

**ACTIVITY RECORD FOR BILLING**

I/H-00199125 IP-00060251  
Mrs NIKITA PRERAK TIWARI -  
12-09-1994 31 Y 9 M 4 D (F)  
Jr. MADHUMITA ANIRUDDHA GITAY



No: \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept: \_\_\_\_\_

Date of Admission: 06/6/26 Time: at 7:41 PM Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No: 219 Ward: LW Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

| Date          | Time          | From      | To                | Signature of Nurse |
|---------------|---------------|-----------|-------------------|--------------------|
| <u>7/6/26</u> | <u>4:20pm</u> | <u>LW</u> | <u>Room (107)</u> | <u>A</u>           |
|               |               |           |                   |                    |
|               |               |           |                   |                    |
|               |               |           |                   |                    |
|               |               |           |                   |                    |

**Cross Consultation Visit**

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





**PROCEEDURE**

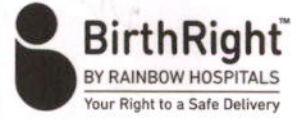
| Date             | Proceedure      | Quantity | Order No. | Signature     |
|------------------|-----------------|----------|-----------|---------------|
| 6/6/26           | W placement     | 1        | 3087802   | [Signature]   |
| 7/6/26           | PAC             | 1        | 3087802   | [Signature]   |
| 7/6/26           | Catheterization | 1        | 3087803   | [Signature]   |
| <del>_____</del> |                 |          |           |               |
|                  | Wound checked   | by       | L. Shanni | 7/6/26 at 3pm |
| <del>_____</del> |                 |          |           |               |

**ANY OTHER INFORMATION**

-----  
 -----  
 -----  
 -----  
 -----  
 -----

Date: 08/06/26      Time: 11:12 AM      Prepared By: Sis. Elizabeth  
 08/6/26 @ 11:12

|                            |                                |                   |                    |
|----------------------------|--------------------------------|-------------------|--------------------|
| Staff Nurse<br>[Signature] | Shift / Ward<br>Sis. Elizabeth | Billing Assistant | Billing Supervisor |
|----------------------------|--------------------------------|-------------------|--------------------|



# SURGERY DETAILS

Sl.No.

Date : 7/6/26

Patient Name : Mrs Nikita Prerak Tiwari Age : 31 Sex : female

UHID No. : IP No. :

Date of Surgery : 7/6/26 OT :  OT 1  OT 2  OT 3

Name of the Surgery : Normal delivery & Epidural

Time in : 11:30 AM Time Out : 12:30 PM

**NAME** **AMOUNT**

- 1. Surgeon : Dr. Madhumita
- 2. Anaesthetist : .....
- 3. Asst. Surgeon : .....
- 4. OT Technician : .....
- 5. Circulating Nurse : A. Shanini
- 6. Asst. Nurse : .....

Special Equipment :  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C - ARM  Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3087760 Ordered by : .....

|                   |          |   |
|-------------------|----------|---|
| PK                | 90,000/- | € |
| Tax               | 1000/-   | € |
| NHT               | 1000/-   | € |
| NIRD              | 1600/-   | € |
|                   | 2000/-   | € |
| Diff (1000+2)     | 600/-    | € |
| GATC (300+2)      | 3828     | € |
| PXC (2-828 a/c)   | 2145     | € |
| Pu (2,645 - 2.50) | 641      | € |
| Duty              | 2850     | € |
| Lx m              | 11812    | € |
| <del>Sp</del>     |          |   |
| <hr/>             |          |   |
|                   | 105664   |   |
|                   | 105664   |   |

# ADMISSION SHEET



Admit Time : 07:41 PM UHID : VIH-00199125

### Registration Details :

Admission No : IP-00060251

Admit Date : 06-Jun-2026

Age : 31 Y 9 M 4 D  
DOB : 02-09-1994

### Patient Details :

Patient Name : Mrs NIKITA PRERAK TIWARI -  
Guardian : Mr PRERAK V TIWARI  
Gender : Female  
Occupation :  
Address (H) : 3-6-59,plot no-8,maa krupa,br guda,  
Marredpally Hyderabad Telangana INDIA  
500026

Religion :  
Marital Status : 9030990990/ 8978283825  
Phone No :  
E-mail : pt18@outlook.com

Ward Name : N 2F-LABOUR WARD

### Admission Details :

Bed Type : MICU  
Room No : LW 219

Bed No : LW 219  
Admission Type : First Visit

### Contact Details :

Name : Mr PRERAK V TIWARI  
Contact Address : 3-6-59,plot no-8,maa krupa,br guda,  
Marredpally Hyderabad Telangana INDIA 500026

Relationship : W/O  
Phone No : 9030990990 / 8978283825

Signature

### Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY  
Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY  
Co-Consultant :

Specialisation : OBSTETRICS AND GYNECOLOGY  
Phone No :

### Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00  
Payor Name :

CARE HEALTH INSURANCE



ADMISSION SHEET

Registration Details :



Admission No : IP-00060251

Admit Date : 06-Jun-2026

Admit Time : 07:41 PM UHID : VIH-00199125

Patient Details :

Patient Name : Mrs NIKITA PRERAK TIWARI -

Age : 31 Y 9 M 4 D

Guardian : Mr PRERAK V TIWARI

DOB : 02-09-1994

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : 3-6-59,plot no-8,maa krupa,br guda,  
Marredpally Hyderabad Telangana INDIA  
500026

Phone No : 9030990990/ 8978283825

E-mail : pt18@outlook.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 PRERAK V TIWARI

Relationship : W/O

Contact Address : 3-6-59,plot no-8,maa krupa,br guda,  
Marredpally Hyderabad Telangana INDIA 500026

Phone No : 9030990990 / 8978283825

  
Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.MADHUMITA ANIRUDDHA GITAY

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : CARE HEALTH INSURANCE LIMITED



①

# ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

clo Leaking PV since 5:30 PM

LMP: 22/9/2025

EDD:

Corrected EDD: 29/6/2026

GA: 36+5 weeks

Obstetric Formula: Primigravida  
 ML-34x NCM

Menstrual History: Regular:  Yes  No

## Obstetric History:

## Obstetric Examination

G1 - PP, Spontaneous conception

Fundal Height: 36 wks.

Booked to RCH at 8+3 weeks

Ut. Activity:  Relaxed  Mild  Mod  Severe

H/O Brownish vaginal discharge at 8+3 wks managed conservatively

Liquor:  Adequate  Oligo  Poly

Present Pregnancy Record: diagnosed Hypertension since conception on tab Propranolol 25 BD → OD.

PP:  Cephalic  Breech  Others

Head Fifts Palpable:

## RISK FACTORS:

FHS:  Normal  Tachy  Brady  Absent

⊕ 150 bpm

Hypertension (PTU) 25 OD.  
 oligohydramnios  
 PPRM

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix:  Long  50% effaced  Partially effaced  Effaced

Os: Closed  Dilated 2-3 cm

Membranes:  Present  Absent

thinned out

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 160 cm

Weight: 81 kg

Allergies: Nil Dust, pollen allergy

Breast:  Normal  Abnormal

## General Examination:

Consciousness: c/d/c Pallor: ⊖

Icterus: ⊖ Edema: ⊕ mild

Temp: Afebrile PR: 90 bpm

BP: 120/79 mmHg DTR: ⊕

CVS: S1 S2 ⊕ RS BAE ⊕

Liver/Spleen: ⊖ Urine Output: Adequate

## DIAGNOSIS

Primigravida with 36+5 weeks with Hypertension (PTU-25) with oligohydramnios with preterm premature Rupture of membranes in latent labour for delivery



|   |  |
|---|--|
| <p>Family History:</p> <p>Father - HTN</p>  | <p>Surgical History:</p> <p>Nil</p>  |
| <p>Medical History:</p> <p>Father - HTN<br/>Nil</p>   | <p>Medication History:</p> <p>T. propylthio uracil 25mg OD.</p>  |
| <p>Plan of Care: <u>C/I to DR. Madhumita mam</u></p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Normal diet</li> <li>- Consent</li> <li>- Part preparation</li> <li>- Monitor FHR</li> <li>- NST 4th hshy</li> <li>- Monitor vitals</li> <li>- send CBP</li> <li>- Follow drug chart</li> <li>- Inform SOS</li> <li>- Inj. Betamethasone 12mg Im stat</li> </ul> | <p>Investigations:</p> <p>31/10/25<br/>     HIV }<br/>     HBsAg } NR<br/>     HCV }<br/>     VDRL }</p> <p><u>BG - 'O' POSITIVE</u></p> <p>HPLC - (N)<br/>     2013 urine c/s - negative</p> <p>CBP - 11.2/13040/3.93L<br/>     6/6/26</p> <p><u>2/6/2026</u><br/>     Growth scan<br/>     36+1 wks<br/>     SLIUF, cephalic<br/>     EFW - 3090gms<br/>     AC - 86%<br/>     AFI - 6cm<br/>     PI - Ant High<br/>     Doppler - normal.</p> <p><u>14/2/26</u><br/>     TIFFA<br/>     20+5 wks<br/>     SLIUF,<br/>     CL - 32mm<br/>     No anomalies<br/>     PI - Ant. High</p> |
| <p>Noted by Rani 06/6/26 @ 8pm</p>  | <p><u>18/12/2025</u><br/>     NT scan<br/>     12+3 wks<br/>     SLIUF<br/>     NT - 2.3mm</p> <p><u>FTS - LOW RISK</u></p>  |

Doctor Name: DR. YOGESHWARI  
 Signature: [Signature]  
 Date & Time: 6/6/2026 8pm

Consultant Name: DR. MADHUMITA GITAY  
 Signature: [Signature]  
 Date & Time: 6/6/2026



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time  | Progress Notes  | Doctor's Order  |
|--|---|---|
| <u>7/6/26</u><br><u>12 AM</u>  | O/E<br>pt is c/c<br>Gc fair<br>Afebrile<br>BP - 114/70 mmHg<br>PR - 86 bpm<br>S/E - NAD<br>P/A - ut ~ 36 wks<br>Irritable<br>FHR ⊕ 150 bpm    | <u>Adv</u><br>- Normal diet<br>- W/F Progress of Labour<br>- Monitor FHR<br>- NST 4 <sup>th</sup> hourly<br>- Ambulation<br>- Adequate hydration<br>- Birthing ball exercises<br>- Follow drug chart<br>- Inform SOS        |
| <p>Noted by Kanak @ 12 AM 7/6/26</p> <p style="text-align: right;">Dr. Yogeshwar</p> |   |   |
| <u>7/6/26</u><br><u>4 AM</u>   | O/E pt is c/c<br>Gc fair<br>Afebrile<br>BP - 116/72 mmHg<br>PR - 72 bpm<br>S/E - NAD<br>P/A - ut ~ 16<br>Irritable, cephalic<br>FHR ⊕ 148 bpm | <u>Adv</u><br>- Normal diet<br>- W/F POL<br>- FHR monitoring<br>- NST - 4 <sup>th</sup> hourly<br>- Ambulation<br>- Adeq. hydration<br>- Birthing ball exercises<br>- Monitor vitals<br>- Follow drug chart<br>- Inform SOS |
| <p>Noted by Kanak 7/6/26 @ 4 AM</p>  |   |   |

Dr. Kanak



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time                                | Progress Notes   | Doctor's Order   |
|--|--|--|
| 7/6/26<br>5 AM                             | <p>o/c</p> <p>pt is c/c/c</p> <p>gc fair</p> <p>Afebrile</p> <p>BP - 114/72 mmHg</p> <p>PR - 86 bpm</p> <p>S/E - NAD</p> <p>PIA - ut - 36w</p> <p>Irmitable</p> <p>FHR ⊕ 150 bpm</p>   | <p>Adv</p> <ul style="list-style-type: none"> <li>- Normal diet</li> <li>- W/F POL</li> <li>- Monitor FHR</li> <li>- NST 4th hdy</li> <li>- Monitor Vitals</li> <li>- Follow drug chart</li> <li>- Inform SOS</li> </ul>   |
| <p>Noted by Khand 7/6/26 @ 5 AM</p>        |  |  |
| 7/6/26<br>8:30 AM                          | <p>o/E pt is c/c/c</p> <p>gc fair</p> <p>Afebrile</p> <p>BP - 113/82 mmHg</p> <p>PR - 84 bpm</p> <p>S/E - NAD</p> <p>PIA - ut - TG</p> <p>34/20 - 25 sec/10 min</p> <p>P/V - cx - 60% effaced</p> <p>Os - 3-4 cm</p> <p>membranes pinned out</p> <p>m ⊕, liquor → clear</p> <p>PPV x 1-2</p> | <p>Adv -</p> <ul style="list-style-type: none"> <li>- Clear liquids</li> <li>- Cont. FHR monitoring</li> <li>- NST - 4th hourly</li> <li>- Monitor vitals</li> <li>- Follow drug chart.</li> <li>- Ambulation</li> <li>- Birthing ball exercises</li> <li>- Inform SOS.</li> </ul> |
| <p>Noted by J. Jagan 7/6/26 at 6:30 PM</p> |  |  |







3

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time         | Progress Notes   | Doctor's Order   |
|---------------------|--|--|
| 7/6/26<br>12:45 pm  | PND-0<br>o/e - pt is c/c/c<br>Gc - Faiz<br>Afebrile<br>BP - 118 / 72 mmHg.<br>PR - 86 bpm.<br>S/E - NAD.<br>PIA - ut ~ w/r.<br>L/E - NAB.<br>Baby ← A BF ⊕<br>M  | Adu:<br>- soft diet<br>- Adeq. Hydration<br>- w/f bleeding pv<br>- monitor vitals<br>- Follow drug chart<br>- Inform sos.                |
|                     |  | Dr. Niklita  |
|                     | noted by prathyusha @ 12:45pm  |  |
| 7/6/2026<br>2:40 pm | PND-0<br>o/e - pt is c/c/c<br>Gc - Faiz<br>Afebrile.<br>BP - 121 / 74 mmHg.<br>PR - 82 bpm.<br>S/E - NAD.<br>PIA - ut ~ w/r.<br>L/E - NAB.<br>Baby ← A BF ⊕<br>M | Adu:<br>- (N) diet<br>- Adeq. Hydration<br>- w/f bleeding pv<br>- monitor vitals<br>- Follow drug chart<br>- Ambulation<br>- Inform sos. |
|                     |  | Dr. Niklita  |
|                     | Areas checked by<br>noted by Ushamini 7/6/26 at 3pm  |  |



## PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time                       | Progress Notes           | Doctor's Order      |
|-----------------------------------|--------------------------|---------------------|
| <u>7/6/2026</u>                   | <u>PND-0</u>             | <u>Adv:</u>         |
| <u>P/L</u><br><u>Hypertensive</u> | O/E - pt is c/c/c        | - (N) diet          |
|                                   | Glc - Fair               | - Adeq Hydration    |
|                                   | Afeb.                    | - Ambulation        |
|                                   | BP - 110/70 mmHg         | - monitor vitals    |
| <u>urine passed</u>               | PR - 85 bpm.             | - w/F bleeding PV   |
| <u>Motion passed</u>              | S/E - NAD.               | - Follow drug chart |
|                                   | P/A - Wt W/R.            | - Inform sos        |
|                                   | SOFT, NT.                |                     |
|                                   | U/E - NAB.               | (R)                 |
|                                   | Baby < <sup>A</sup> BF ⊕ | Dr. Nikita.         |
|                                   | < <sup>M</sup>           |                     |
|                                   |                          |                     |
|                                   |                          |                     |
| <u>8/6/2026</u>                   | <u>PND-1</u>             |                     |
| <u>7:30 AM</u>                    | O/E - pt is c/c/c        | <u>Adv:</u>         |
| <u>P/L</u><br><u>Hypertensive</u> | Glc - Fair.              | - (N) diet          |
|                                   | Afeb-sile                | - Adeq. Hydration   |
|                                   | BP - 108/65 mmHg         | - Ambulation        |
| <u>urine passed</u>               | PR - 77 bpm.             | - w/F bleeding PV   |
| <u>Motion passed</u>              | S/E - NAD                | - Follow drug chart |
| <u>pt. can be discharged</u>      | P/A - Wt - W/R           | - monitor vitals    |
|                                   | SOFT, NT.                | - Inform sos.       |
|                                   | U/E - NAB                |                     |
|                                   | Baby < <sup>A</sup> BF ⊕ | (R)                 |
|                                   | < <sup>M</sup>           | Dr. Nikita          |
|                                   |                          |                     |
|                                   |                          |                     |

Noted by  
 Andia 8/6/26  
 @

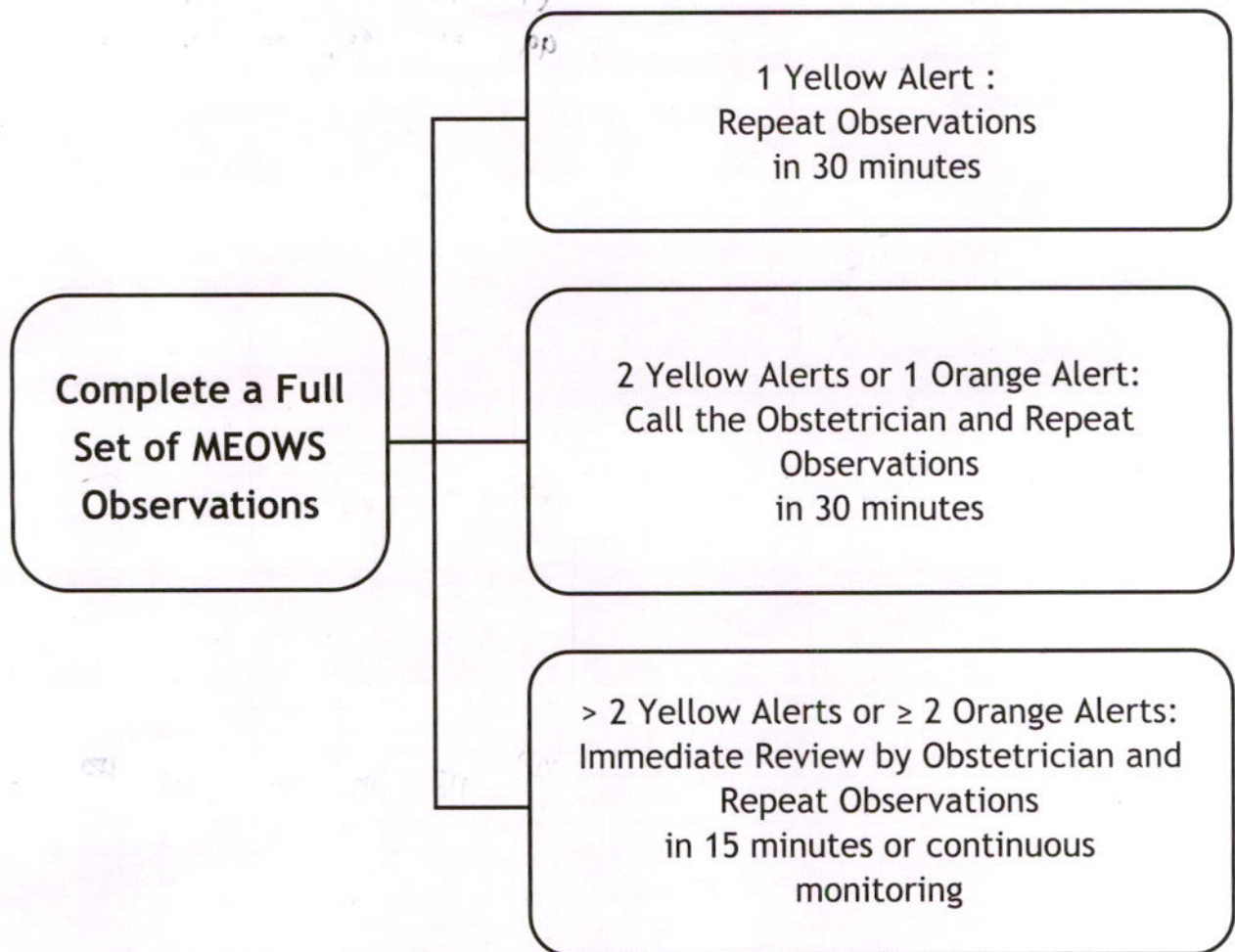


## Early warning Observation Score Chart - Obstetrics

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

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

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



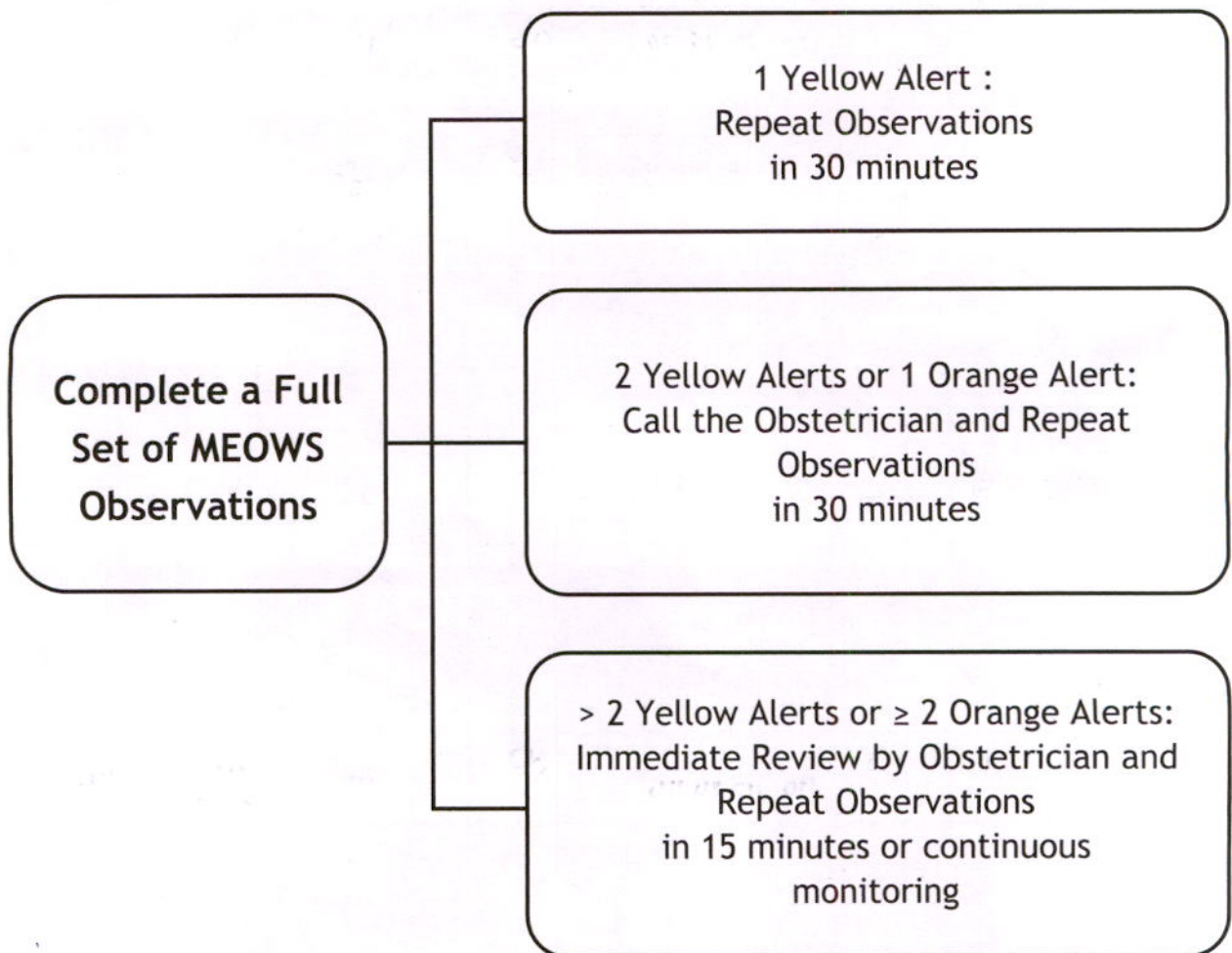
2

## Early Warning Observation Score Chart - Obstetrics

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

| Date                                 |              | Time |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|--------------------------------------|--------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|---|
|                                      |              | 8    | 9    | 10   | 11   | 12   | 1    | 2    | 3    | 4    | 5    | 6    | 7    | 8    | 9    | 10   | 11   | 12   | 1    | 2    | 3    | 4    | 5    | 6    | 7 |
| RESP<br>(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   |   |
|                                      | 0 - 10       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Saturations                          | 94 - 100 %   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   | 99   |   |
|                                      | < 94 %       |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Administered O <sub>2</sub> (L/min.) |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Temp <sup>o</sup> C                  | 40           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 39           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 38           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 37           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 36           | 36.1 | 36.2 | 36.3 | 36.4 | 36.5 | 36.6 | 36.7 | 36.8 | 36.9 | 37.0 | 37.1 | 37.2 | 37.3 | 37.4 | 37.5 | 37.6 | 37.7 | 37.8 | 37.9 | 38.0 | 38.1 | 38.2 | 38.3 |   |
|                                      | 35           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | < 35         |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Heart Rate                           | 170          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 160          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 150          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 140          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 130          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 120          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 110          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 100          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 90           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 80           | 80   | 81   | 82   | 83   | 84   | 85   | 86   | 87   | 88   | 89   | 90   | 91   | 92   | 93   | 94   | 95   | 96   | 97   | 98   | 99   | 100  | 101  | 102  |   |
|                                      | 70           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 60           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 50           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 40                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Systolic Blood Pressure              | 190          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 180          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 170          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 160          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 150          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 140          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 130          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 120          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 110          | 121  | 120  | 119  | 118  | 117  | 116  | 115  | 114  | 113  | 112  | 111  | 110  | 109  | 108  | 107  | 106  | 105  | 104  | 103  | 102  | 101  | 100  | 99   |   |
|                                      | 100          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 90           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 80           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 70           |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 60                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 50                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 40                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Diastolic Blood Pressure             | 130          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 120          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 110          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | 100          |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 90                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 80                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 70                                   | 79           | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   | 79   |      |   |
| 60                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 50                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| 40                                   |              |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| NEURO RESPONSE [✓]                   | Alert        | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |   |
|                                      | Voice        |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | Pain         |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | Unresponsive |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| URINE mls / hour                     | > 30         | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |   |
|                                      | < 30         |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Proteinuria                          | Protein ++   |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
|                                      | Protein > ++ |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Lochia                               | Normal       | NA   | NA   | NA   | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |      |   |
|                                      | Heavy / Foul |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |      |   |
| Liquor                               | Clear / Pink | 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                        |              | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    | Y    |      |   |

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

**FLUID CHART**

Sheet No. : 1

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

| Date                         | Time     | Nature of Fluid | Intake  |     |     | Output                       |           |       |          |       | IV Site 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 |                 |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 05:00 pm |                 |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 06:00 pm | H2O 100ml       |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 07:00 pm | H2O 100ml       |         |     |     |                              |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b> 200 ml |          |                 |         |     |     | <b>Total Output :</b> Passed |           |       |          |       |                                 |             |  |
|                              | 08:00 pm | H2O 100ml       |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 09:00 pm | H2O 100ml       |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 10:00 pm | H2O 100ml       |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 11:00 pm | H2O 100ml       |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 12:00 am | H2O + 50ml      |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 01:00 am | H2O + 50ml      |         |     |     |                              |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b> 500 ml |          |                 |         |     |     | <b>Total Output :</b> Passed |           |       |          |       |                                 |             |  |
|                              | 02:00 am | H2O + 50ml      |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 03:00 am | H2O + 50ml      |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 04:00 am | H2O + 50ml      |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 05:00 am | H2O + 50ml      |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 06:00 am | H2O 50ml        |         |     |     |                              |           |       |          |       |                                 |             |  |
|                              | 07:00 am | H2O 50ml        |         |     |     |                              |           |       |          |       |                                 |             |  |
| <b>Total Intake :</b> 300ml  |          |                 |         |     |     | <b>Total Output :</b> Passed |           |       |          |       |                                 |             |  |
| <b>Total 24 hrs. Intake</b>  |          |                 | 1000 ml |     |     | <b>Total 24 hrs. Output</b>  |           |       |          |       |                                 |             |  |

date      TIME      FHR      Contraction

6/6/26  
7:30 PM 149 b/mt  
8:00 PM 144 b/mt  
8:30 PM 146 b/mt  
9:00 PM 147 b/mt  
9:30 PM 140 b/mt  
10:00 PM 144 b/mt  
10:30 PM 146 b/mt  
11:00 PM 142 b/mt

nil

7/6/26  
12:00 AM 140 b/mt  
1 AM 146 b/mt  
1:30 AM 142 b/mt  
2 AM 147 b/mt  
2:30 AM 144 b/mt  
3:00 AM 146 b/mt  
3:30 AM 142 b/mt  
4:00 AM 150 b/mt  
4:30 AM 148 b/mt

Nil

Nil

7/6/26  
5:00 AM 143 b/mt  
5:30 AM - 142 b/mt  
6:00 AM - 140 b/mt  
6:30 AM 144 b/mt  
7:00 AM 146 b/mt  
7:30 AM 149 b/mt  
8:00 AM 140 b/mt

6:00 AM 140 b/mt  
6:30 AM 142 b/mt  
7:00 AM 144 b/mt  
7:30 AM 146 b/mt  
8:00 AM 148 b/mt

**FLUID CHART**

Sheet No. : 2

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 Thrombo-phlebitis Score | Sign. Nurse |  |
|-----------------------|----------|------------------------|-------|--------------|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
|                       |          | Nature of Fluid        | Route |              | NG                    | Diarrhoea | Vomit | Drainage | Urine |                                 |             |  |
|                       |          |                        | Mouth | I.V          | N.G                   |           |       |          |       |                                 |             |  |
| 7/6/26                | 08:00 am | H <sub>2</sub> O 50ml  | RL    | FF 50ml      |                       |           |       |          |       | 0                               | Pradip      |  |
|                       | 09:00 am | H <sub>2</sub> O 50ml  |       |              |                       | ✓         |       |          | ✓     | 0                               | Pradip      |  |
|                       | 10:00 am | H <sub>2</sub> O 50ml  |       |              |                       |           |       |          | 200ml | 0                               | Pradip      |  |
|                       | 11:00 am | H <sub>2</sub> O 50ml  |       |              |                       |           |       |          | 50ml  | 0                               | Pradip      |  |
|                       | 12:00 pm | H <sub>2</sub> O 50ml  |       | 2ml oxytocin | 50ml 50ml             |           |       |          | 50ml  | 0                               | Pradip      |  |
|                       | 01:00 pm | H <sub>2</sub> O 50ml  |       |              |                       |           |       |          | 50ml  | 0                               | Pradip      |  |
| <b>Total Intake :</b> |          | 1300ml                 |       |              | <b>Total Output :</b> |           |       |          |       | 320ml                           |             |  |
| 7/6/26                | 02:00 pm | H <sub>2</sub> O 100ml |       |              |                       |           |       |          | ✓     | 0                               | Pradip      |  |
|                       | 03:00 pm | H <sub>2</sub> O 100ml |       |              |                       |           |       |          |       | 0                               | Pradip      |  |
|                       | 04:00 pm |                        |       |              |                       |           |       |          |       | 0                               | Pradip      |  |
|                       | 05:00 pm |                        |       |              |                       |           |       |          | ✓     | 0                               | Pradip      |  |
|                       | 06:00 pm |                        |       |              |                       |           |       |          |       | 0                               | Pradip      |  |
|                       | 07:00 pm |                        |       |              |                       |           |       |          |       | 0                               | Pradip      |  |
| <b>Total Intake :</b> |          |                        |       |              | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
| 7/6/26                | 08:00 pm |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 09:00 pm |                        |       |              |                       |           |       |          | ✓     |                                 | Beenuka     |  |
|                       | 10:00 pm |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 11:00 pm |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 12:00 am |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 01:00 am |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
| <b>Total Intake :</b> |          |                        |       |              | <b>Total Output :</b> |           |       |          |       |                                 |             |  |
| 8/6/26                | 02:00 am |                        |       |              |                       |           |       |          | ✓     |                                 | Beenuka     |  |
|                       | 03:00 am |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 04:00 am |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 05:00 am |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 06:00 am |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
|                       | 07:00 am |                        |       |              |                       |           |       |          |       |                                 | Beenuka     |  |
| <b>Total Intake :</b> |          |                        |       |              | <b>Total Output :</b> |           |       |          |       |                                 |             |  |

**Total 24 hrs. Intake**

**Total 24 hrs. Output**



# FLUID CHART

Sheet No. : .....

08/6/20

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

|                             |          | Intake             |       |     | Output                |           |       |          |       | IV Site<br>Thrombo-<br>phlebitis<br>Score | Sign.<br>Nurse |         |
|-----------------------------|----------|--------------------|-------|-----|-----------------------|-----------|-------|----------|-------|---|----------------|---------|
| Date                        | Time     | Nature<br>of Fluid | Route |     | NG                    | Diarrhoea | Vomit | Drainage | Urine |   |                |         |
|                             |          |                    | Mouth | I.V | N.G                   |           |       |          |       |   |                |         |
|                             | 08:00 am | Sicky<br>H/O       |       |     |                       |           |       |          |       |   |                | 08/6/20 |
|                             | 09:00 am |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 10:00 am |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 11:00 am |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 12:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 01:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
| <b>Total Intake :</b>       |          |                    |       |     | <b>Total Output :</b> |           |       |          |       |   |                |         |
|                             | 02:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 03:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 04:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 05:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 06:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
|                             | 07:00 pm |                    |       |     |                       |           |       |          |       |   |                |         |
| <b>Total Intake :</b>       |          |                    |       |     | <b>Total Output :</b> |           |       |          |       |   |                |         |
|                             | 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> |           |       |          |       |   |                |         |
| <b>Total 24 hrs. Intake</b> |          |                    |       |     |                       |           |       |          |       |   |                |         |
| <b>Total 24 hrs. Output</b> |          |                    |       |     |                       |           |       |          |       |   |                |         |

VIH-00199125 IP-00060251  
 Mrs NIKITA PRERAK TIWARI  
 02-09-1994 31 Y 9 M 5 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

# 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 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 |                 |        |     |     |                             |           |       |          |       |                                 |             |  |
|                             | 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>       |           |       |          |       |                                 |             |  |
| <b>Total 24 hrs. Intake</b> |          |                 |        |     |     | <b>Total 24 hrs. Output</b> |           |       |          |       |                                 |             |  |

VIH-00199125 IP-00060251  
 Mrs NIKITA PRERAK TIWARI -  
 02-09-1994 31 Y 9 M 4 D (F)  
 Dr. MADHUMITA ANIRUDDHA GITAY

①



## 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: Room C .....

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY  | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                                     |
|------|---|-------------------|---------------------------|------------|--------------------------|---|
| 1    | T. IRON   | 1 TAB             | PO                        | ONCE DAILY | 6/6/26                   | <input type="checkbox"/> C <input checked="" type="checkbox"/> DC |
| 2    | T. CALCIUM  | 1 TAB             | PO                        | ONCE DAILY | 6/6/26                   | <input type="checkbox"/> C <input checked="" type="checkbox"/> DC |
| 3    | T. PROPYL THIOURACIL                              | 25mg              | PO                        | ONCE DAILY | 6/6/26                   | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 4    | L ARGinine SACHET                                 | 1 SACHET          | PO                        | 8TH HOURLY | 6/6/26                   | <input type="checkbox"/> C <input checked="" type="checkbox"/> DC |
| 5    |   |                   |                           |            |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 6    |   |                   |                           |            |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 7    |   |                   |                           |            |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 8    |   |                   |                           |            |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 9    |   |                   |                           |            |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 10   |   |                   |                           |            |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : ..... Dr. Yogeshwar .....

Date & Time : ..... 6/6/26 8pm .....

Nurse Name & Signature: Rani Rani .....

Date & Time : 06/6/26 @ 8pm .....

2

### MEDICATION RECONCILIATION FORM

Drug Allergies: Nil  Not known any Drug Allergies

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

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

Shifting From: LW Shifted to: Room 107

| S.No | MEDICATION NAME<br>(GENERIC NAME CAPITAL LETTERS) | DOSE<br>(mg, mcg) | ROUTE<br>(PO, NG, SC, IV) | FREQUENCY   | LAST DOSE<br>Date / Time | ON<br>ADMISSION<br>/ SHIFTING                                     |
|------|---|-------------------|---------------------------|-------------|--------------------------|---|
| 1    | TAB. PANTO PRAZOLE                                | 40 MG             | PO                        | ONCE DAILY  |                          | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 2    | TAB. CEFFXIME                                     | 200 MG            | PO                        | 12TH HOURLY |                          | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 3    | TAB. PARACETAMOL                                  | 1 GM              | PO                        | 6TH HOURLY  |                          | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 4    | TAB. DICLOFENAC                                   | 50 MG             | PO                        | 8TH HOURLY  |                          | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 5    | SYP. LACTULOSE                                    | 15ML              | PO                        | ONCE DAILY  |                          | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 6    | TAB. PROPYLTHIO - URACIL                          | 25MG              | PO                        | ONCE DAILY  | 7/6/26                   | <input checked="" type="checkbox"/> C <input type="checkbox"/> DC |
| 7    |   |                   |                           |             |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 8    |   |                   |                           |             |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 9    |   |                   |                           |             |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |
| 10   |   |                   |                           |             |                          | <input type="checkbox"/> C <input type="checkbox"/> DC            |

\* C- Continue, DC - Discontinue

**MEDICATION HISTORY RECORDED / VERIFIED BY**

Doctor Name & Signature : DR. NIKITA

Date & Time : 7/6/2026

Nurse Name & Signature: K. Sahu

Date & Time : 7/6/26 at

*Signature*  
 Epidural Catheter Removed  
 YES / NO



# DRUG CHART

Date of Admission: 6/6/2026 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<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose                     | Route | Frequency    | Start Date |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Doctor's Signature       |       | Valid Period | Pharm.     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions: |       |              |            |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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

VERIFIED BY : Name ..... Signature .....



REGULAR PRESCRIPTIONS

Weight: 51 kg Ward: 40

S. meay Komal  
6/6/26

A. Shamu  
7/6/26 at 3pm

A. Shamu  
7/6/26 at 3pm

A. Shamu  
7/6/26 at 3pm

|  |       |            |            |              |        |        |
|--|-------|------------|------------|--------------|--------|--------|
| DRUG : T. PROPYLTHIOURACIL                         |       |            |            | Date<br>Time | 6/6/26 | 7/6/26 |
| Dose   | Route | Frequency  | Start Date |              |        |        |
| 25 MG  | PO    | ONCE DAILY | 6/6/26     | 9 AM         |        |        |
| Name & Signature of the Doctor Starting the Drugs: |       |            |            |              |        |        |
| DR. YOGESHWARI                                     |       |            |            |              |        |        |
| Additional Instructions:                           |       |            |            |              |        |        |
| Daily Doctor's Endorsement by a Sign               |       |            |            |              |        |        |

|  |       |            |            |              |     |  |
|--|-------|------------|------------|--------------|-----|--|
| DRUG : TAB. PANTOPRAZOLE                           |       |            |            | Date<br>Time | 6/6 |  |
| Dose   | Route | Frequency  | Start Date |              |     |  |
| 40 MG  | PO    | ONCE DAILY | 7/6        | 6 AM         | ESW |  |
| Name & Signature of the Doctor Starting the Drugs: |       |            |            |              |     |  |
| DR. NEKHITA  |       |            |            |              |     |  |
| Additional Instructions:                           |       |            |            |              |     |  |
| Daily Doctor's Endorsement by a Sign               |       |            |            |              |     |  |

|  |       |             |            |              |     |     |
|--|-------|-------------|------------|--------------|-----|-----|
| DRUG : TAB. PARACETAMOL                            |       |             |            | Date<br>Time | 7/6 | 8/6 |
| Dose   | Route | Frequency   | Start Date |              |     |     |
| 1 GM   | PO    | 6 TH HOURLY | 7/6        | 6 AM         | ESW |     |
| Name & Signature of the Doctor Starting the Drugs: |       |             |            |              |     |     |
| DR. NEKHITA  |       |             |            | 6 AM         | ESW |     |
| Additional Instructions:                           |       |             |            | 12 PM        |     |     |
|  |       |             |            | 6 PM         |     |     |
|  |       |             |            | 6 PM         |     |     |
| Daily Doctor's Endorsement by a Sign               |       |             |            |              |     |     |

|  |       |             |            |              |     |     |
|--|-------|-------------|------------|--------------|-----|-----|
| DRUG : TAB. DICLOFENAC                             |       |             |            | Date<br>Time | 7/6 | 8/6 |
| Dose   | Route | Frequency   | Start Date |              |     |     |
| 50 MG  | PO    | 8 TH HOURLY | 7/6        | 7 AM         | ESW |     |
| Name & Signature of the Doctor Starting the Drugs: |       |             |            |              |     |     |
| DR. NEKHITA  |       |             |            | 3 PM         |     |     |
| Additional Instructions:                           |       |             |            | 11 PM        |     |     |
| Daily Doctor's Endorsement by a Sign               |       |             |            |              |     |     |



Patient Name : Nikita

I.P. No. Sheet No. Wards 1W Weight (kg) 8kg

REGULAR PRESCRIPTIONS

C. Sharma 7/6/26 at 3pm

|  |       |             |           |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-------------|-----------|------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG : TAB. CEFIXIME</b>                        |       |             |           | Date | 7/6  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       |             |           | Time | 8 AM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency   | Start Dt. |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 200 MG   | PO    | 12TH HOURLY | 7/6       |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor starting the Drugs: |       |             |           |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>DR. NIKHITA</u>                                 |       |             |           |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |             |           |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign.              |       |             |           |      |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

C. Sharma 7/6/26 @ 3pm

|  |       |            |           |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|------------|-----------|------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG : SYR. LACTULOSE</b>                       |       |            |           | Date | 7/6   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       |            |           | Time | 10 PM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency  | Start Dt. |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15ML   | PO    | ONCE DAILY | 7/6       |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor starting the Drugs: |       |            |           |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <u>DR. NIKHITA</u>                                 |       |            |           |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |            |           |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily Doctor's Endorsement by a Sign.              |       |            |           |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

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



|   |          |           |       |             |
|---|----------|-----------|-------|-------------|
| Patient Name : <span style="font-size: 1.2em; color: blue;">Nikita Prerak Tiwari</span> | I.P. No. | Sheet No. | Wards | Weight (kg) |
|---|----------|-----------|-------|-------------|

**REGULAR PRESCRIPTIONS**

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

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

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

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





Weight. 8.1 kg Ward. 4W

G. Sharma 7/6/26 @ 3pm

G. Sharma 7/6/26 at 3pm

VERIFIED BY: Name

| VARIABLE DOSE                                 |                      | Date<br>Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
|---|----------------------|--------------|------------|------------|------------|------------|
| DRUG : BETADINE<br>LOTION                     |                      | Dose         |            | Dose       |            | Dose       |
|   |                      | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Route<br>LOCAL                                | Start Date<br>7/6/26 | Dose         |            | Dose       |            | Dose       |
|   |                      | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Name & Signature of the Doctor<br>DR. NIKHITA |                      | Dose         |            | Dose       |            | Dose       |
|   |                      | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Additional Instructions:                      |                      | Dose         |            | Dose       |            | Dose       |
|   |                      | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |

| VARIABLE DOSE                                 |                      | Date<br>Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. |
|---|----------------------|--------------|------------|------------|------------|------------|
| DRUG : BETADINE<br>OINTMENT                   |                      | Dose         |            | Dose       |            | Dose       |
|   |                      | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Route<br>LOCAL                                | Start Date<br>7/6/26 | Dose         |            | Dose       |            | Dose       |
|   |                      | Dr. Sign.    |            | Dr. Sign.  |            | Dr. Sign.  |
| Name & Signature of the Doctor<br>DR. NIKHITA |                      | 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      |
|--------|----------|------------------------------------|-----------------------------|-------|-------------|-------------|
| 6/6/26 | 8:50 PM  | INS BETAMETHASONE                  | 12 MG                       | IM    | [Signature] | [Signature] |
| 7/6/26 | 12:00 AM | INS. CEFOTAXIME (AFTER TEST DOSE). | 1gm                         | IV    | [Signature] | [Signature] |
| 7/6/26 | 5 AM     | TAB. MISOPROSTOL                   | 50 MCG                      | PO    | [Signature] | [Signature] |
| 7/6/26 | 8 AM     | PROCTOCLYSIS ENEMA                 | 100 ML                      | PR    | [Signature] | [Signature] |
| 7/6    | 9 AM     | INS. DROTAVERINE                   | 40MG                        | IV    | [Signature] | [Signature] |
| 7/6    | 9:30 AM  | INS. VALETHAMATE BROMIDE           | 8 MG                        | IV    | [Signature] | [Signature] |
| 7/6    | 10:30 AM | INS. DROTAVERINE                   | 40 MG                       | IV    | [Signature] | [Signature] |
| 7/6    | 10:50 AM | INS. VALETHAMATE BROMIDE           | 8 MG                        | IV    | [Signature] | [Signature] |
| 7/6    | 12:35pm  | TAB. MISOPROSTOL                   | 600 MCG                     | PR    | [Signature] | [Signature] |

7/6/26  
 8:30 AM  
 7/6/26  
 10:00 AM



I.V. FLUIDS CHART

Weight 81 kg Ward L10

| Date | Time     | Composition of I.V. Fluid<br>(If infusion, mention ml/hr = Mcg/kg/min. etc) | Route | Flow Rate<br>ml/hr | Doctor<br>Sign | Nurse<br>Sign | Date of<br>Stopping | Doctor<br>Sign | Nurse<br>Sign |
|------|----------|---|-------|--------------------|----------------|---------------|---------------------|----------------|---------------|
| 7/6  | 9:20 AM  | INJ. OXYTOCIN<br>SUNITS IN<br>RINGER LACTATE                                | IV    | 5ml<br>hr          |                |               | 7/6                 |                |               |
| 7/6  | 8:20 AM  | RINGER<br>LACTATE   | IV    | 100 ml<br>hr       |                |               | 7/6                 |                |               |
| 7/6  | 10:50 AM | RINGER<br>LACTATE   | IV    | 60ml<br>hr         |                |               | 7/6                 |                |               |
| 7/6  | 12:10 pm | INJ. OXYTOCIN<br>20 IU IN 500 ML<br>RINGER LACTATE                          | IV    | FIF                |                |               | 7/6                 |                |               |
| 7/6  | 12:10 pm | RINGER<br>LACTATE   | IV    | FIF                |                |               | 7/6                 |                |               |
|      |          |   |       |                    |                |               |                     |                |               |
|      |          |   |       |                    |                |               |                     |                |               |
|      |          |   |       |                    |                |               |                     |                |               |
|      |          |   |       |                    |                |               |                     |                |               |
|      |          |   |       |                    |                |               |                     |                |               |
|      |          |   |       |                    |                |               |                     |                |               |
|      |          |   |       |                    |                |               |                     |                |               |
|      |          |   |       |                    |                |               |                     |                |               |

Signature .....

VERIFIED BY : Name .....