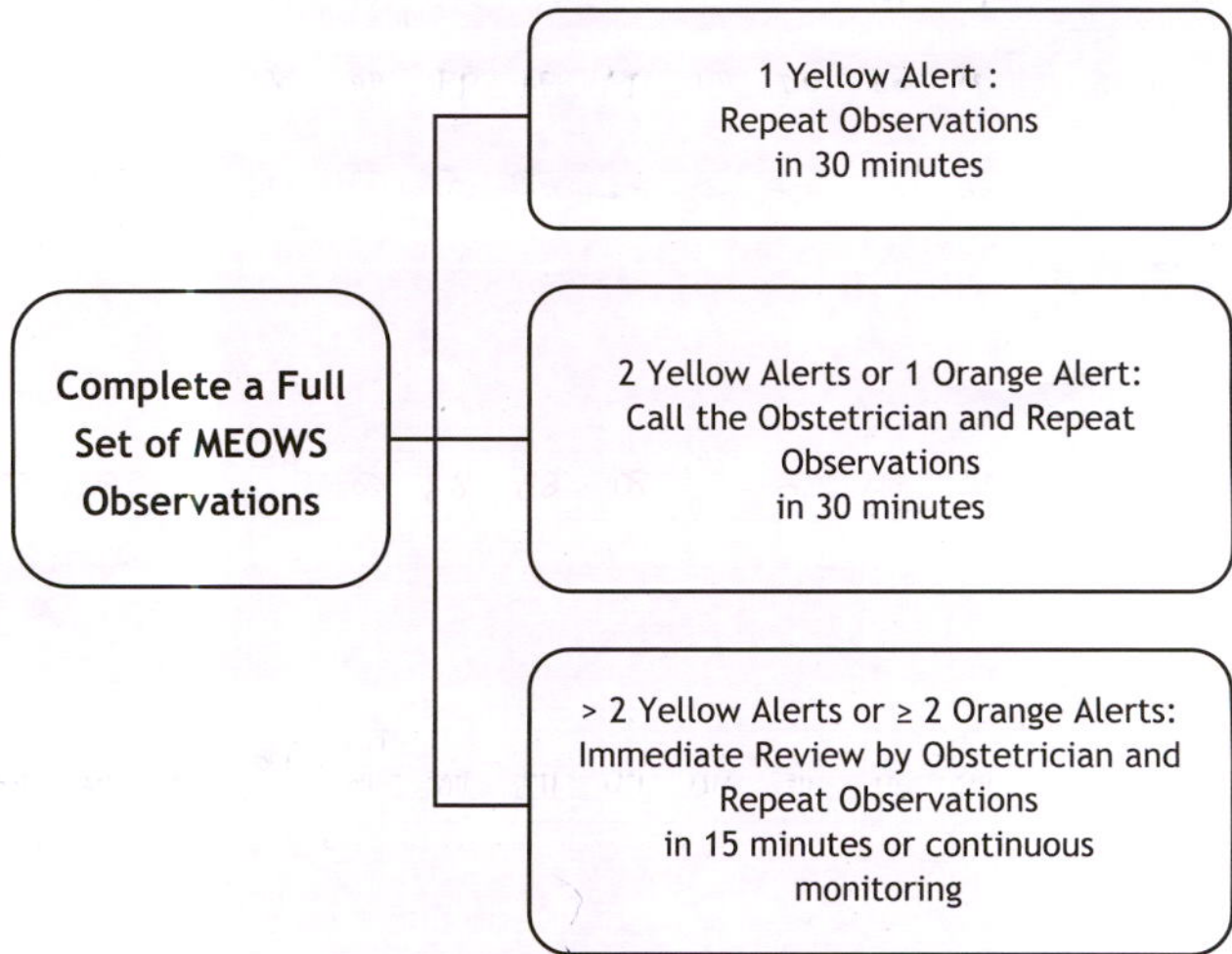


## Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	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 %																								
	< 94 %																								
Administered O <sub>2</sub> (L/min.)		99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
Temp °C	40																								
	39																								
	38																								
	37	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36
	36																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	82	84	83	86	80	83	83	80	92	70	86	88												
	70																								
60																									
50																									
40																									
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110	111	117	110	110	113	116	110	120	113	116	119												
	100																								
	90																								
80																									
70																									
60																									
50																									
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70	73	71	70	70	75	70	72	83	80	62	60												
	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	NA	NA	NA	NA	
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																								
TOTAL YELLOW SCORES		0	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		g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g	g		

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00206246 IP-00060485

Mrs G. ANUSHA  
13-05-2006 20 Y 1 M 13 D (F)  
Dr. MADHUMITA ANIRUDDHA GITAY



3

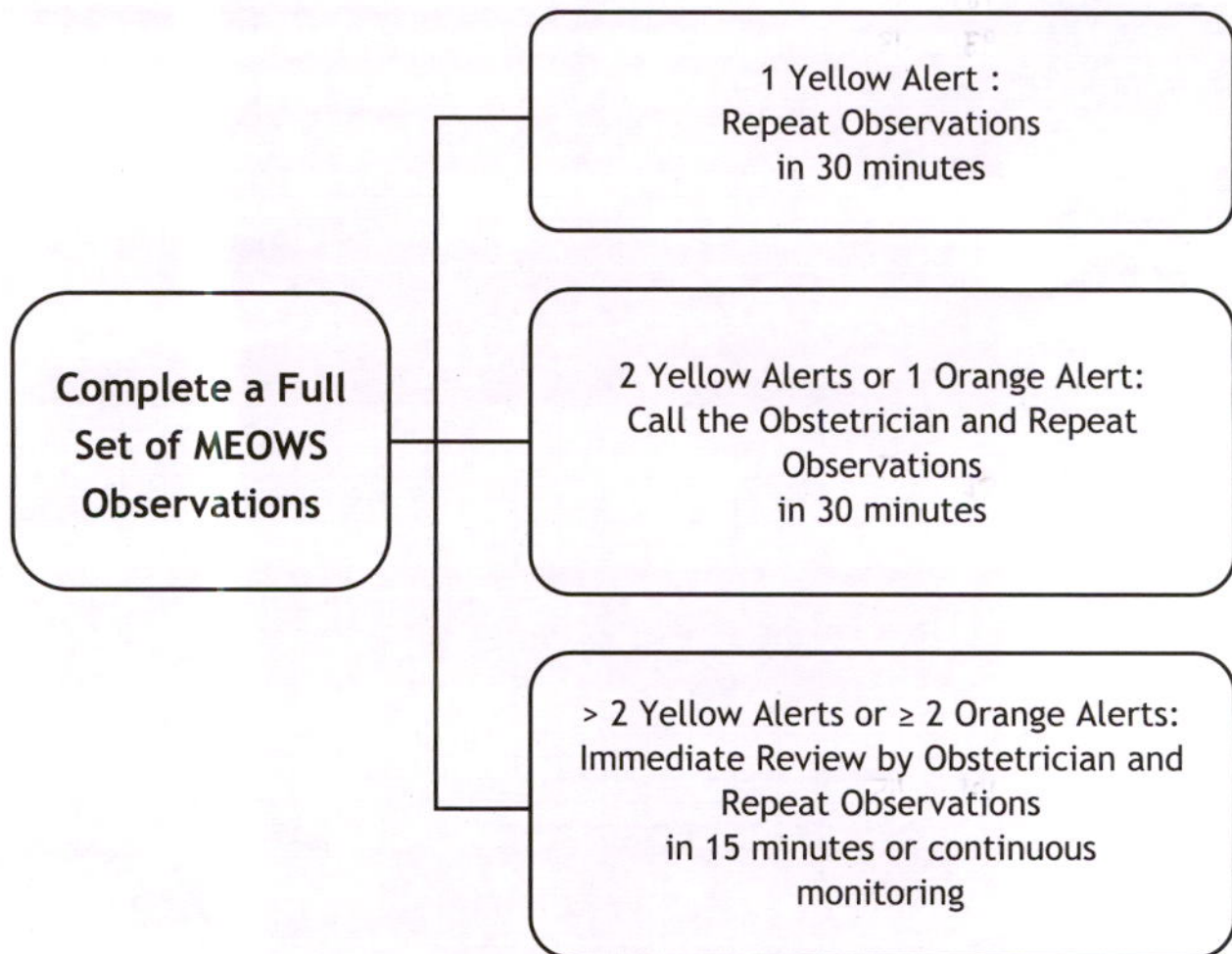


# Early Warning Observation Score Chart - Obstetrics

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

Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	18		19																							
	0 - 10																										
Saturations	94 - 100 %	98		98																							
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	37.0		37.0																							
	36																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	86		91																							
	70																										
Systemic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	114		115																							
	100																										
	Diastolic Blood Pressure	130																									
120																											
110																											
100																											
90																											
80																											
70																											
60		69		70																							
50																											
40																											
NEURO RESPONSE [✓]		Alert	✓		✓																						
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30	✓		✓																							
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA		NA																							
	Heavy / Foul																										
Liquor	Clear / Pink	NA		NA																							
	Green																										
TOTAL YELLOW SCORES		0		0																							
TOTAL ORANGE SCORES		0		0																							
Nurse Initial		NY		NY																							

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00206246 IP-00060485  
 Mrs G.ANUSHA  
 13-05-2006 20 Y 1 M 12 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY



**FLUID CHART**

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			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	Re 500 ml FF								150ml			
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake : 715ml</b>						<b>Total Output : 150ml</b>							
	08:00 pm	Re 500 ml / 10ml											
	09:00 pm	Re 100ml/hr											
	10:00 pm	Re 100ml/hr											
	11:00 pm	Re 100ml/hr											
	12:00 am	inj. oxytocin 15 unit in RL 500ml/hr											
	01:00 am	inj. oxytocin in RL 200ml/hr											
<b>Total Intake : 1010</b>						<b>Total Output : passed.</b>							
	02:00 am	inj. oxytocin 200ml/hr											
	03:00 am	Re 50ml + inj. oxytocin in RL 200ml/hr											
	04:00 am	Re 500 ml											
	05:00 am	Re 500 ml											
	06:00 am	Re 100ml											
	07:00 am	Re 150ml											
<b>Total Intake : 800ml</b>						<b>Total Output : passed</b>							
<b>Total 24 hrs. Intake</b>		2015ml				<b>Total 24 hrs. Output</b>		passed.					

# For Mentoring chart

<u>Date</u>	<u>Time</u>	<u>For</u>	<u>Conclusion</u>
25/5/26	3 <sup>30</sup> pm	- 1426/mt	
	4pm	- 1326/mt	
	4 <sup>30</sup> pm	- 1305/mt	- Intability
	5pm	- 1286/mt	
	5 <sup>20</sup> pm	- 1265/mt	
	6pm	1306/mt	
	6:30pm	- 1276/mt	mt
	7:00pm	- 1206/mt	
	7:30pm	1166/mt	
	8:00pm	- 1206/mt	
	8:30pm	- 1256/mt	
	9:00pm	- 1306/mt	
	9:30pm	- 1326/mt	
	10:00pm	- 1366/mt	2 con 30-35 10min
	10:30pm	- 1396/mt	
	11:00pm	- 1406/mt	
	11:30pm	- 1426/mt	3 con 30-35 10min
	12:00am	- 1405/mt	
12:30am	- 1476/mt		

26/6/26



# FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
26/6/26	08:00 am	H <sub>2</sub> O	50ml							✓	0	} 26/6/26 1pm
	09:00 am	H <sub>2</sub> O	100ml	inj. - metrogyl 100ml							0	
	10:00 am	H <sub>2</sub> O	100ml								0	
	11:00 am	H <sub>2</sub> O	50ml							✓	0	
	12:00 pm	H <sub>2</sub> O	50ml								0	
	01:00 pm	H <sub>2</sub> O	100ml								0	
<b>Total Intake :</b>			950ml			<b>Total Output :</b>					passed	
26/6/26	02:00 pm	H <sub>2</sub> O	100ml								0	} 26/6/26 7pm
	03:00 pm	H <sub>2</sub> O	50ml							✓	0	
	04:00 pm	H <sub>2</sub> O	100ml								0	
	05:00 pm	H <sub>2</sub> O	100ml	inj. - metrogyl 100ml							0	
	06:00 pm	H <sub>2</sub> O	50ml								0	
	07:00 pm	H <sub>2</sub> O	50ml								0	
<b>Total Intake :</b>			950ml			<b>Total Output :</b>					passed	
26/6/26	08:00 pm	H <sub>2</sub> O	100ml								0	} 27/6/26 at 11:00 AM
	09:00 pm	H <sub>2</sub> O	100ml							✓	0	
	10:00 pm	H <sub>2</sub> O	50ml								0	
	11:00 pm	H <sub>2</sub> O	100ml								0	
	12:00 am	H <sub>2</sub> O	50ml							✓	0	
	01:00 am	H <sub>2</sub> O	100ml	inj. - metrogyl 100ml							0	
<b>Total Intake :</b>			600ml			<b>Total Output :</b>					passed	
27/6/26	02:00 am	H <sub>2</sub> O	150ml							✓	0	} 27/6/26 8pm
	03:00 am	H <sub>2</sub> O	50ml								0	
	04:00 am	H <sub>2</sub> O	50ml								0	
	05:00 am	H <sub>2</sub> O	50ml							✓	0	
	06:00 am	H <sub>2</sub> O	100ml								0	
	07:00 am	H <sub>2</sub> O	100ml							✓	0	
<b>Total Intake :</b>			400ml			<b>Total Output :</b>					passed	

**Total 24 hrs. Intake**      21,000ml

**Total 24 hrs. Output**      Passed



# FLUID CHART

Sheet No. : ..... 8 .....

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	08:00 am	H <sub>2</sub> O	150ml							✓	0	Nagar 27/6/11 AM
	09:00 am	H <sub>2</sub> O	100ml								0	
	10:00 am	H <sub>2</sub> O	50ml							✓	0	
	11:00 am	H <sub>2</sub> O	100ml								0	
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>			400ml			<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



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



①  
**STAT / ONCE ONLY DRUGS**

Name: .....

Weight: <sup>50 kg</sup>..... kgs

Sheet No: ①.....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
25/6	6 <sup>30</sup> PM	INJ DROTAVERINE	40MG	IV	[Signature]	[Signature]	[Signature]
25/6	7 PM	INJ VALETHAMATE BROMIDE	8MG	IV	[Signature]	[Signature]	[Signature]
25/6	7 <sup>30</sup> PM	INJ DROTAVERINE	40 MG	IV	[Signature]	[Signature]	[Signature]
25/6	8 PM	INJ VALETHAMATE BROMIDE	8MG	IV	[Signature]	[Signature]	[Signature]
25/6/26	10:00 PM	INJ - DROTAVERINE	40MG	IV	[Signature]	[Signature]	[Signature]
26/6	12:35 AM	INT. OXYTOCIN	10U	IM	[Signature]	[Signature]	[Signature]
26/6		INT. METHERGINE	2ML		[Signature]	[Signature]	[Signature]
26/6	1:00 AM	INT-PARACETAMOL	1GM	IV	[Signature]	[Signature]	[Signature]
26/6	1:20 AM	INT-METRONIDAZOLE	500MG	IV	[Signature]	[Signature]	[Signature]
26/6	1:30 AM	INT-ORIPAVAZOLON	200MG	IV	[Signature]	[Signature]	[Signature]
26/6	1:40 AM	FENTANYL	800mcg	IV	[Signature]	[Signature]	[Signature]
26/6	1:50 AM	T-MISO PROSTOL	800 MCG	PR	[Signature]	[Signature]	[Signature]
26/6	1:55 AM	SUPPOSITORY DICLOFENAC	100MG	PR	[Signature]	[Signature]	[Signature]

25/6/26  
 8 PM  
 26/6  
 12:35 AM  
 1:00 AM  
 1:20 AM  
 1:30 AM  
 1:40 AM  
 1:50 AM  
 1:55 AM  
 26/6/26

[HOLD]



①

# DRUG CHART

Date of Admission: 25/6/26 Drug Allergies: NIL  Not known any Drug Allergies

**FOR THE SAFETY OF THE PATIENT**

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

**SOS / PRN (As Required Medication)**

<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:																					

Signature  
VERIFIED BY: Name



I.V. FLUIDS CHART

Weight. 50kg Ward. 4w

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
25/6	10 11 pm	RINGER LACTATE	IV	FF.	<i>[Signature]</i>	<i>[Signature]</i>	25/6	<i>[Signature]</i>	<i>[Signature]</i>
25/6		RINGER LACTATE	IV	100 ML HR	<i>[Signature]</i>	(Hold).		<i>[Signature]</i>	
25/6	6:50 pm	INT- OXYTOCIN 5U IN 500 ML RINGER LACTATE	IV	5ml/ hr	<i>[Signature]</i>	<i>[Signature]</i>	25/6	<i>[Signature]</i>	<i>[Signature]</i>
25/6	8 pm	RINGER LACTATE	IV	100ml/ hr	<i>[Signature]</i>	<i>[Signature]</i>	25/6	<i>[Signature]</i>	<i>[Signature]</i>
26/6	12:35 Am	INT- OXYTOCIN 15U IN 500 ml RINGER LACTATE	IV	FF	<i>[Signature]</i>	<i>[Signature]</i>	25/6	<i>[Signature]</i>	<i>[Signature]</i>
26/6	1:40 Am	INT- OXYTOCIN 20U IN 500 ml RINGER LACTATE	IV	200ml/ hr	<i>[Signature]</i>	<i>[Signature]</i>	25/6	<i>[Signature]</i>	<i>[Signature]</i>

Signature  
VERIFIED BY : Name

Weight. 50kg Ward. 410



S. macej kumar  
26/6/26

S. macej kumar  
26/6/26

Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.					
					Dose	Dr. Sign.	Dose	Dr. Sign.	Dose
<b>DRUG : BETADINE LOTION</b>									
Route <u>LOCAL</u>	Start Date <u>26/6</u>								
Name & Signature of the Doctor <u>Dr. Geethma</u>									
Additional Instructions:									

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/6	2:45 PM	INJ BETAMETHASONE	12 MG	IM	R	[Signature]
25/6		CAPSULE NIFEDIPINE	10 MG	PO	R	[Signature]
25/6		CAPSULE NIFEDIPINE	10 MG	PO	R	HOLD.
25/6		CAPSULE NIFEDIPINE	10 MG	PO	R	[Signature]
25/6		INJ PARACETAMOL	1 GM	IV	R	HOLD.
25/6	5 <sup>WF</sup> PM	INJ CEFOTAXIME [AFTER TEST Dose]	1 GM	I.V	R	[Signature]
25/6	4 <sup>WO</sup> PM	INJ PANTOPRAZOLE	40 MG	I.V	R	[Signature]
25/6	4 <sup>WF</sup> PM	INJ METOCLOPRAMIDE	10 MG	I.V	R	[Signature]
25/6	6 <sup>OS</sup> PM	ENEMA PROCTOLYSIS	100ML	PR	R	[Signature]

VERIFIED BY : Name

25/6 2:45 PM

25/6 4:45 PM

25/6 6:05 PM



REGULAR PRESCRIPTIONS

Weight. 50 kg Ward. Yw

DRUG : CAPSULE NIFEDIPINE.				Date Time
Dose 10MG	Route PO	Frequency 8TH HOURLY	Start Date 25/6	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. fanoz				HOLD.
Additional Instructions: IF BP > 110/60mmHg				
Daily Doctor's Endorsement by a Sign				

DRUG : INT CEFOTAXIME				Date Time 26/6
Dose 1GM	Route IV	Frequency 12TH HOURLY	Start Date 25/6	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. fanoz				STOP 26/6/6.
Additional Instructions: AFTER TEST DOSE.				
Daily Doctor's Endorsement by a Sign				

DRUG : INT AMOXICILLIN + POTASSIUM CLAVULANATE				Date Time 26/6/6
Dose 1.2GM	Route IV	Frequency 8th hourly	Start Date 26/6	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. Geethma				7AM Teja 9AM Teja 11AM Renu Teja
Additional Instructions: AFTER TEST DOSE INT. AUGMENTIN				
Daily Doctor's Endorsement by a Sign				

DRUG : INT METRONIDAZOLE				Date Time 26/6/6
Dose 500MG	Route IV	Frequency 8th hourly	Start Date 26/6	
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i> Dr. Geethma				9AM Teja 5PM Renu
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

S. macy Komay 25/6/26 @ 8pm  
 S. macy Komay 26/6/26  
 S. macy Komay 26/6/26