

1

ACTIVITY BAH-00576329 IP-00060255

Mrs NIKHATH SHIREEN
15-11-1990 35 Y 6 M 23 D (F)

Name: --- Dr. NABAT LAKHANI



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

Date of Admission: 7/6/26 Time: 3:25am Date of Discharge: ----- Time: -----

Room / Bed No: 219 Ward: 4w Suggested Billable bed type: -----

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|--------|--------|------|------------|--------------------|
| 7/6/26 | 3:15pm | 4w | Room 108 ? | [Signature] |
| | | | | |
| | | | | |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|-----|---------------------------------------|--------|-----------|-------------|
| 1. | Dr. Prashanth (Cardiologist) | 7/6/26 | 3087812 | [Signature] |
| 2. | | | | |
| 3. | Cross checked by [Signature] 05/06/26 | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

INVESTIGATIONS

| Date | Investigations | Order No. | Sign |
|--|-----------------------------|--------------|-----------|
| 7/6/26 | RBS at 2:50 AM 102 mg/dl | VI26019564 ✓ | rjga |
| 7/6/26 | Albumin dipstick (negative) | VI26019563 ✓ | rjga |
| 7/6/26 | EKG | R26-009111 ✓ | rjga |
| 7/6/26 | 2D Echo | R26-009113 ✓ | Ⓢ |
| 7/6/26 | CVR, urine c/s | VI26019575 ✓ | Ⓢ |
| 7/6/26 | CBC, PT/APTT | | |
| | LFT, creatinine, UOH | VI26019572 | Ⓢ |
| | uric acid, electrolytes | | |
| Crown checked by A Shaver | | | 7/6/26 at |
| | | | rjga |
| <div style="color: red; font-size: 2em; opacity: 0.5;">/</div> | | | |

PROCEEDURE

| Date | Proceedure | Quantity | Order No. | Signature |
|--------|------------------|----------|-----------|--------------------|
| 7/6/26 | I.v Placement | 1 | 305767 | <i>[Signature]</i> |
| 7/6/26 | Catheterization | 1 | 305767 | <i>[Signature]</i> |
| <hr/> | | | | |
| | Crown checked by | by | Shamini | 7/6/26 at 2pm |
| <hr/> | | | | |

ANY OTHER INFORMATION

Date: 08/06/26

Time: 11:05 AM

Prepared By: Elizabeth
08/06/26 @ 11:05 AM

| | | | |
|---|--|--------------------------|---------------------------|
| <p>Staff Nurse</p> <p><i>Sis. Elizabeth</i></p> | <p>Shift / Ward</p> <p><i>Sis. Elizabeth</i></p> | <p>Billing Assistant</p> | <p>Billing Supervisor</p> |
|---|--|--------------------------|---------------------------|

ADMISSION SHEET

Registration Details :



Admission No : IP-00060255

Admit Date : 07-Jun-2026

Admit Time : 03:25 AM UHID : BAH-00576329

Patient Details :

Patient Name : Mrs NIKHATH SHIREEN

Age : 35 Y 6 M 23 D

Guardian : Mr SYED AHMEDULLAH KHAN

DOB : 15-11-1990

Gender : Female

Religion : Muslim

Occupation :

Martial Status : Married

Address (H) : 23-1-99/1 TO 5 ROYAL PLAZA CHOWK MAIDA
KHAN Charminar Hyderabad Telangana
INDIA 400059

Phone No : 9100492766/ 9701213110

E-mail : NO@GAMIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

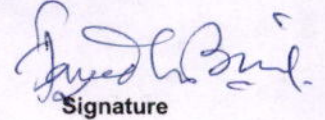
Contact Details :

Name : Mr SYED AHMEDULLAH KHAN

Relationship : Husband

Contact Address : 23-1-99/1 TO 5 ROYAL PLAZA CHOWK
MAIDA KHAN Charminar Hyderabad Telangana
INDIA 400059

Phone No : 9100492766



Signature

Doctor Details :

Doctor Name : Dr. NABAT LAKHANI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

PATIENT TRANSFER FORM

AH-00576329 IP-00060255

Mrs NIKHATH SHIREEN

5-11-1990 35 Y 6 M 23 D (F)

r. NABAT LAKHANI



| | | | |
|---|--|---|---|
| | | Date & Time of Admission 7/6/26 @ 3:25 Am | Date & Time of Transfer Order 7/6/26 @ 4:20 pm |
| Treating Consultant Name | | Transfer Ordered by Dr. Nikitha | Reason for Transfer For observation |
| From Unit Hw | To Unit Room (108) | Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in Clinical File 28 | Number of Imaging Films ECG 1 - ① Tudiecho - ① | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Nikitha | | | |
| Name & Signature of Person who is Transferring Sr. Pradyesha | | Name of Person Ordered Transfer Dr. Nikitha | |
| Patient & Clinical Records Received by : Rudu | | | |
| Date & Time of Patient Received : @ 4:20 pm | | | |

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

Unavailable Bed

Nurse not Available

Available Bed not ready



Birt

BY RAINE
Your Right

BAH-00576329 IP-00060255
Mrs NIKHATH SHIREEN
15-11-1990 35 Y 6 M 23 D (F)
Dr. NABAT LAKHANI

MISSION SHEET FOR GYNECOLOGY

Ref. No.: F/GYNIC/18

Date of Admission : 7/6/26

Time of Admission :

PERSONAL I



Name : Mrs NIKHATH SHIREEN Age 35yrs Date of Birth _____
UHID No. BAH-00576329 IP No.: _____
Department : OBGY Consultant : DR. NABAT

PRESENTING COMPLAINTS

P₁L₁A₁ previous LSCs & POD-6 days came & clo High
Bp readings at home & chest discomfort since
morning & difficulty in breathing.
(BP-153/100mmHg → BP-170/100mmHg)
she had H/o swelling over legs & face 2 days back.
physician review done on tab Lasix 20mg took today
at 6/6/26 once only. on Inj clexane 40mg OD s/c.
Lower limb dopplers of both leg done showed on 5/6/26
diffuse subcutaneous edema involving both legs.

BG- O' POSITIVE

7/6/26

Ecg done - showed to Axon
? septal defect
other willed normal
sinus bradycardia
CRBS- 102
Urine albumin - Negative
on arrival BP-158/88 mmHg
→ 153/96 mmHg PR- 50bpm
Axon review done
T. Labetalol 100mg given stat
Ecg done

5/6/26
CBP- 10 | 6.08 | 3.11L
CUE - Blood pf
pus cells - 8-10
Epi cells - 4-6
RBCs - 8-10
Creatinine - 0.6
Sr. Albumin - 2.5

MENSTRUAL HISTORY

Year of Marriage : 6yrs.
Previous Periods : Regular / 28 day / 5-6 days
LMP : 28/8/2025
Contraception : Lactating

OBSTETRIC HISTORY

Parity : P₁L₁A₁
Mode of Delivery : LSCS (NPOL)
Last Child Birth : 1/6/2024 request.
IVF conception

| | |
|-------------------------|--|
| MEDICAL HISTORY | SURGICAL HISTORY |
| Nil | Hysteroscopy in 2022, 2025 LSCs on 1/6/2026 |
| FAMILY HISTORY | NOTES / ALLERGIES |
| Father - Hypothyroidism | Nil |

INITIAL ASSESSMENT

| | | |
|--|--|---|
| Date <u>7/6/2026</u> Ht. <u>5 feet</u> Wt. <u>67 kg</u> BMI _____ B.P. <u>155/96 mmHg</u> Pallor <u>+</u> CVS <u>S, S2 +</u> Respiratory System <u>BAE +</u> Thyroid <u>-</u> PR - <u>50 bpm</u> Pedal edema <u>++</u> SpO2 - <u>99%</u> | Breasts <u>Normal</u> Abdominal Examination <u>Soft, NT</u> | Local / Speculum Examination <u>-</u> Bimanual Pelvic Examination <u>-</u> |
|--|--|---|

PROVISIONAL DIAGNOSIS: P.L.A.T previous LSCs to POD - 6 days to High Bp readings & post partum preeclampsia for observation/ further mngt

| INVESTIGATIONS ORDERED | PLAN OF MANAGEMENT | PRESCRIPTION |
|------------------------|---|---|
| | <ul style="list-style-type: none"> - Admission - Normal diet - Monitor vitals - BP Monitoring - Follow drug chart - Inform SAs - Inj MgSO4 loading dose - foley's catheterisation | <u>If any imminent signs. I/O charting.</u> <u>Dr. Yogeshwar</u> |

Name of the Doctor: DR. NABAT

Date: 7/6/2026 Time: 3:30 AM

Noted by Karala
7/6/26 3:30 AM

Signature of Doctor

①

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|--|--|
| 7/6/26 4 AM | o/c | Adv |
| | Pt is c/c/c | - Normal diet |
| | c/c/fair | - W/F imminent signs |
| | Afebrile | - Bp Monitoring |
| | Bp - 148/96 mmHg | - W/F any signs toxicity |
| Start | PR - 55 bpm | - Monitor vitals |
| Inj MgSO4 4gm | SpO2 - 100% | - Follow drug chart |
| Loading dose | S/E - NAD | - W/F bleeding PV |
| | PIA - vit WR | - Inform SOS |
| | soft NT | - I/O charting |
| | LE - NAB | |
| | DTR - (+) | |
| | RR - 18' | |
| Noted by Kande 7/6/26 @ 4 AM Dr. Yogeshwar | | |
| 7/6/26 7:25 AM | C/I to Axon | |
| | No headache. No relief after Tab. PCM 1gm | |
| | BP - 134/84 mmHg | |
| | | Adv - - Inj. Paracetamol 1gm IV - stat. |
| | | - Inj. MgSO4 - maintenance dose. |
| Notes | - Send CBP, CuE, urine c/s, PT/APTT, NR, LFT, S. creat, LDH, B. urea, creat, S. uric acid, S. electrolyte. | |

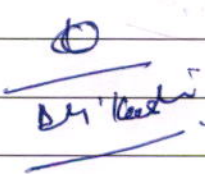
7/6/26 at 7:25 AM

Dr. Adv.

BAH-00576329 IP-00060255
 Mrs NIKHATH SHIREEN
 15-11-1990 35 Y 6 M 23 D (F)
 Dr. NABAT LAKHANI



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 7/6/26 8:30 AM | C/S by Axon | |
| | BP - 153/84 mmHg. PR - 62 bpm. | |
| | Headache not relieved with 9mg PCN 1gm IV. | |
| | | Adv - |
| | | - 9mg mgSO ₄ maintenance dose |
| | | - 9mg Zofen 4mg IV - stat. |
| | | - 9mg Teicoplanin 100mg in 100ml NS - stat. |
| | | - 2D ECHO |
| | | - Cardiologist review. |
| Retreat by A Shamsi 7/6/26 at 8 am | |  |

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 Dr. NABAT LAKHANI



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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---|---|
| 7/6/26 9 AM | C/I to <u>DR. Prashanti</u> sir (cardiologist) | |
| | ECG sent. | <u>Adv</u> - Sir will come at 10:30-11 AM done review E pattern |
| | noted by G Shamsi 7/6/26 at 9 AM | J Dryogeshwar |
| 7/6/26 9 AM | o/e | <u>Adv</u> |
| <u>Benj Mgsosy</u> <u>Maintenance</u> <u>dose</u> | Pt is c/c Uctair Afebrile BP- 153/84 mmHg PR- 58 bpm S/E - NAD | - Normal diet - W/F imminent signs - BP monitoring - W/F any signs of toxicity |
| <u>Cardiologist</u> <u>Review at</u> <u>10:30-11 AM</u> | PR- 58 bpm S/E - NAD P/A - Wt ~ WR Soft P | - Monitor vitals - W/F bleeding pt - Follow drug chart - Do charting |
| <u>Vo-clear</u> <u>adequate</u> | Ue - NAB RR - 20 bpm DTR - (+) | - Inform SOS |
| | noted by G Shamsi 7/6/26 at 9 AM | J Dryogeshwar |



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------|--|--|
| 7/6/26 | CBP - 11.1 / 8.28 / 3.56 L | |
| 10 AM | Na ⁺ - 141 Uric acid - 5.9 K ⁺ - 3.7 Urea - 19.6 Cl ⁻ - 108 Creatinine - 0.7 | |
| | LFT :- Total bilirubin - 0.5 | |
| | Conj. bilirubin - 0.1 | |
| | Unconj Bilirubin - 0.4 | |
| | SGOT - 72 | |
| | SGPT - 133 | |
| | ALP - 234 | |
| | protein - 5.4 | |
| | Albumin - 2.7 | |
| | Globulin - 2.7 | |
| | A/G ratio - ↓ | |
| | | <p style="text-align: center;">Y Dryogeshwari</p> |
| 7/6/26 11:30 AM. | C/S/B by cardiologist Dr. prashanth sir | |
| | 2D Echo done - | |
| | Normal. | <p style="text-align: center;">Adv:</p> |
| | | - Low salt diet |
| | | - Tab. Nicardia 10mg |
| | | if BP > 140/90 mmHg. |
| | | |
| | | <p style="text-align: center;">DR. Nikhita</p> |



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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---|---------------------------------|--|
| 7/6/2026 1 pm | O/E - pt is C/C/C Gc - Fair. | Adu: - (N) diet |
| U/A 200ml clear, adeg. | Afebrile. BP - 127/79 mmHg. | - w/F imminent signs - BP monitoring |
| stop MgSO4 maintenance dose. | PR - 55 bpm. S/E - NAD. | - monitor vitals. - Follow drug chart |
| | P/A - wt ~ W/R. Soft. | - Inforsos sos. - Tab. Nicaardia 10mg |
| | L/E - NAB. | if BP > 140/90 mmHg. |
| | RR - 13/min. | |
| | DTR ⊕ | |
| Noted by Prathyusha @ 1 pm | | |
| 7/6/2026 2 pm | C/S/B Dr. Nabat mam | |
| 20fno normal | | Adu: - Tab. Udiliv 300 mg BD for 1 week. |
| | | - Tab STAMLOSMLI SOS if BP > 140/90 mmHg. |
| Noted by Prathyusha @ 2 pm | | |

Dr. Nikhita

Dr. Nikhita

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--|--|--|
| <u>7/5/2026</u> 4 pm. | o/e - pt is c/c/c Gc - Faiz afebrile BP - 107/68 mmHg PR - 61 bpm S/E - NAD. P/A - wt - w/R. soft. L/E - NAB. | Adv: - (N) diet - Adeq. Hydration - Ambulation - w/F imminent signs. - monitor vitals - BP charting 2nd hourly - Follow drug chart - Inform sos. |
| <p>U/O 2000 ml clear, adequate PT. can be shifted to room</p> <p>Noted by <u>prathiba</u> @ 4pm</p> <p style="text-align: right;"><u>Dr. Nikhita</u></p> | | |
| <u>7/5/2026</u> 9 pm. | o/e - pt is c/c/c Gc - Faiz afebrile BP - 123/86 PR - 67 bpm S/E - NAD. P/A - wt - w/R. soft. L/E - NAB. - No imminent signs. | Adv: - (N) diet - Adeq. Hydration - Ambulation - w/F imminent signs - monitor vitals - BP charting 2nd hourly - Follow drug chart. - Inform sos. |
| <p>U/O 3500 ml. clear, adequate Remove foleys</p> <p style="text-align: right;"><u>Dr. Nikhita</u></p> | | |

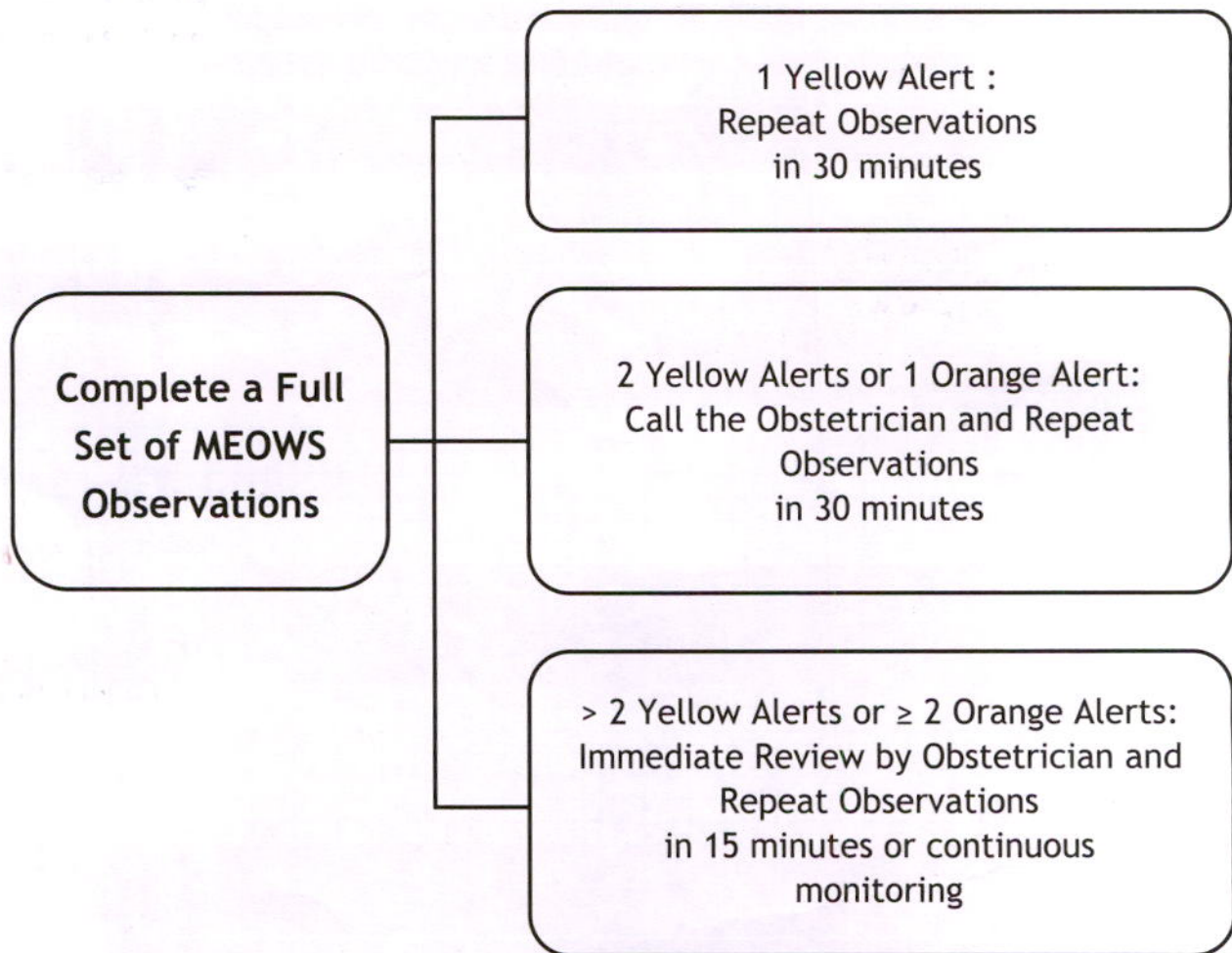


PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|----------------------------|-------------------------------------|--------------------------|
| 8/6/2026 7:45 AM | C/O chest discomfort. | Adv: |
| | O/E - pt is c/c/c | - (N) diet |
| | GC - fair. | - Adeq. hydration |
| | Afebrile. | - Ambulation |
| Urine passed | BP - 121/77 mmHg. | - w/f imminent signs |
| Motion not passed | SpO ₂ - 98% PR - 64 bpm. | - monitor vitals |
| | S/E - NAD. | - BP charting 2nd hourly |
| | P/A - w - w/R. | - Follow drug chart |
| | Soft. | - Inform SOS. |
| | L/E - NAB. | |
| | | Dr. Nikhita |
| 8/6/26 10:20 AM | No imminent signs. | |
| | O/E Pt is c/c/c | Adv |
| | GC: fair | - (N) diet |
| | Afebrile | - Adequate hydration |
| U-P | BP: 102/83 mmHg | - Ambulation |
| Mr NP | PR: 81 bpm | - w/f imminent signs |
| | S/E - NAD | - monitor vitals |
| | P/A - w - w/R | - BP charting x 2 way |
| | Soft | - follow drug chart |
| Patient can be discharged. | L/E: NAB | - Inform SOS. |
| | | Dr. Akhila |

noted by Dr. Dr. 8/6/26

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

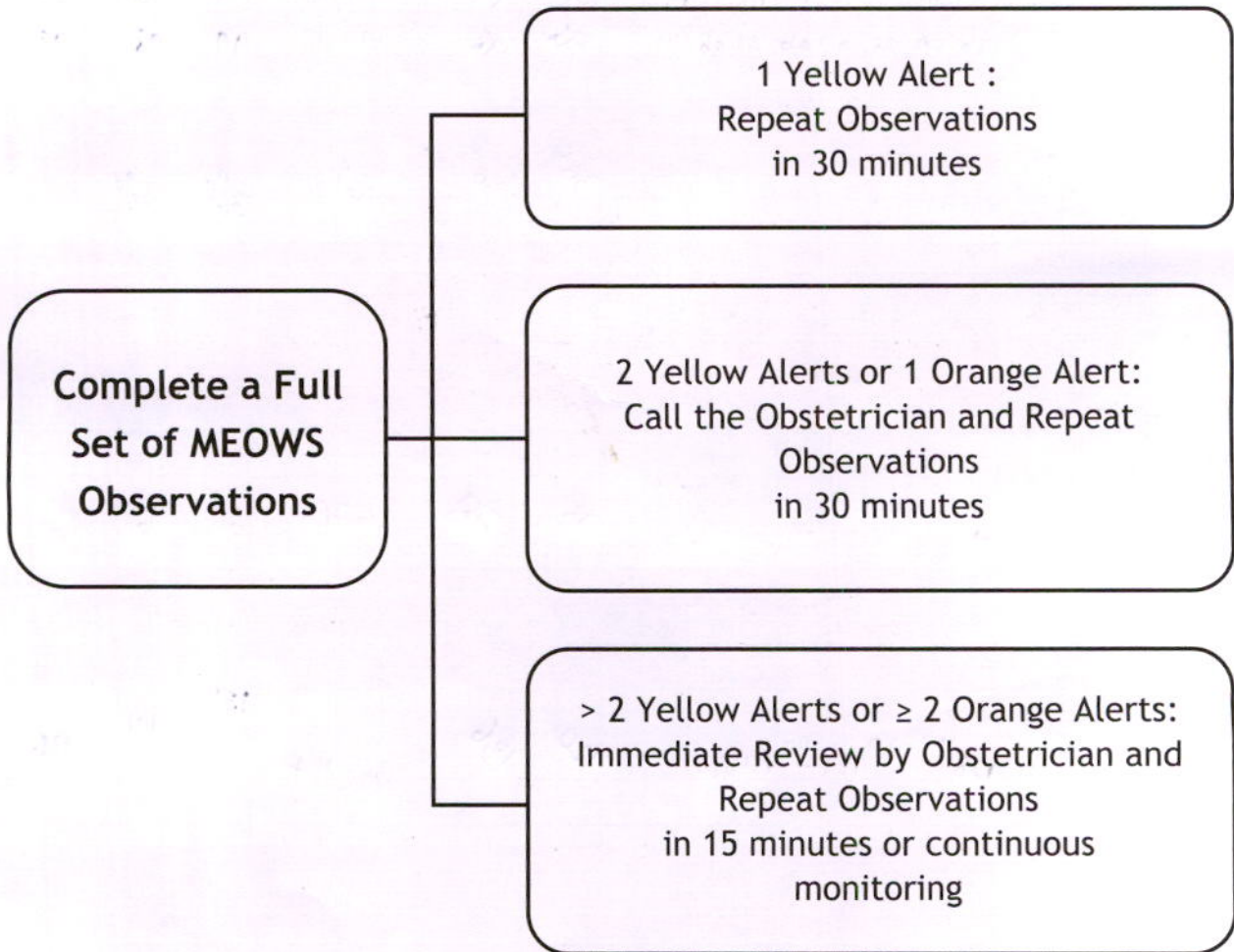
2

Early Warning Observation Score Chart - Obstetrics

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

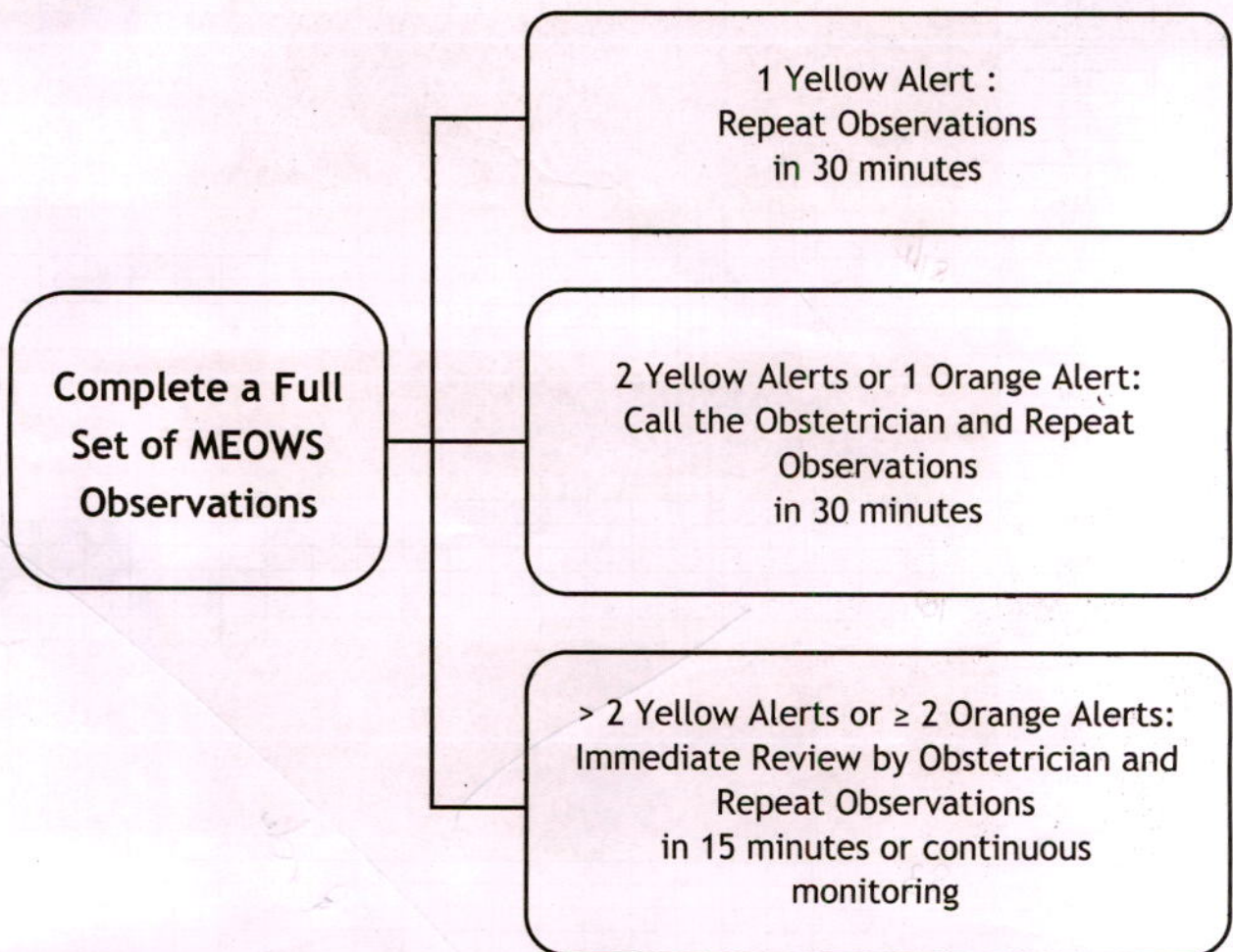
| Date | | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | |
|--------------------------------------|--------------|------|------|------|------|------|------|------|------|------|------|------|------|-----|-----|-----|
| 7/6/20 | | | | | | | | | | | | | | | | |
| RESP (write rate in corresp. box) | > 30 | | | | | | | | | | | | | | | |
| | 21 - 30 | | | | | | | | | | | | | | | |
| | 11 - 20 | 19 | 19 | 19 | 18 | 19 | 18 | 19 | 19 | 19 | 19 | 19 | 19 | | | |
| | 0 - 10 | | | | | | | | | | | | | | | |
| Saturations | 94 - 100 % | 96 | 98 | 98 | 97 | 96 | 97 | 96 | 99 | 98 | 99 | 98 | 98 | | | |
| | < 94 % | | | | | | | | | | | | | | | |
| Administered O ₂ (L/min.) | | | | | | | | | | | | | | | | |
| Temp °C | 40 | | | | | | | | | | | | | | | |
| | 39 | | | | | | | | | | | | | | | |
| | 38 | | | | | | | | | | | | | | | |
| | 37 | | | | | | | | | | | | | | | |
| | 36 | 36.5 | 37.0 | 37.0 | 37.0 | 37.0 | 37.0 | 37.0 | 36.5 | 36.5 | 36.5 | 36.5 | 36.5 | | | |
| | 35 | | | | | | | | | | | | | | | |
| | < 35 | | | | | | | | | | | | | | | |
| Heart Rate | 170 | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | |
| | 60 | 61 | 58 | 66 | 71 | 64 | 66 | 64 | 75 | 78 | 67 | 64 | 61 | 60 | 64 | 76 |
| | 50 | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| Systolic Blood Pressure | 190 | | | | | | | | | | | | | | | |
| | 180 | | | | | | | | | | | | | | | |
| | 170 | | | | | | | | | | | | | | | |
| | 160 | | | | | | | | | | | | | | | |
| | 150 | | | | | | | | | | | | | | | |
| | 140 | | | | | | | | | | | | | | | |
| | 130 | | | | | | | | | | | | | | | |
| | 120 | 128 | 130 | 133 | 124 | 130 | 120 | 126 | 120 | 136 | 123 | 127 | 151 | 141 | 136 | 124 |
| | 110 | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | |
| | 70 | | | | | | | | | | | | | | | |
| 60 | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | |
| Diastolic Blood Pressure | 130 | | | | | | | | | | | | | | | |
| | 120 | | | | | | | | | | | | | | | |
| | 110 | | | | | | | | | | | | | | | |
| | 100 | | | | | | | | | | | | | | | |
| | 90 | | | | | | | | | | | | | | | |
| | 80 | | | | | | | | | | | | | | | |
| | 70 | 76 | | 90 | 96 | 79 | 74 | 72 | 80 | 78 | 80 | 86 | 82 | 80 | 84 | 77 |
| 60 | | | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | | | |
| NEURO RESPONSE [✓] | Alert | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | Voice | | | | | | | | | | | | | | | |
| | Pain | | | | | | | | | | | | | | | |
| | Unresponsive | | | | | | | | | | | | | | | |
| URINE ml / hour | > 30 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | < 30 | | | | | | | | | | | | | | | |
| Proteinuria | Protein ++ | | | | | | | | | | | | | | | |
| | Protein > ++ | | | | | | | | | | | | | | | |
| Lochia | Normal | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | 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 |
| TOTAL ORANGE SCORES | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nurse Initial | | CS | CS | CS | CS | CS | CS | CS | CS | CS | CS | CS | CS | CS | CS | CS |

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00576329 IP-00060255
 Mrs NIKHATH SHIREEN
 15-11-1990 35 Y 6 M 23 D (F)
 Dr. NABAT LAKHANI



FLUID CHART

Sheet No. : 7/6/26

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

| | | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------------|----------|---|-------|-----|--------|------------------------------|-----------|-------|----------|--------------------------------|-------------|-------|
| Date | Time | Nature of Fluid | Route | | | NG | Diarrhoea | Vomit | Drainage | | | Urine |
| | | | Mouth | I.V | N.G | | | | | | | |
| | 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 | H ₂ O + 50ml | | | | | | | 300ml | 0 | | |
| | 03:00 am | H ₂ O + 50ml | | | | | | | 200ml | 0 | | |
| | 04:00 am | H ₂ O + 50ml + F ₅₀ MgSO ₄ 100ml | | | | | | | 150ml | 0 | aband | |
| | 05:00 am | H ₂ O + 100ml | | | | | | | 250ml | 0 | 7/6/26 | |
| | 06:00 am | H ₂ O + 50ml | | | | | | | 200ml | 0 | @8AM | |
| | 07:00 am | H ₂ O + 50ml | | | | | | | 250ml | 0 | | |
| Total Intake : 450ml | | | | | | Total Output : 1350ml | | | | | | |
| Total 24 hrs. Intake | | | | | | Total 24 hrs. Output | | | | | | |



2

FLUID CHART

Sheet No. :

7/6/26

- 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 | | | | | | | |
| 7/6/26 | 08:00 am | Do 100ml | | ngsu | 25ml | | | | | 200ml | 0 | 7/6/26 2 ³⁰ p |
| | 09:00 am | Do 100ml | | | | | | | | 250ml | 0 | |
| | 10:00 am | Do 100ml | | edij | Tranadol | 2ngsu | 25ml | | | 300ml | 0 | |
| | 11:00 am | Do 100ml | | | | | | | | 250ml | 0 | |
| | 12:00 pm | Do 100ml | | | | | | | | 300ml | 0 | |
| | 01:00 pm | Do 100ml | | | | | | | | 200ml | 0 | |
| Total Intake : | | | 700ml | | | Total Output : | | | | | 1500ml | |
| 7/6/26 | 02:00 pm | Do 100ml | | | | | | | | 200ml | 0 | 7/6/26 @ 3pm @ 2pm 7/6/26 |
| | 03:00 pm | H ₂ O | | 100ml | | | | | | 300ml | 0 | |
| | 04:00 pm | | | | | | | | | 300ml | 0 | |
| | 05:00 pm | | | | | | | | | 200ml | 0 | |
| | 06:00 pm | | | | | | | | | 200ml | 0 | |
| | 07:00 pm | | | | | | | | | 300ml | 0 | |
| Total Intake : | | | | | | Total Output : | | | | | 1500ml | |
| | 08:00 pm | | | | | | | | | 200ml | 0 | Bennika 8/6 @ 1am |
| | 09:00 pm | | | | | | | | | 200ml | 0 | |
| | 10:00 pm | | | | | | | | | 100ml | 0 | |
| | 11:00 pm | | | | | | | | | | 0 | |
| | 12:00 am | | | | | | | | | | 0 | |
| | 01:00 am | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| 8/6/26 | 02:00 am | | | | | | | | | | 0 | Bennika 8/6 @ 7am |
| | 03:00 am | | | | | | | | | | 0 | |
| | 04:00 am | | | | | | | | | | 0 | |
| | 05:00 am | | | | | | | | | | 0 | |
| | 06:00 am | | | | | | | | | | 0 | |
| | 07:00 am | | | | | | | | | | | |
| Total Intake : | | | | | | Total Output : | | | | | | |
| Total 24 hrs. Intake | | | | | | Total 24 hrs. Output | | | | | | |



FLUID CHART

Sheet No. : 8/6/26

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombophlebitis Score | Sign. Nurse | |
|-----------------------|----------|-----------------|--------|-----|-----|-----------------------|-----------|-------|----------|-------|--------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| 8/6/26 | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | 200cc | | | | | | | ✓ | | | |
| | 10:00 am | | 100cc | | | | | | | | | | |
| | 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

BAH-00576329 IP-00060255
 Mrs NIKHATH SHIREEN (F)
 15-11-1990 35 Y 6 M 23 D
 Dr. NABAT LAKHANI

FLUID CHART

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 | | | | | | | |

BAH-00576329 IP-00060255
 Mrs NIKHATH SHIREEN
 15-11-1990 35 Y 6 M 23 D (F)
 Dr. NABAT LAKHANI



xlif
sm

MEDICATION RECONCILIATION FORM

Drug Allergies: *Nil* Not known any Drug Allergies

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

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

Shifting From: *L/W* Shifted to:

| S.No | MEDICATION NAME (GENERIC NAME CAPITAL LETTERS) | DOSE (mg, mcg) | ROUTE (PO, NG, SC, IV) | FREQUENCY | LAST DOSE Date / Time | ON ADMISSION / SHIFTING |
|------|---|-------------------|---------------------------|---------------|--------------------------|---|
| 1 | TAB. LEVIXIME | 200 mg | PO | ONCE DAILY | 6/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2 | TAB. PARACETAMOL | 16m | PO | 8th HOURLY | 6/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3 | TAB. DICLOFENAC | 50 mg | PO | 8th HOURLY | 6/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 4 | TAB. PANTOPRAZOLE | 40 mg | PO | ONCE DAILY | 6/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 5 | INS. ENOXAPARIN | 40 mg | S/L | ONCE DAILY | 6/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 6 | TAB. IRON | 1TAB | PO | ONCE DAILY | 6/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 7 | TAB. CALCIUM | 500 mg | PO | ONCE DAILY | 6/6/26 | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 8 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 9 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |
| 10 | | | | | | <input type="checkbox"/> C <input type="checkbox"/> DC |

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: *D. Kashi*

Date & Time: *7/6/26, 3:30am*

Nurse Name & Signature: *Samal Samal*

Date & Time: *7/6/26 @ 3:30am*

BAH-00576329 IP-00060255
 Mrs NIKHATH SHIREEN
 15-11-1990 35 Y 6 M 23 D (F)
 Dr. NABAT LAKHANI



DRUG CHART

Date of Admission: 7/6/2016 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

| | | | | | | | | | | | | | | | | | | | |
|--|-------------|-----------------------------|-------------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : TAB . AMLODIPINE | | | | Date Time | | | | | | | | | | | | | | | |
| Dose 5 MG | Route PO | Frequency AS REQUIRED | Start Date 7/6 | | | | | | | | | | | | | | | | |
| Doctor's Signature | | Valid Period | Pharm. | | | | | | | | | | | | | | | | |
| Additional Instructions: IF BP > 140/90 MMHG. | | | | | | | | | | | | | | | | | | | |

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

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

VERIFIED BY : Name

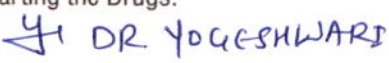
BAH-00576329 IP-00060255
 Mrs NIKHATH SHIREEN
 15-11-1990 35 Y 6 M 23 D (F)
 Dr. NABAT LAKHANI



REGULAR PRESCRIPTIONS

Weight: 67kg Ward: 216

U Shreemi 30 7/6/26 @ 8am

| | | | | | |
|---|-------|-------------------------|------------|-----------|--------|
| DRUG : T. CEFIXIME | | | | Date/Time | 7/6/26 |
| Dose | Route | Frequency | Start Date | | |
| 200mg | PO | 12 TH HOURLY | 7/6/26 | 10PM | ESW |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
|  DR YOGESHWARI | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |

Date/Time 7/6/26


10PM ESW

10PM ESW

STOP
DR. NIKHATH

8/6/2026
7:45 AM

U Shreemi 30 7/6/26 @ 8am


| | | | | | |
|--|-------|------------------------|------------|-----------|--------|
| DRUG : T. PARACETAMOL | | | | Date/Time | 7/6/26 |
| Dose | Route | Frequency | Start Date | | |
| 1gm | PO | 8 TH HOURLY | 7/6/26 | 6AM | ESW |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
|  DR. YOGESHWARI | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |

Date/Time 7/6/26

6AM ESW

10PM ESW

U Shreemi 30 7/6/26 @ 8am

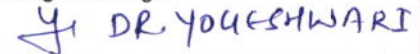
| | | | | | |
|---|-------|------------------------|------------|-----------|--------|
| DRUG : T. DICLOFENAC | | | | Date/Time | 7/6/26 |
| Dose | Route | Frequency | Start Date | | |
| 50mg | PO | 8 TH HOURLY | 7/6/26 | 7AM | |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
|  DR YOGESHWARI | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |

Date/Time 7/6/26

7AM

10PM

STOP
Dr. Kank
7/6/26

| | | | | | |
|---|-------|------------|------------|-----------|--------|
| DRUG : T. PANTOPRAZOLE | | | | Date/Time | 7/6/26 |
| Dose | Route | Frequency | Start Date | | |
| 40mg | PO | ONCE DAILY | 7/6/26 | 6AM | ESW |
| Name & Signature of the Doctor Starting the Drugs: | | | | | |
|  DR YOGESHWARI | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |

Date/Time 7/6/26

6AM ESW

Pa



I.P. No.

Sheet No.

Wards

Weight (kg)

(1) 2/W 60kgs

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



Weight. 67..... Ward. 4C.....

| VARIABLE DOSE | | Date Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
|--------------------------------|------------|--------------|------------|------------|------------|------------|
| DRUG : | | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |
| Route | Start Date | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |
| Additional Instructions: | | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |

| VARIABLE DOSE | | Date Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
|--------------------------------|------------|--------------|------------|------------|------------|------------|
| DRUG : | | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |
| Route | Start Date | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |
| Additional Instructions: | | Dose | | Dose | | Dose |
| | | Dr. Sign. | | Dr. Sign. | | Dr. Sign. |

STAT / ONCE ONLY DRUGS

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|------|---------|--|-----------------------------|-------|-------------|-------------|
| 7/6 | 7:30 AM | INS. PARACETAMOL | 1gm | IV | [Signature] | [Signature] |
| 7/6 | 8:05 AM | INS. TRAMADOL | 100 mg IN 100ml NS | IV | [Signature] | [Signature] |
| 7/6 | 8:00 AM | INS. ONDANSETRON | 4mg | IV | [Signature] | [Signature] |
| 7/6 | 10 1 PM | TAB NIFEDIPINE | 10 MG | PO | [Signature] | [Signature] |
| | | SUSTAINED RELEASE [NICARDIA RETARD] | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

VERIFIED BY : Name Signature

8:00 7/6/26
8:00 7/6/26
8:00 7/6/26

