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ACTI VIH-00205847 IP-00060327
Mrs LALITHA CHOUDHARY (F) .ING
03-03-1988 38 Y 3 M 9 D

Name:



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

Date of Admission: 12/16/26 Time: 4:18pm Date of Discharge: ----- Time: -----

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


WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/16/26		Llw	Room ()	

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/16/26	W placement	①	3089645	
<i>Cross checked by manager 12/16/26 @ 7:32M</i>				

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET



Registration Details :

Admission No : IP-00060327

Admit Date : 12-Jun-2026

Admit Time : 04:18 PM UHID : VIH-00205847

Patient Details :

Patient Name : Mrs LALITHA CHOUDHARY

Age : 38 Y 3 M 9 D

Guardian : Mr SUNIL KUMAR CHOUDHARY

DOB : 03-03-1988

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : 242 CHINNA TO KUTTA New Bowenpally
Hyderabad Telangana INDIA 500011

Phone No : 9908603975

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit


Contact Details :

Name : Mr SUNIL KUMAR CHOUDHARY

Relationship : Husband

Contact Address : 242 CHINNA TO KUTTA New Bowenpally
Hyderabad Telangana INDIA 500011

Phone No : 9908603975 / 9398257953


 Signature

Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00205847 IP-00060327
 Mrs LALITHA CHOUDHARY
 03-03-1988 38 Y 3 M 9 D (F)
 Dr. KAPPAGANTULA APARNA

①



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 12/6/28

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify L/W

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

ab. pain in Abdomen since Name of the Doctor: Dr. Yogeshwari

12pm Time Notified: @ 4pm

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>SERPC in-2024</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>16/10/2025</u>	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
--	---	--

Obstetric History: G 6 P 3 L 3 A 2

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 nil

Vital Signs / Measurements: Temp: 98.4F HR: 89b/min RR: 9b/min

BP: 110/70mmHg Weight: 63kg Height: _____ BMI: _____

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

VIH-00205847 IP-00060327
 Mrs LALITHA CHOUDHARY (F)
 03-03-1988 38 Y 3 M 0 D
 Dr. KAPPAGANTULA APARNA

PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0 (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. Lalitha Choudhary
 Name of Person Orientation was given to: Mrs. Lalitha
 Orientation not given Reason:

Nurse Signature: [Signature]
 Nurse Name: manga Devi
 Date & Time: 12/6/26 @ 4:10PM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clt pain in abdomen since 12 pm.

LMP: 16/10/25

EDD:

Corrected EDD: 28/7/26

GA: 33+3 wks

Obstetric Formula: G6P3L3A2
 ML-18yrs NCM

Menstrual History: Regular: Yes No

Obstetric History:

I - Female | 16yrs | FTNVD | 3.5kg | BVK Reddy Hospital | A&H | BFx 1.5yr | uneventful
 II - Female | 12yrs | FTNVD | 3kg | BVK Reddy Hosp | A&H | BFx 14yr | uneventful
 III - female | 10yrs | FTNVD | 3.2kg | BVK Reddy Hospital | A&H | BFx 9 months | uneventful
 IV - 2 1/2 months Missed Miscarriage | SERPC | 2024 | BVK Reddy Hospital
 V - 1 month Missed Miscarriage | SERPC | 2024 | BVK Reddy Hospital
 VI - PP spontaneous conception
 Present Pregnancy Record: Unbooked to RCH, previous ANC's at Lifespring Hospital.
 Two doses of TT given

Obstetric Examination

Fundal Height: 33 wks
 Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____

RISK FACTORS:

previous NVD's
 oligohydramnios

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent
 (+) 150bpm

Per Speculum Examination Not done

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

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 8cm

Membranes: Present Absent (8cm @)

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: cm

Weight: 63 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: cltclt Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afebrile PR: 90bpm

BP: 110/80mmHg DTR: (+)

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: ⊕ Urine Output: Adequate

DIAGNOSIS

G6P3L3A2 with 33+3 weeks with previous NVD's with oligohydramnios in labour for delivery

<p>Family History:</p> <p>Nil</p>	<p>Surgical History:</p> <p>SERPC in 2024</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Nil</p>
<p>Plan of Care: <u>C/I to Dr. Aparna mang</u></p> <ul style="list-style-type: none"> - Admission - Normal diet - Monitor FHR - Monitor vitals - Post preparation - consent - Follow drug chart - Inform sos - W/F progress of labour - send CBP <p><u>noted by mangga</u> <u>12/6/26 @ 4:10pm</u></p>	<p>Investigations: Bc- 'A' POSITIVE</p> <p> HIN HBsAg } NR HCV VDRL </p> <p>6/5/26</p> <p> Growth scan 29+1 wks SLUF cephalic AFI - 9.5 cm. PL - Ant. upper segment grade II EFW - 1349 gm. AC - 252 mm. </p> <p>5/3/2026</p> <p> TIFFA 19+6 wks SLUF CL - 30 mm No anomalies </p> <p>26/5/2026</p> <p> Growth scan 31 wks SLUF, Cephalic EFW - 1830 gm AC - 567. AFI - 10 cm Doppler - normal PI - Anterior upper mid uterine segment </p> <p>16/1/26</p> <p> NT scan 12+3 wks SLUF NT - 1.4 mm </p>

Doctor Name: Dr. Yogeshwan

Consultant Name: Dr. Aparna K.

Signature: [Signature]

Signature: _____

Date & Time: 12/6/2026 4 PM

Date & Time: 12/06/2026



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026		D2- Aparna.
4:20 PM	<u>Delivery notes</u>	D2- Ashwini
		D2- Yogeshwari
		Manga & Tejasister.

Dr. Aparna
D2- Aparna

Male	4:13 PM
2.128 kg	12/6/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/2026 4:30 pm	<p style="text-align: center;"><u>PND-0</u></p> <p>O/E - pt is c/c/c G/C - Fair BP - 110/80 mmHg. PR - 93 bpm. S/E - NAD P/A - ut w/r soft, NT. L/E - NAB. Baby - NICU</p>	<p style="text-align: center;"><u>Adv:</u></p> <ul style="list-style-type: none"> - soft diet - Adequate Hydration - w/f bleeding pu. - monitor vitals. - Follow drug chart - Inform SOS. <p style="text-align: right;"><i>DR. Nikhita</i></p>
<p>Noted by manga 12/6/26 @ 4:30pm</p>		
12/6/26 8:30 PM	<p style="text-align: center;"><u>PND-0</u></p> <p>Pt is c/c/c G/C fair Afebrile BP - 109/67 mmHg PR - 85 bpm. S/E - NAD P/A - soft NT ut w/r L/E - NAB Baby - NICU</p>	<p style="text-align: center;"><u>Adv</u></p> <ul style="list-style-type: none"> - Normal diet - Ambulation - Hydration - w/f pr bleeding - follow drug chart - monitor vitals - Inform SOS <p style="text-align: right;"><i>Phan Dr. farnas</i></p>
<p>urine passed</p> <p>Noted by Subhanshu 8:30pm 12/6/26.</p>		

13/6/2026

3 pm.

PND-1

P4L4

urine passed
motion passed

O/E - pt is c/c/c

Gc - Faiz

Afebrile.

BP - 110/71 mmHg

PR - 71 bpm.

S/E - NAD.

P/A - wt - W/R.

SOFT, NT.

L/E - NAB

Baby - NFW.

Advs:

- (N) diet
- Adeq. Hydration
- Ambulation
- w/F bleeding pu
- monitor vitals
- Follow drug chart
- Inform sas.

Noted by Subarini
13/6/26
9pm

Dr. Nikwita

14/6/2026

8 AM.

PND-2

P4L4

urine passed
motion passed

pt. can be discharged

O/E - pt is c/c/c

Gc - Faiz.

Afebrile

BP - 113/90 mmHg

PR - 85 bpm.

S/E - NAD.

P/A - wt - W/R.

SOFT, NT.

L/E - NAB.

Baby - NFW

Advs:

- (N) diet
- Adeq. Hydration
- Ambulation
- w/F bleeding pu
- monitor vitals
- Follow drug chart
- Inform sas.

Noted by Karla 14/6/26 @ 8AM

Dr. Nikwita

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MRS. LALITHA CHAUDARY UHID No : VH-00205847/60327
Gender: Male Female Date : 12/06/2026 Time : 4:30 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 of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal 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, benefits, alternatives 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. APARNA K.

Consentee :

Signature : Lalitha

Name : MRS. LALITHA CHAUDARY.

Date & Time : 12/06/2026 4:30 PM.

Witness :

Signature :

Name :

Date & Time :

Docu. No. : RCHBH / FRM / CLINICAL / 028

Patient Attendant :

Signature : Smil

Name : SMIL KUMAR CHAUDHARY

Relationship with Patient: Husband

Date & Time : 12/06/2026 4:30 PM.

Doctor (who is taking the consent) :

Signature : DR

Name : DR. NIKHITA

Date & Time : 12/06/2026 4:30 PM.

సహజ ప్రసవం కొరకు సమ్మతి పత్రము



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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

రోగి పేరు : వయస్సు : లింగం పు స్తీ

యు.పాప్.బి.డి. రిభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎసిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (క్రట్). సహజ ప్రసవం కొరకు చేయ ప్రక్రియలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీసియా ఇచ్చి పొత్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో జడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు; అంటువ్యాధులు, ఆలెక్సి. మిచ్చలు, రక్తస్పం, రక్తమూర్చి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెడడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా జడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఏవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

Docu. No. : RCHBH /FRM / CLINICAL / 028

సాక్షి
సంతకము

పేరు

తేదీ మరియు సమయము

VIH-00205847 IP-00060327
 Mrs LALITHA CHOUDHARY
 03-03-1988 38 Y 3 M 9 D (F)
 Dr. KAPPAGANTULA APARNA

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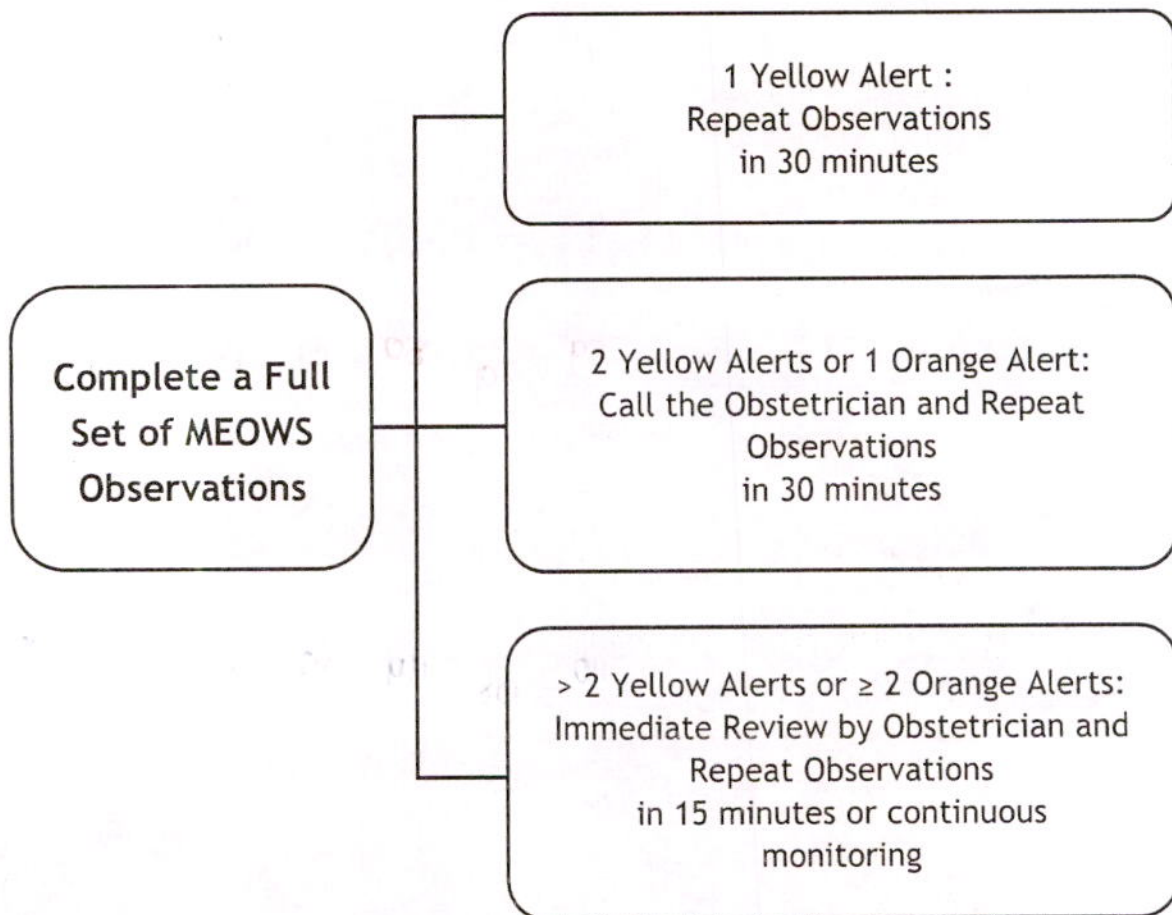


Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
12/6/26																									
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
	0 - 10																								
Saturations	94 - 100 %									99	99	98	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																								
	36									36	36	37	37	37	37	37	37	37	37	37	37	37	37	37	37
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80									89	79	80	82	80	82	82	82	82	82	82	82	82	82	82	82
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110									110	108	114	112	110	120	110	113	110	113	110	113	110	113	110	113
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
90																									
80																									
70									70	69	73	70	72	70	72	72	72	72	72	72	72	72	72	72	
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	
	Heavy / Foul																								
Liquor	Clear / Pink									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
TOTAL ORANGE SCORES										0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial										AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205847 IP-00060327
 Mrs LAJITHA CHOUDHARY
 03-03-1988 38 Y 3 M 9 D (F)
 Dr. KAPPAGANTULA APARNA

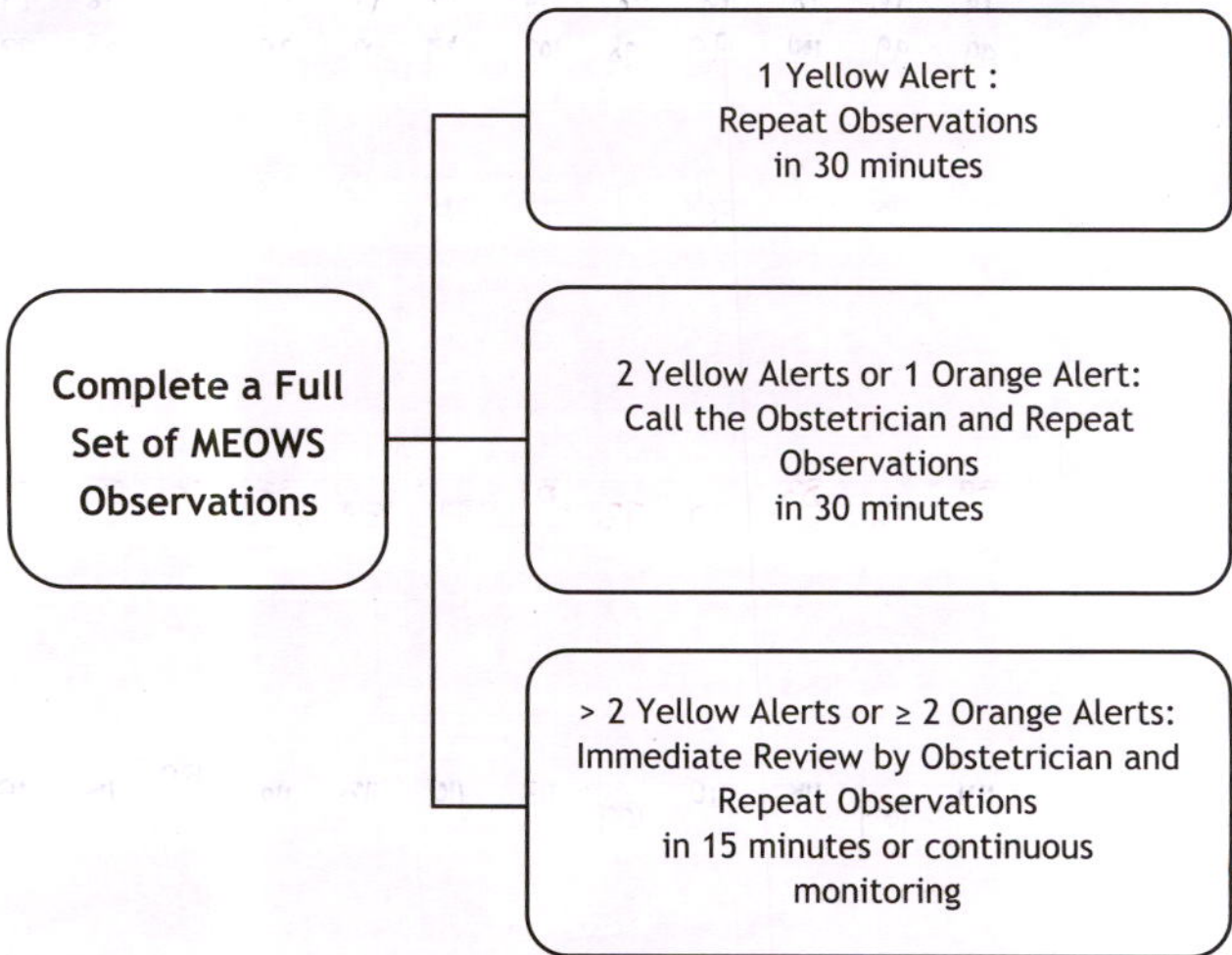


Early warning Observation Score Chart - Obstetrics

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	18	19	18	19	19	19	19	19	18	18	19													
	0 - 10																										
Saturations	94 - 100 %	99	99	100	99	98	100	99	99	99	98	98	99														
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	36	36	37	36	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	37	36	37	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	89	76	83	79	73	81	71	84	87	80	86	85														
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	114	109	118	110	109	113	110	113	110	120	116	118														
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80	71	69	71	69	71	73	71	70	70	70	60	90														
	70																										
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																										
	Pain																										
	Unresponsive																										
URINE ml/s / 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		SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS	SS			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

1

FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site = Thrombophlebitis Score	Sign. Nurse	
		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											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm	H ₂ O 100ml + RLFF-500ml										
	05:00 pm	H ₂ O 100ml + RLFF-100ml										
	06:00 pm	H ₂ O 100ml							✓	0		
	07:00 pm	H ₂ O 100ml								0		
	07:00 pm									0		
Total Intake : 1000ml					Total Output :							
	08:00 pm	H ₂ O 100ml							✓	0		
	09:00 pm	H ₂ O 100ml								0		
	10:00 pm	H ₂ O 100ml							✓	0		
	11:00 pm	H ₂ O 100ml							✓	0		
	12:00 am	H ₂ O 100ml							✓	0		
	01:00 am	H ₂ O 100ml								0		
Total Intake : 600 ml					Total Output : passed							
	02:00 am	H ₂ O 100ml								0		
	03:00 am	H ₂ O 100ml							✓	0		
	04:00 am	H ₂ O 50ml								0		
	05:00 am	H ₂ O 50ml							✓	0		
	06:00 am	H ₂ O 50ml								0		
	07:00 am	H ₂ O 50ml							✓	0		
Total Intake : 400ml					Total Output : passed							
Total 24 hrs. Intake		1900ml			Total 24 hrs. Output		passed					

VIH-00205847 IP-00060327
 Mrs LALITHA CHOUDHARY
 03-03-1988 38 Y 3 M 9 D (F)
 Dr. KAPPAGANTULA APARNA

Patient



FLUID CHART

Sheet No. : 2

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
13/6/26	08:00 am	H2O	100ml							✓	0	omanga 13/6/26 @1pm
	09:00 am	H2O	100ml								0	
	10:00 am	H2O	100ml							✓	0	
	11:00 am	H2O	100ml								0	
	12:00 pm	H2O	100ml							✓	0	
	01:00 pm	H2O	100ml								0	
Total Intake :			600ml			Total Output :					passed	
13/6/26	02:00 pm	H2O	100ml								0	omanga 13/6/26 @7m
	03:00 pm	H2O	100ml							✓	0	
	04:00 pm	H2O	100ml								-	
	05:00 pm	H2O	100ml							✓	-	
	06:00 pm	H2O	100ml								-	
	07:00 pm	H2O	100ml							✓	-	
Total Intake :			600ml			Total Output :					passed	
13/6/26	08:00 pm	H2O	50ml							✓	0	omanga 13/6/26 @7m
	09:00 pm	H2O	100ml								0	
	10:00 pm	H2O	100ml								0	
	11:00 pm	H2O	50ml							✓	0	
	12:00 am	H2O	100ml								0	
	01:00 am	H2O	100ml							✓	0	
Total Intake :			500ml			Total Output :					passed	
14/6/26	02:00 am	H2O + 50ml								✓	0	omanga 14/6/26 @8pm
	03:00 am	H2O + 100ml									0	
	04:00 am	H2O + 50ml								✓	0	
	05:00 am	H2O + 100ml									0	
	06:00 am	H2O + 50ml									0	
	07:00 am	H2O + 50ml								✓	0	
Total Intake :			400ml			Total Output :					passed	

Total 24 hrs. Intake : 21,000 ml

Total 24 hrs. Output : passed

VIH-00205847 IP-00060327
 Mrs LALITHA CHOUDHARY (F)
 03-03-1988 38 Y 3 M 9 D
 Dr. KAPPAGANTULA APARNA



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	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	
-----------------------------	--



REGULAR PRESCRIPTIONS

Weight. 63 Ward. LW

Dr. Nikhita Chittore 12/6/26
 Dr. Nikhita Chittore 12/6/26
 Dr. Nikhita Chittore 12/6/26
 Dr. Nikhita Chittore 12/6/26

DRUG : TAB. CEFUROXIME.				Date Time	12/6	14/6														
Dose	Route	Frequency	Start Date	7	8	10														
500mg	PO	12TH HOURLY	12/6	AM	Di	Di														
Name & Signature of the Doctor Starting the Drugs:				DR. NIKHITA.																
Additional Instructions:				7 AM Di																
Daily Doctor's Endorsement by a Sign																				

DRUG : TAB. PARACETAMOL				Date Time	13/6	14/6														
Dose	Route	Frequency	Start Date	12	PM															
650mg	PO	12TH HOURLY	12/6																	
Name & Signature of the Doctor Starting the Drugs:				DR. NIKHITA.																
Additional Instructions:				5 PM Di																
TAB. DOLO 650 MG.																				
Daily Doctor's Endorsement by a Sign																				

DRUG : TAB. ACECLOFENAC + PARACETAMOL				Date Time	2/6	3/6	14/6													
Dose	Route	Frequency	Start Date	8	AM															
100 + 325mg	PO	12TH HOURLY	12/6																	
Name & Signature of the Doctor Starting the Drugs:				DR. NIKHITA.																
Additional Instructions:				9 PM Di																
TAB. HIFENAC P.																				
Daily Doctor's Endorsement by a Sign																				


DRUG : TAB. PANTOPRAZOLE				Date Time	13/6	14/6														
Dose	Route	Frequency	Start Date	6	AM															
40MG	PO	ONCE DAILY	12/6																	
Name & Signature of the Doctor Starting the Drugs:				DR. NIKHITA.																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VIH-00205847 IP-00060327
Mrs LALITHA CHOUDHARY
03-03-1988 38 Y 3 M 9 D (F)
Dr. KAPPAGANTULA APARNA

Patient Name : _____ I.P. No. _____ Sheet No. (1) Wards 410 Weight (kg) 63kg

JLAR PRESCRIPTIONS

No of Tablets 12/6/26
 Chika

DRUG : SYP. LACTULOSE				Date	12/6/26														
				Time	10 PM														
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	12/6																
Name & Signature of the Doctor starting the Drugs:				 DR. NISHITA															
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.																			

Patient Name : ①	I.P. No.	Sheet No: ①	Wards UW	Weight (kg) 63kg
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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.																							

Lalitha choudhary
384 3m / 020584

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 13/6/26 Time: 8AM

Origin: Indore Height: 154cm Weight: 63kg BMI: ~ 26 kg/m² ~ 28 kg/m² ~ 30 kg/m²

Food Allergies: None
Diagnosis: G6P3L3A2 with 33+3 weeks previous MUDS with oligohydramnios. In latent labour delivery

Type of Diet: Liquid Soft Normal Diabetic
 Vegetarian Non-Vegetarian Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots/ Tubers)

Patient's / Attendant's

Signature: Lalitha

Name:

Date & Time:

Dietician's

Signature: [Signature]

Name: Vidhya Lakshmi

Date & Time: 13/6/26 8AM

ESTIMATION SLIP



Date: 12/08/26 UHID/IP No.: _____ SI. No.: 12636

Name of Patient: Mrs. Lajita Age: 37 Gender: F

Spouse's Name: Mr. Sunil Kumar Corporate/Occupation: Business

Address: Bowenpally Phone: 9908603975 Email: _____

Insurance/Pure/Plan: NND / LSCS EDD/DOS: _____

MODE OF PAYMENT: SELF TPA: Cash GIPSA: _____ OTHER

TARIFF INFORMATION: Dr. K Aparna

PARTICULARS	PACKAGE AMOUNT (Rs.)	
	Normal Delivery	LSCS
Room Category		
General Ward		
Shared Ward		
Twin Shared Ward		
Private Room	<u>1,19,000/-</u>	<u>1,40,000/-</u>
Deluxe Room	<u>1,35,000/-</u>	<u>1,60,000/-</u>
Super Deluxe Room		
Package Includes	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee and Labour Ward Charges.	Room Rent, Nursing Charges, Doctor's Fee, Surgeon's Fee, Anesthetist's Fee and O.T Charges.
	Length of Stay for : <u>2 Day (48 hrs)</u>	Length of Stay for : <u>3 Day (72 hrs)</u>
	Pharmacy up to : <u>15,000/-</u>	Pharmacy up to : <u>15,000/-</u>
	Investigations up to : <u>1 CBP NST RBS</u>	Investigations up to : <u>1 CBP NST RBS</u>
Others		

Neonatologist Charges: Covered Not Covered Epidural/Entonox: Covered Not Covered

Initial Minimum Deposit: 50,000/-

REMARKS :

- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission. The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA at later stage.
- Total baby charges are extra which include admission, pharmacy, vaccination, investigations, disposables, consumables, equipments, speciality consultations, etc.
- In case the patient gets discharged earlier than the package permitted days, no refund of any type is applicable. And, if the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, Muhurtham charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I Sunil Kumar have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client: _____ Signatory Relationship: _____ Signature of the Financial Counselor: [Signature]

SURGERY DETAILS



Sl.No.

Date : 12/16/26

Patient Name : MRS. LALITHA Age : 38Y Sex : F

UHID No. : VIH-00205847 IP No. : 60327

Date of Surgery : 12/16/26 OT : OT 1 OT 2 OT 3

Name of the Surgery : Normal Delivery

Time in : 4:00 PM

Time Out : 5:00 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	: DR. K. APARNA
2. Anaesthetist	:
3. Asst. Surgeon	:
4. OT Technician	:
5. Circulating Nurse	:
6. Asst. Nurse	: <i>[Signature]</i>

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

[Signature] Dr. Nikhita
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No. : 3089645 Ordered by :