


1

ACTIVITY RECORD FOR BILLING

IH-00205253 IP-00060089
 Name: -----rs MITTAPALLY PADMA -----
 1-01-1991 35 Y 4 M 23 D (F)
 r. SRILATA PATNAIK
 UHID No :  ----- Consultant: ----- Dept : -----
 Date of Admission : ----- Time : 9:18pm ----- Date of Discharge : ----- Time: -----
 Room / Bed No : 220 ----- Ward : CLW ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

ADMISSION SHEET

Registration Details :



Admission No : IP-00060089

Admit Date : 23-May-2026

Admit Time : 09:18 PM **UHID** : VIH-00205253

Patient Details :

Patient Name : Mrs MITTAPALLY PADMA

Age : 35 Y 4 M 22 D

Guardian : Mr MITTAPALLY RAVI

DOB : 01-01-1991

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : HNO-5-109/2 MENDORA Nizamabad
Nizamabad Telangana INDIA 503174

Phone No : 9848639027

E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : LW 220

Ward Name : N 2F-LABOUR WARD

Room No : LW 220

Admission Type : First Visit

Contact Details :

Name : Mr MITTAPALLY RAVI

Relationship : Husband

Contact Address : HNO-5-109/2 MENDORA Nizamabad
Nizamabad Telangana INDIA 503174

Phone No : 9848639027 / 8499904487

M. Ravi
Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

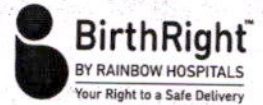
Payment Mode : Cash

Payor Name : NIVA BUPA HEALTH INSURANCE
COMPANY LIMITED

VH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 31-01-1991 35 Y 4 M 23 D (F)
 Dr. SRILATA PATNAIK



1



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 23/5/26 Time of Arrival: 8pm Time Seen by Nurse: 8:05pm

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.4F Pulse: 90b/min RR: 19b/min SpO₂: 99% BP: 100/70 Weight: 61kg

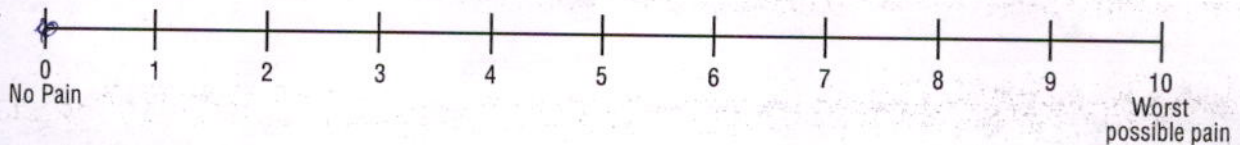
4) Gestational Criteria:

Gravida:	G <u>6</u>	P <u>0</u>	L <u>0</u>	A <u>5</u>
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LMP: 27/11/25 EDD: 31/1/26 Gestational Age: 25+2 w

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

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: SERPC P.N - 2010, 2019, 2024
- b) Medical: NI



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

- None Gestational Diabetes
- Chronic Hypertension Low placenta
- Gestational Hypertension Others if yes, specify
- Diabetes

Triage Category: (Please tick on the category)


Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPRM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 10 PM

Nurse Name : mangal Devi Nurse Signature: 

Date: 23.1.2016 Time: 10:15 PM

1

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/5/25

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify UW

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Doctor Notified on Admission: Yes No
Admitted for observation Name of the Doctor: DR. Greshma
 Time Notified: 10pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>ni</u>	<u>SERPC in-2010, 2019 2022, 2024</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche:	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>27/11/25</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others:	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 6 P 0 L 0 A 5

Previous LSCS: ni

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other ni

Vital Signs / Measurements: Temp: 98.4 F HR: 99b/min RR: 19b/min
 BP: 119/63mmHg Weight: 61kg Height: 160cm BMI: 23.8 kg/m² (normal)

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

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 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 r. SRILATA PATNAIK

PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 28 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With family

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
 Infusion Pump : Yes No Hand Hygiene Explained: Yes No Others

Above information given to Mrs. Mittapally Padma
 Name of Person Orientation was given to: Mrs. M. Padma
 Orientation not given Reason:

Nurse Signature: [Signature]
 Nurse Name: manga Devi
 Date & Time: 23/5/26 @ 10:10pm

IP A

R OBSTETRICS

Presenting Complaints

clo white discharge PV since 3 days, Referred by Dr. Indira in view of 2 Preterm labours -

LMP: 27/11/25
 Corrected EDD: 3/9/26

EDD:
 GA: 25+2 weeks

Obstetric Formula: G6 P0 L0 A5
 ML-194u, NCM

Menstrual History: Regular Yes No

Obstetric History:

G1 - 12 weeks | Missed Miscarriage | SERPC | 2010
 G2 - 9 weeks | Spontaneous miscarriage | 2017 | IVF conception | Cesarean done.
 G3 - 2 weeks | Spontaneous miscarriage | 2019 | SERPC | Cesarean done
 G4 - 20 weeks | Spontaneous miscarriage | SERPC | 2022 | Cesarean done
 G5 - 6 weeks | Absent Head beat | SERPC | 2024
 Present Pregnancy Record: Missed miscarriage
 G6 - PP, Spontaneous conception.

Obstetric Examination

Fundal Height: (Twins) ~ 25 weeks
 Uterine Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____

Unbooked to RCH. Previous ANC's at Dr. Archana Fertility Centre, Nizamabad.

Head Fifts Palpable: _____

RISK FACTORS: since conception. She is on 143 bpm.

FHS: Normal Tachy Brady Absent
 143 bpm

on 143 bpm since conception.
 143 bpm loading dose, 143 bpm maintenance dose.
 6mg x 4 doses given at 25 weeks. Cesarean done 3 years ago.
 - Bad obstetric history
 - Previous Pregnancy
 - steroids covered
 - 2 latent Preterm Labour

Per Speculum Examination

Draining: Present Absent Bleeding
 Colour of Liquor: Clear Meconium Blood Stained
 2cm, BOM (+)

Vaginal Examination

Not done.
 Cervix: Long Partially effaced Effaced
 Os: Closed _____ Dilated _____

Height: 160 cm
 Weight: 61 kg
 Allergies: Nil
 Breast: Normal Abnormal
 General Examination:
 Consciousness: c/c Pallor: (-)
 Icterus: (-) Edema: (-)
 Temp: Afebrile PR: 83 bpm
 BP: 114/73 mmHg DTR: (+)
 CVS: S1, S2 (+) RS BAC (+)
 Liver/Spleen: (N) Urine Output: Adequate

Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

DIAGNOSIS

G6 P0 L0 A5 with 25+2 weeks with Bad obstetric history with 2 latent Preterm Labour with steroids covered & Abdominal Cesarean for observation.



<p>Family History: NIL</p>	<p>Surgical History: - SCRPC MA 2010, 2019, 2022, 2024</p>
<p>Medical History: NIL</p>	<p>Medication History: - T. ECOPRIN 150mg - OD - T. SUSPEN-ER 200mg - TID - T. DIPHANON 10mg - TID - D. CLEXANE 400mg - OD</p>
<p>Plan of Care: <u>CI to Dr. Srilatha Mam</u></p> <p>Admission Soft diet Post preparation FUR monitoring - 3rd hly send CBP, MUS urine CS Strict bed rest & foot end elevation monitor vitals follow drug chart inform SOS. Inj. tanim & metrogyl IV. neo natal counselling</p> <p><i>noted by mangal 23/5/26 @ 11:40am</i></p>	<p>Investigations: <u>BLOOD GROUP - 'B' POSITIVE</u></p> <p>HIV } 21/5/26 HBsAg } NR HCV } VDRL } PT - 17.3 sec APTT - 45.4 sec INR - 1.3 CVB - Not clear Deposits found. Albumin - Trace Pus cells: 5-6 Epi cells: 3-4</p> <p>• chorionic villus sampling - 26/02/2026 13 weeks. - No aneuploidy detected.</p> <p>CBP - 10.3 / 13,300 / 4,974 BT - 1:21 sec CT - 3130 sec RBS - 97 Blood Urea - 21 S-Creat - 1.0 LFT - (N) CRP - 8.0 LDH - 283</p> <p>TIFFA Scan (13/4) SLIUF, 19+200ks CL - 3.58 cm PI - Ant Upper No anomalies</p> <p>NT Scan (25/2/26) SLIUF, 12+600ks CL - 3.1 cm NT - 3.1 mm Nasal bone (N) * Used Nuchal transparency</p> <p>FTS - low risk Fetal 2D Echo - Normal</p>

Doctor Name: Dr. Greeshma
 Signature: [Signature]
 Date & Time: 23/5/26, 10 PM

Consultant Name: Dr. SRILATA PATNAIK
 Signature: [Signature]
 Date & Time: 23/5/26, 10 PM



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 10 PM	O/E Pt is c/c GC - fair Afebrile BP - 114/73 mmHg PR - 83 bpm S/E - NAD P/A - Ut ~ 25 wks Relaxed FHR ⊕ 143 bpm P/S - No draining BOM ⊕	Adv - soft diet - Strict bed rest - foot end elevation - FHR monitoring 3rd hly - Neonatal counselling - Monitor vitals - Follow drug chart - Infuse SOS
white discharge ⊕ noted by manager		23/5/26 @ 10M for counselling
24/5/26 2 AM	O/E Pt is c/c GC - fair Afebrile BP - 112/82 mmHg PR - 70 bpm S/E - NAD P/A - Ut ~ 25 wks Relaxed FHR ⊕ 138 bpm	Adv - soft diet - Strict bed rest - foot end elevation - FHR monitoring 3rd hly - Neonatal counselling - Monitor vitals - Follow drug chart - Infuse SOS
noted by manager 24/5/26 @ 2 AM		for counselling



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 6 AM	o/e Rt is c/c GC-fair Afebrile BP- 114/82 mmHg PR- 76 bpm S/E-NAD P/A - Ut ~ 25 wks Relaxed FHR ⊕ 145 bpm	ASu - Soft diet - strict bed rest & foot end elevation - FHR monitoring 3rd hrs - Monitor vitals - Follow drug chart - Inform SOS
Noted by Kard 24/5/26 @ 6 AM		
24/5/26 6 AM	CBP - 9.4 15.42 4.73 L	
Trace HVS, Uche c/s		for Dr. Srilata
c/s to Dr. Srilata Mam		
24/5/26 8:40 AM	o/e Rt is c/c Vitals stable Temp - 97.4 °F P/A - Ut ~ 25 wks Relaxed FHR ⊕ 147 bpm	High ASu - Soft fibre diet - Ambulation - Adequate hydration - FHR monitoring hourly - Monitor vitals - Follow drug chart - Inform SOS
Growth scan Tomorrow		
Noted by Prath 24/5/26 @ 8:40 PM		



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 10 Am.	o/e - pt is c/c/c Gc - Faiz Afebrile BP - 117/86 mmHg PR - 88 bpm. S/E - NAD. PIA - ut ~ 25 wks relaxed FHR ⊕ 142 bpm.	<u>Adv:</u> - High fibre diet - Ambulation - Adequate Hydration - FHR monitoring hourly - monitor vitals - follow drug chart - Inforsm sos.
	Noted by Prathyusha @ 10am	
24/5/26 12pm	c/s/B pz. srilata mam o/e - pt is c/c/c Gc - Faiz Afebrile BP - 90/60 mmHg PR - 86 bpm. S/E - NAD PIA - ut ~ 25 wks relaxed FHR ⊕ 150 bpm	<u>Adv:</u> - High protein diet - plenty of oral fluids. - FHR monitoring hourly - monitor vitals - Inforsm sos - Follow drug chart - IV antibiotics till c/s reports. - Bed rest 2 foot end elevation. - Ambulation.
	Noted by Prathyusha @ 12pm	

Growth scan tomorrow

Growth scan tomorrow

Remove foley's

Growth scan tomorrow

Trace APLA reports

Dr. Nikhita

[Signature]

IH-00205253

IP-00060089

Mrs MITTAPALLY PADMA

11-01-1991



35 Y 4 M 23 D

(F)

Jr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/2026 4 pm.	O/E - pt is C/C/C Gc - Fair Afebrile BP - 110/69 mmHg PR - 79 bpm S/E - NAD P/A - utv 25 weeks Relaxed FHR ⊕ 142 bpm relaxed.	Adv: - High protein diet. - Adequate hydration - Ambulation - Bed rest & foot end elevation. - monitor vitals - FHR monitoring hourly - Follow drug chart - Infom sas.
 Dr. Nikhita		
Noted by prathyasha @ 4pm		
24/5/2026 8 pm.	O/E - pt is C/C/C Gc - Fair. Afebrile BP - 113/69 mmHg. PR - 89 bpm S/E - NAD. P/A - utv 25 wks. Relaxed. FHR ⊕ 145 bpm. relaxed.	Adv: - High protein diet - Adequate Hydration - Ambulation - Bed rest & foot end elevation. - monitor vitals - FHR monitoring hourly - Follow drug chart - Infom sas.
 Dr. Nikhita		
Noted by Subhane 24/5/26 8pm.		

(3)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		
12 AM	O/E pt is c/c/c	<u>Adv</u>
	GC Fair	- High protein diet
	Afeb	- Hydration
	BP - 110/70 mmHg	- Ambulation
	PR - 80 bpm.	- Bed Rest & foot end elevation
	S/E NAD	- Monitor Vitals
	P/A - wt ~ 25 weeks	- Follow drug chart
	Relaxed.	- FHR monitoring hly
	FHR ⊕ 142 bpm	- Inform SOS.
		<u>AS</u> Ankush
25/5/26		
4 AM.	O/E - pt is c/c/c	<u>Adv:</u>
	GC - Fair	- plenty of oral fluids
	Afeb.	- High protein diet
	BP - 113/74 mmHg.	- Bed rest & foot end elevation
	PR - 82 bpm.	- Ambulation
	S/E - NAD	- monitor vitals
	P/A - wt ~ 25 wks	- Follow drug chart
	Relaxed.	- FHR monitoring hly
	FHR ⊕ 140 bpm	- Inform SOS.
		<u>AS</u> Dr. Nikhita

Growth scan tomorrow
 Trace HUS & UCS reports

Noted by Subhina
 25/5/26 (2 AM)

GI scan with scan in morning
 Trace HUS UCS

Noted by Subhina
 25/5/26 4 AM

RH-00205253
 Mrs MITTAPALLY PADMA
 11-01-1991 35 Y 4 M 23 D (F)
 Dr. SRILATA PATNAIK

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/5/26</u> 8am	o/e pt is c/c/c c/c fair afeb BP - 112/70 mmHg PR - 76 bpm S/E NAD PIA ut ~ 22 wks Relaxed FHR ⊕ 145 bpm	Adv - High protein diet - w/o any contractions - Hydration - Ambulation (minimal) - Bed rest with foot end elevation - Monitor Vitals - Follow dry chart - FHR monitoring hly. - Infuse 800
Noted by Subini 25/5/26 8AM		
<u>25/5/26</u> 9 AM	o/e pt is c/c/c c/c fair afeb BP - 114/71 mmHg PR - 78 bpm S/E NAD PIA ut ~ 22 wks Relaxed FHR ⊕ 140 bpm	Adv - High Protein Diet - Hydration - w/o Contractions - Minimal Ambulation - Bed rest & foot end elevation - FHR monitoring hly - Monitor vitals - Follow dry chart - Infuse 800
Noted by Subini 25/5/26 9 AM		

Dr. Nandhavan

Dr. Nandhavan



4

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/5/26</u> 11:10 AM	<p>GROWTH SCAN</p> <p>SLTUF, 25+4 weeks, Abdominal circlage cephalic.</p> <p>Placenta - Anterior, High.</p> <p>AFI: largest pool - 3.5cm.</p> <p>AC - 9%</p> <p>EFW - 728gm.</p> <p>Dopplers - (N)</p> <p>Cervical Funneling (+) without pressure.</p> <p>Funnel length - 26.6mm, Funnel width - 15.6mm.</p> <p>Residual Cervical length - 8.5mm.</p>	
noted by a Sharmistha 20/5/26 11:10 AM		Dr. Srilata
<u>25/5/26</u> 11:20 AM	<p>CLSB Dr. Srilata Mann</p> <p>45 RE IS 4/40</p> <p>Vitals stable</p> <p>P/A - ut ~ 22 wks relaxed</p> <p>FHR (+) 152 bpm</p>	<p>ASU.</p> <ul style="list-style-type: none"> - High Protein diet - E added fibre - Hydration - Minimal Ambulation - W/F Contractions - Bed rest - Bot end deviation - FHR monitor only - Monitor vitals - Following chest - Syfam sos
noted by a Sharmistha 20/5/26 11:20 AM		Dr. Srilata

(10)
 Dr. Srilata

NH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA 35 Y 4 M 23 D (F)
 11-01-1991
 Dr. SRILATA PATNAIK

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 1 PM	O/E pt is c/c/c ac fair afebrile BP - 112/70 mmHg PR - 84 bpm S/E - NAD P/A - utu 24wks Relaxed FHR ⊕ 140 bpm	Adv - High protein diet & added fibre - Hydration - Minimal ambulation - W/F contraction - Bed rest & foot end elevation - FHR monitoring hourly - monitor vitals - follow drug chart - Inform SOS
25/5/26 5 PM	O/E pt is c/c/c ac fair afebrile BP - 114/72 mmHg PR - 86 bpm S/E - NAD P/A - utu 24wks Relaxed FHR ⊕ 142 bpm	Adv - High protein diet & added fibre - Hydration - Minimal ambulation - W/F contraction - Bed rest & foot end elevation - FHR monitoring hourly - Monitor vitals - Follow drug chart - Inform SOS

noted by
 S. Sharmila
 25/5/26
 1 PM

Dr. Y. Yogeshwari

noted by
 S. Sharmila
 25/5/26
 5 PM

Dr. Y. Yogeshwari

VIH-00205253

IP-00060089

Mrs MITTAPALLY PADMA

01-01-1991

35 Y 4 M 25 D

(F)

Dr. SRILATA PATNAIK



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26 9pm	O/E	Adv
	PT is c/c/c.	- High protein diet + added fibre
	gc fair	- Adequate hydration
	Afebrile.	- Minimal ambulation.
	BP - 100/84 mmHg	- W/F contraction
	PR - 94 bpm	- Bed rest + foot end elevation
	S/E - NAD	- FHR monitoring h/hly
	P/A - Ut ~ 24wks	- Monitor vitals
	Relaxed	- follow drug chart
	FHR (+) 148 bpm	- Inform SOS
noted by Subhina 25/5/26 9pm		Dr Yogeshwar
25/5/26 1 AM	O/E	Adv
	PT is c/c/c	- High protein diet + added fibre
	gc fair	- Adequate hydration
	Afebrile	- Minimal ambulation
	BP - 114/72 mmHg	- W/F contraction
	PR - 88 bpm	- Bed rest + foot end elevation
	S/E - NAD	- FHR monitoring h/hly
	P/A - Ut ~ 24wks	- Monitor vitals
	Relaxed	- follow drug chart
	FHR (+) 148 bpm	- Inform SOS
noted by manan 25/5/26 @ 1 AM		Dr Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26		
5 AM	O/E	Adv
	Pt is c/c/c	- High protein diet with
	Gc-fair	added fibres
	Afebrile	- Adequate hydration
	BP - 114/70 mmHg	- minimal ambulation
	PR - 84 bpm.	- w/f contraction
	S/E - NAD	- Bed rest 2 foot end
	P/A - ut ~ 24wk	elevation
	Relaxed	- FHR monitoring hourly
	FHR ⊕ 146 bpm	- monitor vitals
		- follow drug chart
		- Inform SOS
<p>noted by mangal 26/5/26 @ 5 AM</p>		<p>Dr. Yogeshwari</p>
26/5/26	O/E Pt is c/c/c	Adv -
9 AM	Gc-fair	- high protein diet with
	Afebrile	added fibre.
	BP - 100/73 mmHg	- Adequate hydration
	PR - 86 bpm	- Minimal ambulation.
	S/E - NAD	- w/f contraction
	P/A - ut ~ 24 weeks	- FHR monitoring hourly
	Relaxed	- Monitor vitals
	FHR ⊕ 148 bpm	- follow drug chart
		- info SOS
<p>noted by pooja 26/5/26 @ 9 AM</p>		<p>Dr. Kusum</p>

6

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9:40 AM	C/S/R Dr. Srilata mam	
	O/E	- High protein diet + added fibre
	PT Ps c/c/c	- Clingen vaginal pessary ^{forte} per day
	Gc fair	- Bp charting 2nd hly
	Afebrile	- Temp monitoring twice daily
	BP- 114/70 mmHg	- Adequate hydration
	PR- 86 bpm	- W/F contractions
	S/E- NAD.	- FHR monitoring hly
	P/A- Ut ~ 24 wks,	- Monitor vitals
	Relaxed,	- Minimal ambulation
	FHR ⊕ 100 bpm	- Follow drug chart.
	P/S- White Yellowish green.	- Inform SOS.
	discharge ⊕	- weekly once AFI/Doppler scan
	2 vaginitis.	
<p>Noted by Pooja 26/5/26 @ 9:40 AM</p> <p><i>[Signature]</i> 4P Dr Yogeshwar</p>		
26/5/26 1:40 PM	O/E PT Ps c/c/c	
	Gc-fair	- High Protein diet & added fibre
	Afebrile	- BP charting 2nd hly
	BP- 113/72 mmHg	- Temp monitoring twice daily
	PR- 86 bpm	- FHR monitoring 4th hly
	S/E- NAD	- W/F Contractions
	P/A- Ut ~ 24 wks	- Minimal Ambulation
	Relaxed	- Adequate hydration
	FHR ⊕ 146 bpm	- Monitor vitals
		- Follow drug chart
		- Inform SOS

Change to Oral antibiotics tomorrow
 HVS report awaited
 WBC - every 3rd day
 send CBP today

VIH-00205253

IP-0060089

Mrs MITTAPALLY PADMA

01-01-1991

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(F)

Dr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 2:20 PM	CBP - 11.8 / 19.57 / 5.02 L	
		<i>Dr. Praveen</i>
26/5/26 3:15 PM	CLSB PA. Srilata Mann	
	OK Pt is c/c	<i>Dr.</i>
	Vitals stable	- 1g PIPRAZ 4.5 gm IV
	Temp - 97.4	TID
	PIA - Uterus 24 weeks	- STOP 1g Cefotaxime
	Relaxed	- Monitor vitals
	FHR ⊕ 150 bpm	- Follow drug chart
	<i>NOPED by Kardar @ 3:15 PM 26/5/26</i>	- Infuse ses
		<i>Dr. Praveen</i>
26/5/26 6 PM	OK Pt is c/c	<i>Dr.</i>
	ac - fair	- High Protein Diet & added fiber
	Afebrile	- BP chartly 2nd hly
	HVS report awaited	- Temp monitoring twice daily
	BP - 118/80 mmHg	- FHR monitoring 4th hly
	PR - 77 bpm	- WIF Contractions
	WBC - Every 3rd day	- Minimal Ambulation
	Weekly once	- Adequate hydration
	AES/ Doppler	- Monitor vitals
	Scan	- Follow drug chart
	PIA - Uterus 24 weeks	- Infuse ses
	Relaxed	<i>Dr. Praveen</i>
	FHR ⊕ 141 bpm	
	<i>NOPED by Kardar 26/5/26 6pm</i>	



7

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 10pm	o/E pt is c/c/c GC-fair Afebrile	Adv - - High protein diet with added fibre.
Trace HVS	BP- 112/73 mmHg	- BP Charting 2nd hourly
CBP every 3rd day	PR- 72 bpm	- Temp. charting twice daily
AFI/Doppler weekly once	S/E-NAD P/A - ut ~24 weeks Relaxed, FHR ⊕ 138 bpm	- w/f contractions - Minimal ^{ambulation} contractions
		- Adeg. Hydration - Monitor vitals - Follow drug chart - Infor SOS
<p>Noted by Subashini 26/5/26 10pm</p> <p style="text-align: right;">Dr. Kashi</p>		
27/5/26 2AM	o/E pt is c/c/c GC-fair Afebrile	Adv - - High protein diet with added fibre.
Trace HVS	BP- 110/70 mmHg	- BP Charting - 2nd hourly
CBP every 3rd day	PR- 83 bpm	- Temp. charting twice daily
AFI/Doppler weekly once	S/E-NAD P/A - ut ~24 weeks Relaxed, FHR ⊕ 140 bpm	- w/f contractions - Minimal ambulation - Adeg. Hydration - Monitor vitals - Follow drug chart - Infor SOS.
<p>Noted by Subashini 2AM 27/5/26</p> <p style="text-align: right;">Dr. Kashi</p>		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>27/5/26</u> GAM	o/e pt is c/c/c GC fair Afebrile	<u>Adv</u> - High Protein diet & added fibre
<u>Trace HVS</u>	BP- 116/73 mmHg	- BP charting 2nd hrly
<u>CBP every</u>	PR- 73 bpm	- Temp monitoring twice daily
<u>3rd day</u>	S/E - NAD	- FHR monitoring 4th hrly
<u>AFF Doppler</u>	P/A - Ut ~ 24 wks	- W/F Contractions
<u>Weekly once</u>	Relaxed	- Minimal ambulation
	FHR ⊕ 150 bpm	- Adequate hydration
		- Monitor vitals
		- Follow drug chart
		- Inform SOS
<p><i>noted by Subhrajit</i> <i>27/5/26, 6 AM</i></p>		
<u>27/5/26</u> 10 AM	o/e pt is c/c/c GC fair Afebrile	<u>Adv</u> - High protein diet & added fibre
<u>Trace HVS</u>	BP- 118/74 mmHg	- BP charting 2nd hrly
<u>CBP every</u>	PR- 80 bpm	- Temp monitoring twice daily
<u>3rd day</u>	S/E - NAD	- FHR Monitoring 4th hrly
<u>AFF Doppler</u>	P/A - Ut ~ 24 wks	- W/F Contractions
<u>Weekly once</u>	Relaxed	- Minimal ambulation
	FHR ⊕ 152 bpm	- Adequate hydration
		- Monitor vitals
		- Follow drug chart
		- Inform SOS
		<p><i>Dr. Yogeshwar</i></p>



8

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 2 PM	O/E - pt is c/c/c Glc-Faiz. Afebsite (96-4°)	Adus - High protein diet + added fibres.
Trace HUS CBP every 3rd day AFI Doppler weekly once	BP - 90/55 mmHg PR - 88 bpm S/E - NAD PIA - ut ~ 24 wks relaxed. FHR ⊕ 150 bpm.	- BP charting 2nd hourly. - Temp. monitoring twice daily. - FHR 4th hourly - w/F contractions - Adequate hydration - monitor vitals - Follow drug chart - Intoxm sos
Noted by Roni 27/5/26 4 PM		DR. NIKHITA
27/5/26 4 PM	U/S/B D2. Srilata mam O/E - pt is c/c/c Glc-Faiz Afebsite.	Adus - High protein diet + added fibres.
CBP every 3rd day AFI Doppler weekly once	BP - 115/65 mmHg PR - 75 bpm. S/E - NAD PIA - ut ~ 24 wks relaxed FHR ⊕ 142 bpm.	- BP charting 2nd hourly. - Temp. monitoring twice daily. - FHR 4th hourly - w/F contractions - Adeq. hydration - monitor vitals - Follow drug chart - Intoxm sos
Noted by Roni 27/5/26 4 PM.		DR. NIKHITA



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8 PM	O/E pt is c/c/c uc fair Afebrile	Adv - High protein diet with added fibres
once weekly AFI doppler once weekly	BP - 114/70 mmHg PR - 84 bpm S/E - NAD PIA - Ut - 24wks	- Bp charting 2nd hrly - Temp monitoring twice daily - FHR 4th hrly - w/f contraction
CBP every 3rd day	Relaxed FHR ⊕ 146 bpm	- Adequate hydration - Monitor vitals - Follow drug chart - Inform SOS
Noted by Karale 27/5/26 @ 8 PM		Dr. Yogeshwar
28/5/26 12 AM	O/E pt is c/c/c uc fair Afebrile	Adv - High protein diet + added fibres
once weekly AFI doppler once weekly	BP - 106/70 mmHg PR - 80 bpm S/E - NAD PIA - Ut - 24wks	- Bp charting 2nd hrly - Temp monitoring twice daily - FHR 4th hrly - w/f contraction
CBP every 3rd day	Relaxed FHR ⊕ 150 bpm	- Adequate hydration - Monitor vitals - Follow drug chart - Inform SOS
Noted by Karale @ 12 AM 28/5/26		Dr. Yogeshwar



9

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 4 AM	O/E Pt is c/c/c uc fair Afebrile	Adv - High protein diet + added fibres
	BP- 110/70 mmHg	- BP charting 2nd hrly
APF Doppler	PR - 84 bpm	- Temp Monitoring twice daily
APF Doppler	S/E - NAD	- FHR 4th hrly
once weekly	P/A - Ut ~ 24 wks	- W/f contraction
CBP every	Relaxed	- Adequate hydration
3rd day	FHR @ 150 bpm	- Monitor vitals
		- Follow drug chart
		- Inform SOS
Noted by Rani 28/5/26 @ 2 AM		Dr. Yogeshwar
28/5/26 8 AM	O/E Pt is c/c/c uc fair Afebrile	Adv - High protein diet + added fibres
APF Doppler	BP- 112/70 mmHg	- BP charting 2nd hrly
APF Doppler	PR - 86 bpm	- Temperature monitoring twice daily
once weekly	S/E - NAD	- FHR 4th hrly
CBP every	P/A - Ut ~ 24 wks	- W/f contractions
3rd day	Relaxed	- Adequate hydration
	FHR @ 150 bpm	- Monitor vitals
		- Follow drug chart
		- Inform SOS
Noted by Karish 28/5/26 @ 8 AM		Dr. Yogeshwar

AH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA (F)
 11-01-1991 35 Y 4 M 25 D
 Jr. SRILATA PATNAIK

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 10:30 AM	<p>MSB Dr. Srilata Mam</p> <p>ONE Pt is c/c</p> <p>GC - fair</p> <p>Afebrile</p> <p>Vitals - stable</p> <p>PIA - Utw 26 wks</p> <p>Relaxed</p> <p>FHR ⊕ 150 bpm on bed side scan</p>	<p>Adv</p> <ul style="list-style-type: none"> - Inj. PIPITAZ for 5 doses - T. Duphaston - BD - T. Susten-SP - BD - Repeat CBP after 1 week - CUE after 1 week - Convert to Oral Antibiotics from 30/5/26 - Avoid spicy Food - High Protein Diet & Added Fibre, Iron Rich.
28/5/26 1 PM	<p>ONE Pt is c/c</p> <p>GC - fair</p> <p>Afebrile</p> <p>BP - 110/60 mmHg</p> <p>PR - 68 bpm</p> <p>SLE - NAD</p> <p>PIA - Utw 26 wks</p> <p>Relaxed</p> <p>FHR ⊕ 144 bpm</p>	<p>Adv</p> <ul style="list-style-type: none"> - High Protein diet & added fibre - BP charting 2nd half - Temp - monitoring twice daily - FHR 4th half - WIF Contractions - Adequate hydration - Monitor vitals - Follow drug chart - Inform SRS

HVS -
 Plenty of degenerated polymorphs
 & spirochetes and gram tree bacilli
 No pathogen isolated

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IH-00205253

IP-00060089

Mrs MITTAPALLY PADMA

11-01-1991

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Jr. SRILATA PATNAIK



10

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		
5 PM	O/E - Pt is c/c	Adv
	GC - fair	- High Protein Diet & added fibre
	Afebrile.	
- Convert to Oral Antibiotics from 30/05/26	BP - 110/76 mmHg	- BP chasting 2nd hly
	PR - 74 bpm.	- Temp monitoring twice daily
- CBP, CUE after 1 week.	S/E - WAD	- FHR 4th hly
	P/A - ut w 26 wks	- W/F Contractions
	Relaxed	- Adequate hydrations.
	FHR ⊕ 138 bpm	- Monitor vitals
Noted. 28/5/26 5pm Rami		- Follows drug chart
		- Inform sos
28/5/26		Dr. Greenha.
9 pm	O/E - Pt is c/c	Adv
	GC - Fair	- High protein diet & added fibre.
antibiotics	Afebrile	
convert to oral from 30/05/26	BP - 116/64 mmHg	- BP chasting 2nd hly
	PR - 79 bpm.	- Temp monitoring twice daily
- CBP, CUE after 1 wk	S/E - WAD	- FHR 4th hly
	P/A - ut w 26 wks	- W/F contractions
	Relaxed	- Adequate hydrations
	FHR ⊕ 142 bpm.	- monitor vitals
Noted by Subhina 28/5/26 9pm.		- Follow drug chart
		- Inform sos.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 1 AM	O/E - pt is c/c/c GC - Faiz	Adv: - High protein diet + added fibre.
	BP - 116/64 mmHg	- BP charting 2nd wely
	PR - 70 bpm	- Temp. charting BD
	Afebrile	- FHR 4th wely
- Convert to Oral Antibiotics on 30/5/26	S/E - NAD.	- w/f contractions
	PIA - wt ~ 26 wks Relaxed.	- Adequate Hydration
- CBP, CUE after 1 week	FHR ⊕ 140 bpm	- monitor vitals
		- Follow drug chart
		- Inform sos.
<p>Noted by pooja 29/5/26 1 AM</p>		<p> Dr. Nikhita</p>
29/5/26 5 AM	O/E - pt is c/c/c GC - Faiz	Adv: - High protein diet + added fibre
	BP - 114/77 mmHg	- BP charting 2nd wely
	PR - 20 bpm	- Temp. charting BD
	Afebrile.	- FHR 4th wely
- Convert to Oral Antibiotics on 30/5/26	S/E - NAD	- w/f contractions
	PIA - wt ~ 26 wks Relaxed	- Adeq. Hydration
- CBP, CUE after 1 week	FHR	- monitor vitals
		- Follow drug chart
		- Inform sos
<p>Noted by Subhini 29/5/26 5 AM</p>		<p> Dr. Nikhita</p>



11

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9 AM	O/E Pt isafe GC - fair Afebrile	Adv - High protein diet & added fibre
- Convert to Oral Antibiotic on 30/5/26	BP - 110/60 mmHg PR - 84 bpm SE - NAD PIA - Uter 26wks	- BP charting 2nd hly - Temp charting BD - FHR 4th hly - WIF Contractions
- CBP, CUE after 1 week	Relaxed FHR ⊕	- Adequate hydration - Minimal Ambulation - Monitor vitals
Noted by Subasini 29/5/26 9 AM		
29/5/26 9:50 AM	C/S/B Dr. Srilata Mann	Adv - Oral Antibiotics from (Cefixim 500mg BD tomorrow) * 5 days.
Noted by Subasini 29/5/26 9:50 AM.		- Cannula to be changed tomorrow. - (N) Diet (high protein) - FHR monitoring. - Inj Protion IM weekly once.
		- Monitor Vitals, Temp - Inj Form 805.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 1 PM	O/E Pt is c/c/c Afebrile BP- 114/70mmHg PR- 84bpm S/E - NAD P/A - Ur ~ 260cc Relaxed HR ⊕ 146bpm	Adv - High protein diet & added fibres - BP charting 2nd hdy - Temperature charting BD - HR 4th hdy - W/f contractions - Adequate hydration - Minimal ambulation - Monitor vitals - Follow drug chart - Inform sos
<p>Oral antibiotics from tomorrow <u>T. ceftam 500mg BD</u> Cannula to be changed tomorrow CBP, CUE after one week</p>		
<p>Noted by Subashini 29/5/26. 1pm</p> <p style="text-align: right;">Dr. Yogeshwarani</p>		
29/5/26 5 PM	O/E Pt is c/c/c Afebrile BP- 110/71mmHg PR- 86 bpm S/E - NAD P/A - Ur ~ 260cc Relaxed HR ⊕ 148bpm	Adv - High protein diet & added fibres - BP charting 2nd hdy - Temperature charting twice daily - HR 4th hdy - W/f contractions - Adequate hydration - Minimal ambulation - Monitor vitals - Follow drug chart - Inform sos
<p>Oral antibiotics from tomorrow <u>T. ceftam 500mg BD</u> Cannula to be changed tomorrow CBP, CUE after one week.</p>		
<p>Noted by Subashini 5pm</p> <p style="text-align: right;">Dr. Yogeshwarani</p>		

Padma

VIH-00205253 IP-00060089
Mrs MITTAPALLY PADMA
01-01-1991 35 Y 4 M 29 D (F)
Dr. SRILATA PATNAIK

12

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery



LESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9pm.	yGAS with 26+ weeks with BOTC abd ceclage/ steroids covered.	
	o/e pt is c/c/c y/c fair	<u>Adv</u>
Oral Antibiotics from tomorrow	Afeb	- High protein diet with added fibres
Cannula to be changed tomorrow	BP- 112/80mmHg PR- 79bpm. S/E NAD	- BP charting 2nd hily - Temp charting BD
CBP, CUE after 1 week on	P/A ut n 26wks Relaxed FHR (+) 140bpm	- FHR 4th hily - w/f contractions - Hydration
Noted by Kamala 29/5/26 @ 9pm		- Minimal ambulation - Monitor Vitals - Follow dry chart - Inform SOS <u>Dr Nausheen</u>
30/5/26 1Am	o/e pt is c/c/c	<u>Adv</u>
	y/c fair Afeb	- High protein diet + added fibres
	BP- 112/72mmHg PR 76bpm.	- BP charting and hily - Temp charting BD
	S/E NAD P/A ut n 26wks	- FHR monitoring with hily - w/f contractions
	Relaxed FHR (+) 150bpm	- Hydration - Minimal ambulation
Noted by Kamal 30/5/26 8Am		- Inform SOS, Monitor Vitals - Follow dry chart <u>Dr Nausheen</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26		
5 AM	o/e pt is c/c/c	Adv
	g/c fair	- High protein diet &
	Afebr	added fibres
	BP- 114/72 mmHg	BP charting 2nd hly
CBP, CUE	PR- 79 bpm	- Temp charting 8h
after 1 week	S/E-NAD	- FHR 4th hly
(on 3/6/26)	PIA ut ~ 25 wks	- w/f contractions
	Relaxed	- Hydration
Cannula to be	FHR ⊕ 140 bpm	- Minimal ambulation
changed today		- Monitor Vitals
		- Follow drug chart
Noted by	30/5/26 @ 5 AM	- Inform 803
		D. Naresh
30/5/26	o/e pt is c/c/c	Adv
9 AM	g/c fair	- High Protein Diet &
	Afebrile	Added fibres
CBP, CUE	BP- 110/70 mmHg	- BP charting 2nd hly
after 1 week	PR- 85 bpm	- Temp twice daily
(on 3/6/26)	S/E-NAD	- FHR 4th hly
	PIA- ut ~ 26 wks	- w/f Any Contractions
	Relaxed	- Hydration
	FHR ⊕ 140 bpm	- Minimal Ambulation
		- Monitor vitals
		- Follow drug chart
		- Inform 803



13

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 1 PM	O/E pt is c/c/c GC-fair Afebrile	Adv - High Protein Diet & Added fibres
CRP, WE after 1 week (30/6/26)	BP- 116/26 mmHg PR- 92 bpm S/E-NAD PIA- Ut ~ 26 wks Relaxed FHR ⊕ 138 bpm	- BP charting 2nd hly - Temp twice daily - FHR 4th hly - W/O any Contractions - Hydration - Minimal Ambulation - Monitor vitals - Follow drug chart - Inform soe
<p>Noted by S. Sharma 30/5/26 1 PM</p>		
30/5/2026 5 PM	O/E pt is c/c/c GC fair Afebrile	Adv - High protein diet & added fibres
CRP, CRP after one week on (3/6/2026)	BP- 120/70 mmHg PR 88 bpm S/E-NAD PIA- Ut ~ 26 wks Relaxed FHR ⊕ 150 bpm	- Bp charting 2nd hly - Temperature twice daily - FHR 4th hly - W/O any contractions - Hydration - Minimal Ambulation - Monitor vitals - Follow drug chart - Inform soe
<p>Noted by S. Sharma 30/5/26 5 PM</p>		

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VIH-00205253

IP-00060089

Mrs MITTAPALLY PADMA
01-01-1991 35 Y 4 M 29 D (F)
Dr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/5/26 9pm	o/e pt is c/c/c ac fair	Adv
	Afebrile	- High protein diet & added fibres
CBP, CUE after one week	BP- 118/78 mmHg PR- 88 bpm.	- Monitor FHR 4 th hrly - BP charting 2 nd hrly
(on 3/6/2026)	S/E- NAD P/A- Utr 26 wk	- Temperature twice daily - W/F any Contractions
	Relaxed	- Hydration
noted by Roni 30/5/26 9pm	FHR ⊕ 150 bpm	- Minimal Ambulation - Monitor vitals
		- Follow drug chart + Inform SOS
31/5/2026 1 AM	o/e pt is c/c/c ac fair	Adv
	Afebrile	- High protein diet & added fibres
CBP, CUE after one week	BP- 118/70 mmHg PR- 84 bpm	- Monitor FHR 4 th hrly - BP charting 2 nd hrly
on 3/6/2026,	S/E- NAD P/A- Utr 26 wk	- Temperature monitoring twice daily - W/F any Contractions
	Relaxed	- Hydration
	FHR ⊕ 154 bpm	- Minimal Ambulation - Monitor vitals - Follow drug chart - Inform SOS

Dr. Yogeshwar

noted by
31/5 @ 1 AM

Dr. Yogeshwar



14

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/15/26 5 AM	O/E Pt is c/c/c Gc fair Afebrile BP- 118/72mmHg PR- 86 bpm S/E- NAD P/A- Ut ~ 26wks Relaxed. FHR ⊕ 150 bpm	<u>Adv</u> - High protein diet + added fibres - Monitor FHR ^{4th hrly} continuously - BP charting 2nd hrly - Temperature Monitoring twice daily - W/F any contraction - Hydration - Minimal ambulation - Monitor vitals - Follow drug chart - Inform SOS
<p>noted by Dr. Ranj 3/15/26 5 AM</p> <p style="text-align: right;">Dr Yogeshwari</p>		
3/15/26 9 AM	O/E Pt is c/c/c Gc fair Afebrile BP- 114/70mmHg PR- 88 bpm S/E- NAD P/A- Ut ~ 26wks FHR ⊕ 148 bpm	<u>Adv</u> - High protein diet + added fibres - Monitor FHR 4th hrly - BP charting 2nd hrly - Temperature Monitoring twice daily - W/F any contraction - Hydration - Minimal ambulation - Monitor vitals - Follow drug chart - Inform SOS
<p>noted by Dr. Ranj 3/15/26 9 AM</p> <p style="text-align: right;">Dr Yogeshwari</p>		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/26 11:45am	<p>cls by Dr. Srilata mam</p>	
	<p>ole vitals stable PIA relaxed FUR ⊕ 160 bpm</p>	
		<p><u>Ado</u></p> <ul style="list-style-type: none"> - FUR monitoring - temp monitoring - dietitian - monitor vitals - follow dehydr - inform sos
<p>Noted by Subhina 11:45 AM 31/5/26</p>		
31/5/26 1 PM		<p>At Dr Arjun</p>
	<p>ole pt clac ceftaz eye brice</p>	<p><u>Spalant</u></p>
CBP, c/w	<p>BP - 116/70 mm PR - 82 bpm slow AD</p>	
after 6 day	<p>PIA at ~ 26wk relaxed</p>	<p><u>Ado</u></p> <ul style="list-style-type: none"> - high protein diet & added fibres
<p>Noted by Subhina 31/5/26 1 PM</p>	<p>FUR ⊕ 140 bpm</p>	<ul style="list-style-type: none"> - BP 2nd usg - temp, FUR monitoring - minimal umbilical - hydration - monitor vitals - follow dehydr - inform sos <p>At Dr Arjun</p>



15

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/15/24 5 PM	O/E pt c/c u/gau afebrile	A dx - high protein c fibre diet
CBP, WBC after 6 days	BP - 119/80 mmg PR - 83 bpm slow AD PIA ut ns bwk Relaxed	- temp, FUR 4th day - minimal ambulation - hydration - BP end day - monitor vitals
	FUR @ 160 bpm	- follow drug chart - in forms etc
Noted by A Shamsi 3/15/24 at 7 PM		Dr Arshad
3/15/24 9 PM	O/E pt c/c u/gau afebrile	A dx
	BP - 116/72 mmg PR - 83 bpm slow AD PIA ut ns bwk relaxed	- high protein c fibre diet - temp & FUR 4th day - BP end day - hydration - ambulation - monitor vitals
	FUR @ 145 bpm	- follow drug chart - in forms etc
		Dr - Arshad

Noted by Prathyusha @ 9 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26		
1am	<p>olept dac aqair afebrile BP-119/78 mmg PR-85bpm SLENAD PIA soft ut ~ 26wk seemed. FUR @ 139bpm</p>	<p><u>Adv</u> - high protein & fibre diet - BP charting and log - FUR monitoring - monitor vitals - follow up - consult - inform scs Dr Ashwin</p>
<p>CBP/CWE after 2 days</p>		
	<p>Noted by Prathapaka @ 1am</p>	
1/6/26		
5am	<p>olept dac aqair afebrile BP-113/78mmg PR-82bpm SLENAD PIA soft ut ~ 26wk seemed FUR @ 152bpm</p>	<p><u>Adv</u> - high protein & fibre diet - BP charting and log - temp 4h log - FUR monitoring - monitor vitals - follow up - consult - inform scs Dr. Ashwin</p>
<p>CBP/CWE after 2 days 3/6/26</p>		
	<p>Noted by Prathapaka @ 5am</p>	

16

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026 9 AM	O/E PT is c/c/c 4c fair Afcbrile	Adv - High protein & fibre diet - BP chasting 2nd hrly - Temperature 4 th hrly - FHR Monitoring 4 th hrly - Monitor vitals - Follow drug chart. - Inform sos
CBP, CUE after 2 days on	BP-116/74 mmHg PR- 88 bpm. S/E - NAD.	
3/6/2026.	P/A - Ut ~ 26 w/c. Relaxed.	
<p>Noted by Karula 1/6/26 @ 9 AM</p> <p>FHR ⊕ 150 bpm</p>		<p>Dr. Yogeshwari</p>
1/6/26 10:10 AM	epiB Dr. Sulata Mam O/E Vitale stable P/A - Relaxed FHR ⊕ 150 bpm	Adv - FHR monitoring - Continue all medications - Stop Clingen Forte tomorrow - Weight measurement after 1 week - Temp monitoring - Monitor vitals - Follow drug chart - Inform sos
1/6/26 Weight - 60.08 kg AFI Doppler after 1 week.		
<p>Noted by Karula 1/6/26 @ 10:10 AM</p>		<p>Dr. Karula</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026 1 PM	O/E pt is c/c/c Uc fair Afebrile BP- 118/72 mmHg PR- 84 bpm S/E- NAD P/A- Utr 26wk Relaxed. FHR ⊕ 148 bpm	Adv - High protein = added fibres - BP charting 2nd hrly - Temperature 4 th hrly - FHR Monitoring 4 th hrly - Monitor vitals - W/F any contraction - Minimal Ambulation - Adequate hydration - Follow drug chart - Inform SOS weight after one week
3/6/2026 after 2 day		
AFI + Doppler scan after 1 week		
stop Clingen Pessary to tomorrow		
Noted by Kanak @ 1 PM 1/6/26		Dr. Yogeshwan
1/6/26 5 PM	O/E pt is c/c/c Uc fair Afebrile BP- 113/72 mmHg PR- 86 bpm S/E- NAD P/A- Utr 26wk Relaxed FHR ⊕ 148 bpm	Adv - High Protein Diet = Added fibre - BP charting 2nd hrly - Temp 4th hrly - FHR 4th hrly - W/F Any Contractions - Monitor vitals - Follow drug chart - Minimal Ambulation - Adequate hydration - Weight after one week - Inform SOS
3/6/2026 after 1 week		
AFI Doppler scan after 1 week		
stop Clingen Pessary tomorrow		
Noted by Kanak 1/6/26 @ 5 PM		Dr. Yogeshwan

17

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>1/6/26</u>	O/E Pt is c/c	ASU
9:30 PM	GC - fair	- High Protein Diet &
	Afebrile	Added fibre
CBP, U/E	BP - 113/20 mmHg	- BP charting 2nd hly
on 3/6/26	PR - 98 bpm	- Temp 4th hly
	S/E - NAD	- FHR 4th hly
AFI Doppler	PIA - Ut ~ 26 wks	- W/F Any Contractions
after 1 week	Relaxed	- Monitor vitals
Stop Chlorz Pot	FHR ⊕ 150 bpm	- Follows drug chart
Restart Tamoxifen		- Minimal Ambulation
		- Adequate hydration
		- Weight after one week
		- Inform SOS
Noted by Prathyusha @ 9:30pm Gr. Prathyusha		
<u>2/6/26</u>	O/E Pt is c/c	ASU
7 AM	GC - fair	- High Protein Diet & added fibre
	Afebrile	- BP charting 2nd hly
CBP, U/E on	BP - 115/60 mmHg	- Temp 4th hly
<u>3/6/26 (tomorrow)</u>	PR - 76 bpm	- FHR 4th hly
	S/E - NAD	- W/F Any Contractions
AFI Doppler	PIA - Ut ~ 26 wks	- Minimal Ambulation
after 1 week	Relaxed	- Adequate hydration
	FHR ⊕ 144 bpm	- Weight after 1 week
		- Monitor vitals
		- Follows drug chart
		- Inform SOS
Noted by Prathyusha @ 7 AM Gr. Prathyusha (P.T.O)		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/24 11:00 AM	FM good o/s Pt is c/c/c GC: fair Afebrile	Adv - High protein diet & added fibre - BP charting x 2 wks - Temp x 4 wks - FHR x 4 wks
CBP, CUE on 03/04/24 (Tomorrow) ↳ HOLD	BP: 113/68 mmHg PR: 98 bpm S/E: NAD P/A: 44 x 26 w Relaxed	- w/ any contractions - Minimal ambutein - Adequate hydration
AFI Doppler after 1 week	FHR ⊕ 148 bpm	- weight after 1 week - Monitor Vitals - follow drug chart - Inform SDS
28/02/24 11:30 AM	AS by Dr. Srilata mam	Adv Dr. Ashan
	FHR good, checked on bed side scan PFM ⊕	
	Discharge tomorrow Adv	- Stop Cuirgen pessary - Add cap. astymin forte OD L. arginine sachet BD on discharge - CBP & CUE tomorrow - no CBP & CUE to be done.
		- Growth scan at 4 weeks Dr. Ashan - Tab Mondeslor OD x 5 days.

18

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 03:00 PM	FM good o/e Pt is c/c/c GC fair Afebrile	Adv - High protein diet + added fibre
	BP- 114/70 mmHg PR- 88 bpm S/E - NAD P/A - wt - 26 wks	- Bp charting 2nd hrly - Temperature 4 th hrly - HR 4 th hrly - w/f any contractions - Minimal ambulation - Adequate hydration - Monitor vitals - Follow drug chart - Inform SD - weight after 1 week
Tomorrow discharge Growth scan at Review.	Relaxed. HR (+) 148 bpm	
Noted by pooja @ 3pm		
	o/e Pt is c/c/c GC fair Mesic	Dr. Yogeshwarin
2/6/26 7:00 PM	BP: 118/78 mmHg PR: 80 bpm S/E: NAD P/A: wt - 26 wks Relaxed	Ad - High protein diet + added fibre. - BP chart x 2 hrly - Temp chart x 4 th hrly. - HR x 4 hrly. - w/f any contraction - Minimal ambulation - Adequate hydration - monitor vitals - follow drug chart - Inform SD.
Discharge Tomorrow Growth scan at Review.	HR (+) 140 bpm	

Noted by pooja

Dr. Harishankar
 Dr. Althia (P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/06/26 11:00 PM	<p>O/S Pt is c/c/c</p> <p>Gc: fair</p> <p>Apeptide</p> <p>BP: 114/70 mmHg</p> <p>PR: 70 bpm</p> <p>S/E: NAD</p> <p>PIA: ut in 26 w</p> <p>Relaxed</p> <p>FHR ⊕ 152 bpm</p>	<p>Ad</p> <ul style="list-style-type: none"> - High protein diet & added fibre - BP charting x 2 wks - Temp charting x 4 wks - FHR x 4 wks - w/f any contraction - Minimal auscultation Adequate hydration - follow dry chart - Inform SOB <p>Dr. Pradyumna <u>Ad</u> or other</p>
<p>Noted by pradyumna @ 11pm</p>		
04/06/26 3:00 AM	<p>O/S Pt is c/c/c</p> <p>Gc: fair</p> <p>Apeptide</p> <p>BP: 117/68 mmHg</p> <p>PR: 74 bpm</p> <p>S/E: NAD</p> <p>PIA: ut in 26 w</p> <p>Relaxed</p> <p>FHR ⊕ 148 bpm</p>	<p>Ad</p> <ul style="list-style-type: none"> - High protein diet & added fibre - BP charting x 2 wks - Temp charting x 4 wks - FHR x 4 wks - w/f any contraction - Minimal auscultation Adequate hydration - follow dry chart - Inform SOB <p><u>Ad</u> or other</p>
<p>Noted by pradyumna @ 3 AM</p>		



19

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/01/26		
07:00 AM	O/E Pt is c/c/c	- High protein diet & added fibre.
	GC: fair	- BP charting x 2 hly
	Afebrile	- Temp charting x 4 hly.
	BP: 118/78 mmHg	- FHR x 4 hly
	PR: 68 bpm	- w/ any contraction
	S/E: NAD	- minimal ambulation
	P/A: ut ~ 26w	- Adequate hydration
	Relaxed	- follow dry diet
	FHR @ 152 bpm	- Inform SOS.
	Dr. Parveen Dr. Alkan	
	noted by prathijsha @ 7am	
3/6/26	O/E Pt is c/c/c	
9 AM	GC: fair	- High Protein Diet & Added fibre
	Afebrile	- BP charting 2nd hly
	BP: 113/72 mmHg	- Temp 4th hly
	PR: 86 bpm	- w/ Any Contractions
Growth scans	S/E: NAD	- Minimal Ambulation
at Review	P/A: ut ~ 26wks	- Adequate hydration
	Relaxed	- Follow dry diet
	FHR @ 148 bpm	- Monitor vitals
	noted by pooja @ 10 AM 3/6/26	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 1 PM	<p>OK RT-16 d/c</p> <p>CC- faint</p> <p>Afebrile</p> <p>BP- 118/77mmHg</p> <p>PR- 83bpm</p> <p>SI-E-NAD</p> <p>RA- Uterus 26wks</p> <p>Relaxed</p> <p>FHR @ 144bpm</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - High Protein Diet @ Hospital - Afebrile - Temp 4x daily - BP 2x daily - W/O Any Contraction - Adequate hydration - Minimal stimulation - Monitor vitals - Follow drug chart - Infections <p><i>[Signature]</i></p>
<p><u>Growth scan at Review</u></p>		
<p>Noted by pooja @ 2pm 3/6/26</p>		
3/6/26 4:30 PM	<p><u>CS/B Dr. Srilata Mann</u></p> <p>OK- Vitals stable</p> <p>RA- Uterus 26wks</p> <p>Relaxed</p> <p>FHR @ 144bpm</p>	<p><u>Adv</u></p> <ul style="list-style-type: none"> - Continue all medication - Monitor vitals - Follow drug chart - Infections - Review on 12/6/26, Growth scan on 12/6/26 <p><i>[Signature]</i></p>
<p><u>Measure weight on 8/6/26</u></p>		
<p>Noted by pooja @ 11 PM 8/6/26</p>		



20

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	O/E pt is c/c/c	Adv
5 PM	Gc fair	- High protein diet + added
	Afebrile	fibres
	BP- 116/74 mmHg	- Temperature monitoring 4 th hrly
	PR- 86 bpm	- BP 2nd hrly
	S/E - NAD	- W/F any contraction
	P/A - UA ~ 26 wk	- Adequate hydration
	Relaxed.	- Minimal Ambulation
	FHR (+) 150 bpm	- Monitor vitals.
		- Follow day chart
		- Inform SOs
		- Review & growth scan on 12/6/26
		<p style="text-align: center;">↓</p> DR Yogeshwarani
	<p>Noted by pooja 5 PM 3/6/26</p>	
3/6/26	O/E	Adv
9 PM	Pt is c/c/c	- High protein diet + added fibres
	Gc fair	- Temperature Monitoring 4 th hrly
	Afebrile	- BP 2nd hrly
	BP- 114/70 mmHg	- W/F any contractions
	PR- 84 bpm	- Adequate hydration
	S/E - NAD	- Minimal ambulation
	P/A - UA ~ 26 wk	- Monitor vitals
	Relaxed.	- Follow day chart
	FHR (+) 156 bpm	- Inform SOs
		<p style="text-align: center;">↓</p> DR Yogeshwarani (P.T.O)

measure weight on 8/6/26

growth scan on 12/6/26

measure weight on 8/6/26

growth scan & review on 12/6/26

noted by Sahana on 3/6/26 9 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 1 AM	O/E Pt is c/c/c Uc fair Afebrile	Adv - High protein diet + added fibre - Temperature Monitoring 4 th hly - FHR Monitoring 4 th hly
	Bp - 114/70 mmHg	- Bp 2 nd hly
	PR - 88 bpm	- Monitor vitals
	S/E - NAD	- Follow drug chart
measure weight on 8/6/26	P/A - Ut ~ 26 wks	- Adequate hydration
Growth scan & Review on 12/6/26	Relaxed FHR ⊕ 148 bpm	- Minimal ambulation - w/f any contraction - Inform SOS
Noted by Subini ut 6/26 1 AM		Dr. Dryogeshwari
4/6/26 5 AM	O/E Pt is c/c/c Uc fair Afebrile	Adv - High protein diet + added fibre - Temperature & FHR 4 th hly - Bp 2 nd hly
	Bp - 109/70 mmHg	- Monitor vitals
	PR - 86 bpm	- Follow drug chart
	S/E - NAD	- Adequate hydration
measure weight on 8/6/26	P/A - Ut ~ 26 wks	- Minimal ambulation
Growth scan & Review on 12/6/26	Relaxed FHR ⊕ 154 bpm	- w/f any contraction - Inform SOS
Noted by Subini 5 AM 4/6/26		Dr. Dryogeshwari



21

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9 AM	O/E PT is c/c/c Gc fair Afebrile BP- 112/70 mmHg PR- 86 bpm S/E - NAD	Adv - High protein diet + added fibres - Monitor temperature & FHR 4th hly - BP 2nd hly
measure weight on 8/6/26	PIA - ut ~ 26 wks Relaxed FHR ⊕ 152 bpm	- Minimal ambulation - Adequate hydration - Monitor vitals - W/F any contraction - follow drug chart - Inform SOs
Growth scan & Review on 12/6/26		
<p>Noted @ 9 AM by pooja 4/6/26</p> <p style="text-align: right;">Dr Yogeshwar</p>		
4/6/26 9:45 AM	c/s/B Dr Srilata Nam O/E pt is c/c/c Gc fair Afeb BP- 116/72 mmHg PR- 72 bpm S/E NAD PIA ut ~ 26 wks Relaxed FHR ⊕ 142 bpm	Adv - High protein diet + added fibres - Monitor temperature & FHR 4th hly - BP 2nd hly - Minimal ambulation - Adq hydration - Monitor vitals - Follow drug chart - Inform SOs
Measure weight on 8/6/26		
Growth scan & Review on 12/6/26		

noted by pooja

@ 9:45 AM

[Signature]

VIH-00205253
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 5 M 3 D (F)
 Dr. SRILATA PATNAIK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 1 pm	o/E - pt is c/c/c Gc - Fair.	Adv: - High protein diet + added fibres.
measure weight on	BP - 113/76 mmHg	- monitor BP 2nd hourly
8/6/26	PR - 88 bpm	- Temp & FHR
Growth scan & review on 12/6/26	S/E - NAD	- monitoring 4th hourly
	P/A - ut ~ 26 wks relaxed	- Adeq. Hydration
	FHS ⊕ 148 bpm	- Follow drug chart
		- Inform sos
	noted by [signature] 4/6/26 @ 1 pm	[signature] Dr. Nikhita
4/6/26 9:30 pm	o/E - pt is c/c/c Gc - Fair.	Adv: - High protein diet + added fibres.
	BP - 110/70 mmHg	- monitor BP 2nd hourly
	PR - 85 bpm	- Temp & FHR
	S/E - NAD	- monitoring 4th hourly
	P/A - ut ~ 26 wks relaxed.	- Adeq. Hydration
	FHS ⊕ 150 bpm	- Follow drug chart
	noted by [signature] 4/6/26 9:30 pm	[signature] Dr. Nikhita



22

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2026 8 AM	o/e Pt is c/c/c act fair. Afebrile	Adv - High protein diet + added fibres - Monitor Bp 2nd hrly
measure weight on 8/6/26	BP- 116/74 mmHg PR- 86 bpm. S/E- NAD	- Temperature & FHR 4 th hrly - Adequate hydration - Minimal Ambulation
Growth scan & review on 12/6/26	P/A- Ut ~ 26 wks relaxed, FHR @ 152 bpm	- Monitor vitals - Follow drug chart - Inform Jos
Pt can be discharged.		Dr. Yogeshwar
Noted by Prathapika @ 8 AM		
5/6/26 9:50 AM	46 P ₀ L ₀ A ₅ + 27+1 wks + previous pregnancy + H/O Preterm contraction + Incompetent cervix (Cerclage in situ) for observation o/e Pt is c/c/c act fair Afebrile	Adv - High protein diet + added fibres - M. Duplaston 10mg twice daily
Growth scan + review on 12/6/2026	BP- 114/72 mmHg PR- 86 bpm Temperature - normal S/E- NAD	- Cap. Susten 200mg twice daily - Cap Astymine forte - Arginine sachet once daily - Protein powder
Pt can be discharged	P/A- Ut ~ 26 wks Relaxed FHR @ 154 bpm	- T- ECOSprin 150mg once daily - T- Combinorm plus once daily
		Inj proluton today + 1 day then after one week at review

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 r. SRILATA PATNAIK



①

NURSING CARE RECORD



Date: 23/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	23/5 10 PM	<ul style="list-style-type: none"> → Assess the patient condition → vitals checked & Rechecked. → Ensure safety 		<ul style="list-style-type: none"> → Assessed the patient general condition → vitals checked & Rechecked. → Provide safe rails 	<ul style="list-style-type: none"> → Assessed the patient condition → vitals checked & Rechecked → Provide safe rails 	<ul style="list-style-type: none"> → Assessed the patient condition → vitals are stable → Provide safe rails 	Sr. Kande 24/5/26 GA07

IH-00205253

IP-00060089

Mrs MITTAPALLY PADMA

1-01-1991 35 Y 4 M 23 D (F)

P. SRILATA PATNAIK



NURSING CARE RECORD



Date: 24/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Ensure safety	9am	provide side rails	To prevent fall from bedside	Patient was safe.	Prathiba @ 9am 24/5/26
	12pm	Maintain fluid Balance	12pm	Encourage to take Oral fluids.	Patient was dehydrated	Patient was well dehydrated	
Afternoon	2pm	FHR monitored	2pm	FHR monitoring hourly	FHR monitored	FHR was Good	Prathiba @ 2pm 24/5/26
	6pm	monitored vitals	6pm	checked vitals	Vitals are normal	Patient was stable	
Night	8pm	FHR monitored	8pm	FHR monitoring hourly	FHR 136 bpm	FHR good.	Prathiba @ 8pm 25/5/26
	6am	maintain fluid balance	6am	encourage to take more oral liquids	prevent dehydration	patient well hydrated.	

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 11-01-1991 35 Y 4 M 23 D (F)
 Dr. SRILATA PATNAIK



2

NURSING CARE RECORD



Date: 25/5/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Maintain fluid Balance	9am	Encourage to take oral fluids	To prevent dehydration	Patient hydrated well	C. Sharma 25/5/26 2pm
	12pm	Start Bed rest	12pm	Foot end elevation	As signed	Patient is fine	
Afternoon	2pm	Ensure safety	2pm	Provided side rails	To prevent fall	Patient is safe	C. Sharma 25/5/26 10/5
	3pm	Foot end elevation	3pm	Patient in start bed rest	As signed	Patient is comfortable	
Night	8pm	ensure safety	8am	provided Side Rails	prevent fall	patient safe	C. Sharma 26/5/26 6am
	6pm	FHR monitoring	6am	FHR monitoring hourly	FHR is 102bpm	FHR good	

IP-0060089
 IH-00205253
 Mrs MITTAPALLY PADMA
 35 Y 4 M 23 D (F)
 11-01-1991
 Dr. SRILATA PATNAIK

NURSING CARE RECORD



Date: 26/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9am	Ensure safety Maintain Airway.		provided side rails Maintained cleared airway.	To prevent from falls. maintained normal Breathing	patient is safe pt is hemodynamically stable	Ashley 26/5/26 9am
Afternoon	3pm	Assessment vitals monitor Administer medication		Assessed pt general condition vitals monitored Medication Given as per order	pt condition is stable	pt is hemodynamically stable	Kamala 26/5/26 @3pm
Night	8 pm	Administer medication	8 pm	medication given as per order	patient good	patient good	} & 27/5/26 5am
	6 am	maintain fluid balance	6 am	encourage to take more oral liquids	Prevent dehydration	patient good	



2

NURSING CARE RECORD

Date: 27/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure safety to monitor vitals		To provide side rails checked the vital	To prevent fall vital are normal	pt is stable patient was stable	ZH me
Afternoon	2pm	To maintained fluid balance shift Bed rest		Encourage to take oral fluid foot and cleansing	patient was stable patient is stable	pt is stable patient stable	ZH sp/ps
Night	8pm	To maintained soft diet 9pm monitoring vitals	8pm	* To maintained soft diet * monitored and recorded vitals	* To prevent falls * vitals are normal	* patient is stable	



NURSING CARE RECORD

Date: 29/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	* Ensure safety	9:30 AM	* Provided side Rails	Prevent fall	Patient is safe	S 29/5/26 ipm
	11 AM	maintain fluid balance.	11 AM	encourage to take more oral liquid.	prevent dehydrat ⁿ (ration)	patient well hydration	
Afternoon	2 pm	maintain fluid balance.	2 pm	RL 100ml/hr	prevent dehydrati ⁿ - 0.5	patient safe	S 29/5/26 upm
	4 pm	Ensure safety	4 pm	provided side rails	prevent fall	patient is safe	
Night	9 pm	Ensure safety	9 pm	To provided side rails.	To prevent fall	patient is good	S 30/5/26 @8AM
	6 AM	maintain fluid balance	6 AM	Encourage to take more oral liquid.	prevent dehydrati ⁿ on	patient well Hydration	

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 29 D (F)
 Dr. SRILATA PATNAIK



NURSING CARE RECORD

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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

Date: 30/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain good nutritional status	8am	provided proteins rich foods.	Co get energy numbers	patient has good nutritional status patient is safe.	[Signature] 30/5/26 1pm
	12pm	Ensure safety	12pm	provided side rails	to prevent from falls		
Afternoon	2pm	Ensure safety	2pm	provided circle Reels	prevent fall	patient safe. patient healthy	[Signature] 30/5/26 6pm
	6pm	maintains personal hygiene.	6pm	maintains uterine hands	prevent infection		
Night	8pm	→ maintain fluid balance	8:15 pm	→ provided plenty of oral fluids	→ maintained fluids	→ Re-Assessed maintained fluid balance	[Signature] 30/5/26 esp.

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 30 D (F)
 Dr. SRILATA PATNAIK



NURSING CARE RECORD



Date: 31/5/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 am	maintain fluid balance	8 am	Encourage to take more oral liquids	Prevent dehydration - 9000	Patient is well hydrated.	S 31/5/26 1pm
	12 pm	Ensure safety	12 pm	provided side rails	Prevent fall	Patient safe	
Afternoon	2 pm	Ensure safety	2 pm	provided side rails	Prevent fall	Patient good.	S 31/5/26 6pm
	6 pm	FHR monitor	6 pm	FHR 2nd hourly monitor	FHR good	FHR 152b/m	
Night	9 pm	Ensure safety		provide side rails	Prevent falls	Patient good	S 31/5/26 @ 11pm
	12 am	maintain fluid balance		encourage to take more liquids	Prevent dehydration	Patient is well hydrated	



NURSING CARE RECORD

Date: 1/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain good nutritional status	8am	provided protein rich foods.	To maintain the nutritional status	patient has good nutritional status	[Signature] 1/6/26 @ 2pm
	4pm	Ensure safety	4pm	provided side rails	To prevent from fall	patient is safe -	
Afternoon	2pm	Maintain fluid balance	2pm	provided fluids	To prevent dehydration	patient is hydrated	[Signature] 1/6/26 @ 8pm
	6pm	Ensure safety	6pm	provided side rails	To prevent from fall.	patient is safe.	
Night	10pm	Relieve pain & discomfort	10pm	Provide analgesic	Given analgesic	patient was comfortable	[Signature] 1/6/26 @ 10pm
	6am	Monitored vitals	6am	checked Bp, pulse, temperature, saturals	vitals are normal	patient was stable	

NURSING CARE RECORD

Date: 2/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Ensure safety	8am	provided side rails	To prevent from fall	patient is safe.	[Signature] 2/6/26 @ 12pm
	12pm	FHR monitoring	12pm	FHR 2nd hourly 146b/m	FHR is 146b/m	FHR is good	
Afternoon	2pm	Maintain good nutritional status	2pm	provided patients with food.	To get enough nutrients	patient has good nutritional status	[Signature] 2/6/26 @ 6pm
	6pm	Ensure safety	6pm	To prevent provided side rails	To prevent from fall	patient is safe.	
Night	10pm	FHR monitoring	10pm	FHR checked FHR with hourly	FHR was 152b/m	FHR is good	[Signature] @ 10pm 2/6/26 [Signature] @ 6am 2/6/26
	6am	monitoring vitals	6am	checked vitals	vitals are normal	Patient was stable	



6

NURSING CARE RECORD

Date: 3/6/26

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	FHR monitoring	8am	FHR monitoring 2nd hourly	FHR is 155 bpm	FHR is good	Hidher 3/6/26 @ 12pm
	12pm	Ensure safety	12pm	provided side rails	Prevention from fall	patient is safe.	
Afternoon	2pm	Maintain good nutritional status	2pm	provided patient with foods.	patient enjoys nutritious	patient has good nutritional status	poor 3/6/26 @ 7pm
	7pm	Ensure safety	7pm	to provide siderails	to prevent falls	patient is good	
Night	8pm	maintain fluid balance.	8pm	Encourage to take more oral fluids	prevent dehydration	patient well hydrated.	5/6/26 8pm
	11:20pm	FHR	11:20pm	FHR monitoring	FHR utt hourly	FHR 152 bpm	
	6am	ensure safety	6am	provide side rails.	prevent fall	patient safe.	

NURSING CARE RECORD

Date: 4/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Maintain good nutritional status	8am	provided protein rich foods.	to get enough nutrients	patient has good nutritional status	Adithya 4/6/26 @ 12pm
	12pm	Ensure safety	12pm	provided side rails	to prevent from fall.	patient is safe	
Afternoon	2pm	Maintain fluid	2pm	Encourage to take more fluids	to prevent dehydration	patient is hydrated	R good 4/6/26 @ 7 PM
	7pm	Ensure safety	7pm	provide side rails	to prevent fall	patient is safe	
Night	8 pm	FHR monitoring	8 pm	FHR utb hourly	FHR 150b/m	FHR good	S 5/6/26 6am
	12 am	Ensure safety	12 am	provide side rails	prevent fall	patient is safe	
	6 am	maintain fluids Balance	6 am	encourage to take more oral liquids	prevent dehydration	patient good	

7

NURSING CARE RECORD

Date: 5/6/26

Goals

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

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8am	Monitored vitals	8am	checked vitals	vitals are normal	Patient was stable	} Pradipul @ 8am 5/6/26
	10am Room	Ensure safety Patient can be discharged	11am	provide side rails today	to prevent fall from bedside.	Patient was safe	
Afternoon							
Night							

Patient Sticker

NURSING CARE RECORD



Date:

Goals

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

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

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs MITTAPALLY PADMA

Age : 35 Y 4 M 22 D

IP No: IP-00060089

Sex: Female

Consultant: Dr. SRILATA PATNAIK

Ward/Bed No: N 2F-LABOUR WARD/LW 220

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

Patient, be deemed advisable or necessary.

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

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

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

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

Note:

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

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

(Receivers Signature:.....) *M. Ravi*

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

4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

M. Ravi

Name: *RAVI*

Relationship: *Husband*

Date: *23/05/26*

Witness Name: *Seenu*

Witness Signature: *Seenu*

Patient Address:

HNO-5-109/2 MENDORA Nizamabad
Nizamabad Telangana INDIA 503174

Time: *09.18 P.M*

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 r. SRILATA PATNAIK



1

NG SHIFT HAND OVER FORM

SITUATION	Diagnosis: G6 Polo A5 E 25 weeks E Bad Obstet History? latent preterm labour E steroids covered by observation.		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known		If Yes Specify:		
BACKGROUND	Surgery / Procedure:		Post OP Day:				
ASSESSMENT	Date	24/5/26 N	24/5/26 M	24/5/26 E	24/5/26 N	25/5/26 Morning	
ASSESSMENT	Shift	N	M	E	N	Morning	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Diet:	soft diet	soft diet	soft diet	soft diet	normal diet	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
ASSESSMENT	Vital Signs:	Temp:	98.1 F	96.2 F	97.2 F	98.6 F	98.6 F
		Res:	18 blmt	19 blmt	20 blmt	22 blmt	22 blmt
		SpO ₂ :	99%	98%	96%	99%	100%
		Pulse:	86 blmt	88 blmt	85 blmt	82 blmt	86 blmt
		BP:	123/76 mmHg	117/69 mmHg	110/60 mmHg	110/62 mmHg	118/70 mmHg
		LOC:	conscious	conscious	conscious	conscious	conscious
		Fall Risk Score:		15	15	15	15
		Pain Score:	0	0	0	0	0
RECOMMENDATIONS	Safety Needs:	Physiotherapy:	-	-	-	-	nil
		Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Special Diet:	-	-	-	soft diet	soft diet
		Critical Lab Test / Values:	-	-	-	-	-
		Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		ADL (Dependent / Non Dependent):	dependent	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:	-	-	-	-	-		
Handed Over By Name :	Manger	Prathyusha	Prathyusha	K. Sakini	C. Shamu	C. Shamu	
Signature / ID :	(Signature) 020150	(Signature) 020533	(Signature) 020533	(Signature) 020477	(Signature)	(Signature)	
Date:	24/5/26	24/5/26	24/5/26	25/5/26	25/5/26	25/5/26	
Time:	@ 8 AM	@ 2 pm	@ 8 pm	8 AM	2 pm	8 pm	
Taken Over By Name :	poofa	Prathyusha	K. Sakini	C. Shamu	C. Shamu	K. Sakini	
Signature / ID :	(Signature) 9050150	(Signature) 020533	(Signature) 020477	(Signature)	(Signature)	(Signature) 020477	
Date:	24/5/26	24/5/26	24/5/26	25/5/26	25/5/26	25/5/26	
Time:	@ 8 AM	@ 2 pm	8 pm	8 AM	2 pm	8 pm	



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G6A5 + 25 + 2 weeks + Bad obstet</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	History: <u>History of 2 previous labours</u>		If Yes Specify:				
Surgery / Procedure:		Post OP Day:					
BACKGROUND	Date	<u>25/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	
	Shift	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
ASSESSMENT	Diet:	<u>normal diet</u>	<u>N diet</u>	<u>N diet</u>	<u>normal diet</u>	<u>normal diet</u>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6 F</u>	<u>98.1 F</u>	<u>98.1 F</u>	<u>98.6 F</u>	<u>98.6 F</u>
		Res:	<u>19 blm</u>	<u>18 blm</u>	<u>17 blm</u>	<u>18 blm</u>	<u>17 blm</u>
		SpO ₂ :	<u>99%</u>	<u>99%</u>	<u>98%</u>	<u>99%</u>	<u>99%</u>
		Pulse:	<u>82 blm</u>	<u>83 blm</u>	<u>88 blm</u>	<u>82 blm</u>	<u>86 blm</u>
		BP:	<u>110/70 mmHg</u>	<u>110/73 mmHg</u>	<u>113/73 mmHg</u>	<u>110/70 mmHg</u>	<u>110/60</u>
		LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>
Fall Risk Score:		<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	<u>15</u>	
Pain Score:	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>normal diet</u>	<u>N diet</u>	<u>N diet</u>	<u>normal diet</u>	<u>normal diet</u>	
	Critical Lab Test / Values:	-	-	-	-	-	
Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>		
Post Operative Procedure Special Orders:	<u>FHR monitoring</u>	<u>FHR monitoring</u>	<u>FHR monitoring</u>	<u>FHR 4th hourly</u>	<u>FHR 4th hourly</u>		
Handed Over By Name :	<u>K. Sahan</u>	<u>shahini</u>	<u>Pooja</u>	<u>K. Sahan</u>	<u>Shanvi</u>		
Signature / ID :	<u>020077</u>	<u>02</u>	<u>02</u>	<u>020077</u>	<u>01616</u>		
Date:	<u>25/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>		
Time:	<u>8 AM</u>	<u>@ 2 PM</u>	<u>@ 2 PM</u>	<u>8 AM</u>	<u>@ 8 AM</u>		
Taken Over By Name :	<u>A. Shanvi</u>	<u>Pooja</u>	<u>K. Sahan</u>	<u>Shanvi</u>	<u>Pooja</u>		
Signature / ID :	<u>020077</u>	<u>02</u>	<u>020077</u>	<u>01616</u>	<u>020077</u>		
Date:	<u>26/5/26</u>	<u>26/5/26</u>	<u>26/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>		
Time:	<u>8 AM</u>	<u>@ 2 PM</u>	<u>8 PM</u>	<u>8 AM</u>	<u>8 AM</u>		

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 26 D (F)
 Dr. SRILATA PATNAIK



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G6P0L0 A5 26+2wki BOH</u> <u>c? p1 labour - steroids covered Abdominal Cephal</u> <u>in a femoral</u>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify:				
BACKGROUND	Date	30/5/26	30/5/26	31/5/26	31/5/26	31/5/26	
	Shift	Evening	Ni	M	E	Ni	
	Medical Condition (Any special condition to be noted):	nil	nil	-	-	-	
Diet:	High protein diet	High protein diet	High protein diet	High protein diet	High protein diet		
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	-	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6F	98.6F	98.6F	98.6F	98.4F
		Res:	20b/min	18b/min	18b/min	18b/min	19b/min
		SpO ₂ :	100%	99%	99%	99%	99%
		Pulse:	80b/min	86b/min	82b/min	82b/min	85b/min
		BP:	118/72 mmHg	110/70	110/76 mmHg	110/70 mmHg	110/70
		LOC:	Consistent	Consistent	Consistent	Consistent	Consistent
	Fall Risk Score:	15	15	15	15	15	
Pain Score:	0	0	0	0	0		
Skin Integrity:	Intact	Intact	Intact	Intact	Intact		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	nil	nil	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	High protein diet	High protein diet	High protein diet	High protein diet	High protein diet	
	Critical Lab Test / Values:	Nil	Nil	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:	CBP, COE on 3/6/26	CBP, COE on 3/6/26	CBP, COE on 3/6/26	CBP, COE on 3/6/26	CBP, COE on 3/6/26		
Handed Over By Name :	L. Shan	Lani	K. Subhan	Subhan	Pooja		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	30/5/26	31/5/26	31/5/26	31/5/26	31/5/26		
Time:	8pm	8AM	2PM	8pm	8AM		
Taken Over By Name :	[Signature]	K. Subhan	Subhan	Pooja	Abrah		
Signature / ID :	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]		
Date:	30/5/26	31/5/26	31/5/26	31/5/26	1/6/26		
Time:	8pm	8:00am	4pm	8pm	8AM		



3

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G6 P0 L0 A5 26 + 2 ^{to} bad obstetric history ? threatened preterm labor & steroids cover						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known							
	Surgery / Procedure: Abdominal cerclage for operation						Post OP Day:							
BACKGROUND	Date	1/6/26		1/6/26		1/6/26		2/6/26		2/6/26		2/6/26		
	Shift	M		E		N		m		E		N		
	Medical Condition (Any special condition to be noted):													
Diet:	High protein diet		High protein diet		High protein diet		H.P.D		High protein diet		H.P.D			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Ventilation (RA, NP, NIV, VENTI):	RA		RA		RA		RA		RA		RA		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Vital Signs:	Temp:	98.0 F		98.0 F		97.1 F		98.6 F		98.0 F		96.8 F	
		Res:	18 blm		19 blm		20 blm		20 blm		19 blm		19 blm	
		SpO ₂ :	99% Lo		98% Lo		98%		99%		98%		96%	
		Pulse:	86 blm		92 blm		90 blm		97 blm		98 blm		89 blm	
		BP:	118/66 mmHg		113/66 mmHg		118/66 mmHg		113/66 mmHg		118/66 mmHg		118/66 mmHg	
		LOC:	conscious		conscious		conscious		conscious		conscious		conscious	
	Fall Risk Score:	15		15		15		15		15		15		
Pain Score:	0		0		0		0		0		0			
Skin Integrity	Intact		Intact		Intact		Intact		Intact		Intact			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Physiotherapy:	-		-		-		-		-		-		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Special Diet:	High protein diet		High protein diet		High protein diet		H.P.D		High protein diet		H.P.D		
	Critical Lab Test / Values:	-		-		-		-		-		-		
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	ADL (Dependent / Non Dependent):	Dependent		Dependent		Dependent		Dependent		Dependent		Dependent		
Post Operative Procedure Special Orders:	EMR with notes													
Handed Over By Name :	Abul		Anwar		Prathapsha		Pooja		Prathapsha		Prathapsha			
Signature / ID :	020573		020573		020533		9050150		9050150		020533			
Date:	1/6/26		1/6/26		2/6/26		2/6/26		2/6/26		3/6/26			
Time:	@ 2 PM		@ 8 PM		@ 8 AM		2 PM		@ 8 PM		@ 8 AM			
Taken Over By Name :	Mamini		Prathapsha		Pooja		Pooja		Prathapsha		Pooja			
Signature / ID :	No		020533		9050150		9050150		020533		9050150			
Date:	1/6/26		1/6/26		2/6/26		2/6/26		2/6/26		3/6/26			
Time:	@ 2 PM		@ 8 PM		8 AM		4 PM		@ 8 PM		@ 8 AM			

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>ly Ppho As with 20+2 weeks with bad obstetric history with previous labour with severe tensioned with Caesarean section observed for observations</i>						Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:							
	Surgery / Procedure:						Post OP Day:							
BACKGROUND	Date	3/6/26		3/6/26		3/6/26		4/6/26		4/6/26		4/6/26		
	Shift	M		E		M		M		E		M		
	Medical Condition (Any special condition to be noted):													
Diet:	High protein diet		High protein diet		High protein diet		High protein diet		High protein diet		High protein diet			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Ventilation (RA, NP, NIV, VENTI):	RA		RA		RA		RA		RA		RA		
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Vital Signs:	Temp:	98°F		98.4°F		98.6°F		98°F		98.2°F		98.6°F	
		Res:	16b/m		16b/m		19b/m		18b/m		19b/m		19b/m	
	SpO ₂ :	99%		99%		99%		99%		99%		99%		
	Pulse:	86bpm		86bpm		82bpm		84bpm		86bpm		82bpm		
	BP:	113/70mmHg		113/70mmHg		110/60mmHg		113/70mmHg		113/70mmHg		112/70mmHg		
	LOC:	conscious		conscious		conscious		conscious		conscious		conscious		
	Fall Risk Score:	15		15		15		15		15		15		
Pain Score:	0		0		0		0		0		0			
Skin Integrity	Intact		Intact		Intact		Intact		Intact		Intact			
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Physiotherapy:	-		-		-		-		-		-		
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Special Diet:	High protein diet		High protein diet		High protein diet		High protein diet		High protein diet		High protein diet		
	Critical Lab Test / Values:													
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ADL (Dependent / Non Dependent):	Dependent		dependent		dependent		Dependent		Dependent		dependent			
Post Operative Procedure Special Orders:	-		-		FHR monitoring		-		FHR monitoring		FHR monitoring			
Handed Over By Name :	pooja		pooja		kishini		pooja		pooja		kishini			
Signature / ID :	9050150		9050150		020477		9050150		9050150		020477			
Date:	3/6/26		3/6/26		4/6/26		4/6/26		4/6/26		5/6/26			
Time:	@ 2pm		@ 8pm		8pm		8 AM		8 PM		8 AM			
Taken Over By Name :	pooja		kishini		pooja		pooja		kishini		prathibha			
Signature / ID :	9050150		020477		9050150		9050150		020477		020533			
Date:	3/6/26		3/6/26		4/6/26		4/6/26		4/6/26		5/6/26			
Time:	@ 2pm		8pm		8 AM		@ 2pm		8pm		@ 8am			



4

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>G6Ag @ 26+6wbs c bad chested history c uterine pain labour & str lower c Akelom acute dx</i>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known	
	Surgery / Procedure:	Post OP Day:	
BACKGROUND	Date	<i>5/6/26</i>	
	Shift	<i>AM</i>	
	Medical Condition (Any special condition to be noted):	<i>-</i>	
ASSESSMENT	Diet:	<i>High protein</i>	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>96.2 F</i>
		Res:	<i>19 breaths</i>
		SpO ₂ :	<i>96.1</i>
		Pulse:	<i>80 breaths</i>
		BP:	<i>113/72 mmHg</i>
		LOC:	<i>conscious</i>
Fall Risk Score:		<i>15</i>	
Pain Score:	<i>0</i>		
Skin Integrity:	<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>High protein</i>	
	Critical Lab Test / Values:	<i>-</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<i>dependent</i>		
Post Operative Procedure Special Orders:		<i>FHR monitoring</i>	
Handed Over By Name :		<i>mittapally</i>	
Signature / ID :		<i>020533</i>	
Date:		<i>5/6/26</i>	
Time:		<i>@ 11 AM</i>	
Taken Over By Name :			
Signature / ID :			
Date:			
Time:			

NURSING SHIFT HAND OVER FORM

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

MH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 D1-01-1991 35 Y 4 M 23 D (F)
 r. SRILATA PATNAIK

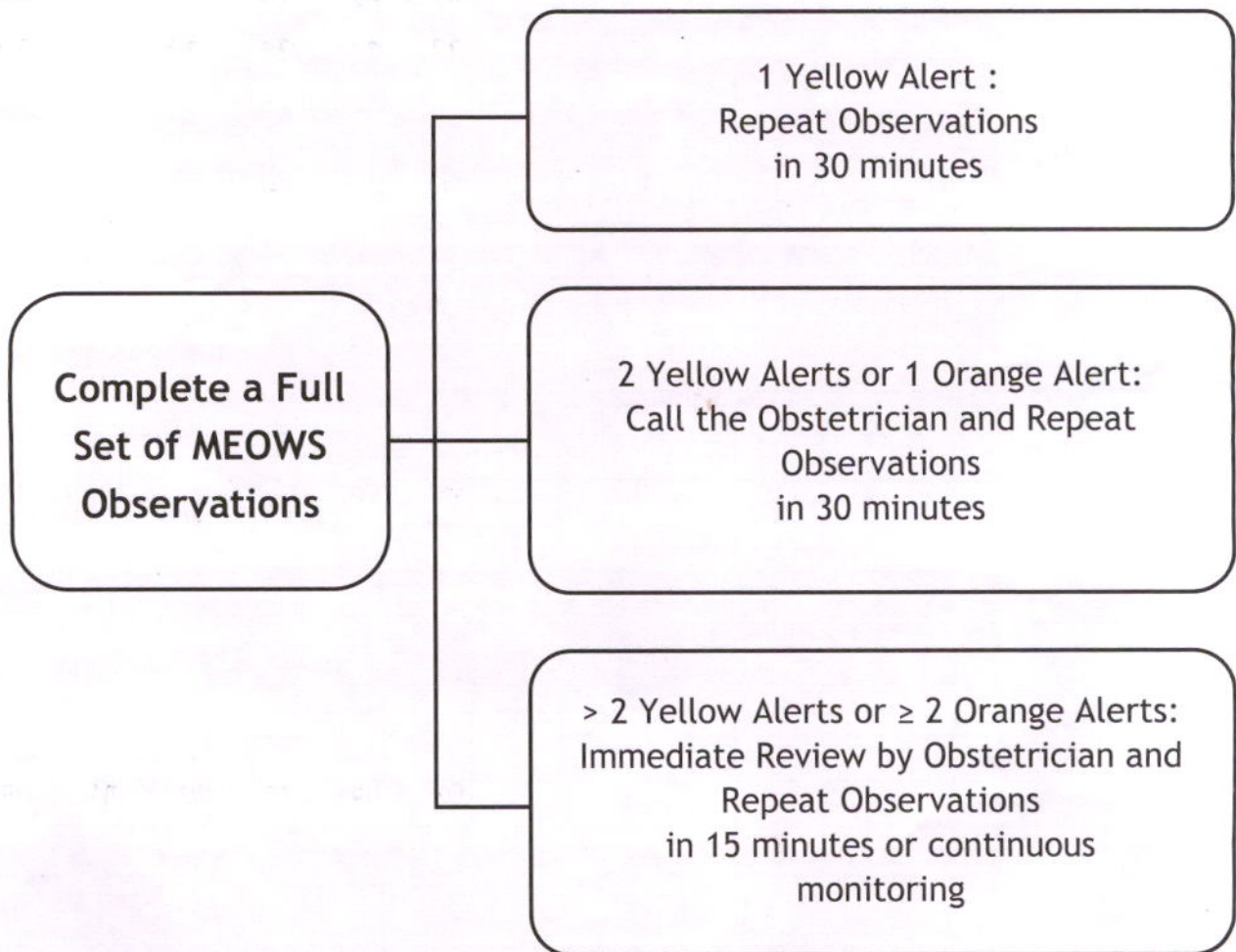


Early warning Observation Score Chart - Obstetrics

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

		Date																												
		23/5/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7			
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20																													
	0 - 10																													
Saturations	94 - 100 %																													
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	50																													
40																														
Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
60																														
50																														
Diastolic Blood Pressure	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	50																													
	40																													
	NEURO RESPONSE [✓]	Alert																												
		Voice																												
		Pain																												
Unresponsive																														
URINE mls / hour	> 30																													
	< 30																													
Proteinuria	Protein ++																													
	Protein > ++																													
Lochia	Normal																													
	Heavy / Foul																													
Liquor	Clear / Pink																													
	Green																													
TOTAL YELLOW SCORES																														
TOTAL ORANGE SCORES																														
Nurse Initial																														

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)

Patient Still

r. SRILATA PATNAIK



2

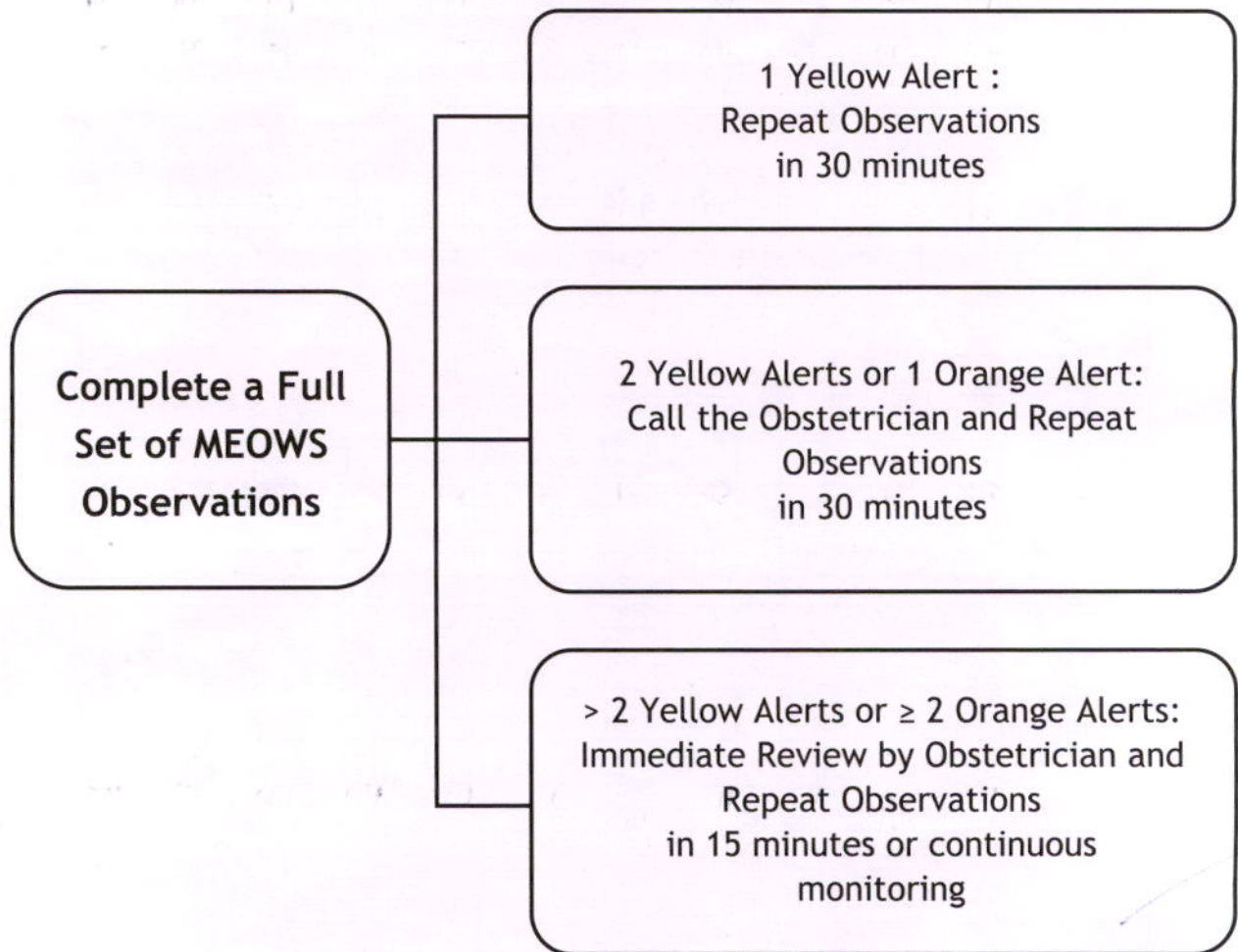


Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1	36.5	37.1
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80	81			79	80	81	86	89	80	80	82	82	80	80	82	82	82	82	82	82	82	82	82
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	113				110	115			108	110	113	110	110	110	110	111	113	113	113	113	113	113	113	113
	100		109																						
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70				71			60	68	69	70	70	70	70	70	70	70	70	70	70	70	70	70	70
60		61																							
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	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	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	0
Nurse Initial		SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR	SR

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 R. SRILATA PATNAIK

3



Patient S

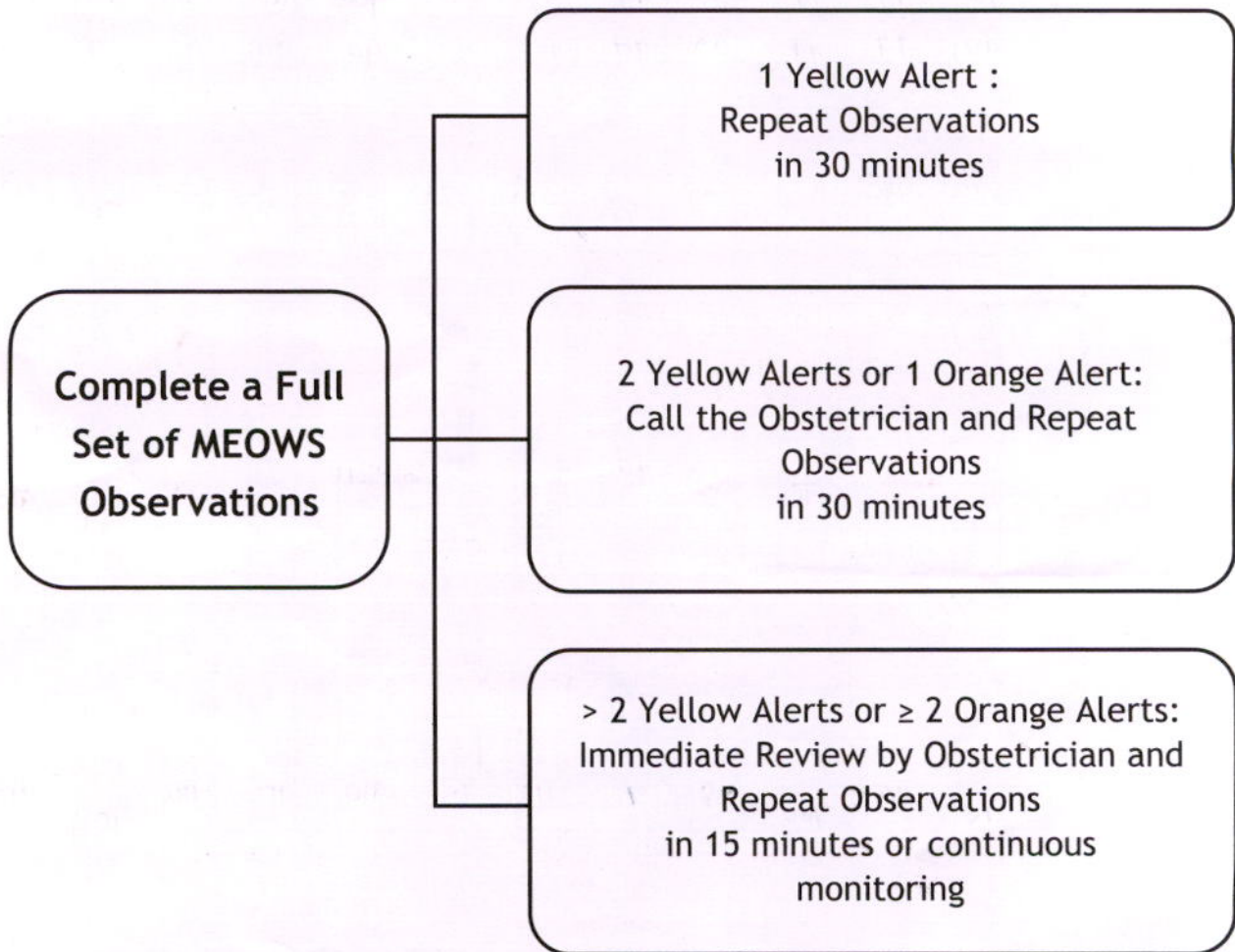


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	19	19	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	18		
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	100	99	99	99	99	99	99	99	99	99	99	99	99	99	100	99		
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37.0	37.0																						
	36			36.0				36.0		37.0	37.0		36.0												
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80	82	90	94	90		84	95		80	83	84									71		83	
	70																								
60																									
50																									
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	98	110	100	118	100		118	100	110	113	110										109		115	
	90																								
80																									
70																									
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70		70					80		73	85	70	82	83								69		73	
	60	66		60																					
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE ml/s / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																								
TOTAL YELLOW SCORES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial	R	R	R	U	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

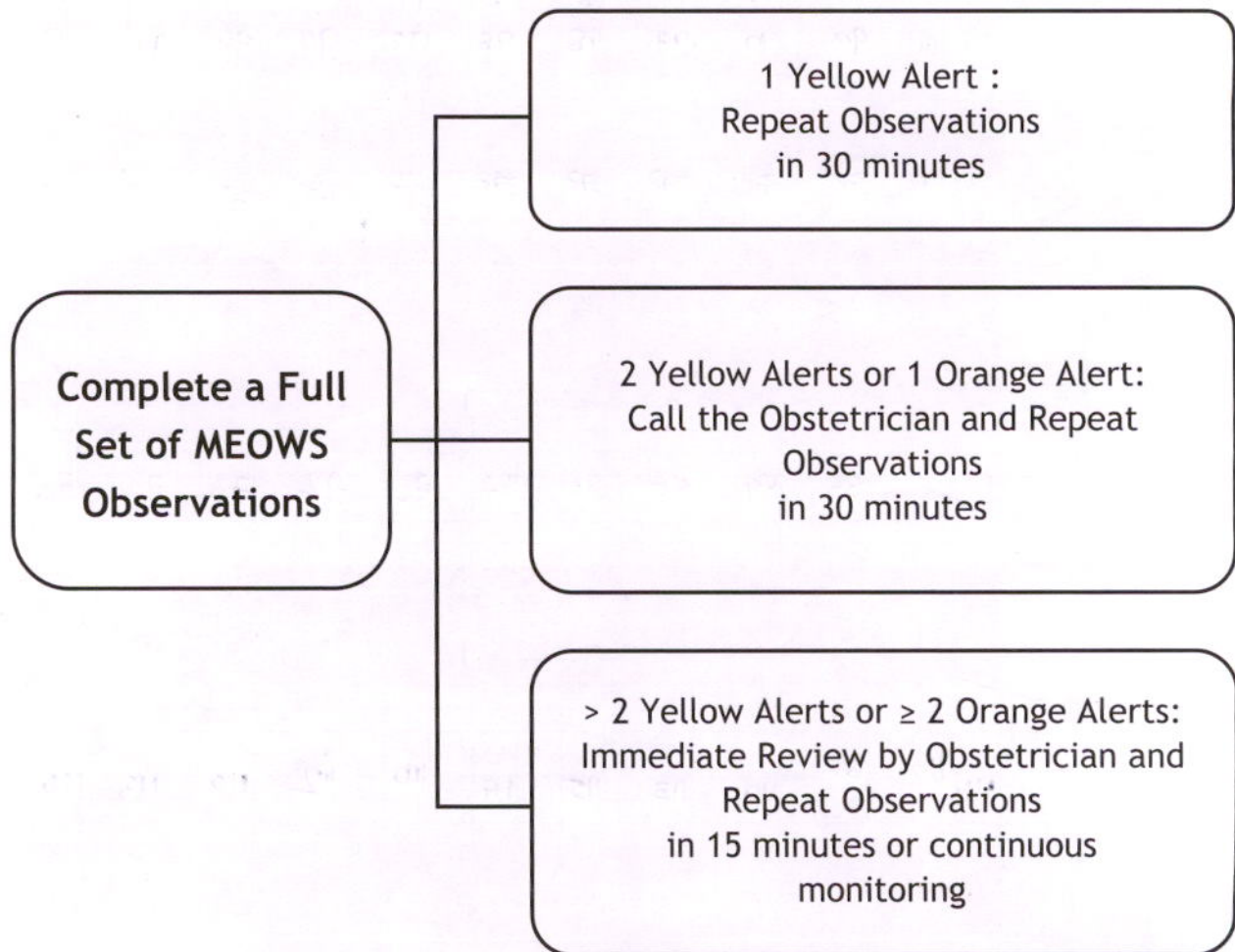


Early Warning Observation Score Chart - Obstetrics

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

Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	19	18	19	19	19	18	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
Saturations	0 - 10																										
	94 - 100 %	99	100	99	99	99	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80	84	86	88	89	89	89	89	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87	87
	70																										
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	110	113	120		110	113	115	117	110	112	110	113	116	110	113	116	110	113	116	110	113	116	110	113	116	
	100																										
	90																										
80																											
70																											
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70	69	72	70	79	78	73	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	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	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	0		
Nurse Initial		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IP-00060089
 IH-00205253
 Mrs MITTAPALLY PADMA
 35 Y 4 M 25 D (F)
 11-01-1991
 Jr. SRILATA PATNAIK

5

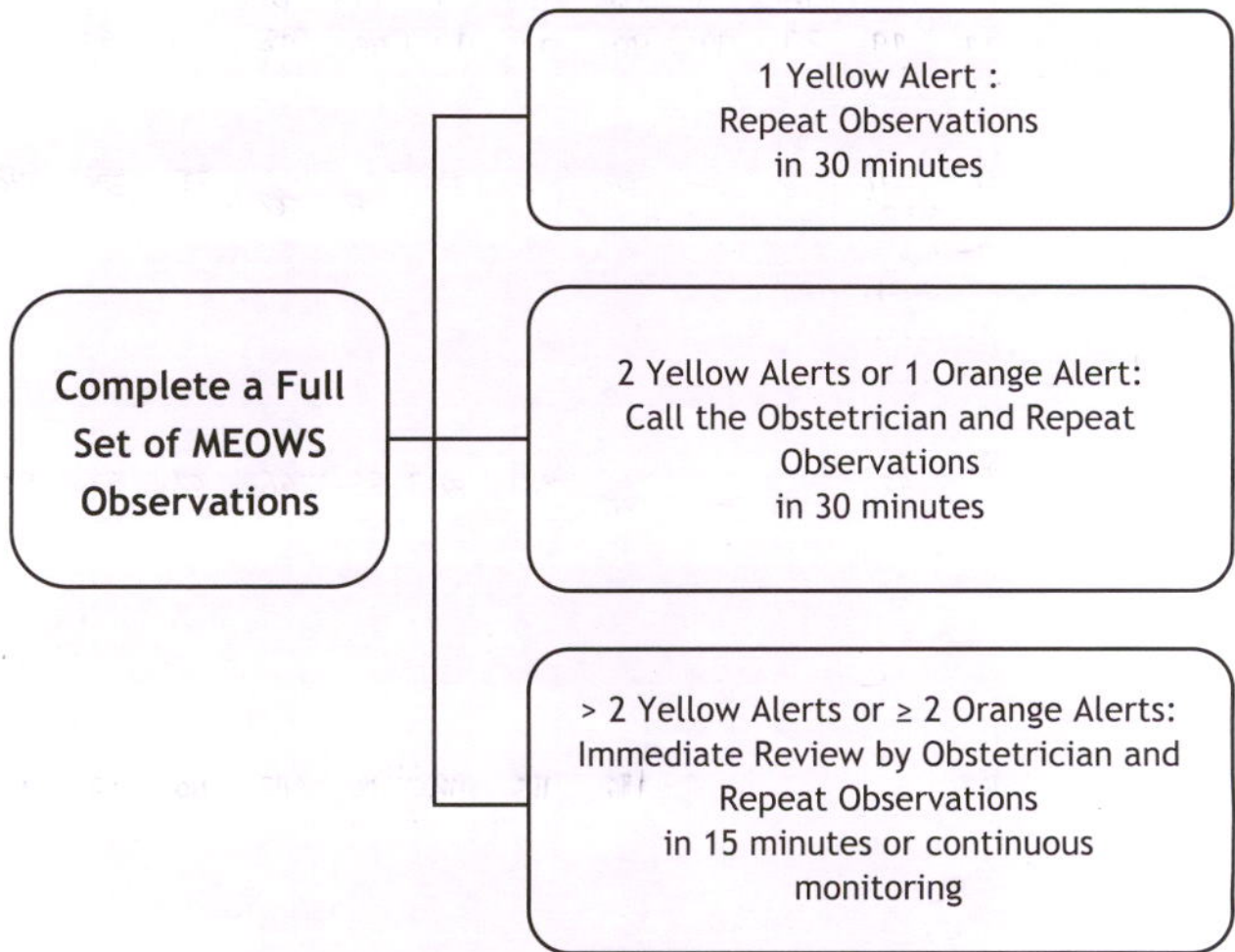


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	18	18	18	19	18	18	19	19	18	19	19	18	19	19	19	19	19	19	19	19	19	19	
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99	99	99	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	88																							
	80		75																						
	70					79	70																		
	60																								
	Systolic Blood Pressure	190																							
180																									
170																									
160																									
150																									
140																									
130																									
120																									
110		107		115																					
100										116	115	118	110	113	110	117	116								
90																									
80																									
Diastolic Blood Pressure		130																							
	120																								
	110																								
	100																								
	90																								
	80	73																							
	70		65																						
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert	✓	✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
		Voice																							
		Pain																							
Unresponsive																									
URINE mls / hour	> 30	✓	✓						✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA						✓	✓	✓	NA	NA	NA	NA	NA									
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA						NA	NA	NA	NA	NA	NA	NA	NA									
	Green																								
TOTAL YELLOW SCORES		0	0						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0						0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial		☞	☞						☞	☞	☞	☞	☞	☞	☞	☞	☞	☞	☞	☞	☞	☞	☞		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA (F)
 01-01-1991 35 Y 4 M 26 D
 Dr. SRILATA PATNAIK



6

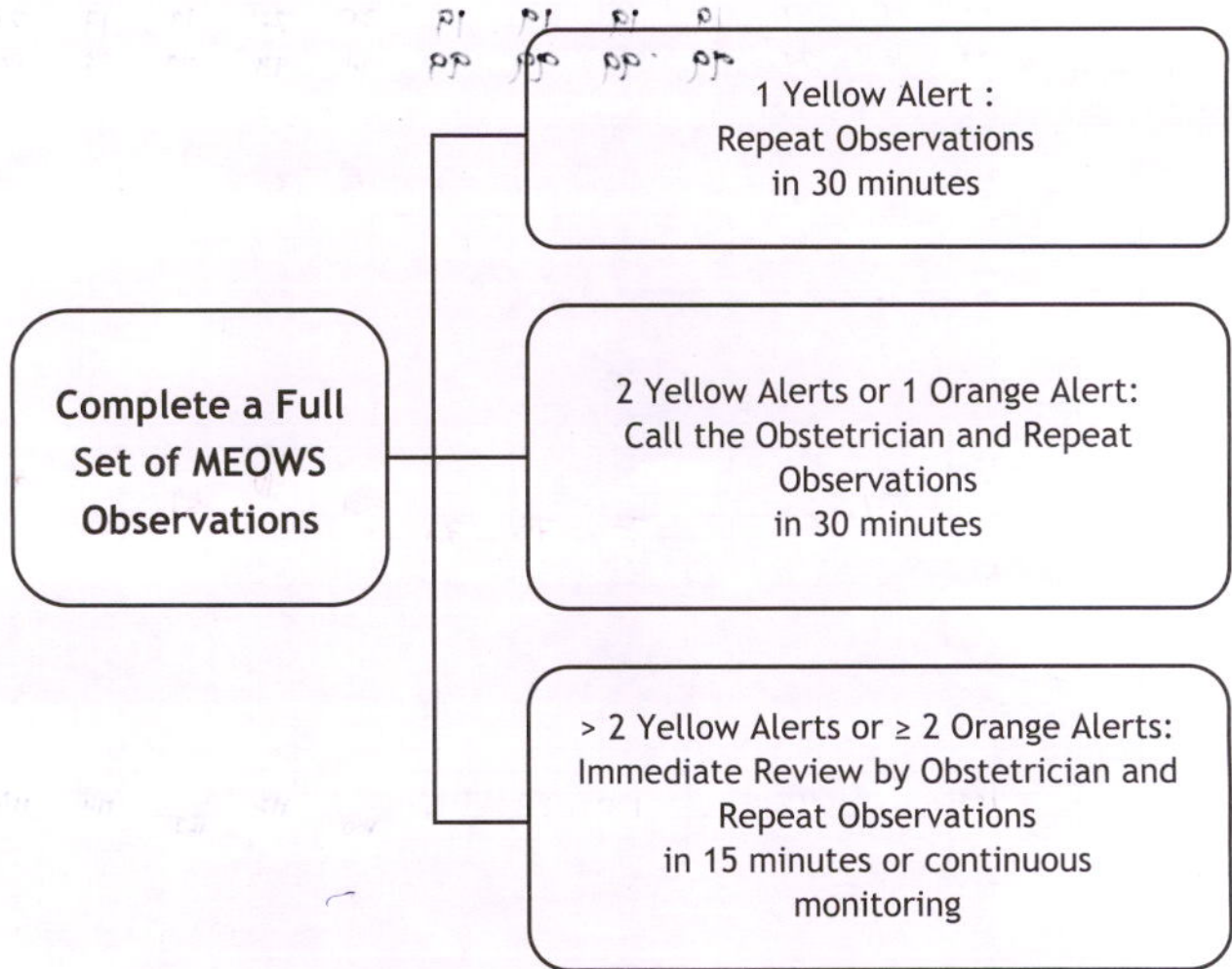


Early Warning Observation Score Chart - Obstetrics

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

		Date																									
		28/5/26																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	10	18	19		19	19	19	19	19	19	20	21	19	17	22											
	0 - 10																										
Saturations	94 - 100 %	99	100	99		99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99		
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	37°C				37°C																					
	36	36°C																									
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90	85																	90								91
	80		79																	87							
	70					89						78			76					84							
60																											
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	105			116			110				110	118	116			100		112				107	114		116	
	100																										
	90																										
80																											
70																											
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80	85																										
70		69																									
60					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																							
TOTAL ORANGE SCORES		0	0	0																							
Nurse Initial		SP	SP	SP																							

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



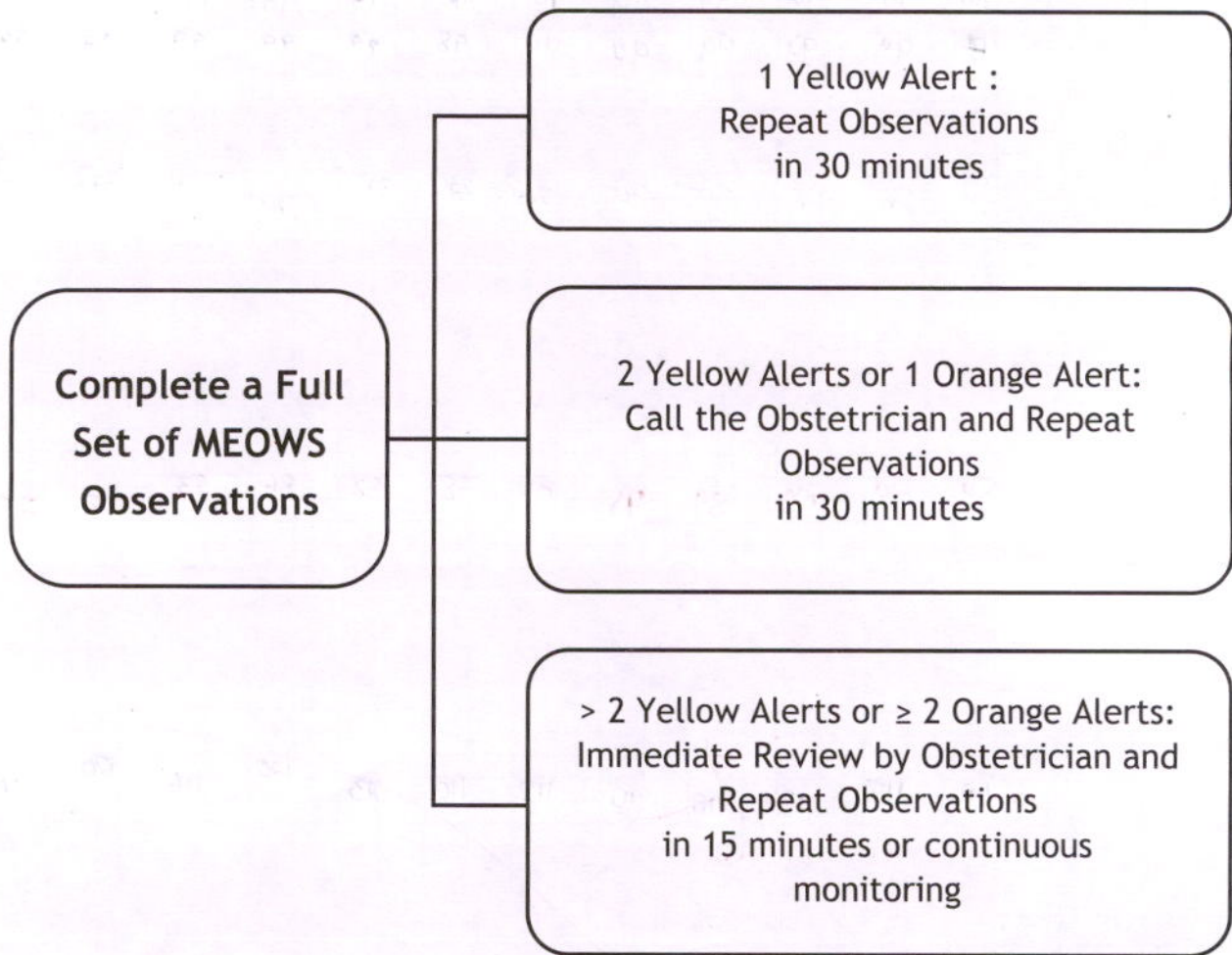
7

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
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	20	19	19	19	19	19	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																								
Saturations	94 - 100 %	97	99	99	99	99	99	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp ^o C	40																								
	39																								
	38																								
	37	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	84	80	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	84	
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	110	110	112	110	110	112	110	113	120	116	120	110	110	113	120	116	120	110	110	110	110	110	110	
	100																								
	90																								
	80																								
	70																								
60																									
50																									
40																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
90																									
80																									
70	60	60	62	70	71	80	70	75	80	82	76	70	70	75	80	82	76	70	70	70	70	70	70		
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	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		SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	SM	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 29 D (F)
 Dr. SRILATA PATNAIK



Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	
Time		8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30													
	21 - 30													
	11 - 20	19	18	19	19	19	18	19	19	19	19	19	19	
	0 - 10													
Saturations	94 - 100 %	98	99	98	99	99	99	99	99	99	99	99	99	
	< 94 %													
Administered O ₂ (L/min.)														
Temp °C	40													
	39													
	38													
	37	37C	37C	37	37	37	37	37	37	37	37	37	37	
	36													
	35													
	< 35													
Heart Rate	170													
	160													
	150													
	140													
	130													
	120													
	110	102	101	102	102	102	102	102	102	102	102	102	102	
	100													
	90		99					99		99		99		99
	80													
	70													
	60													
	50													
40														
Systolic Blood Pressure	190													
	180													
	170													
	160													
	150													
	140													
	130													
	120	113	113	112	124	116	124	118	120	117	112	115	114	116
	110													
	100													
	90													
	80													
	70													
60														
50														
Diastolic Blood Pressure	130													
	120													
	110													
	100													
	90													
	80	74	70	72	74	76	72	70	70	72	73	74	75	75
	70													
60														
50														
40														
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice													
	Pain													
	Unresponsive													
URINE	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30													
Proteinuria	Protein ++													
	Protein > ++													
Stool	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul													
Vagina	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green													
LOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	
ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	AB	

Obstetrics and Gynaecology Early Warning Signs

PI PI PI PI
PP PP PP PP

Complete a Full Set of MEOWS Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes.

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or ≥ 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-0060089
 Mrs MITTAPALLY PADMA 35 Y 4 M 29 D (F)
 01-01-1991
 Dr. SRILATA PATNAIK



9

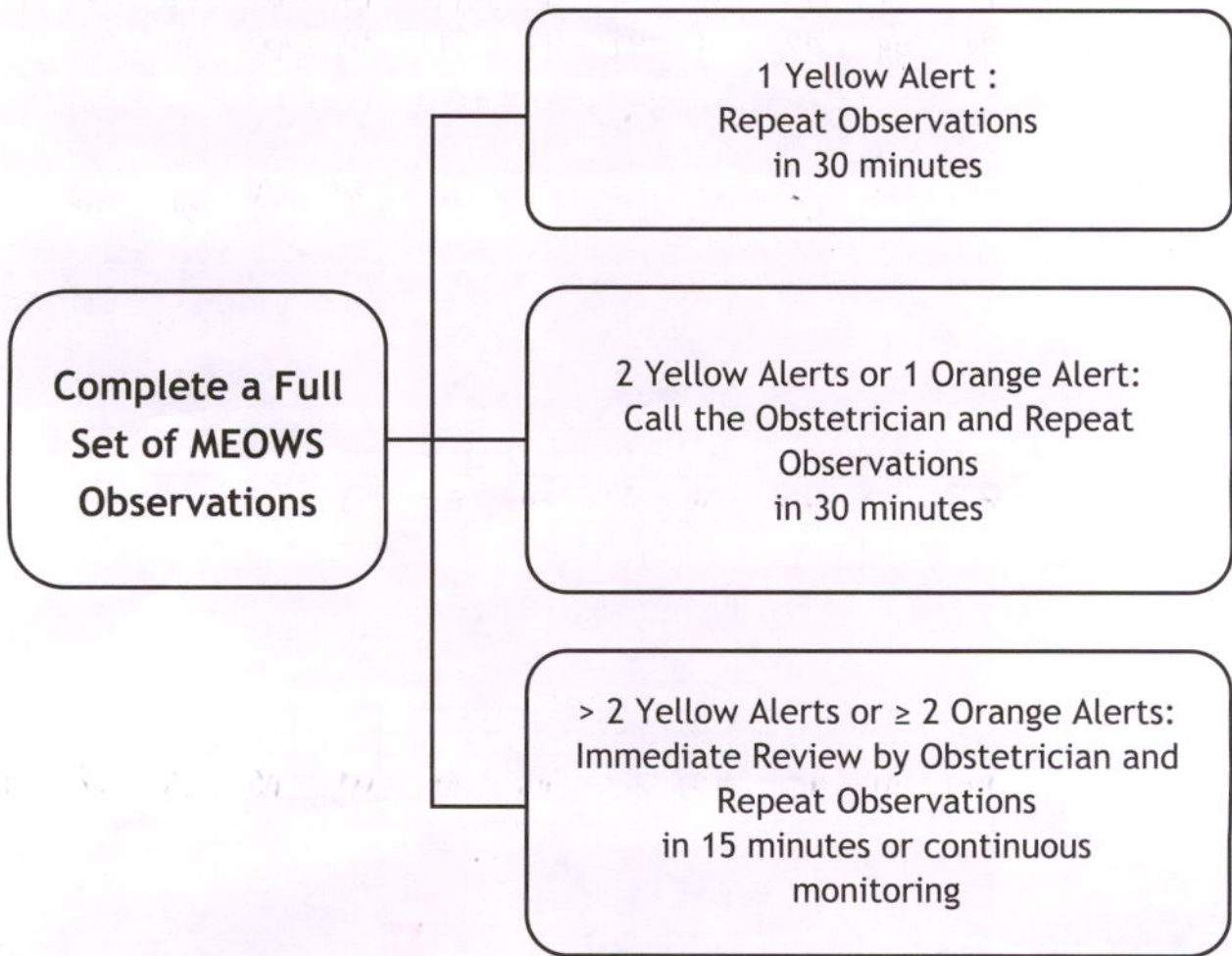


Early Warning Observation Score Chart - Obstetrics

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

Date																										
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	10	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	99	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	36	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	82	83	83	81	83	84	83	85	86	81	81	85	85	85	85	85	85	85	85	85	85	85	85	85	85
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110	110	111	110	113	105	110	111	112	115	116	118	119	119	119	119	119	119	119	119	119	119	119	119	119	
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70	69	70	72	74	70	76	71	75	78	78	78	78	78	78	78	78	78	78	78	78	78	78	78	
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Heavy / Foul																									
Liquor	Clear / Pink	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Green																									
TOTAL YELLOW SCORES		0	0	10	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	0	
Nurse Initial		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 30 D (F)
 Dr. SRILATA PATNAIK



10

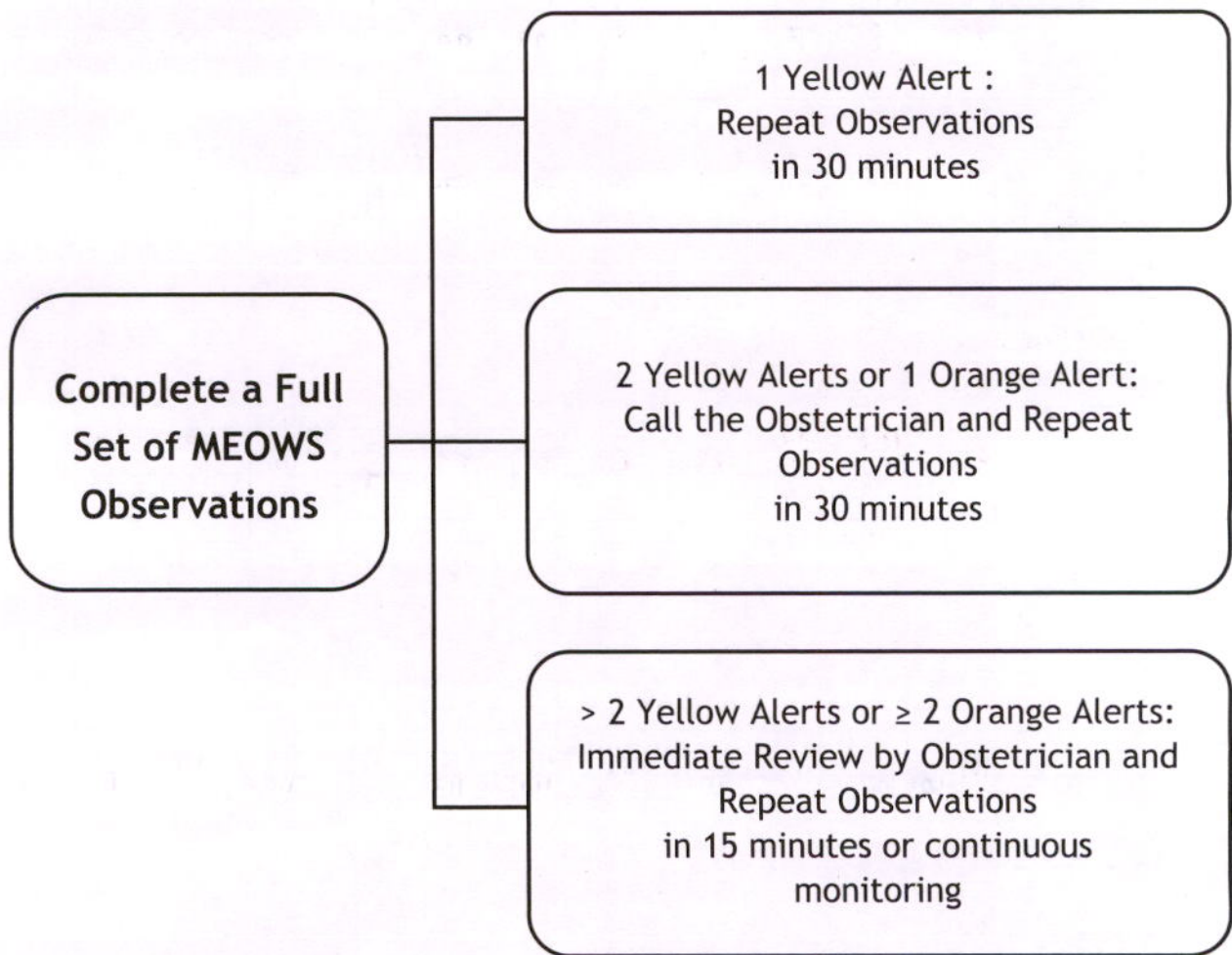


Hourly Observation Score Chart - Obstetrics

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

		Date																													
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7					
RESP (write rate in corresp. box)	> 30																														
	21 - 30																														
	11 - 20	18	19	18	19	18	19	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19					
	0 - 10																														
Saturations	94 - 100 %	99	98	99	98	98	98	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99					
	< 94 %																														
Administered O ₂ (L/min.)																															
Temp °C	40																														
	39																														
	38																														
	37	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0				
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90	86	102	92		88	80	80	88		80	80	81	78	76																
	80																														
	70																														
	60																														
	50																														
40																															
Systolic Blood Pressure	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120	117	103	103	113	110	113	110	113	121	116	120	110	115																	
	110																														
	100																														
	90																														
	80																														
	70																														
60																															
50																															
40																															
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																														
	Pain																														
	Unresponsive																														
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																														
Proteinuria	Protein ++																														
	Protein > ++																														
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																														
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																														
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0		
Nurse Initial		4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 31 D (F)
 Dr. SRILATA PATNAIK



11

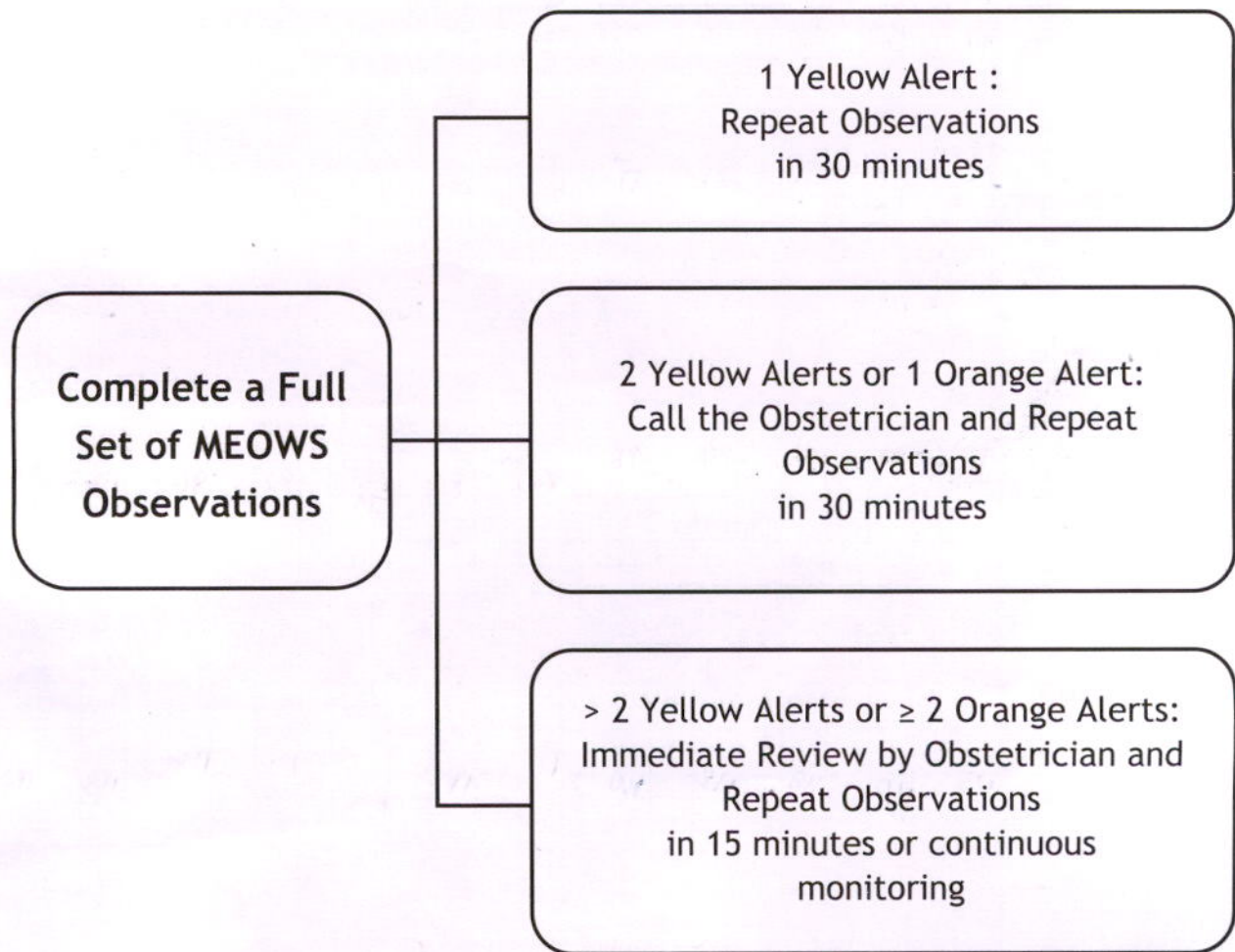


Early Warning Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESPIRATORY RATE (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	18	19	18	18	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	
	0 - 10																								
Saturations	94 - 100 %	99	98	100	99	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98	96	94	99	98																			
	80																								
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	115	110	112	112	110																			
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60	68	70	74	66	72	70																			
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice																								
Pain																									
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 5 M 1 D (F)
 Dr. SRILATA PATNAIK

17

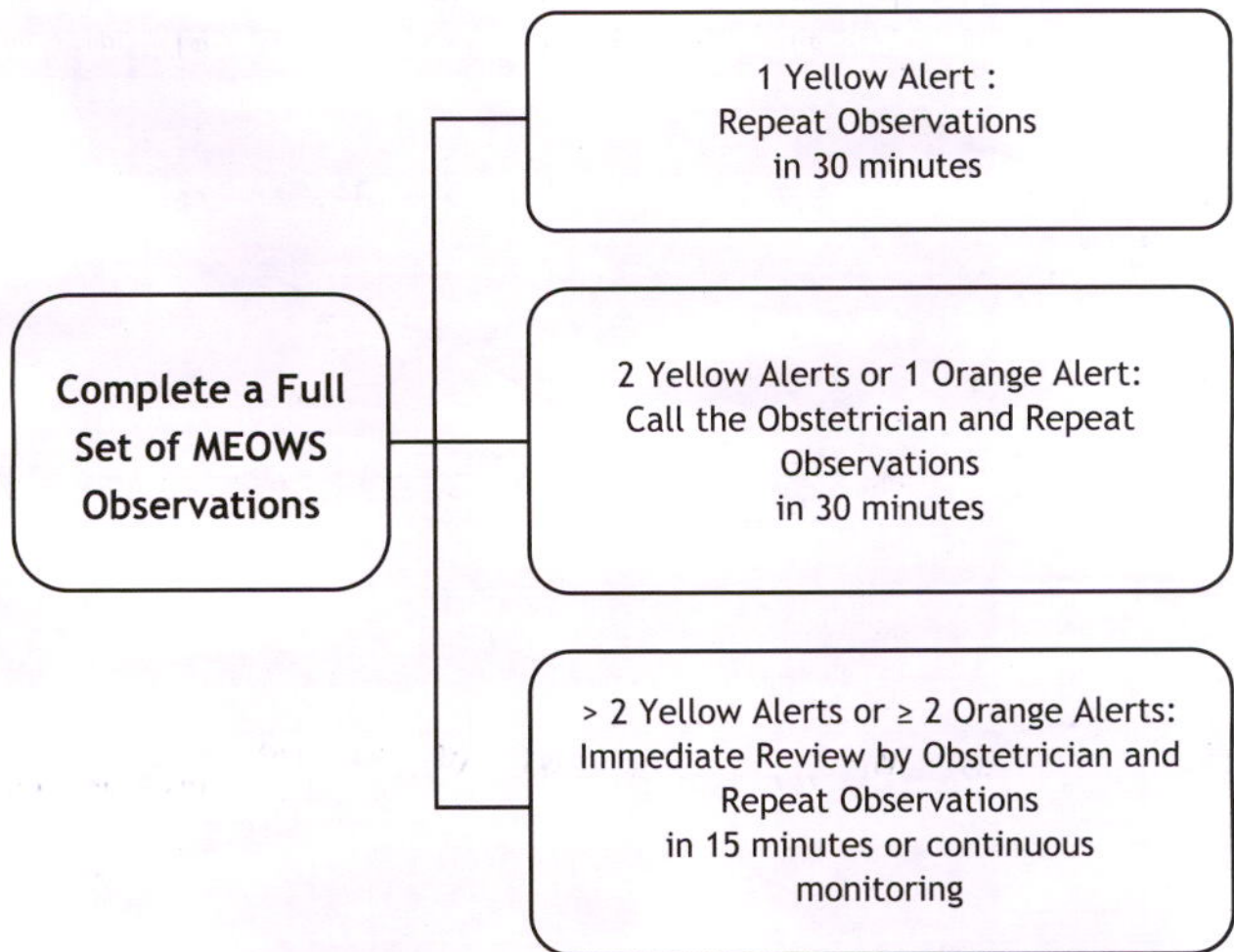


Hourly Observation Score Chart - Obstetrics

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

Date		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
3/6/26																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19	19	19	19	18	19	19	19	18	19	19	19	18	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	99	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90	86	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	85	
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	113	115	109	110	113	115	116	112	109	110	113	114	114	114	114	114	114	114	114	114	114	114	114	114	
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90	72	71	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70		
80																										
70																										
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	Voice																									
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Heavy / Foul																									
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA 35 Y 5 M 1 D (F)
 01-01-1991
 Dr. SRILATA PATNAIK

13

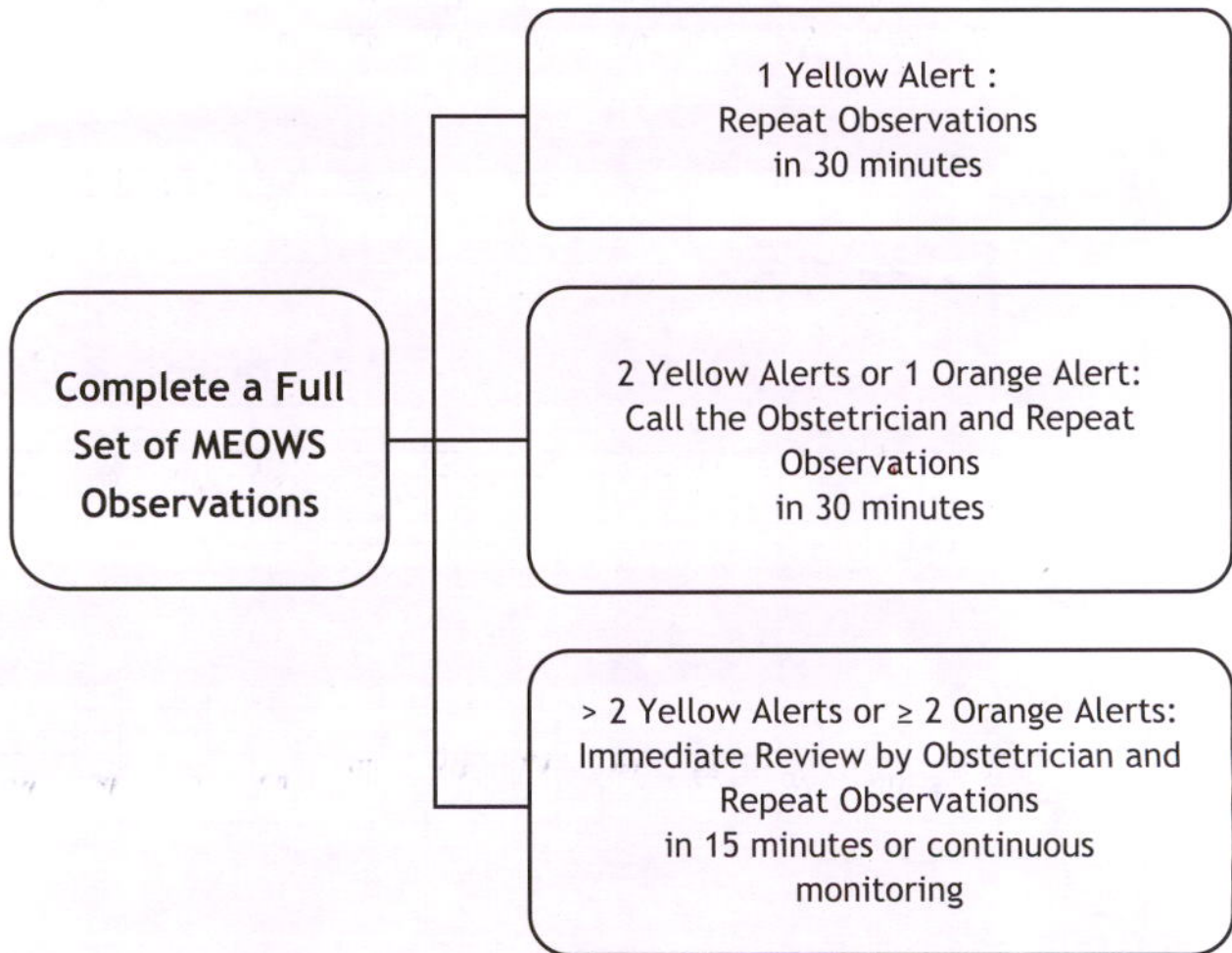


Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
y/g/26		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	18	14	18	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	98	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0	37.0
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	84	86	82	88	89	82	85	80	83	84	80	82	82	82	82	82	82	82	82	82	82	82	82	82
	80																								
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	113	108	110	113	114	115	116	110	110	113	112	110	110	110	110	110	110	110	110	110	110	110	110	
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	70	62	70	70	70	72	75	70	70	73	70	71	70	70	70	70	70	70	70	70	70	70	70	70
	70																								
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Heavy / Foul																								
Liquor	Clear / Pink	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	SP	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00205253 IP-00060089

Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 5 M 3 D (F)
 Dr. SRILATA PATNAIK



(14)

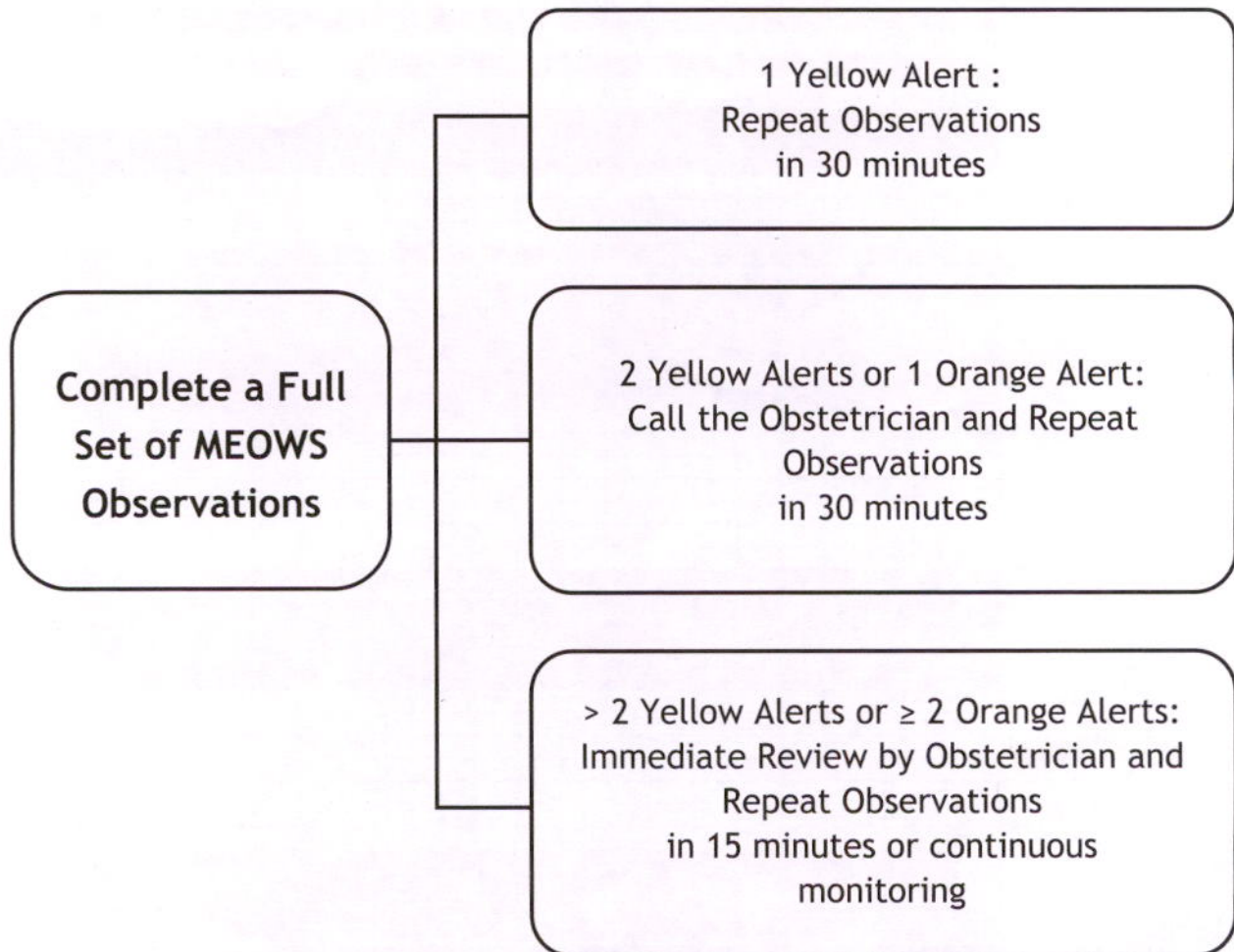


Late warning Observation Score Chart - Obstetrics

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

Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20	19		19																							
	0 - 10																										
Saturations	94 - 100 %	99		99																							
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36	36.2		36.2																							
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70	71		73																							
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100	112		108																							
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70	72		69																							
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert	✓	✓																								
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30	✓	✓																								
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	NA	NA																								
	Heavy / Foul																										
Liquor	Clear / Pink	NA	NA																								
	Green																										
TOTAL YELLOW SCORES		0	0																								
TOTAL ORANGE SCORES		0	0																								
Nurse Initial		SP	SP																								

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 r. SRILATA PATNAIK



FLUID CHART

1

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm	H ₂ O + 50ml								50ml			
	09:00 pm	H ₂ O + 50ml								50ml			
	10:00 pm	H ₂ O + 50ml								100ml			
	11:00 pm	H ₂ O + 50ml								50ml			
	12:00 am	H ₂ O + 50ml								100ml			
	01:00 am	H ₂ O + 100ml								50ml			
Total Intake : 350						Total Output : 400ml							
	02:00 am	H ₂ O + 50ml								50ml			
	03:00 am	H ₂ O + 50ml								100ml			
	04:00 am	H ₂ O + 50ml								50ml			
	05:00 am	H ₂ O + 50ml								50ml			
	06:00 am	H ₂ O + 50ml								50ml			
	07:00 am	H ₂ O 100ml								100ml			
Total Intake : 350ml						Total Output : 400ml							
Total 24 hrs. Intake			700ml			Total 24 hrs. Output			800ml				

Date

Time

FHR

03/5

04/5

04/5

8 PM	1406/mf
9 PM	1386/mf
10 PM	1466/mf
11 AM	1466/mf
12 PM	1396/mf
1 PM	1426/mf
2 PM	1386/mf
3 PM	1406/mf
4 AM	1426/mf
5 AM	1396/mf
6 AM	1386/mf
7 AM	1866/mf
8 AM	1426/mf
9 AM	1526/mf
10 AM	1406/mf
11 AM	1466/mf
12 PM	1386/mf
1 PM	1426/mf
2 PM	1366/mf
3 PM	1466/mf
4 AM	1426/mf
5 AM	1396/mf
6 AM	1386/mf
7 AM	1866/mf
8 AM	1426/mf
9 AM	1526/mf
10 AM	1406/mf
11 AM	1466/mf
12 PM	1386/mf
1 PM	1426/mf
2 PM	1366/mf
3 PM	1466/mf
4 PM	1466/mf
5 PM	1386/mf
6 PM	1406/mf
7 PM	1426/mf
8 PM	1366/mf

IH-00205253 IP-00060089

Pa'trs MITTAPALLY PADMA

1-01-1991 35 Y 4 M 23 D (F)

r. SRILATA PATNAIK



FLUID CHART



Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
24/5/26	08:00 am	H ₂ O 100ml							50ml	0	Pradhyakha @ 11am 24/5/26 Pradhyakha @ 1pm 24/5/26	
	09:00 am	H ₂ O 100ml							50ml	0		
	10:00 am	H ₂ O 100ml							50ml	0		
	11:00 am	H ₂ O 100ml							50ml	0		
	12:00 pm	H ₂ O 50 ml							50ml	0		
	01:00 pm	H ₂ O 100ml								0		
Total Intake :			550ml		Total Output : 250ml							
24/5/26	02:00 pm	H ₂ O 50ml							✓	0	Pradhyakha @ 7pm 24/5/26	
	03:00 pm	H ₂ O 50ml								0		
	04:00 pm	H ₂ O 100ml								0		
	05:00 pm	H ₂ O 100ml							✓	0		
	06:00 pm	H ₂ O 100ml								0		
	07:00 pm	H ₂ O 100ml								0		
Total Intake :			500ml		Total Output : Passed							
24/5/26	08:00 pm	H ₂ O 100ml							✓	0	Pradhyakha @ 5/26 11am	
	09:00 pm	H ₂ O 50ml								0		
	10:00 pm	H ₂ O 50ml + inj. metrogyl 100ml							✓	0		
	11:00 pm	H ₂ O 100ml								0		
	12:00 am	H ₂ O 50ml								0		
	01:00 am	H ₂ O 50ml								0		
Total Intake :			500ml		Total Output : passed							
25/5/26	02:00 am	H ₂ O 50ml								0	Pradhyakha @ 5/26 8am	
	03:00 am	H ₂ O 50ml								0		
	04:00 am	H ₂ O 50ml							✓	0		
	05:00 am	H ₂ O 50ml								0		
	06:00 am	H ₂ O 100ml							✓	0		
	07:00 am	H ₂ O 100ml								0		
Total Intake :			400ml		Total Output : passed							

Total 24 hrs. Intake 1950ml

Total 24 hrs. Output passed

FHR monitoring

Date 2/5/26 Time 8pm - 135 b/m

9pm - 150 b/m

10pm - 152 b/m

11pm - 154 b/m

12 AM - 125 b/m

1 AM - 139 b/m

2 AM - 139 b/m

3 AM - 140 b/m

4 AM - 142 b/m

5 AM - 140 b/m

6 AM - 150 b/m

7 AM - 144 b/m

8 AM - 143 b/m

9 AM - 140 b/m

10 AM - 136 b/m

11 AM - 142 b/m

12 pm - 136 b/m

1 pm - 138 b/m

2 pm - 144 b/m

3 pm - 136 b/m

4 pm - 132 b/m

5 pm - 138 b/m

6 pm - 144 b/m

7 pm - 146 b/m

8 pm - 140 b/m

FHR monitoring

Date Time FHR

3/5/26 8pm 154 b/m

11pm 155 b/m

1/6/26 3 AM 154 b/m

1/6/26 7 AM 153 b/m

11 AM 157 b/m

4 pm 148 b/m

8 pm 150 b/m

2/6/26 12 AM 152 b/m

4 AM 150 b/m

8 AM 153 b/m

12 pm 148 b/m

4 pm 150 b/m

9 pm 147 b/m

3/6/26 1 AM 155 b/m

5 AM 152 b/m

9 AM

IP-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 r. SRILATA PATNAIK

3

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
25/5/25	08:00 am	blo 100ml								✓	0	25/5/25 25/5/25
	09:00 am	blo 50ml								✓	0	
	10:00 am	blo 100ml								✓	0	
	11:00 am									✓	0	
	12:00 pm	blo 100ml								✓	0	
	01:00 pm	blo 100ml								✓	0	
Total Intake :			450ml			Total Output :					passed	
25/5/25	02:00 pm	blo 100ml	4.5 di	100ml						✓	0	25/5/25 25/5/25
	03:00 pm									✓	0	
	04:00 pm	blo 100ml								✓	0	
	05:00 pm	blo 50ml								✓	0	
	06:00 pm	blo 100ml								✓	0	
	07:00 pm	blo 100ml								✓	0	
Total Intake :			550ml			Total Output :					passed	
25/5/26	08:00 pm	H ₂ O 100ml								✓	0	25/5/26 25/5/26
	09:00 pm	H ₂ O 100ml								✓	0	
	10:00 pm	H ₂ O 50ml	4.5 di	100ml						✓	0	
	11:00 pm	H ₂ O 50ml								✓	0	
	12:00 am	H ₂ O 50ml								✓	0	
	01:00 am	H ₂ O 100ml								✓	0	
Total Intake :			550ml			Total Output :					passed	
26/5/26	02:00 am	H ₂ O 50ml								✓	0	26/5/26 26/5/26 26/5/26
	03:00 am	H ₂ O 50ml								✓	0	
	04:00 am	H ₂ O 100ml								✓	0	
	05:00 am	H ₂ O 100ml								✓	0	
	06:00 am	H ₂ O 100ml	4.5 di	100ml						✓	0	
	07:00 am	H ₂ O 100ml								✓	0	
Total Intake :			600ml			Total Output :					passed	
Total 24 hrs. Intake		2150ml										
Total 24 hrs. Output		passed										

FHR monitoring

Date	Time	FHR	Date	Time	FHR
25/5/26	8pm	140b/m	27/5/26	11Am	145b/m
	9pm	150b/m		3pm	138b/m
	10pm	150b/m		7pm	150b/m
	11pm	132b/m		11pm	147b/m
26/5/26	12Am	142b/m		3Am	146b/m
	1Am	159b/m	28/5/26	7Am	138b/m
	2Am	140b/m		11Am	142b/m
	3Am	149b/m		3pm	136b/m
	4Am	150b/m		7pm	140b/m
	5Am	144b/m	29/5	12Am	148b/m
	6Am	136b/m		4Am	146b/m
	7Am	134b/m		8Am	150b/m
	8Am	140b/m	30/5/26	12Am	148b/m
	12Pm	137b/m		4Am	146b/m
26/5/26	4pm	135b/m		8Am	148b/m
	8pm	148b/m	30/5/26	11Am	152b/m
3/6/26	9Am	150b/m		2pm	140b/m
	12pm	154b/m		8pm	154b/m
	4pm	152b/m			
	8pm	150b/m			



FLUID CHART

Sheet No. : 4

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
26/5/20	08:00 am	H ₂ O + 50ml							✓	0	Peak 26/5/20 @ 10 PM	
	09:00 am	H ₂ O + 50ml								0		
	10:00 am	H ₂ O + 50ml							✓	0		
	11:00 am	H ₂ O + 50ml								0		
	12:00 pm	H ₂ O + 50ml							✓	0		
	01:00 pm	H ₂ O + 50ml								0		
Total Intake : 300ml					Total Output : Passed							
26/5	02:00 pm	H ₂ O + 100ml							✓	0	26/5/20 @ 2 PM	
	03:00 pm	H ₂ O + 50ml								0		
	04:00 pm	H ₂ O + 50ml							✓	0		
	05:00 pm	H ₂ O + 100ml								0		
	06:00 pm	H ₂ O + 100ml							✓	0		
	07:00 pm	H ₂ O + 100ml								0		
Total Intake : 500ml					Total Output : Passed							
26/5/26	08:00 pm	H ₂ O 100ml							✓	0	26/5/26 @ 11 PM	
	09:00 pm	H ₂ O 50ml								0		
	10:00 pm	H ₂ O 50ml	Tri metrogyl	100ml					✓	0		
	11:00 pm	H ₂ O 50ml	Tri Piptaz	100ml						0		
	12:00 am	H ₂ O 50ml							✓	0		
	01:00 am	H ₂ O 50ml								0		
Total Intake : 550ml					Total Output : Passed							
27/5/26	02:00 am	H ₂ O 100ml							✓	0	27/5/26 7 AM	
	03:00 am	H ₂ O 100ml								0		
	04:00 am	H ₂ O 10ml								0		
	05:00 am	H ₂ O 50ml							✓	0		
	06:00 am	H ₂ O 50ml	Tri metrogyl	100ml					✓	0		
	07:00 am	H ₂ O 50ml							✓	0		
Total Intake : 500ml					Total Output : Passed							
Total 24 hrs. Intake		1850ml			Total 24 hrs. Output		Passed					

MH-00205253
 Mrs MITTAPALLY PADMA
 11-01-1991 35 Y 4 M 25 D (F)
 Dr. SRILATA PATNAIK



5



FLUID CHART

27/5/26

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm	soft diet	given										
	01:00 pm	water	taken										
Total Intake :						Total Output :							
	02:00 pm		water given										
	03:00 pm		soft diet given										
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm		soft diet										
Total Intake :						Total Output :							
	08:00 pm	H ₂ O + 50ml								✓			
	09:00 pm	H ₂ O + 50ml								✓			
27/5	10:00 pm	H ₂ O + 50ml								✓			
	11:00 pm	H ₂ O + 100ml								✓			
	12:00 am	H ₂ O + 100ml								✓			
28/5	01:00 am	H ₂ O + 100ml								✓			
Total Intake : 450ml						Total Output : Passed							
	02:00 am	H ₂ O + 100ml											
	03:00 am	H ₂ O + 100ml								✓			
	04:00 am	H ₂ O + 100ml											
28/5	05:00 am	H ₂ O + 50ml								✓			
	06:00 am	H ₂ O + 50ml											
	07:00 am	H ₂ O + 100ml											
Total Intake : 500ml						Total Output : Passed							

Total 24 hrs. Intake : 950ml

Total 24 hrs. Output : Passed

I/H-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 11-01-1991 35 Y 4 M 25 D (F)
 Dr. SRILATA PATNAIK

5



FLUID CHART

Sheet No. : 5

28/5/26

- 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	soft diet								✓	0	Reena 28/5
	09:00 am	H ₂ O 100ml									0	
	10:00 am										0	
	11:00 am	water given by bp								✓	0	
	12:00 pm	soft diet taken									0	
	01:00 pm	H ₂ O 100ml									0	
Total Intake :			300 ml			Total Output :					passed	
	02:00 pm	H ₂ O 100ml									0	Reena 28/5
	03:00 pm	H ₂ O 100ml								✓	0	
	04:00 pm	H ₂ O 100ml									0	
	05:00 pm	H ₂ O 100ml									0	
	06:00 pm	H ₂ O 100ml									0	
	07:00 pm	H ₂ O 100ml									0	
Total Intake :			600 ml			Total Output :					passed	
	08:00 pm	H ₂ O 100ml									0	Reena 28/5
	09:00 pm	H ₂ O 100ml									0	
	10:00 pm	water 100ml								✓	0	
	11:00 pm	H ₂ O 100ml									0	
	12:00 am	H ₂ O 100ml									0	
	01:00 am	H ₂ O 100ml									0	
Total Intake :			600 ml			Total Output :					passed	
	02:00 am	water 100ml								✓	0	Reena 28/5
	03:00 am										0	
	04:00 am	H ₂ O 200ml									0	
	05:00 am										0	
	06:00 am	water 100ml								✓	0	
	07:00 am										0	
Total Intake :			500 ml			Total Output :					passed	
Total 24 hrs. Intake			2000 ml			Total 24 hrs. Output					passed	

FLUID CHART

Sheet No. : 7 29/5/26

- 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
29/5/26	08:00 am	H ₂ O	50ml								0	29/5/26
	09:00 am	H ₂ O	100ml								0	
	10:00 am	H ₂ O	100ml								0	
	11:00 am	H ₂ O	100ml								0	
	12:00 pm	H ₂ O	50ml								0	
	01:00 pm	H ₂ O	100ml								0	
Total Intake :			300ml			Total Output :					Passed	
29/5/26	02:00 pm	H ₂ O	100ml								0	29/5/26
	03:00 pm	H ₂ O	50ml								0	
	04:00 pm	H ₂ O	50ml								0	
	05:00 pm	H ₂ O	100ml								0	
	06:00 pm	H ₂ O	100ml								0	
	07:00 pm	H ₂ O	50ml								0	
Total Intake :			450ml			Total Output :					Passed	
29/5	08:00 pm	H ₂ O + 50ml	at diet								0	29/5/26
	09:00 pm	H ₂ O + 50ml									0	
	10:00 pm	H ₂ O + 100ml									0	
	11:00 pm	H ₂ O + 50ml									0	
	12:00 am	H ₂ O + 50ml									0	
30/5	01:00 am	H ₂ O + 100ml									0	30/5/26
Total Intake :			400ml			Total Output :					Passed	
30/5	02:00 am	H ₂ O + 50ml									0	30/5/26
	03:00 am	H ₂ O + 50ml									0	
	04:00 am	H ₂ O + 50ml									0	
	05:00 am	H ₂ O + 50ml									0	
	06:00 am	H ₂ O + 50ml									0	
	07:00 am	H ₂ O + 50ml									0	
Total Intake :			300ml			Total Output :					Passed	

Total 24 hrs. Intake 1650ml

Total 24 hrs. Output Passed

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 29 D (F)
 Dr. SRILATA PATNAIK



6

FLUID CHART

Sheet No. : 6

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
30/5/20	08:00 am	H ₂ O	+ 50 ml										
	09:00 am	H ₂ O	+ 50 ml										
	10:00 am	H ₂ O	+ 50 ml						✓				
	11:00 am												
	12:00 pm	H ₂ O	100 ml							✓			
	01:00 pm												
Total Intake :			450 ml			Total Output :							
30/5/20	02:00 pm	H ₂ O	100 ml										
	03:00 pm	H ₂ O	50 ml						✓				
	04:00 pm	H ₂ O	50 ml										
	05:00 pm	H ₂ O	100 ml							✓			
	06:00 pm	H ₂ O	100 ml										
	07:00 pm												
Total Intake :			400 ml			Total Output :							
30/5/26	08:00 pm	H ₂ O	50 ml										
	09:00 pm	H ₂ O	50 ml										
	10:00 pm	H ₂ O	100 ml										
	11:00 pm	H ₂ O	50 ml										
	12:00 am	H ₂ O	100 ml										
	01:00 am	H ₂ O	100 ml										
Total Intake :			400 ml			Total Output :							
30/5/26	02:00 am	H ₂ O	50 ml										
	03:00 am	H ₂ O	50 ml										
	04:00 am	H ₂ O	50 ml										
	05:00 am	H ₂ O	100 ml										
	06:00 am	H ₂ O	100 ml										
	07:00 am	H ₂ O	100 ml										
Total Intake :			500 ml			Total Output :							
Total 24 hrs. Intake		1800 ml											
Total 24 hrs. Output		passed											

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
31/5/26	08:00 am	H ₂ O	50ml								0	31/5/26
	09:00 am	H ₂ O	100ml								0	
	10:00 am	H ₂ O	100ml								0	
	11:00 am	H ₂ O	100ml								0	
	12:00 pm	H ₂ O	100ml								0	
	01:00 pm	H ₂ O	100ml								0	
Total Intake :			500ml			Total Output :						
31/5/26	02:00 pm	H ₂ O	50ml								0	31/5/26
	03:00 pm	H ₂ O	50ml								0	
	04:00 pm	H ₂ O	50ml								0	
	05:00 pm	H ₂ O	100ml								0	
	06:00 pm	H ₂ O	100ml								0	
	07:00 pm	H ₂ O	50ml								0	
Total Intake :			400ml			Total Output :						
31/5/26	08:00 pm	H ₂ O	50ml								0	31/5/26
	09:00 pm	H ₂ O	50ml								0	
	10:00 pm	H ₂ O	100ml								0	
	11:00 pm	H ₂ O	100ml								0	
	12:00 am	H ₂ O	50ml								0	
	01:00 am	H ₂ O	50ml								0	
Total Intake :			400ml			Total Output :						
31/5/26	02:00 am	H ₂ O	50ml								0	31/5/26
	03:00 am	H ₂ O	50ml								0	
	04:00 am	H ₂ O	50ml								0	
	05:00 am	H ₂ O	100ml								0	
	06:00 am	H ₂ O	50ml								0	
	07:00 am	H ₂ O	100ml								0	
Total Intake :			400ml			Total Output :						

Total 24 hrs. Intake 1750ml

Total 24 hrs. Output Paused

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 4 M 29 D (F)
 Dr. SRILATA PATNAIK



FLUID CHART

No. :

measurements in ml.

do up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
1/6/26	08:00 am	H ₂ O + 50ml							✓	0	[Signature]	
	09:00 am	H ₂ O + 50ml								0		
	10:00 am	H ₂ O + 50ml							✓	0		
	11:00 am	H ₂ O + 100ml								0		
	12:00 pm	H ₂ O + 50ml								0		
	01:00 pm	H ₂ O + 50ml							✓	0		
Total Intake :		350ml			Total Output :							
1/6/26	02:00 pm	H ₂ O + 100ml							✓	0	[Signature]	
	03:00 pm	H ₂ O + 50ml								0		
	04:00 pm	H ₂ O + 50ml							✓	0		
	05:00 pm	H ₂ O + 100ml								0		
	06:00 pm	H ₂ O + 100ml							✓	0		
	07:00 pm	H ₂ O + 50ml								0		
Total Intake :		450ml			Total Output : Passed							
1/6/26	08:00 pm	H ₂ O 100ml							✓	0	[Signature]	
	09:00 pm	H ₂ O 100ml								0		
	10:00 pm	H ₂ O 100ml								0		
	11:00 pm	H ₂ O 100ml								0		
	12:00 am	H ₂ O 50ml							✓	0		
	01:00 am	H ₂ O 50ml								0		
Total Intake :		500 ml			Total Output : Passed							
2/6/26	02:00 am	H ₂ O 100ml							✓	0	[Signature]	
	03:00 am									0		
	04:00 am	H ₂ O Same								0		
	05:00 am									0		
	06:00 am	H ₂ O 100ml							✓	0		
	07:00 am	H ₂ O 100ml								0		
Total Intake :		350 ml			Total Output : Passed							
Total 24 hrs. Intake		1650 ml			Total 24 hrs. Output		Passed					

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 5 M 1 D (F)
 Dr. SRILATA PATNAIK



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
2/6/26	08:00 am	H ₂ O 50ml									0	Pradhyana 2/6/26 @ 7pm	
	09:00 am	H ₂ O 50ml									0		
	10:00 am	H ₂ O 50ml									0		
	11:00 am	H ₂ O 50ml									0		
	12:00 pm	H ₂ O 50ml									0		
	01:00 pm	H ₂ O 50ml									0		
Total Intake : 300ml						Total Output : Passed							
2/6/26	02:00 pm	H ₂ O 100ml									0	Pradhyana 2/6/26 @ 7pm	
	03:00 pm	H ₂ O 100ml									0		
	04:00 pm	H ₂ O 50ml									0		
	05:00 pm	H ₂ O 100ml									0		
	06:00 pm	H ₂ O 100ml									0		
	07:00 pm	H ₂ O 100ml									0		
Total Intake : 550ml						Total Output : Passed							
2/6/26	08:00 pm	H ₂ O 100ml									0	Pradhyana 2/6/26 @ 11pm	
	09:00 pm	H ₂ O 100ml									0		
	10:00 pm	H ₂ O 50ml									0		
	11:00 pm	H ₂ O 50ml									0		
	12:00 am	H ₂ O 50ml									0		
	01:00 am	H ₂ O 50ml									0		
Total Intake : 400ml						Total Output : Passed							
2/6/26	02:00 am	H ₂ O 50ml									0	Pradhyana 2/6/26 @ 7am	
	03:00 am										0		
	04:00 am	H ₂ O 100ml									0		
	05:00 am										0		
	06:00 am	H ₂ O 100ml									0		
	07:00 am	H ₂ O 100ml									0		
Total Intake : 350ml						Total Output : Passed							

Total 24 hrs. Intake 1550ml

Total 24 hrs. Output Passed



FLUID CHART

Sheet No. : 8

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
3/6/26	08:00 am	H ₂ O 50ml							✓	0	6 pool 3/6/26 10 AM	
	09:00 am	H ₂ O 50ml								0		
	10:00 am	H ₂ O 50ml							✓	0		
	11:00 am	H ₂ O 100ml							✓	0		
	12:00 pm	H ₂ O 100ml							✓	0		
	01:00 pm	H ₂ O + 50ml										0
Total Intake :		400ml			Total Output :							
3/6/26	02:00 pm	H ₂ O + 50ml									6 pool 3/6/26 @ 7 pm	
	03:00 pm	H ₂ O + 50ml										
	04:00 pm	H ₂ O + 50ml										
	05:00 pm	H ₂ O + 100ml										
	06:00 pm	H ₂ O + 100ml										
	07:00 pm	H ₂ O + 50ml										0
Total Intake :		300ml			Total Output : passed							
3/6/26	08:00 pm	H ₂ O + 50ml								0	Sup 8 PM 4/6/26 @ 2 AM	
	09:00 pm	H ₂ O + 50ml							✓	0		
	10:00 pm	H ₂ O + 50ml								0		
	11:00 pm	H ₂ O + 50ml							✓	0		
	12:00 am	H ₂ O + 50ml								0		
	01:00 am	H ₂ O + 50ml										0
Total Intake :		300ml			Total Output : passed							
4/6/26	02:00 am	H ₂ O 50ml							✓	0	4/6/26 @ 2 AM	
	03:00 am	H ₂ O 100ml								0		
	04:00 am	H ₂ O 100ml								0		
	05:00 am	H ₂ O 100ml							✓	0		
	06:00 am	H ₂ O 50ml								0		
	07:00 am	H ₂ O 50ml							✓	0		
Total Intake :		400ml			Total Output : passed							
Total 24 hrs. Intake		1500ml			Total 24 hrs. Output		passed					

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 5 M 2 D (F)
 Dr. SRILATA PATNAIK



FLUID CHART

Sheet No. :

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
4/6/26	08:00 am	H ₂ O 50ml									} passed @ 12pm	
	09:00 am	H ₂ O 50ml										
	10:00 am	H ₂ O 50ml										
	11:00 am	H ₂ O 50ml										
	12:00 pm	H ₂ O 50ml										
	01:00 pm	H ₂ O 50ml										
Total Intake :		800ml			Total Output :					passed		
4/6/26	02:00 pm	H ₂ O 50ml									} passed @ 7pm	
	03:00 pm	H ₂ O 100ml										
	04:00 pm	H ₂ O 50ml										
	05:00 pm	H ₂ O 100ml										
	06:00 pm	H ₂ O 50ml										
	07:00 pm	H ₂ O 50ml										
Total Intake :		400ml			Total Output :					passed		
4/6/26	08:00 pm	H ₂ O 50ml									} passed @ 1am	
	09:00 pm	H ₂ O 100ml										
	10:00 pm	H ₂ O 50ml										
	11:00 pm	H ₂ O 80ml										
	12:00 am	H ₂ O 80ml										
	01:00 am	H ₂ O 100ml										
Total Intake :		400ml			Total Output :					passed		
5/6/26	02:00 am	H ₂ O 50ml									} passed @ 3:30am	
	03:00 am	H ₂ O 100ml										
	04:00 am	H ₂ O 50ml										
	05:00 am	H ₂ O 100ml										
	06:00 am	H ₂ O 100ml										
	07:00 am	H ₂ O 100ml										
Total Intake :		600ml			Total Output :					passed		
Total 24 hrs. Intake		1500ml			Total 24 hrs. Output		passed					

VIH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 01-01-1991 35 Y 5 M 3 D (F)
 Dr. SRILATA PATNAIK



9

FLUID CHART



Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H ₂ O 100ml									0	Pradhyota N. N. S. K. G. L. Z.
	09:00 am	H ₂ O 100ml								0		
	10:00 am	H ₂ O 100ml								0		
	11:00 am	H ₂ O 100ml								0		
	12:00 pm											
	01:00 pm											
Total Intake : 400ml			Total Output :									
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :			Total Output :									
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :			Total Output :									
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :			Total Output :									
Total 24 hrs. Intake			Total 24 hrs. Output									

Patient Sticker

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											
	Total Intake :						Total Output :					
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
	Total Intake :						Total Output :					
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
	Total Intake :						Total Output :					
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
	Total Intake :						Total Output :					
Total 24 hrs. Intake						Total 24 hrs. Output						

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 Mr. SRILATA PATNAIK

①



DRUG CHART

Date of Admission: 22/5/26 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

Mogisue
24/5/26

DRUG : <u>SYP. DOPHALAC</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>10 ML</u>	<u>PO</u>	<u>ONCE DAILY</u>	<u>24/05</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>			<u>[Signature]</u>																	
Additional Instructions:																				
<u>WHEN REQUIRED.</u>																				

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

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight 61kg Ward 4W

S. maeey Comap 24/5/26
 S. maeey Comap 24/5/26
 S. maeey Comap 24/5/26
 S. maeey Comap 24/5/26
 S. maeey Comap 24/5/26

DRUG : INTI CEROTAXIME				Date	Time																	
Dose	Route	Frequency	Start Date	24/5	25/5	26/5																
2GM	IV	12M hly	23/05	6 AM	6 AM	6 AM																
Name & Signature of the Doctor Starting the Drugs:				/																		
Additional Instructions:				6 PM @ 9 AM																		
Daily Doctor's Endorsement by a Sign				STOP DR Naushaem 28/5/26																		
DRUG : INTI METRONIDAZOLE				Date	Time																	
Dose	Route	Frequency	Start Date	23/5	24/5	25/5	26/5															
500 MG	IV	8M hly	23/05	7 AM	7 AM	7 AM	7 AM															
Name & Signature of the Doctor Starting the Drugs:				/																		
Additional Instructions:				11 PM @ 12 PM																		
Daily Doctor's Endorsement by a Sign				STOP DR Naushaem 27/5/26 5:45 AM																		
DRUG : T. IRON				Date	Time																	
Dose	Route	Frequency	Start Date	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6						
2 TAB	PO	ONCE DAILY	23/05	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM	10 PM						
Name & Signature of the Doctor Starting the Drugs:				/																		
Additional Instructions:				TAB LIVORAN																		
Daily Doctor's Endorsement by a Sign																						
DRUG : T. CALCIUM				Date	Time																	
Dose	Route	Frequency	Start Date	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6							
2 TAB	PO	ONCE DAILY	23/05	2 PM	2 PM	2 PM	2 PM	2 PM	2 PM	2 PM	2 PM	2 PM	2 PM	2 PM	2 PM							
Name & Signature of the Doctor Starting the Drugs:				/																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

IH-00205253 IP-00060089

Mrs MITTAPALLY PADMA

11-01-1991 35 Y 4 M 23 D (F)

Patient Name : Jr. SRILATA PATNAIK

I.P. No.

Sheet No. (1)

Wards LW

Weight (kg) 61.6

JLAR PRESCRIPTIONS

DRUG : T. MISOGESTERONE

Date	Time	Dose	Route	Frequency	Start Dt.
23/5	AM	10mg	PO	8th hily	23/05
24/5	AM				
25/5	AM				
26/5	AM				
27/5	AM				
28/5	AM				

Name & Signature of the Doctor starting the Drugs: Dr. Geeshma

Additional Instructions: 11 PM @ 10 10 10 10 10 10

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. SUSTEN-52

Date	Time	Dose	Route	Frequency	Start Dt.
23/5	AM	200MG	PO	8th hily	23/05
24/5	AM				
25/5	AM				
26/5	AM				
27/5	AM				
28/5	AM				

Name & Signature of the Doctor starting the Drugs: Dr. Geeshma

Additional Instructions: 10 AM @ 10 10 10 10 10 10

Daily Doctor's Endorsement by a Sign.

DRUG : TAB. ECOSPRIN

Date	Time	Dose	Route	Frequency	Start Dt.
25/5	PM	150mg	PO	ONCE DAILY	25/05
26/5	PM				
27/5	PM				
28/5	PM				
29/5	PM				
30/5	PM				
31/5	PM				
1/6	PM				
2/6	PM				
3/6	PM				
4/6	PM				

Name & Signature of the Doctor starting the Drugs: Dr. Geeshma

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : CLINDAMYCIN, (LOTRIMAZOLE), TINEDAZOLE, SOFT GELATIN CAPSULE

Date	Time	Dose	Route	Frequency	Start Dt.
26/5	PM	1 PESSARY	PV	ONCE DAILY	26/5/24
27/5	PM				
28/5	PM				
29/5	PM				
30/5	PM				
31/5	PM				
1/6	PM				
2/6	PM				

Name & Signature of the Doctor starting the Drugs: DR. YOGESHWARI

Additional Instructions: AT BEDTIME CLINGEN FORTE PESSARY

Daily Doctor's Endorsement by a Sign.

S. mcaul bonog 24/5/26
S. mcaul bonog 24/5/26
S. mcaul bonog 24/5/26
S. mcaul bonog 24/5/26
S. mcaul bonog 24/5/26

MH-00205253 IP-00060089
Mrs MITTAPALLY PADMA
11-01-1991 35 Y 4 M 23 D (F)

Patient Name : Dr. SRILATA PATNAIK



I.P. No.

Sheet No.

Wards

Weight (kg)

m/cw

6 kg

ULAR PRESCRIPTIONS

ce Ramesh 26/5/26 @ 20pm

DRUG : TAB. COMBINORM PLUS				Date	Time													
Dose	Route	Frequency	Start Dt.	26/5/26	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM	11 AM
1 TAB	PO	12th HOURLY	26/5/26															
Name & Signature of the Doctor starting the Drugs:				Dr. Kasli														
Additional Instructions:				TAB. 13 BILLION LCU LACTOBACILLI STRAINS														
Daily Doctor's Endorsement by a Sign.																		

MAGIISUE 26/5

DRUG : INJ PIPERACILLIN TAZOBACTAM				Date	Time													
Dose	Route	Frequency	Start Dt.	26/5/26	7 AM	3 PM												
4.5GM	IV	8th HOURLY	26/5/26															
Name & Signature of the Doctor starting the Drugs:				DR Nausham														
Additional Instructions:				AFTER TEST DOSE														
Daily Doctor's Endorsement by a Sign.																		

STOP DR NAUSHAM 30/5/26

Chith 27/5/26

DRUG : TAB. METRONIDAZOLE				Date	Time													
Dose	Route	Frequency	Start Dt.	27/5/26	7 AM	3 PM												
400mg	PO	8th HOURLY	27/5/26															
Name & Signature of the Doctor starting the Drugs:				Dr. Kasli														
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign.																		

STOP DR NAUSHAM 27/5/26

Chith 28/5/26

DRUG : TAB. DYDROGESTERONE				Date	Time													
Dose	Route	Frequency	Start Dt.	28/5/26	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM	7 AM
10mg	PO	12th HOURLY	28/5/26															
Name & Signature of the Doctor starting the Drugs:				Dr. Kasli														
Additional Instructions:																		
Daily Doctor's Endorsement by a Sign.																		

BirthDight

VIH-00205253 IP-00060089

Mrs MITTAPALLY PADMA

Patient Name : 01-01-1991 35 Y 4 M 26 D (F)

I.P. No.

Sheet No. (1)

Wards micu

Weight (kg) 61kg

Dr. SRILATA PATNAIK



DIURNAL PRESCRIPTIONS

28/5/26

12th

29/5/26

8am

3/6/26

3/6/26 @ 10am

DRUG : TAB PROGESTERONE SUSTAINED RELEASE

Dose	Route	Frequency	Start Dt.	Date/Time	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6	5/6
200 mg	PO	12th HOURLY	28/5/26		Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am
Name & Signature of the Doctor starting the Drugs:				Dr. Kashish									
Additional Instructions:													
Daily Doctor's Endorsement by a Sign.													

DRUG : INJ HYDROXYPROGESTERONE CAPROATE

Dose	Route	Frequency	Start Dt.	Date/Time	29/5	30/5
500mg	IM	ONCE A WEEK	29/5/26		Am	Pm
Name & Signature of the Doctor starting the Drugs:				Dr. Yogeshwar		
Additional Instructions:				FRIDAY.		
Daily Doctor's Endorsement by a Sign.						

DRUG : T. CEPUROXIME

Dose	Route	Frequency	Start Dt.	Date/Time	30/5	31/5	1/6	2/6	3/6	4/6	5/6
500mg	PO	12th HOURLY	30/5/26		Pm	Am	Pm	Am	Pm	Am	Pm
Name & Signature of the Doctor starting the Drugs:				Dr. Naushreen							
Additional Instructions:				T. CEPTUM 5 days.							
Daily Doctor's Endorsement by a Sign.											

STOP PR. NIKHITA 4/6/26 9pm

DRUG : CAPSULE AMINO ACID AND VITAMINS

Dose	Route	Frequency	Start Dt.	Date/Time	3/6	4/6	5/6
1 CAPSULE	PO	ONCE DAILY	3/6/26		Am	Pm	Am
Name & Signature of the Doctor starting the Drugs:				Dr. Faraz			
Additional Instructions:				CAPSULE ASTYMIN FORTE			
Daily Doctor's Endorsement by a Sign.							

VIH-00205253 IP-00060089
Mrs MITTAPALLY PADMA
01-01-1991 35 Y 4 M 31 D (F)
Dr. SRILATA PATNAIK

Patient Name :

I.P. No.

Sheet No.

Wards

Weight (kg)

22W

6.1kg

REGULAR PRESCRIPTIONS

u. Srinivas 3/6/26 2000

DRUG :				Date															
L-ARGININE 4 PROAN THOCLANIN GRANULES				Time	3/6	4/6	5/6												
Dose	Route	Frequency	Start Dt.																
1 SACHET	PO	ONCE DAILY	3/6	9 AM															
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				L-ARG - 9.															
Daily Doctor's Endorsement by a Sign.																			

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

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

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

IH-00205253 IP-00060089
 Mrs MITTAPALLY PADMA
 1-01-1991 35 Y 4 M 23 D (F)
 Mr. SRILATA PATNAIK



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: ICU Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1 TAB	PO	ONCE DAILY	23/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	23/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. SUSTEN-SR.	200mg	PO	8th hly	23/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. ECOSPIRIN	150mg	PO	ONCE DAILY	23/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	T. DUPHASTON	10mg	PO	8th hly	23/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	Inf. ENOXAPARIN	40mg	SC	ONCE DAILY	23/5/26	<input type="checkbox"/> C <input checked="" 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

m. Pad

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Gueechuwa

Date & Time: 23/5/26, 10 PM

Nurse Name & Signature: manga Devi

Date & Time: 23/5/26 @ 10 PM