

ACTIVITY VIH-00199211 IP-00060221 | **G**

Mrs PAREPALLI SANJANA
16-06-1999 26 Y 11 M 18 D (F)
Dr. KAPPAGANTULA APARNA

Name: ---



UHID No: ---

Consultant: ---

Dept: ---

Date of Admission: 3/6/26

Time: 10:17pm

Date of Discharge: ---

Time: ---

Room / Bed No: 219

Ward: 2lw

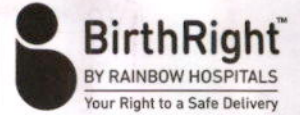
Suggested Billable bed type: ---

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/26	@ 7:10pm	lw	Room (106)	<i>[Signature]</i>

Cross Consultation Visit

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



SURGERY DETAILS

Sl.No.

Date : 4/6/26

Patient Name : Mrs Parepalli Sanjana Age : 26 Sex : F

UHID No. : 199211 IP No: 60221

Date of Surgery : 4/6/26 ^B OT : OT 1 OT 2 OT 3

Name of the Surgery : Normal delivery & Epidural

Time in : 2 pm Time Out : 3 pm

NAME

AMOUNT

- 1. Surgeon : Dr. K. Aparna
- 2. Anaesthetist :
- 3. Asst. Surgeon :
- 4. OT Technician :
- 5. Circulating Nurse : C. Shanmugam
- 6. Asst. Nurse :

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

Signature of the Surgeon [Signature]

Signature of Circulating Nurse C. Shanmugam

Order No. : 3086886 Ordered by :

PIC --	1,35,000/-
	- 1,19,81
PAC (13,181)	- 6390
Trav	- 659
Dr	- 1240
<u>Bank Br</u>	
	1,44,470

ADMISSION SHEET

Registration Details :



Admission No : IP-00060221

Admit Date : 03-Jun-2026

Admit Time : 10:17 PM UHID : VIH-00199211

Patient Details :

Patient Name : Mrs PAREPALLI SANJANA

Age : 26 Y 11 M 18 D

Guardian : Mr RAHUL PAREPALLI

DOB : 16-06-1999

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : villa-119, villa orchids,kowkooor Hyderabad
Hyderabad Telangana INDIA 500001

Phone No : 7337326514/

E-mail : na@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 219

Ward Name : N 2F-LABOUR WARD

Room No : LW 219

Admission Type : First Visit

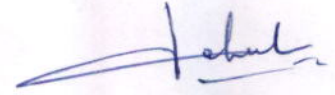
Contact Details :

Name : Mr RAHUL PAREPALLI

Relationship : W/O

Contact Address : villa-119, villa orchids,kowkooor Hyderabad
Hyderabad Telangana INDIA 500001

Phone No : 7337326514 / 9618646713



Signature

Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Dr.PRAMATHA SIRISHA

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00199211 IP-00060221
 Mrs PAREPALI SANJANA
 16-05-1999 26 Y 11 M 18 D (F)
 Dr. KAPPAGANTULA APARNA



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 3/6/26 Time of Arrival: 9:50pm Time Seen by Nurse: 9:50pm

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: POL

3) Vital Signs: Temperature: 98.6F Pulse: 82b/m RR: 19b/m SpO₂: 99% BP: 113/87 Weight: 91.25

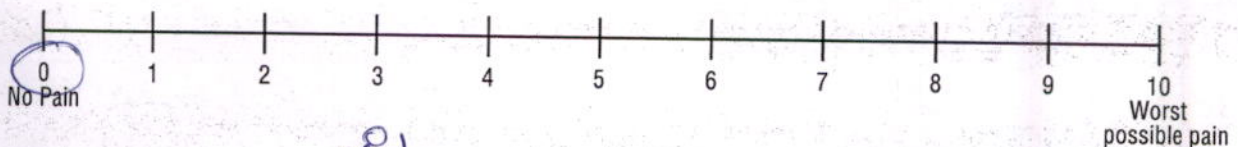
4) Gestational Criteria:

Gravida:	G <u>2</u>	P <u>1</u>	L <u>1</u>	A <u>—</u>
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LMP: 3/18/2025 EDD: 14/6/26 Gestational Age: 38+3wks

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: NO
- Duration: NO Days / Weeks/ Months (Strike out which is not applicable)
- Character: NO
- Frequency: NO
- Interventions: NO

6) Past History:

- a) Surgeries: NO
- b) Medical: NO



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

- None
- Chronic Hypertension
- Gestational Hypertension
- Diabetes
- Gestational Diabetes
- Low placenta
- Others if yes, specify *mother and father*

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 / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 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: *10pm*

Nurse Name: *Subashini* Nurse Signature: *[Signature]*

Date: *3/6/20* Time: *9:50pm*

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 18 D (F)
 Dr. KAPPAGANTULA APARNA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 3/8/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify _____

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: 30L Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Yogeshwar

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>Nil</u>	<u>prev NBD</u>	<u>yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>31/8/2025</u>	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes Others: <u>30L</u>	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary
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Obstetric History: G 2 P 1 L 1 A _____

Previous LSCS: prev NBD

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 mother and father

Vital Signs / Measurements:

Temp: 98.6 F HR: 82 bpm RR: 18/1m

BP: 113/87 mmHg Weight: 92.25 Height: 164 cm BMI: 33.93

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 15 (complete the Morse Fall Risk Assessment Sheet)

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

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant
 Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality
Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected
 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. Sanjana
Name of Person Orientation was given to: Mrs. Sanjana
Orientation not given Reason:

Nurse Signature: K. Subhavi
Nurse Name: Subhavi
Date & Time: 2/6/26 10:10 pm

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PATIENT TRANSFER FORM

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-05-1999 26 Y 11 M 18 D (F)
 Dr. KAPPAGANTULA APARNA



Date & Time of Admission <i>3/6/26 at 10:17pm</i>	Date & Time of Transfer Order <i>4/6/26 @ 10 pm</i>	
Treating Consultant Name	Transfer Ordered by <i>Dr. Nikhitha</i>	Reason for Transfer
From Unit <i>LW</i>	To Unit <i>Room (106)</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>3/0</i>	Number of Imaging Films <i>3</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>1) pantoprazole ①</i>	
2.	<i>2) povidone iodine ①</i>	
3.	<i>3) Savante ①</i>	
4.	<i>4) Cefuroxime axetil ①</i>	
5.	<i>5) paracetamol (Dolo 650) ①</i>	

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Nikhitha

Name & Signature of Person who is Transferring <i>Sr. pooja</i>	Name of Person Ordered Transfer <i>Dr. Nikhitha</i>
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Patient & Clinical Records Received by :

DR. M. VIVEETHA (P. Divulka)
Epidural Catheter Removed
 YES NO

Date & Time of Patient Received :

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

- Unavailable Bed
- Nurse not Available
- Available Bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

no pain in abdomen since morning. Afternoon

LMP: 31/08/2025

EDD:

Corrected EDD: 14/6/2026

GA: 38+3 weeks

Obstetric Formula: G2P1L4

ML-544 NCM

Menstrual History: Regular: Yes No

Obstetric History:

I- Male | 4yrs | FTNUD | 2.1 kg | SGA baby

Obstetric Examination

uneventful | Fernandez Hospital | BF x 1.5 yrs
 Fundal Height: TG

II- PP, spontaneous conception,

Ut. Activity: Relaxed Irritable Mild Mod Severe

Booked to Rch since conception,

Present Pregnancy Record: on tab Ecosprin

15mg OD since 12wks

Stopped at 36 wks.

No severe occipital headache at 38+1 wk managed conservatively

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifts Palpable:

RISK FACTORS: T1 T2 T3 uneventful,

FHS: Normal Tachy Brady Absent

two TT doses taken

⊕ 140 bpm

SGA baby
Anemia

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 2-3 cm

Height: 164 cm

Weight: 91.25 kg

Allergies: NIL

Breast: Normal Abnormal

Membranes: Present Absent

General Examination:

Liquor: Clear Meconium Blood Stained

Consciousness: c/c/c

Pallor: ⊖

Presenting Part: Vertex Breech Others

Icterus: ⊖

Edema: -

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

Temp: Afebrile

PR: 100 bpm

Pelvis: Adequate Doubtful

BP: 113/87 mmHg

DTR: ⊕

CVS: S1S2 ⊕

RS BAE ⊕

Liver/Spleen: ⊕

Urine Output: Adequate

DIAGNOSIS

G2P1L4 with 38+3 weeks with previous NUD with small for gestational age baby in latent labour. Anemia for delivery

<p>Family History:</p> <p>Mother - HTN, DM, Hypothyroidism. Father - DM</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Nil</p>
<p>Plan of Care: <u>Elito DR. APARNA K. mam</u></p> <ul style="list-style-type: none"> - Admission - Post preparation. - Normal diet - NST stat & at 5am - consent - Monitor FHR - Monitor vitals. - 10 PRBC Reserved at ^{Tannaka} Puchhira - send CBP, PT, APTT, INR & creatinine, Blood grouping & typing - Follow drug chart. - Inform S.O.S. 	<p>Investigations:</p> <p>27/10/25 HIV } NR HBsAg } RPR }</p> <p>27/5/26 AFI Doppler 37+3 wks SLIUF, Cephalic AFI - 12.4 cm Doppler - Normal PI - Ant High</p> <p>28/11/2026 TIFFA 20+3 wks SLIUF CL - 30mm NO anomalies PI - Ant High.</p>
<p>Noted by <u>Suhagini</u> 3/6/26 10pm</p>	<p>3/6/26 CBP - 9.9 / 8.84 / 2.07 L PT - 15 APTT - 31.1 INR - 1.07 Creatinine - 0.5</p> <p>20/5/2026 Growth scan 36+3 weeks SLIUF, Cephalic EFW - 2547 gm AC - 74. AFI - 9.8 cm PI - Ant High Doppler - Normal.</p> <p>8/12/2026 NT scan 12+3 wks SLIUF NT - 1.3 mm</p> <p>BG - O' POSITIVE</p> <p>FTS - Low Risk</p>

Doctor Name: DR. YOGESHWARI

Signature: [Signature]

Date & Time: 3/6/2026 10pm

Consultant Name: DR. K. APARNA

Signature: [Signature]

Date & Time: 3/6/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026 2:30 PM	o/e Pt is c/c/c Gc fair Afebrile BP- 110/72 mmHg PR- 86 bpm S/E - NAD PIA - ut - TG Irritable FHR ⊕ 144 bpm	Adv - N diet - Monitor vitals - FHR monitoring - W/F POL - NST - Follow drug chart - Adequate hydration - Birthing Ball exercise - Ambulation - Inform sos
<p>Noted by Subin 4/6/26 2 AM</p>		<p>Dr Yogeshwar</p>
4/6/26 6 AM	o/e Pt is c/c/c Gc fair Afebrile BP- 114/68 mmHg PR- 88 bpm S/E - NAD PIA - ut - TG Irritable FHR ⊕ 148 bpm P/U - Cx 50% effaced Os - 3cm PPV 1-2 m ⊕	Adv - Normal diet - Enema - W/F POL - FHR monitoring - Monitor vitals - NST - Follow drug chart - Adequate hydration - Birthing ball exercise - Ambulation - Inform sos
<p>NST Reactive</p> <p>Noted by Subin 6 AM 4/6/26</p>		<p>Dr Yogeshwar</p>

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 19 D (F)
 Dr. KAPPAGANTULA APARNA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/2026 9 Am.	o/E - pt is c/c/c Gc - fair. Afebrile BP - 126 / 72 mmHg. PR - 84 bpm. S/E - NAD. PIA - uterine. Cephalic FHR (+) 142 bpm irritable.	Adv: - (N) diet - Ambulation - Birthing ball exercise - FHR monitoring - monitor vitals - w/F POL - Adeq. Hydration - Infosm sos.
	v/E - Cx - 50% effaced OS - 3-4 cm. Noted by prathysla @ 9am	<u>Dr. Nikhita</u>
4/6/2026 9:45 Am.	c/o/B Dr. Aparna mam v/E - Cx - 1/2 inch, 50% effaced. OS - 3-4 cm PPVx 1-2 PIA - 3c/20sec/10min. Cephalic FHR (+) 145 bpm	Adv: - ARM at 10:30 Am. - Birthing ball exercise. - w/F POL. - NST 4th hourly.
	Noted by prathysla @ 9:45 am	<u>Dr. Nikhita</u>

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 19 D (F)
 Dr. KAPPAGANTULA APARNA

(2)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 11:45 Am.	Cl 2 to Dr. Aparna mam	
	V/E - Cx - 50% effaced. OS - 4 cm.	Adv: - Continuous FHR
ARM done	PPVx 1-2 memb ⊖, liquor clear.	monitoring
↓ syuto	PIA - 4C/25 sec/10 min. Cephalic FHR ⊕	- monitor vitals - w/f POL - clear liquids - Follow drug chart - Infosm sos
Noted by Prathyusha @ 11:45 Am		
4/6/26 1:15 pm.	O/E - pt is d/c	Adv:
	Gc - Fair Afebrile. BP - 96/64 PR - 98 bpm. S/E - NAD.	- clear liquids - Continuous FHR monitoring - monitor vitals - w/f POL
↓ epidural ↓ syuto	PIA - ut - TG. Cephalic FHR ⊕ 146 bpm. 4C/25 - 30 sec/10 min. V/E - Cx - 50% effaced OS - 5 cm. PPVx 1-2 memb ⊖, liquor clear.	- Follow drug chart - Infosm Sos

Dr. Nikhita

Dr. Nikhita

Noted by Prathyusha @ 1:15 pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
4/6/26	<u>Delivery notes</u>	Dr. Aparna				
4pm		Dr. Faiaz Dr. Nikita				
		Shamini, Poja sis.				
	Under strict aseptic conditions, perineum painted and draped. At the time of crowning, at peak of contraction, LMLE given under 2% lignocaine.					
	A male baby of weight 2.8 kg of APGAR 7/10 9/10 delivered at 2:40 PM on 04/06/26.					
	Baby cried immediately, cord clamped and cut, baby handed over to pediatrician. Placenta and membranes expelled, episiotomy sutured in layers. No perineal tear or extension. Hemostasis secured.					
	<table border="1" data-bbox="581 1310 1041 1431"> <tr> <td data-bbox="581 1310 809 1371">MALE</td> <td data-bbox="809 1310 1041 1371">2:40 PM</td> </tr> <tr> <td data-bbox="581 1371 809 1431">2.8 kg</td> <td data-bbox="809 1371 1041 1431">04/06/26</td> </tr> </table>	MALE	2:40 PM	2.8 kg	04/06/26	
MALE	2:40 PM					
2.8 kg	04/06/26					
		Att Dr. ATMAR				



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/06/26 3:30 PM	PND-0 O/E pt is c/c/c GC: fair Afebrile BP: 115/83 mmHg PR: 86 bpm S/E: NAD P/A: wt w/R soft	Adv - Soft diet - Adequate hydration - Rest - Monitor vitals - follow drug chart - Inform SOS - w/f bleedg PU.
	U/E: NAB Baby ← A BF ⊕ H	Adv Dr. Aparna
Noted by poofa		
4/6/26 4:30 pm.	PND-0 O/E - pt is c/c/c GC - Fair Afebrile BP - 124/82 mmHg. PR - 88 bpm. S/E - NAD P/A - wt w/R soft.	Adv - Adequate Hydration - Rest - monitor vitals - Follow drug chart - w/f bleeding PU. - Follow drug chart - Inform sos.
urine passed pt. can be shifted to room	U/E - NAB. Baby ← A BF ⊕ H	Dr. Nikita
Noted by poofa		
4/6/26 @ 6:30pm		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>PND-0</u>	
4/6/26	O/E - pt is c/c/c	Adv:
8:45 pm	Gc - Faiz	- (N) diet
<u>P2L2</u>	Afebrile.	- Adeq. Hydration
	BP - 109/60 mmHg	- Ambulation
<u>urine passed</u>	PR - 80 bpm	- w/F bleeding pu
<u>Motion not passed</u>	S/E - WAD.	- monitor vitals
	PIA - ut ~ w/R.	- Follow drug chart
	soft.	- Infom sos.
	L/E - WAB.	
	Baby ← $\begin{matrix} A \\ M \end{matrix}$ BF ⊕	Dr. Nikhita
		Dr. Ashwin
	<u>PND-1</u>	
5/6/26	O/E - pt is c/c/c	Adv:
7 am	Gc - Faiz	- (N) diet
<u>P2L2</u>	Afebrile	- Adeq. Hydration
	BP - 115/70 mmHg	- Ambulation
<u>urine passed</u>	PR - 75 bpm.	- monitor vitals
<u>Motion passed</u>	S/E - WAD.	- w/F bleeding pu
	PIA - ut ~ w/R.	- Follow drug chart
	soft.	- Infom sos.
	L/E - NAB.	
	Baby ← $\begin{matrix} A \\ M \end{matrix}$ BF ⊕	Dr. Nikhita
	PV - examination done No active bleeding	Dr. Ashwin



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 01:00 PM	PND- 1 o/z Pt is c/c/c GC: fan Mfebrile	Ad - (N) diet - Adequate hydration - Ambulation
P ₂ L ₂	B P: 118/74 mmHg	- Monitor Vitals
Urine Passed	PR - 80 bpm	- w/ bleed; Plv
Mopim Passed	S/E: NAD	- follow day chart
	PIA: utuwr	- Inform SOS
	Soft	
Patient can be discharged.	L/E: NAB Baby ← A BF ⊕ H	
		<div style="text-align: right;"> <u>ACE</u> Dr. Akhila </div>
noted by <u>Arda</u>		
@ 10m 5/6/26		

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: P. Sanjana Age: 26 yr Sex: Female UHID.No: VH-00199211
 Date: 04/06/24 Time: 12:35 Pm Proposed Operation: Epidural - labor analgesia.
 Diagnosis: G2P1L1 @ 243 wks @ previous NVD. @ SGA @ Anaemic.
 B.P./CRT: 112/87 H.R: 100/min Weight: 91.25kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>9.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>? NR</u>	ECG:
WBC: <u>8.24</u>	Creat: <u>0.5</u>	Total Bil:	HCV: <u>@ positive</u>	2D Echo:
Plate: <u>2.07</u>	Na:	Dir. Bil:	Blood group:	Stress/Angio:
PT: <u>15</u>	K:	LDH:	T3	Other:
PTT: <u>31.1</u>	Ca++:	Alk phos:	T4	
INR: <u>1.07</u>	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NEEDA.

Medical History: CVS:

Diabetes: Placenta-Luxation, High.
 RESP:

CNS: nil significant.

Renal:

Hepatic / GE:

Others:

Physical Activity: Active

Past Anaesthetic History:

4th Epidural (failed)? - in 2022 for labor.

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: (W) Mentohyoid Distance: (W) Neck: (W) Teeth: Intact.

Lungs: S1S2 (+)

Heart: S1S2 (+)

CNS: 4th (+)

Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional: (W).

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: DR. M. VINAYATHA.

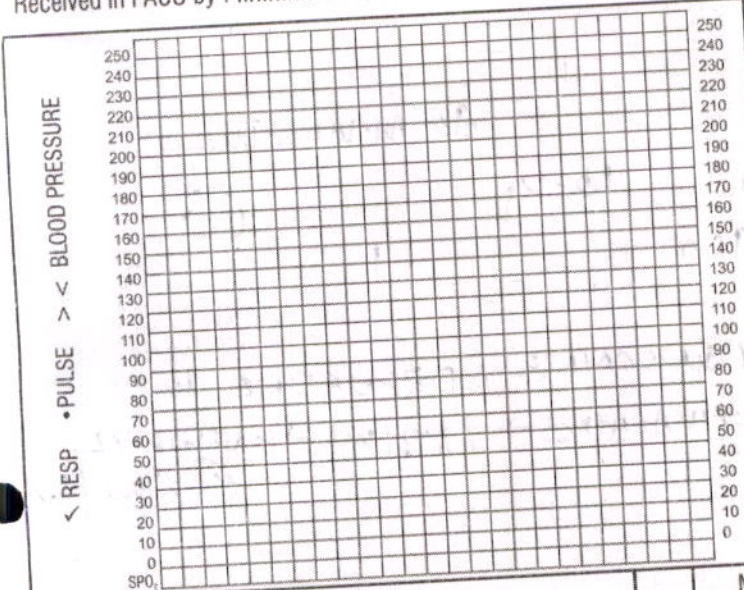
VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 18-06-1999 28 Y 11 M 19 D (F)
 Dr. KAPPAGANTULA APARNA



POST-ANALGESIA

RECORD

Received in PACU by : Time Received : Time Discharged :



IV Cannula Site :
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug:
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids:
 Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION					
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION					
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name :
 Anaesthesiologist Signature:
 Date & Time:
 PACU Nurse Name :
 PACU Nurse Signature:
 Date & Time:

Transferred to Unit by (PACU):
 Date & Time:



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 04/06/26 Time: 12:55 PM Procedure done by Dr. M. Vinetha

CSE / Spinal / Epidural Epidural Position: sitting Space: L3-4 Technique (LOR/LOS) LOS

Depth: 4 cm Catheter at Skin: 9 cm Attempts: 1

Parasthesia: Yes/No if yes details: (-)

Solution Composition: Bolus: 0.8% Lidocaine-Adrenaline 10 cc

Any other issues: INFUSION: 0.1% Bupivacaine + 1 µg/ml Fentanyl @ 8 ml/hr

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
12:54 PM		10 ml	T ₁₂	T ₁₂	114/66	120	146	U/E.
1:05 PM			T ₁₀	T ₁₀	112/68	118	149	U/E.
1:10 PM			T ₈	T ₈	113/62	120	148	U/E.

Delivery Details: Time: 2:40 PM APGAR: (SVD) Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: Yes, Tip Inspected

Patient Satisfaction: Good

Discharge / Shifting ordered by

Doctor Signature: [Signature]

Doctor Name: DR. M. VINETHA

Date and Time: 04/06/26

[Signature]
 DR. M. VINETHA
 Epidural Catheter Removed
 YES/NO

PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)



Patient Name: P. Caniana Gender: Male Female UHID. No: VHL 00199211 Age: 26 yr.

Date: 04/06/26 In-Time: 12:50 Pm. Out-Time:

Doctor Performing Procedure: Dr. M. Vineetha Doctor Giving Sedation: Assisting Nurse:

SIGN IN	Time:	Yes	No	NA
Patient is verified using two identifiers (Name & UHID)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All required documents, images, studies are available		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NPO Status Checked from Patient / Patient Attendant		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consent is Signed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any need for blood products		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment:				
Any Risk of Hemodynamic Compromise		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: <u>hypotension</u>				
Any drug or food allergy <u>beady candies</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment:				
Correct Site of Procedure Marked		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All resources required are correct, available and functioning		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Doctor: <u>[Signature]</u>				
Name of the Doctor: <u>DR. M. VINEETHA</u>				

TIME OUT	Time:	Yes	No	NA
Correct Patient		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct Site		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct Procedure		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All the team members introduced		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>prathyusha</u>				

SIGN OUT	Time:	Yes	No	NA
Name of the Surgical / Invasive Procedure is recorded		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument, Sponge and Needle Count Completed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specimens are labeled		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any equipment problems are addressed		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Signature of the Nurse: <u>[Signature]</u>				
Name of the Nurse: <u>prathyusha</u>				

Any Adverse / Unexpected Events

.....

.....

.....

CONSENT FOR SPECIAL PROCEDURES

Patient Name : Mrs. P. Gujara . 26 yr Gender: Male Female

UHID No : V4 - 001992H Department : Anaesthesia Date : 04/06/26.

I Mr. P. Rahul . S/D/W/O

Here by give consent for procedure of : Epidural labor analgesia.

For my patient, Named : Mrs. P. Gujara .

The doctors have clearly explained to me that the procedure has following possible complications:

patency block, hemodynamic changes.

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: _____

Patient Attendant :

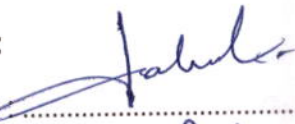
Signature : 

Name : P. Sanjana

Relationship with Patient: ~~Self~~ Self

Date & Time : 04/06/26 12:35pm

Witness :

Signature : 

Name : P. Rahul

Date & Time : 04/06/26 4:12:35pm

Doctor (who is taking the consent) :

Signature : 

Name : DR. M. VINODH

Date & Time : 04/06/26

ప్రత్యేక విధానాలకు సమ్మతి



నా పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా నోగికి, పేరు :

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు :

సహాయకుడు (అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

స్వాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : MR. PAREPALLE SANJANA Age : 26 YEARS Gender : M F
UHID / IP No. : VH-001992111 Date : 3/6/2026 Time : 10:48 PM
IP-

I hereby authorized the performance of the following procedure:

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

The indication requiring the procedure of vaginal birth is pregnancy.

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

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

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

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

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

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

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

Name of the Doctor performing the procedure : DR. K. APARNA.

Consentee :

Signature : [Signature]

Name : Sajana

Date & Time : 3/6/2026 10:48 PM

Witness: (N/A)

Signature :

Name :

Date & Time :

Patient Attendant :

Signature : [Signature]

Name : P. Rohel

Relationship with Patient: Husband

Date & Time : 03/06/26 4 10:48pm

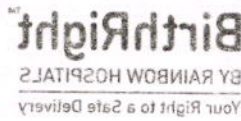
Doctor :

Signature : [Signature]

Name : DR. YOGESHWARI

Date & Time : 3/6/26 10:48 PM

INFORMED CONSENT FOR VAGINAL BIRTH



UHD \ IP No. : Date : Time :
Patient Name : Age : Gender : M F

I hereby authorized the performance of the following procedure:

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

The indication requiring the procedure of vaginal birth is pregnancy.

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

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

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

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

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

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

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

Name of the Doctor performing the procedure :

Consentee :
Witness :

Signature :
Signature :

Name :
Name :

Date & Time :
Date & Time :

Doctor :
Patient Attendant :

Signature :
Signature :

Name :
Name :

Relationship with Patient:
Relationship with Patient:

Date & Time :
Date & Time :

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 18 D (F)
 Dr. KAPPAGANTULA APARNA

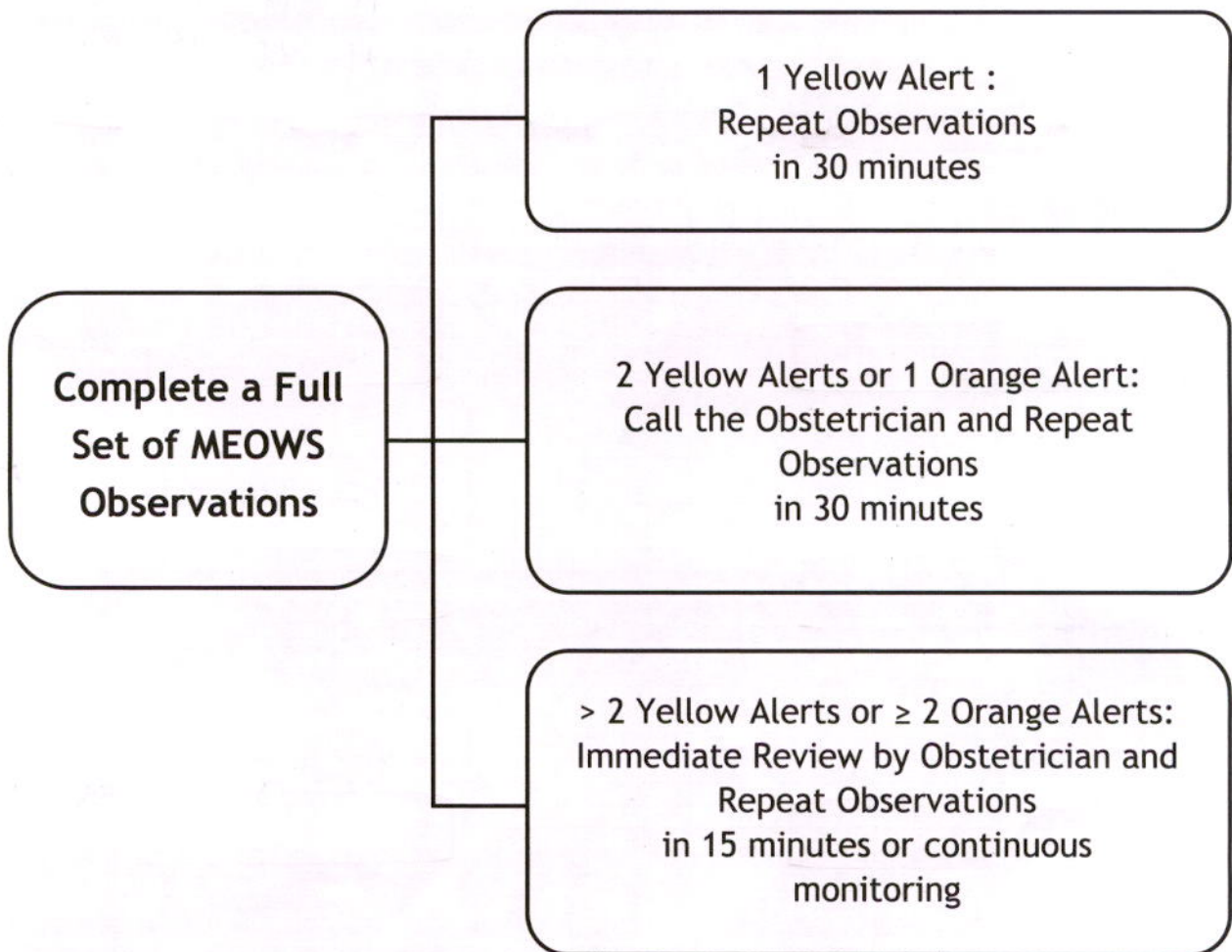


Early Warning Observation Score Chart - Obstetrics

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

Date																									
		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	Time																								
	RESP (write rate in corresp. box)	> 30																							
		21 - 30																							
		11 - 20																							
		0 - 10																							
Saturations	94 - 100 %																								
	< 94 %															99	99	99	99	99					
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36															36	36	36	36	36					
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80															82	84	83	84	92					
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110															113	115	117	105	118					
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80															72	75	80	82	88					
	70																								
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert																								
	Voice															✓	✓	✓	✓	✓					
	Pain																								
	Unresponsive																								
URINE ml/s / hour	> 30																								
	< 30															✓	✓	✓	✓	✓					
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul															NA	NA	NA	NA	NA					
Liquor	Clear / Pink																								
	Green															NA	NA	NA	NA	NA					
TOTAL YELLOW SCORES																0	0	0	0	0					
TOTAL ORANGE SCORES																0	0	0	0	0					
Nurse Initial																88	88	88	88	88					

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



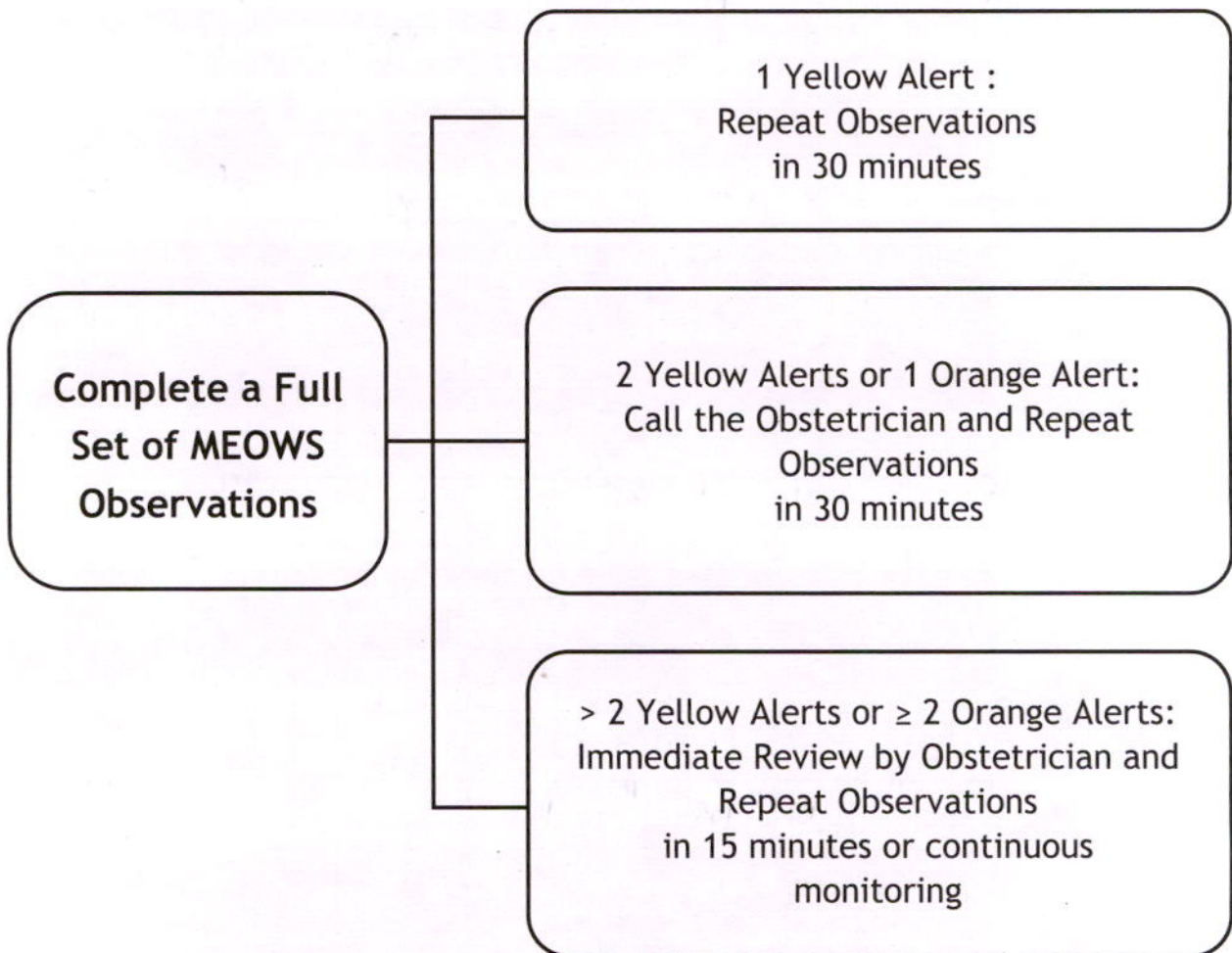
2

Early Warning Observation Score Chart - Obstetrics

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

Date		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (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	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0	36.0
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	80	82	81	81	83	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80	80
	70																								
60																									
50																									
40																									
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	112	118	108	106	110	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	109	
	100																								
	90																								
80																									
70																									
60																									
50																									
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70	76	69	68	72	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Pain	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA		
	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		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)



Early Warning Observation Score Chart - Obstetrics

CONTACT CENTER FOR EARLY INTERVENTION IF PATIENT TRIGGERS LOW SCORES AT ANY ONE TIME

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 19 D (F)
 Dr. KAPPAGANTULA APARNA

Name : Date of Birth :
 UHID No. : IP No. :



		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 (Write rate in corresp. box)	> 30																												
	21 - 30																												
	11 - 20			19			19																						
	0 - 10																												
SATURATIONS	94 - 100%			98			98																						
	< 94%																												
Administered O ₂ (L/min)																													
TEMPERATURE °C	40																												
	39																												
	38																												
	37																												
	36			36°C			36°C																						
	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																												
URINE mis / hour	>30																												
	<30																												
Proteinuria	Protein ++																												
	Protein>>>																												
Lochia	Normal																												
	Heavy / Foul																												
Liquor	Clear / Pink																												
	Green																												
TOTAL YELLOW SCORE																													
TOTAL ORANGE SCORE																													

Noted by A. S. / PM
 8/6/22

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 18 D (F)
 Dr. KAPPAGANTULA APARNA



FLUID CHART

Sheet No. : (1)

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
3/6/26	10:00 pm	H ₂ O	100ml						✓	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 : 250ml.					Total Output : passed.							
	02:00 am	H ₂ O	50ml						✓	0		
	03:00 am	H ₂ O	100ml							0		
	04:00 am	H ₂ O	50ml							0		
	05:00 am	H ₂ O	50ml						✓	0		
	06:00 am	H ₂ O	100ml							0		
	07:00 am	H ₂ O	100ml						✓	0		
Total Intake : 400ml					Total Output : passed							
Total 24 hrs. Intake			700ml		Total 24 hrs. Output			passed				

FTR
encouraging

FTR Time

Date

15:00 - 15:30

3/6/26

14:30 - 15:00

4/6/26

13:00 - 13:30

12:30 - 13:00

11:30 - 12:00

10:30 - 11:00

9:30 - 10:00

8:30 - 9:00

7:30 - 8:00

6:30 - 7:00

5:30 - 6:00

4:30 - 5:00

3:30 - 4:00



FLUID CHART

Sheet No. : (2)

4/6/26

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
4/6/26	08:00 am	Pip. oxytocin 5ml/hr + RL 100ml/hr + H ₂ O 50ml								0	Pradhyak @ 4pm 4/6/26	
	09:00 am	Pip. oxytocin 20ml/hr + RL 100ml/hr + H ₂ O 50ml						✓		0		
	10:00 am	Pip. oxytocin 20ml/hr + RL 100ml/hr + H ₂ O 50ml								0		
	11:00 am	Pip. oxytocin 25ml/hr + RL 100ml/hr + H ₂ O 50ml								0		
	12:00 pm	Pip. oxytocin 25ml/hr + RL 100ml/hr + H ₂ O 50ml							✓	0		
	01:00 pm	Pip. oxytocin 30ml/hr + RL 100ml/hr + H ₂ O 50ml								0		
Total Intake : 2105 ml					Total Output : Passed							
4/6/26	02:00 pm	Pip. oxytocin 60ml/hr + RL 100ml/hr + H ₂ O 50ml								0	Pradhyak @ 7pm 4/6/26	
	03:00 pm	RL 500ml								0		
	04:00 pm	H ₂ O 50ml								0		
	05:00 pm	H ₂ O 100ml							✓	0		
	06:00 pm	H ₂ O 50ml								0		
	07:00 pm	H ₂ O 100ml								0		
Total Intake : 1100 ml					Total Output : Passed							
4/6/26	08:00 pm									1	Reshika 4/6/26 @ 1 AM	
	09:00 pm							✓		1		
	10:00 pm		RL							0		
	11:00 pm		water							1		
	12:00 am									1		
	01:00 am								✓	1		
Total Intake :					Total Output :							
5/6/26	02:00 am									1	Reshika 5/6 @ 7am	
	03:00 am									1		
	04:00 am		water						✓	1		
	05:00 am									0		
	06:00 am									1		
	07:00 am								✓	1		
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output 6 time

VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA 26 Y 11 M 19 D (F)
 16-06-1999
 Dr. KAPPAGANTULA APARNA



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			
5/6	08:00 am											} 22pm 5/6/20	
	09:00 am	Folate							✓		0		
	10:00 am												
	11:00 am	water											
	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							

MH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 6-06-1999 26 Y 11 M 18 D (F)
 Mr. KAPPAGANTULA APARNA



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: L1W 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	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1 TAB	PO	ONCE DAILY	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. CETIRIZINE	5mg	PO	12TH HOURLY	3/6/26	<input type="checkbox"/> C <input type="checkbox"/> DC
4	T. PARACETAMOL	650mg	PO	ONCE DAILY	3/6/26	<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Yogeshwari

Date & Time : 3/6/2026 10 pm

Nurse Name & Signature : K. Subasini

Date & Time : 3/6/26 10 pm

JH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 18 D (F)
 Jr. KAPPAGANTULA APARNA



2

MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

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

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

Shifting From: Hw Shifted to: Room (102)

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB. CEFUROXIME	500 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. PARACETAMOL	650 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. ACECLOFENAC + PARACETAMOL	100 + 325 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	SYP. LACTULOSE	15 ML	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	TAB. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: DR. NIKHITA

Date & Time: 4/6/2026 4:30 PM

Nurse Name & Signature: Pratheekha

Date & Time: 4/6/2026 @ 4:30 pm

DR. M. VIJETHA
 Epidural Catheter Removed
 YES/NO

VIH-00199211 IP-00060221

Mrs PAREPALLI SANJANA
 16-06-1999 26 Y 11 M 18 D (F)
 Dr. KAPPAGANTULA APARNA



DRUG CHART

Date of Admission: 3/6/2026 Drug Allergies: NIL Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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:																			

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 91.25kg Ward 21w

Dr. Aparna K. 4/16/26 @ 5pm
 Dr. Aparna K. 4/16/26 @ 5pm
 Dr. Aparna K. 4/16/26 @ 5pm
 Dr. Aparna K. 4/16/26 @ 5pm

DRUG : TAB CEFUROXIME				Date/Time	4/6	5/6
Dose	Route	Frequency	Start Date	10 AM	10 AM	private
500mg	PO	12 th DAILY	04/06			
Name & Signature of the Doctor Starting the Drugs:				10 AM 21w		
Additional Instructions:						
(TAB. CEFTUM-500 _{mg})						
Daily Doctor's Endorsement by a Sign						

DRUG : TAB ACECLOFENAC + PARACETAMOL				Date/Time	4/6	5/6
Dose	Route	Frequency	Start Date	8 AM	8 AM	21w
325 + 100mg	PO	12 th HOURLY	04/06			
Name & Signature of the Doctor Starting the Drugs:				8 AM 21w		
Additional Instructions:						
MIFENAC-P						
Daily Doctor's Endorsement by a Sign						

DRUG : TAB PARACETAMOL				Date/Time	4/6	5/6
Dose	Route	Frequency	Start Date	6 AM	6 AM	21w
650mg	PO	12 th HOURLY	04/06			
Name & Signature of the Doctor Starting the Drugs:				6 AM 21w		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : TAB PANTOPRAZOLE				Date/Time	5/6	
Dose	Route	Frequency	Start Date	6 AM	6 AM	21w
40mg	PO	ONCE DAILY	04/06			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						



VIH-00199211 IP-00060221
 Mrs PAREPALLI SANJANA
 16-06-1999 28 Y 11 M 19 D (F)
 Dr. KAPPAGANTULA APARNA

Ref. No. : F / HW / DC / RP / INPR / 05.a



	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

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

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

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

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

Weight. 91.25kg Ward. 4W



U. S. Srinivas
 4/6/26 @ 5pm
 U. S. Srinivas
 4/6/26 @ 8pm

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE OINTMENT		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route LA	Start Date 04/06	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor Dr. APARNA		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG : BETADINE LOTION		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Route LA	Start Date 04/06	Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Name & Signature of the Doctor Dr. APARNA		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.
Additional Instructions:		Dose		Dose		Dose
		Dr. Sign.		Dr. Sign.		Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/6/26	6:50 AM	PROCTOCLYSIS ENEMA	100ML	PR	[Signature]	[Signature]
4/6/26	6:50 AM	INT DROTAVERINE	40MG	IV	[Signature]	[Signature]
4/6/26	9:45 AM	INT DROTAVERINE	40MG	IV	[Signature]	[Signature]
4/6	9:50 AM	INT VALETHAMATE BROMIDE	8MG	IV	[Signature]	[Signature]
4/6	11:05 AM	INT. CEFOTAXIME [AFTER TEST DOSE]	1GM	I.V.	[Signature]	[Signature]
4/6	1:35 PM	INT VALETHAMATE BROMIDE	8MG	IV	[Signature]	[Signature]
4/6	2:00 PM	INT. DROTAVERINE	40 MG	IV	[Signature]	[Signature]
4/6	3:00 PM	INT. PHENIRAMINE MALEATE	45.5 MG.	IM	[Signature]	[Signature]
4/6	3:00 PM	SUPPOSITORY DICLOFENAC	100 MG	PR	[Signature]	[Signature]

VERIFIED BY : NAME

4/6/26
 3pm

I.V. FLUIDS CHART

Weight. 91.25kg Ward. LW



Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
4/6/26	8 AM	INJ OXYTOCIN SUNITS IN RINGER LACTATE	IV	5ml HR	Y	[Signature] Tajon	ul6	[Signature]	[Signature]
4/6/26	8:50 AM	RINGER LACTATE	IV	100ml HR	Y	[Signature]	ul6	[Signature]	[Signature]
4/6/26	1:55 PM	RINGER LACTATE	IU	100ml HR	[Signature]	[Signature]	ul6	[Signature]	[Signature]
4/6/26	2:40 PM	INS. OXYTOCIN 20 IU IN 500 ML RINGER LACTATE	IU	F/F	[Signature]	[Signature]	ul6	[Signature]	[Signature]

Signature

VERIFIED BY : Name

