



ACTIV VIH-00205777 IP-00060293
Mrs P.YAMINI
21-03-1998 28 Y 2 M 20 D (F)
Dr. SRILATA PATNAIK

NG

Name: -



UHD No : -----

Consultant : -----

Dept : -----

Date of Admission : 20/6/26

Time : 07: 5: 23 AM

Date of Discharge : -----

Time: -----

Room / Bed No : 223

Ward : L/W

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.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
10/6/26	IV Placement	1	3088759	<i>[Signature]</i>
10/6/26	MERPC	1	3088874	<i>[Signature]</i>
<i>Cross checked by manga 11/6/26 @ 7:45 AM</i>				

ANY OTHER INFORMATION

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Name	Mrs .YAMINI P	UHID	VIH-00205777
Father/Guardian	Mr K.KIRAN KUMAR	Age/Gender	28 Y 2 M 20 D/Female
Address	33-48,R.K PURAM HARITAN BASTHI SECUNDERBAD, Neredmet, Hyderabad, Telangana, INDIA, 500056		
IP No	IP-00060293	Admission Date	10-06-2026
Ref Doctor	Self	Discharge Date	11-06-2026

DISCHARGE SUMMARY

Consultant: Dr. SRILATA PATNAIK,

Diagnosis: Primigravida with 14+4 weeks with ?Preterm premature rupture of membranes with Antepartum Hemorrhage with ?Inevitable miscarriage for Observation / Further Management.

MEDICAL TERMINATION OF PREGNANCY WAS DONE ON 10.6.2026

History:

LMP: 28/2/2026

Obstetric formula: Primigravida

EDD: 5/12/2026

Gestation at admission: 14+4 weeks

Obstetric History:

G1 - Present Pregnancy, spontaneous conception

Medical History: Nil

Family History: Nil

Surgical History: Laparoscopic Appendicectomy with right oophorectomy (Torsion ovary)in 2016

Allergies: Nil

Name	Mrs .YAMINI P	UHID	VIH-00205777
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Antenatal Details: Mrs IP-00032 was unbooked to Rainbow hospital . She had previous antenatal checkups done at Verma clinic secunderabad. She had h/o Fever at 12 weeks and managed conservatively . She had h/o UTI at 6 weeks and managed conservatively. She had h/o spotting PV at 6 weeks for 1 day and regressed spontaneously. Patient was admitted at 14+4 weeks with ? Preterm premature rupture of membranes with Antepartum Hemorrhage with ?Inevitable miscarriage for Observation / Further Management.

Investigations:

Blood Group: 'A' POSITIVE

Management: Course in Hospital:

Patient came with c/o Leaking PV since 6:30am on 10/6/2026. On per speculum examination draining present, liquor clear. CBP, CUE , HVS was sent. Viability scan was done showed SLIUF, 14+4 weeks, PL- anterior low, Amniotic fluid severely reduced (<1 centile) . Patient and attenders explained about risk of Fetal demise and abortion risk and presence of active leak , severe reduced AFI and given option of termination of pregnancy and they opted for it. After taking informed consent of Medical termination of pregnancy Tab. Mifepristone 400mcg PO given followed by Tab. Misoprostol 400mcg PV given . Patient expelled a Dead fetus of weight 54gms at 4:25pm, and Placenta with membranes expelled of weight 72gm at 4:27pm. No active bleeding noted. Patient and attenders advised histopathology for fetus and placenta but they denied. CUE- protein 3+, blood present , pus cells 4-6, epithelial cells 6-8. Urine culture and sensitivity sent. Tab. Misoprostol 400mcg given per rectally as prophylaxis for bleeding. Patient vitals stable at the time of discharge.

Advice:

1.Tab. Ceftum 500mg (Cefuroxime) twice daily till 14/6/2026 (9am-9pm) after food

Name	Mrs IP-00032	UHID	VIH-00205777
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- 2.Tab. Calpol 1gm as and when required
- 3.Tab. Pan 40mg once daily (before food) till 14/6/2026.
4. Tab. Misoprostol 400mcg Per vaginally once at Bed time till 13/6/2026.
5. RPOC scan after one week on 25/6/2026 and Review with reports.
6. continue Tab Iron, Calcium, folic acid for one month.
7. Syp. Duphalac 15ml at bedtime if constipation.

Review on 25/6/2026 in Gynaec OPD with prior appointment for rescans (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency kindly contact 040-42462200. Extension 2155, 2177 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name : _____ Signature :

Relationship with patient :

This summary has been explained by :

Summary prepared by: Dr.

Jos *A*
Registrar/Resident/C.M.O

Name	Mrs IP-00032	UHID	VIH-00205777
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Dr. SRILATA PATNAIK
MBBS MD

Laboratory Report

Mrs IP-00032 8686947819
28 Y 2 M 20 D VI26019871
Female 10-06-2026 10:08 AM
IP-00060293 10-06-2026 10:17 AM
VIH-00205777 10-06-2026 05:23 PM
Dr. SRILATA PATNAIK N 2F-LABOUR WARD / LW 223

Investigation	Result	Unit	Biological Reference Interval
COMPLETE BLOOD PICTURE (Specimen : BLOOD)		TEST RESULT STATUS : REPORT AUTHORISED	
HEMOGLOBIN (Colorimetry)	12.0	g/dL	12 - 16
RBC COUNT (DC detection method)	4.18	10 ¹² /L	4 - 5.2
PCV/HCT (Calculated)	33.5	VOL%	33 - 51
MCV (Calculated)	80.3	fL	80 - 100
MCH (Calculated)	28.6	pg/cells	26 - 34
MCHC (Calculated)	35.7	g/dL	32 - 36
RDW-CV (Calculated)	13.8	%	H 11.5 - 13.1
PLATELET COUNT (DC Detection Method)	189	10 ⁹ /L	150 - 450
MPV (Calculated)	9.4	fL	6.5 - 10
WBC COUNT (DC Detection Method)	11.04	10 ⁹ /L	H 4.5 - 11
Differential Count			
NEUTROPHILS (Microscopy, Leishman stain)	77	%	H 35 - 66
LYMPHOCYTES (Microscopy, Leishman stain)	19	%	L 24 - 44
MONOCYTES (Microscopy, Leishman stain)	3	%	L 4 - 10
EOSINOPHILS (Microscopy, Leishman stain)	1	%	1 - 4
PERIPHERAL SMEAR (Microscopy, Leishman stain)	RBC - NORMOCYTIC / NORMOCHROMIC WBC - MORPHOLOGY NORMAL PLATELETS - ADEQUATE		

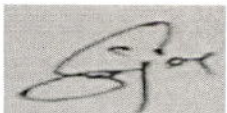


Dr. SRUJANA SHYAMALA
MD, DNB
Consultant Pathologist
Reg No : 39356

Laboratory Report

Mrs IP-00032	8686947819
28 Y 2 M 20 D	VI26019898
Female	10-06-2026 01:15 PM
IP-00060293	10-06-2026 01:25 PM
VIH-00205777	10-06-2026 02:35 PM
Dr. SRILATA PATNAIK	N 2F-LABOUR WARD / LW 223

Investigation	Result	Unit	Biological Reference Interval
COMPLETE URINE EXAMINATION (Specimen : URINE)		TEST RESULT STATUS : REPORT AUTHORISED	
PHYSICAL			
COLOUR (Visual Examination)	PALE YELLOW		
APPEARANCE (Gross Examination)	SLIGHTLY TURBID		
pH (Double pH indicator)	7.0		5 - 8.5
SPECIFIC GRAVITY (PKA Reaction)	1.005		1.005 - 1.030
SEDIMENT (Gross Examination)	PRESENT		NIL
CHEMICAL			
PROTEIN (Protein error of pH indicator)	PRESENT +++		NIL
GLUCOSE (GOD POD method)	NIL		NIL
KETONE BODIES (Acetoacetic acid reaction)	NEGATIVE		NEGATIVE
BILE SALTS (Hay's Sulfur Test)	ABSENT		ABSENT
BILE PIGMENTS (Diazo reaction)	ABSENT		ABSENT
NITRITE (Reflectance Photometry)	NEGATIVE		NEGATIVE
BLOOD (Peroxidase reaction)	PRESENT +++		ABSENT
LEUCOCYTES (Esterase reaction)	NEGATIVE		NEGATIVE
MICROSCOPY			
PUS CELLS	4 - 6	HPF	L 0 - 5
EPITHELIAL CELLS	6 - 8	HPF	L 0 - 5
RBCS.	PLENTY	HPF	0 - 2



Dr. SRUJANA SHYAMALA
MD, DNB
Consultant Pathologist
Reg No : 39356

DEFICIENCY CHECKLIST OF MEDICAL CASE SHEET

VH-00205777 IP-00060293
 Mrs IP-00032
 21-03-1998 28 Y 2 M 20 D (F)



Patient Name : Dr. SRILATA PATNAIK

IP.No: 60293

Ward: C/w



DOA: 10/6/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	01			
3	Nursing Initial assessment form	01			
4	Patient Trasfer Forms	-			
5	In-patient Medical Record	-			
6	Doctors Progress Sheets	04			
7	Nurses Progress notes	02			
8	Consultation Sheets	-			
9	General Consent for Treatment	01			
10	Consent for Surgery FORM-C	01			
	Consent for Blood Transfusion FORM	01			
12	Consent for Chemotherapy special	01			
13	Consent for High Risk	-			
14	Consent for Restraint	-			
15	DAMA Consent	-			
16	Consent for Special Procedure	-			
17	Consent for Radiological Investigations	-			
18	Consent for HIV Test	-			
19	Anaesthesia consent form	-			
20	Anaesthesia notes(Pre Anaesthesia & Post)	-			
21	Pre Operative checklist	01			
22	Surgical safety Checklist	-			
23	Operation Theatre notes	-			
24	Nurses Clinical Presentation	-			
25	TPR & BP chart	02			
26	Intake and Output chart (fluid Chart)	02			
	Drug Chart (Regular prescription)	01			
28	Daily Investigation sheet	-			
29	Investigation Values (Result Sheet)	01			
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	01			
33	MLG form (in case of MLC medication)	01			
34	Patient Education Form Brand a	01			
	pain Assesment	01			
	Cheek Chewing	01			
	more	01			
Total No. of Pages		25			

25

Signature and Date : mangra 11/6/26 @SAM

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060293

Admit Date : 10-Jun-2026

Admit Time : 08:23 AM UHID : VIH-00205777

Patient Details :

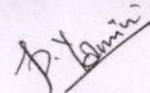
Patient Name : Mrs IP-00032 Age : 28 Y 2 M 20 D
Guardian : Mr K.KIRAN KUMAR DOB : 21-03-1998
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : 33-48,R.K PURAM HARITAN BASTHI Phone No : 8686947819
SECUNDERBAD Neredmet Hyderabad E-mail : NA@GMAIL.COM
Telangana INDIA 500056

Admission Details :

Bed Type : MICU Bed No : LW 223 Ward Name : N 2F-LABOUR WARD
Room No : LW 223 Admission Type : First Visit

Contact Details :

Name : Mr K.KIRAN KUMAR Relationship : Husband
Contact Address : 33-48,R.K PURAM HARITAN BASTHI Phone No : 8686947819 / 9912375009
SECUNDERBAD Neredmet Hyderabad
Telangana INDIA 500056


Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 10000.00
Payor Name : VOLO HEALTH INSURANCE TPA PVT LTD



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 10/6/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify ILU
 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: cb leaking pv since 6:30 AM Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Gneeshma
 Time Notified: 8:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	<u>Laparoscopic Appendectomy + Right open (Torsion ovary) In 2016</u>	Yes

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>28/6/26</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G primi P L A

Previous LSCS:

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

Vital Signs / Measurements: Temp: 98.6 F HR: 86 b/m RR: 19 b/m
 BP: 110/70 mmHg Weight: 60 Kg Height: 162 cm BMI: 3.1

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 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. Yamini

Name of Person Orientation was given to: Mrs. Yamini

Orientation not given Reason:

Nurse Signature: Meghna

Nurse Name: Meghna

Date & Time: 10.6.16 @ 8:35 am



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 10/6/26 Time of Arrival: 8 AM Time Seen by Nurse: 8:05 AM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.6°f Pulse: 86 b/min RR: 19 b/min SpO₂: 99% BP: 110/70 mmHg Weight: 60 kg

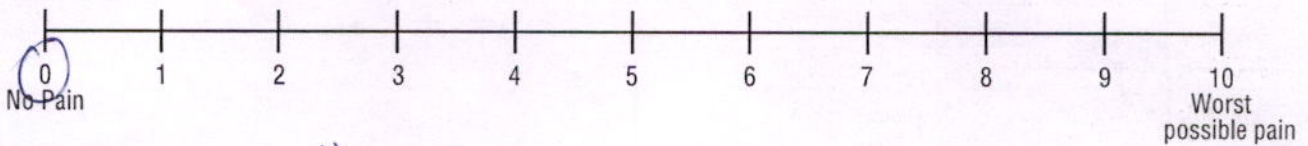
Gestational Criteria:

Gravida:	G - <u>primi</u>	P -	L -	A -
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LMP: 28/2/26 EDD: 5/12/26 Gestational Age: 14+4 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset <u>spontaneous</u>	Time <u>6:30 AM</u>	Fluid Color: <u>clear</u>
Vaginal bleeding	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time <u>6:20 AM</u>	Amount: <u>-</u>
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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



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

6) Past History:

- a) Surgeries: Laparoscopic Appendicectomy + Right ovariectomy (Tension ovary) 12.12.26
- b) Medical: Nil



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

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/ 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: 8:30 AM

Nurse Name : Neelma Nurse Signature: Neelma

Date: 12/01/26 Time: 8:05 AM



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Clot leaking PV since 6:30 AM

LMP: 28/2/26

EDD: 11/11

Corrected EDD: 5/12/26

GA: 14+4 weeks

Obstetric Formula: Primigravida.

ML-6 months, NCM

Menstrual History: Regular: Yes No

Obstetric History:

G1- PP, Spontaneous conception

Obstetric Examination

Fundal Height: ~ 14 weeks

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record: Unbooked to RCH.

Previous ANC at Verma Clinic, Secunderabad.

H/o Fever at 12 weeks & was managed conservatively. H/o UTI at 6 weeks and was managed conservatively.

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable: _____

RISK FACTORS: was managed conservatively.

FHS: Normal Tachy Brady Absent

H/o Spotting PV at 6 weeks for 1 day & regressed spontaneously.

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

- PPRM

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Height: 162 cm

Weight: 60 kg

Allergies: NIL

Membranes: Present Absent

Breast: Normal Abnormal

Liquor: Clear Meconium Blood Stained

General Examination:

Presenting Part: Vertex Breech Others

Consciousness: c/w

Pallor: (-)

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

Icterus: (-)

Edema: (-)

Temp: Afebrile

PR: 80 bpm

Pelvis: Adequate Doubtful

BP: 114/28 mmHg

DTR: (+)

CVS: S1 S2 (+)

RS RAE (+)

Liver/Spleen: (N)

Urine Output: Adequate.

DIAGNOSIS

Primigravida with 14 weeks with ? Prolong Premature Rupture of Membranes with antepartum haemorrhage with ? inevitable miscarriage. for observation/ Further management.



<p>Family History:</p> <p>NIL</p>	<p>Surgical History: Laparoscopic - Appendicectomy + Right Ovarioectomy (Torsion ovary) in 2016</p>
<p>Medical History:</p> <p>NIL</p>	<p>Medication History:</p> <p>Allergies - NIL</p>
<p>Plan of Care: <u>C/S to Dr. Srilata Mann</u></p> <ul style="list-style-type: none"> - Admission - Normal diet - Foot end elevation, bed rest - FHR monitoring - Monitor vitals - Follow drug chart - Send CBP, CUE, HVS - Inform SOS - Ly: PROLIFON 500mg 2x stat - Viability scan today 	<p>Investigations: BLOOD GROUP - A POSITIVE</p> <p>HIV } 26/10/26 HbSAG } NR HCV } CBP - 12.6 / 9230 / 1.89 L VDRL } CUE - Pus cells 1-2 EC : 4+5 TSH - 1.82</p> <p><u>NT scan</u> (26/10/26)</p> <p>SLIUF 12+3 weeks NT - 1.4 mm Nasal bones (+) CL - 3.8 cm</p>
<p>Noted by Meghna 10/10/26 at 8:30 AM</p>	<p style="text-align: right;">FTS - low risk</p>

Doctor Name: Dr. Geeshma

Signature: [Signature]

Date & Time: 10/10/26, 8:30 AM

Consultant Name: Dr. SRILATA PATNAIK

Signature: [Signature]

Date & Time: 10/10/26, 8:30 AM



GRESS NOTES
 BALL POINT PEN ONLY)

Patient Name :
 Age : Gender M F
 I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
10.6.26	10:20 AM	DR. SRILATA
		Perim at 14 th GA
		e ⁻ H ₂ O leaking per vaginum
		since 6:30 AM.
		admitted ↓ observation
		Temp (M) * no H ₂ O fall / gravel / IL
		Pulse = 80/min * no H ₂ O fever.
		DB - 112/60 mm Hg
		cup chem map
		PIA at 14 th GA
		FHS? Invariable. sent for
		P/S - Bleeding (+) diagnosis
		P/V - Co soft seam
		soft
		as IFC.
		USG
		(10.6.26) single intrauterine GA
		14 th days
		FHR = 157 bpm
		Pl. → Ant, Low
		Amniotic fluid → severely reduced
		(< 1st centile)
		After Δ Perim at 14 th GA e ⁻
		PPROM.
		? Invariable abortion.
		P.T.O.

sent for
 cup
 repeats
 awaited

sent for
 diagnosis
 seam

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Risk of Fetal demise, abortion,
explained.

Attendees need to discuss among
each other and inform about
the decision regarding
termination of pregnancy.

Spalml.
10.6.26.

CBP -

10/6/26
11:30am

CBP - 12/11040/1.89L

At Dr Ashwin

US to Dr. Srilabamam

olept cdc

acais

afebrile

BP - 115/70 mmg

PR - 80 bpm

HEPAD

PIA soft

NT

PV - 6leeny ⊕

Adv

- (N) diet

- WIF 6leeny
PV

- monitor vitals

- follow drug
cut

- inform SOS

noted by meghana @ 12:30pm

Dr Arshad

VIH-00205777 IP-00060293

Mrs P. YAMINI
21-03-1998 28 Y 2 M 20 D (F)
Dr. SRILATA PATNAIK



Rainb
Child
Hosp
It takes a lot to b...

ROGRESS NOTES

SE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

Patient Name :

Age : Gender M F

I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		u ± to Dr Srilata
7/6/26	12:30 PM	Patient & attenders has been explained regarding active leak. Slightly reduced AFI, option for termination given & they opted for it
		Adv
		- T. Mifepristone 400mcg Po stat.
		- followed by T. Misoprostol 400mcg PV
		- inj. Methin 40 mg sos
		Dr. Ashwin
10/6/26	1 PM	Tab Mifepristone 400 mcg Po given at 1 PM
		Dr. Yogeshwar

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Meghna 10/6/26 2pm

Spont.

- Inform SAS
 - W/F bleeding PV
 - W/F expulsion
 - Follow drug chart
 - Vitals monitoring
 - (N) diet
 - Tab Miso prostal 200mg at 8pm t/b 6th day
 - BP- 110/70mmHg
 - PR- 86bpm
 - S/E- NAD
 - P/A- U+ - Just palpable
 - Irritable
 - Pt - 8

o/e
 Adv
 pt is c/c
 u clear
 Attributable
 BP- 110/70mmHg
 PR- 86bpm
 S/E- NAD
 P/A- U+ - Just palpable
 Irritable
 Pt - 8

10/6/26 4pm

Dr Aslam

CUG - Protein 3+
 Gluc +
 Aus - 4-6
 Epi - 6-8

10/6/26 2:30pm

Noted by Meghna 10/6/26 2:30pm


- Adeq. Hydration
 - W/F expulsion
 - W/F bleeding PV
 - monitor vitals
 - Follow drug chart
 - Inform SAS
 - (N) diet
 Adv:

o/e - pt is c/c
 Gc - Fair
 Attributable
 BP - 109/75mmHg
 PR - 81bpm
 S/E - NAD
 P/A - U+ - Just palpable
 Relaxed
 PV - CX (ang)
 OS - IF
 tummy (+)

Tab. Miso prostal
 400 mg
 kept PV

10/6/26 2:50pm

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 115
IP-00060293
Patient: VIH-00205777
Mrs IP-00032
21-03-1998 28 Y 2 M 21 D (F)
Age : Dr. SRILATA PATNAIK
I.P. No. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
10/6/26	4:35 PM	<p><u>Expulsion Note</u></p> <p>Patient expelled a dead fetus of weight <u>54 gm</u> at 4:25 pm and placenta with membranes expelled of weight <u>72 gm</u> at 4:27 pm. No active bleeding noted.</p> <p style="text-align: right;"><i>Eshan Dr. Farooq</i></p>
10/6/26	4:45 PM	<p>C/S by Dr. Srilata Patnaik</p> <p>PT is cle</p> <p>G+C fav</p> <p>Afebrile (99F)</p> <p>BP - 102/64 mmHg</p> <p>PR - 98 bpm</p> <p>S/C - NAD</p> <p>PIA - ut + NR.</p> <p>Non tender.</p> <p>v/e - No active bleeding</p> <p>Noted by Meghna 10/6/26 4:45 pm</p>
		<p>Adm</p> <p>- 1 inj Syntocin</p> <p>10 units in 500 ml Ringer lactate.</p> <p>- w/ + PR bleeding</p> <p>- Tab misoprostol 400ug kept PR-stat</p> <p>- 1 inj Buscopan - SOS</p> <p>- Normal diet</p> <p>- follow deep chest</p> <p>- monitor vitals</p> <p>- Inform SOS</p> <p style="text-align: right;"><i>Eshan Dr. Farooq</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

10/6/26
8 pm

c/s/B Dr Srilata mam

O/E

PT Ps c/c/c
uc fair
Afebrile
BP-114/72 mmHg
PR 84 bpm
S/E-NAD
P/A-UT~WR
Non tender
L/E- No active
bleeding

Adv

- Tab Misoprostol 400mcg PV at 10:30 pm
- Inj Drotaverine sos
- RPOC scan after 10 days
- W/F bleeding
- Monitor vitals
- Follow drug chart
- Syrup Duphalac 15ml At Bed time.

—————
Patient and attenders
don't see histopathology
But they denied
—————

Noted by Mathiyuska @ 8pm

Dr Yogeshwar

10/6/26
10:30 pm

Tab Misoprostol
400mcg kept
PV at 10:30 pm

O/E

PT is c/c/c
Vitals stable
P/A-UT~WR
SOFT
L/E-NAD
S/E-NAD

Adv

- Normal diet
- W/F bleeding PV
- Monitor vitals
- Follow drug chart
- Inform sos

—————
Noted by mangya
11/6/26 @ 10:30 M
—————

Dr Yogeshwar

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

P: VIH-00205777 IP-00060293
Mrs IP-00032
Patient: 21-03-1998 28 Y 2 M 21 D (F)
Dr. SRILATA PATNAIK
Age: 
I.P. N.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
11/6/26	12 AM	O/E Pt is c/c/c Adv Gc fair - Normal diet Afebrile - W/F bleeding PV BP - 116/76 mmHg - Monitor vitals PR - 86 bpm - Follow drug chart S/E - NAD - Adequate hydration P/A - UT ~ WOR - Inform SOS Soft
		L/E - No active bleeding
		UP MND
		noted by mangra 11/6/26 @ 12 AM Dr. Yogeshwar
11/6/26	4 AM	O/E Pt c/c/c Adv Gc fair (N) diet afebrile - W/F bleeding PV BP - 111/62 mmHg - monitor vitals PR - 85 bpm - follow drug chart S/E - NAD - Inform SOS P/A - UT ~ WOR Soft PU - NAB
		UP MND
		noted by mangra 11/6/26 @ 4 AM Dr. Ashw

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

11/6/26
7:30am

OIE + ddc
a cjai
ajbrile

Adv
- @ diet

↑
nt can be
discharged
↓

BP - 115/70 mmg
PR - 80 bpm

- WIF bleed
A0
- monitor vitals

RENAD
PIA soft
NT

- follow dx
cxk
- inform sos

↑
UP
mmp
↓

P - UNAB

Dr. Askin

noted by manga 11/6/26
@ 7:30am

(FORM - C)

CONSENT FOR MEDICAL TERMINATION OF PREGNANCY (MTP)



Patient Name: MRS P. YAMINI UHID no: VIH-00205771 Date: 10/6/2026 IP-00060293

I MRS P. YAMINI Daughter / wife of K. KIRAN KUMAR

aged about 28 YEARS Years of 33-48, R.K PURAM HARITAN BASTHI SECUN- (here state the permanent address)

At present residing at - DERABAD NEREDMET HYDERABAD TELANGANA 500056 do herby give my consent to be

Termination of my Pregnancy at RAINBOW HOSPITAL KARKHANA SECUNDERABAD (State the name of place where the pregnancy is to be terminated).

Place: SECUNDERABAD

Patient: Signature: P. YAMINI Name: P. YAMINI Date & Time: 10/6/2026 1 PM

Doctor: (who is taking the consent) Signature: DR. YOGESHWARI Name: DR. YOGESHWARI Date & Time: 10/6/2026 1 PM

(To be filled in by guardian where the women is a lunatic or minor)

I son / daughter / wife of

aged about Years of (here state the permanent address).

At present residing at do herby give my consent to the

Termination of Pregnancy of my ward who is minor / lunatic at (Place of termination of pregnancy).

Place:

Patient Guardian: Signature: Name: Relationship with patient: Date & Time:

Doctor: (who is taking the consent) Signature: Name: Date & Time:

FORM I
REGISTERED MEDICAL PRACTITIONER (RMP) OPINION FORM
(For gestation age upto twenty weeks)



Patient Name: MRS P. YAMINI UHID no: UM-0020577 Date: 10/6/2026
IP-00060293

I DR. SRILATA PATNAIK
(Name and qualification of the Registered Medical Practitioner in block letter)
RAINBOW HOSPITAL KARKHANA
(Full address of the Registered Medical Practitioner)

Hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of

MRS P. YAMINI
(Full name of the Patient in block letter)

Resident of 33-48, R.K PURAM HARI TAN BASTHI SECUNDERABAD
NEREDMET HYDERABAD TELANGANA 500056
(Full address of the Patient in block letter)

For the reason given below*

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the serial no:
in the admission register of the hospital / approved place.

Place: RAINBOW SECUNDERABAD

Date: 10/6/2026

Registered Medical Practitioner: Signature: Name:

*of the reasons specified items (a) to (e) Tick the one which is appropriate:

- a. In order to save the life of the pregnant woman.
- b. In order to prevent grave injury to the physical and mental health of the pregnant woman.
- c. In view of the substantial risk that if the child born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- d. As the pregnancy is alleged by pregnant woman to have been caused by rape.
- e. As the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

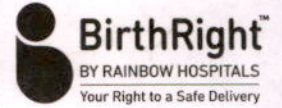
Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place: RAINBOW SECUNDERABAD

Date: 10/6/2026

Registered Medical Practitioner: Signature: Name:

CONSENT FOR SPECIAL PROCEDURES



Patient Name : MRS P. YAMINI Gender: Male Female
UHID No : VIH-00205777 Department : OBGY Date : 10/6/2026
IP-00060293
I MRS P. YAMINI S/D/W/O K. KIRAN KUMAR

Here by give consent for procedure of : MEDICAL TERMINATION OF PREGNANCY
For my patient, Named : MRS P. YAMINI

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

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :
SURGICAL EVACUATION OF RETAINED PRODUCTS OF CONCEPTION.

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: DR. SRILATA PATNAIK

Patient Attendant :
Signature : [Signature]
Name : P. YAMINI
Relationship with Patient: SELF
Date & Time : 10/6/26 12:50PM

Witness :
Signature : [Signature]
Name : K. KIRAN KUMAR (HUSBAND)
Date & Time : 10-06-26 - 12:50 PM

Doctor (who is taking the consent) :
Signature : [Signature]
Name : DR. YOGESHWARI
Date & Time : 10/6/26 12:50PM

Mrs. F. V. V. V.

Wm. W. W. W.

Wm. W. W. W.

Mrs. F. V. V. V.

K. K. K. K.

MEDICAL DETERMINATION OF PREGNANCY

Mrs. F. V. V. V.

BLEEDING IN PREGNANCY

URGENT EVACUATION OF FETAL PRODUCTS OF

CONCEPTION

OF SPINAL PATHWAY

1911

M. M. M. M.

M. M. M. M.

M. M. M. M.

M. M. M. M.

M. M. M. M.

1911

M. M. M. M.

M. M. M. M.

VIH-00205777
Mrs P.YAMINI
21-03-1998

IP-00060293

28 Y 2 M 20 D (F)

Dr. SRILATA PATNAIK



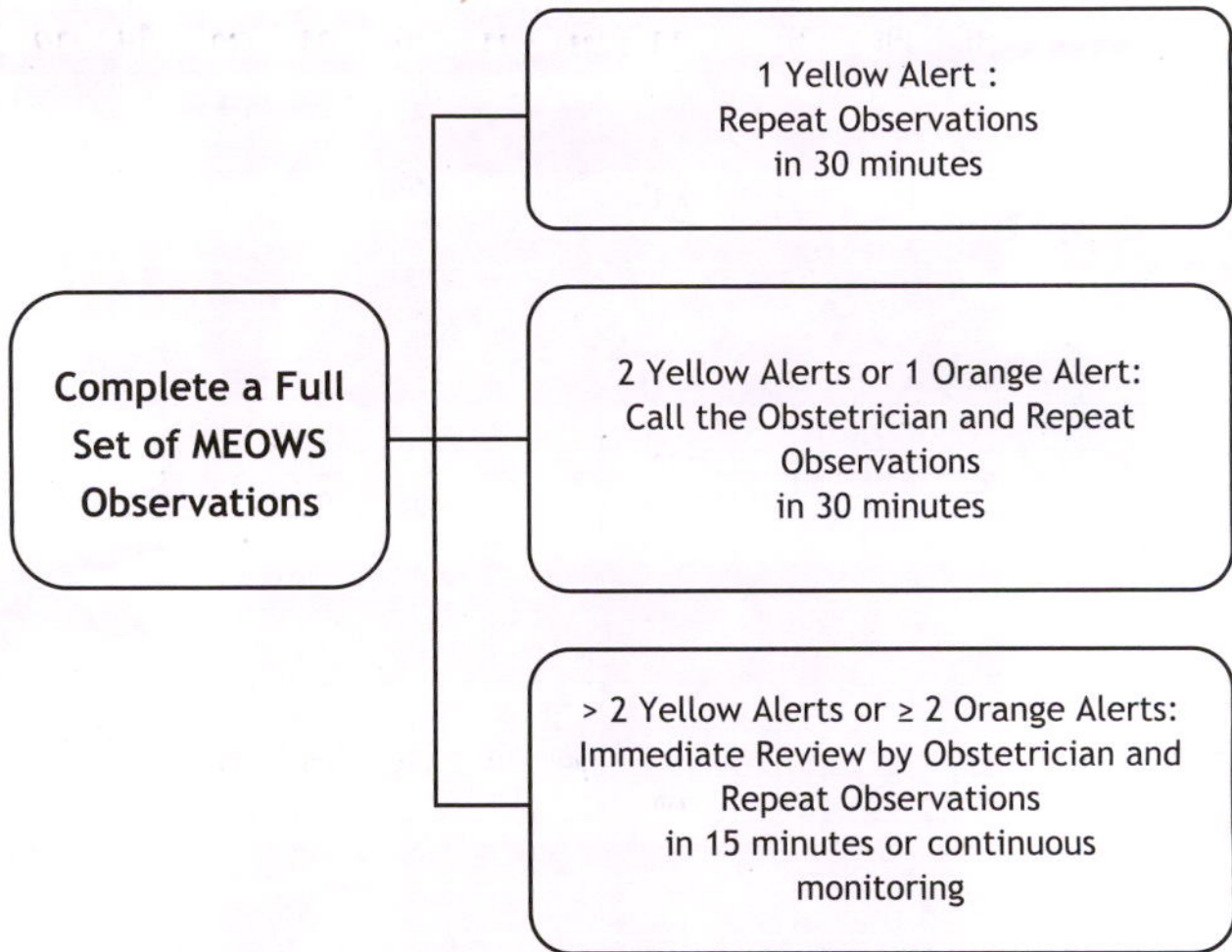
①

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	
	0 - 10																									
Saturations	94 - 100 %	99	98	99		99	99	99	98	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	37c	37c	37c		36c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	37c	
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	86	80	81		90	80	89	84	82	80	86														
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	110		115				120	120	118	110	108														
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70	70	71	75		65	70	73	74	70	72	55	74													
	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		
	Heavy / Foul																									
Liquor	Clear / Pink	✓	✓	✓		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		
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		
Nurse Initial		Ms	Ms	Ms		Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms	Ms		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 1.....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
10/6/26	08:00 am	H ₂ O	50ml							✓	0	Negha Ns 10/6/26 @ 2 PM
	09:00 am	H ₂ O	50ml								0	
	10:00 am	H ₂ O	100ml							✓	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 :			350			Total Output :					Passed	
10/6/26	02:00 pm	H ₂ O + 50ml								✓	0	10/6/26 @ 8 PM
	03:00 pm	H ₂ O + 50ml									0	
	04:00 pm	H ₂ O + 50ml								✓	0	
	05:00 pm	H ₂ O + 50ml									0	
	06:00 pm	H ₂ O + 100ml								✓	0	
	07:00 pm	H ₂ O + 50ml									0	
Total Intake :			350ml			Total Output :					Passed	
10/6/26	08:00 pm	H ₂ O + 50ml								-	0	10/6/26 @ 8 PM
	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 + 100ml								-	0	
	01:00 am	H ₂ O + 50ml									0	
Total Intake :			400ml			Total Output :					passed	
11/8/26	02:00 am	H ₂ O + 50ml								-	0	11/8/26 @ 7 AM
	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 + 50ml									0	
Total Intake :			450ml			Total Output :					passed	

Total 24 hrs. Intake 1150 ml

Total 24 hrs. Output Passed



DRUG CHART

Date of Admission: 10/6/26 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)

DRUG : <u>1MS HYOSLINE BUTYL BROMIDE</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>10MG</u>	<u>10MG (TM)</u>	<u>AS AND WHEN REQUIRED</u>	<u>10/6</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>Shan D. Jamer</u>				
Additional Instructions:				
<u>1MS BUSCO PANV</u>				

*STOP
 D. Jamer
 Shan
 10/6/26
 5 PM*

DRUG : <u>T. DROTAVERINE</u>				Date/Time
Dose	Route	Frequency	Start Date	
<u>40MG</u>	<u>PO</u>	<u>AS AND WHEN REQUIRED</u>	<u>10/6/26</u>	
Doctor's Signature		Valid Period	Pharm.	
<u>Dr. Yogeshwar</u>				
Additional Instructions:				

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

Signature
 VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 60kg Ward 4/W

Dr. Patnaik

DRUG : INJ. CEFOTAXIME				Date Time	10/6/26
Dose	Route	Frequency	Start Date		
1GM	IV	12th hourly	10/06	10AM	
Name & Signature of the Doctor Starting the Drugs:					
<i>Dr. G. G. G. G.</i>					
Additional Instructions:				10/6/26	
Daily Doctor's Endorsement by a Sign					

DRUG : T. PARACETAMOL				Date Time	
Dose	Route	Frequency	Start Date		
1GM	PO	8TH HOURLY	10/6/26		
Name & Signature of the Doctor Starting the Drugs:					
<i>DR YOGESHWARI</i>					
Additional Instructions:					
<i>STOP</i>					
Daily Doctor's Endorsement by a Sign					

Dr. Patnaik
10/6/26

DRUG : T. PANTOPRAZOLE				Date Time	11/6
Dose	Route	Frequency	Start Date		
40mg	PO	ONCE DAILY	10/6/26	6 AM	
Name & Signature of the Doctor Starting the Drugs:					
<i>DR YOGESHWARI</i>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Dr. Patnaik
10/6/26

DRUG : SYRUP LACTULOSE				Date Time	10/6
Dose	Route	Frequency	Start Date		
15ML	PO	AT BED TIME	10/6/26	10 PM	
Name & Signature of the Doctor Starting the Drugs:					
<i>DR YOGESHWARI</i>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



Weight. 60kg Ward. 110

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/20	10:03 AM	INT. HYDROXYPROGESTERONE CAPROATE	500 MG	IM	[Signature]	Ns Teja
10/6	1:00 PM	TAB MIFEPRISTONE	400 MG	PO	H	Ns Teja
10/6	2:30 PM	TAB MISOPROSTOL	400 MCG	PO PV	[Signature]	Ns Teja
10/6		INT DROTAVIRINE	40 MG	IV	H	
10/6		INT OXYT				
10/6	4:45 PM	TAB MISOPROSTOL	400 MCG	PR	[Signature]	Ns Tei
10/6	10:30 AM	TAB MISOPROSTOL	400 MCG	PV	[Signature]	Ns Tei
10/6	5pm	INT HYOSCINE BUTYL BROMIDE	10 MG	IM	[Signature]	Ns Tei

Signature

VERIFIED BY: Name

Dr. Srilata Patnaik



I.V. FLUIDS CHART

Weight. 60kg Ward. 40

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
10/6	4:30 pm	INJ OXYTOCIN 100 UNITS + RINGER LACTATE 500ML	IV	FF	A	Ms Pela	10/6	10/6	Ms Pela
10/6/20	6pm	RINGER LACTATE	IV	200ml HR	Yf	Ms Pela	10/6	10/6	A M

VERIFIED BY : Name Signature

VIH-00205777

IP-00060293

Mrs P.YAMINI

21-03-1998

28 Y 2 M 20 D

(F)

Dr. SRILATA PATNAIK



STAT / ONCE ONLY DRUGS

Name:

Weight: kgs

Sheet No:

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
10/6		TAB DICOLOFENAC	50 MG	PO	H	HOLD	
10/6		BISACODYL SUPPOSITORY	10 MG	PR	H	HOLD	
10/6/26	8:30pm	INF PANTOPRAZOLE	40 MG	IV	H	H	10/6/26