

Rainbow

BirthRight  
SARVODAYA HOSPITALS  
A Sign of a Safe Future

SPB-00020508

IP28-00004552

Mrs RITHIKAA

24-10-1995

30 Y 7 M 20 D (F)

Dr. N SUNITHA



DISCHARGE TRACKING SHEET

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		13:16:26 at 11am	Dr. Gopal	
Activity Sheet updated by Pharmacy		11:42 Am	JPR	

# ACTIVITY RECORD FOR BILLING



Name: Mrs. Roshika  
 UHID No: 20508  
 Date of Admission: 10/6/26  
 Room / Bed No: \_\_\_\_\_ Ward: \_\_\_\_\_  
 Consultant: Dr. Sunita Dept: OBG  
 Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_  
 Suggested Billable bed type: \_\_\_\_\_

SPB-00020508  
 Mrs RITHIKAA  
 24-10-1996  
 Dr. N SUNITHA  
 IP28-00004552  
 30 Y 7 M 17 D (F)



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>11/6/26</u>	<u>9.15 pm</u>	<u>LDR</u>	<u>201008</u>	<u>RR</u>

## CROSS CONSULTATION VISIT

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







Date	Procedure	Quantity	Order No.	Signature
10/6/26	Iv placement	1	✓ 9660	RR
	CTGT	2	✓ 4337	RR
11/6/26	CTGT	2	✓ 4339	RR
11/6/26	CTGT	2	✓ 4361	RR
11/6/28	CTGT	②	✓ 4361	RR
11/6/28	CTGT	③	✓ 4361	RR
11/6/28	No-Anaesthesia	④	✓ 9813	RR
11/6/26	CTGT	1	✓ 4361	RR
11/6/26	CTGT	2	✓ 4363	RR
12/6/26	Nutritional Assessment	1		RR
11/6/26	CTGT	1	✓ 4366	RR

ANY OTHER INFORMATION:

Epidual given.  
 normal delivery done by Dr. Sunitha  
 Dr. Chaitanya

Date: 12/6/26

Time: 11 am

Prepared By: srinetha

Staff Nurse RR 6/22/1	Shift / Ward	Billing Assistant	Billing Supervisor
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LET FOR OBSTETRICS

Presenting Complaints

Primigravida  
 @ 38wks 5 days

LMP: 12/9/25

EDD: 19/6/26

Corrected EDD:

GA: 38wks 5 days

Obstetric Formula:

Able to perceive Fm (+)

Menstrual History: Regular:  Yes  No

Obstetric History:

Primi

Obstetric Examination

uterus term

Fundal Height:

Relaxed

FHR - good

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record:

Spontaneous Conception  
 Booked & Immunised

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others \_\_\_\_\_

Head Fifts Palpable: \_\_\_\_\_

RISK FACTORS:

H/o Spotting @ 7wks  
 (one episode)

FHS:  Normal  Tachy  Brady  Absent

Fibroid uterus  
 (5.6 x 4 cm)  
 @ lat. wall fibroid  
 k/c/o Asthmatic x 15 yrs on symptomatic Rx.  
 PIH on T. Labetalol (started @ 12wks)  
 100mg 1of

Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination

Cervix: 2cm  Long  Partially effaced  Effaced

Os: Closed  Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: \_\_\_\_\_ cm

Weight: \_\_\_\_\_ kg

Allergies: Nil

Breast:  Normal  Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR:

BP: DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

Primigravida / 38<sup>+5</sup> wks / PIH / Asthmatic /  
 Fibroid Complicated pregnancy got admitted  
 for IOL



<p>Family History:</p> <p>Parents Diabetic Father - HTN.</p>	<p>Surgical History:</p> <p>—</p>
<p>Medical History:</p> <p>PIH on T. Labetalol 100mg 10T. K/c/o Asthmatic on symptomatic Rp.</p>	<p>Medication History:</p> <p>- T. Labetalol 100mg BD - I. Iron P/o 100g - Folic P/o 10D - Calcium P/o 10D.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission.</li> <li>- NST.</li> <li>- parts preparation.</li> <li>- Informed Consent for IOL.</li> <li>- secure IV line.</li> <li>- T. Misoprostol 50mg P/v @ 9:30 p.m.</li> <li>- post induction ETG.</li> </ul>	<p>Investigations:</p> <p>O positive</p> <p>20/5/26</p> <p>Hb - 12.2 - 17/3 HIV        Plt - 2.34 ACT - 92 HBSAg / negative        PT - 16.9 VDRL        INR - 1.2 TSH - 2.42        FBS - 77 NT+FTS - (N)        PPBS - 105 Anomaly (N)        HBAIC - 4.7        Urine R/E (N) ECG (N)        Urine C/S - Klebsiella ECHO (N)</p> <p>23/5/2026</p> <p>SLUG of 36<sup>+</sup> wks.        Cephalic Placenta - posterior High.        AFI - 14.6 in.        EFW - 2.704 kg.        Doppler - (N)</p> <p>Fibroid Complicated Pregnancy.</p>

Doctor Name: .....

Signature: .....

Date & Time: .....

Consultant Name: Dr. Sunitha

Signature: *[Signature]*

Date & Time: .....

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Dr. N SUNITHA

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30 Y 7 M 17 D (F)



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>10/6/26</del>	S/B <u>Dr. Sunitha</u>	
<del>9:30 p.m.</del>	Pt. Reviewed	
	PFM (+)	
	Vitals Stable	
	CTG - Reactive	P/A - ut. term Relaxed FHR - good.
	P/v - Cx soft	
	posterior	
	2cm long	
	as 1 finger	
	Vx - 3 <sup>rd</sup> station	
	↓ ASP, T. Misoprostol	50mcg Adpt per vaginally
		<u>Adv</u>
		- post gel CTG
		- w/F contractions
		- FHR monitoring
		- w/F Inj Supacef 1.5gm IV ATD
		Adv: Inj Posa 1gm IV Stat.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/2026 6a.m.		S/S Dr. Paritha
	BP:- 120/78mmHg CTA - Reactive	Pt. Reviewed 4/0 pain abd ↑ in intensity P/A - uterus tense Acting (3-4/20"/10') Cephalic FHR - good
11/6/2026 2:30pm	S/S Dr. Sunitha Pt is stable	Adv - w/E Contractions - CTA 2 <sup>nd</sup> hudy - FHR monitoring
	<del>pt</del> pt tem 3/30/10' NIT @	
	Co - @ - 30/10' 20-30/10' eration 1/1	Adv w/E pcc hupic

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24-10-1995

Dr. N SUNITHA



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/24	SIBy Dr. Renteria	
<del>5 PM</del>		
	after state	
	PA UT term	
	3-4/30-35 / 10T	
	aphasia	
	PRR - good	
	PR CX - 5-6 cm dila	
	- 50-60T eff	
	State 1-1)	WAF for EMB
	SIBy Dr. Chantre	
	PR UT term	
	3-4/30-35 / 10T	
	- aphasia	
	PRR - good	
	PR CX - fully dilated	
	- fully eff	
	State 1-1	WAF for EMB



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/24	S	
11:30 PM	Flora vagina clean	
	↓ local anesthesia, RML given on chd	
	↓ A full term girl baby delivered, crown mic	
	↓ placenta & membranes delivered intact	
	↓ mild ptotic PPH, managed medically	
	episiotomy incision sutured in layers	
	• spongy mesh 2-0.	
	Skin-subcut sutures.	
	↓ mild bleed from sutured edges seen	
	vagina packed down (3 gauze)	
	OB	
	P-8 Wm	
	P1-120 / Tommy	P2
	P2 - Ur well contract	
	P2 - NO active bleed	- R as per chat
	P2	- Infuse 503
	P2 - mucosa intact	
		11/6/24
		12:00

GRC  
 11/6/24  
 6:20 PM  
 2.7 kg  
 2kg 50g



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	S/B Dr. Sivasarupa	
8:30 PM		
(AND-0)	A. reviewed	
T-(N)	no complaints	
BP- 110/80 mmHg	vitals stable, pt. voided (~200 ml of urine)	
PR- 86/mt	O/E - Afebrile, no pallor.	
Baby M/S.	P/A - Uterus well contracted, soft,	
	LE -	
	* - Episiotomy wound healthy,	
	^ No undue bleeding p/v.	
	Gauze pack removed.	
	Pt. can. be shifted to room	
		Advise
		- W/f bleeding p/v.
		- Inform So
		- (N) diet
		- DRF
		- Perineal care

Dr. Sivasarupa  
12/10/1

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 Mrs RITHIKAA  
 24-10-1995 30 Y 7 M 18 D (F)  
 Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/20 9:30 PM	SIBy Dr Chaitra.	
	It is the pain near episiotomy site	
OIB		
P- 70/114		
BP- 106/66 mmHg		
04		
PA SpO2		
Urinary output		
UE - NAB		Syring Dr Sunitha
Episiotomy wound - healthy		Ab
		- @ diet
		- Tab 2 EROROP
		1-04
		- PRILox OINTMENT
		for UA
		- Syng. PUPHACAE 15M
		Sol

12/6/20  
12:30 PM

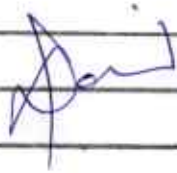


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>12/6/26</del>	S/B Dr. Paritha	
3:15 P.M.	Pt. Reexamined.	
	Not passed stools.	
BP:-116/76 mmHg	voiding freely.	
	P/A uterus Contracted.	
	Hc - BWNL	
		Adv.
		- (2) diet
		- CST
		[Signature]
<del>12/6/26</del>	S/B Dr. Ranga	
8pm	Pt reviewed	
	not passed stools.	
	of repair	
	Afebrile	Adv.
	Vitals stable	Continue
	P/A OK	same
	Hc - w/c	[Signature]

Patient Sticker

### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>12/1/26</del> <del>8:30 a.m.</del>		S/B <u>Dr. Parithee</u>
	PND3	Pt. Reviewed Not passed stools
	BP: 120/70 mmHg	P/A - ut. Contracted. A/E - BWNL
		Adv ① diet - CST.
		



## 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>Sup. DUPHALAC</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>15M</u>	<u>PO</u>	<u>S=J</u>	<u>12/6</u>	<u>11 AM</u>	<u>12/6</u>	<u>10/6</u>													
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			
<u>[Signature]</u>																			

DRUG: <u>PRILOX OINTMENT</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>HA</u>	<u>PO</u>	<u>808</u>																	
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

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

VERIFIED BY : Name .....

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REGULAR PRESCRIPTIONS

Weight 200 Ward 202

DRUG : T. Labetalol				Date/Time	10/6	11/6	12/6														
Dose	Route	Frequency	Start Date	10pm	11/6	12/6	1/6														
100mg	P/O	1/0/1	10/6	10pm	11/6	12/6	1/6														
Name & Signature of the Doctor Starting the Drugs:				9am	11/6	12/6	1/6														
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Tab CEFOTIM				Date/Time	11/6	12/6	13/6														
Dose	Route	Frequency	Start Date	11pm	12/6	13/6															
500mg	P/O	1/0/1	11/6	11pm	12/6	13/6															
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Tab PAN				Date/Time	12/6	13/6															
Dose	Route	Frequency	Start Date	7am	12/6	13/6															
100mg	P/O	1/0/0	11/6	7am	12/6	13/6															
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : Tab ACTON-OE				Date/Time	11/6	12/6	1/6														
Dose	Route	Frequency	Start Date	11pm	12/6	1/6															
	P/O	1-1-1	11/6	11pm	12/6	1/6															
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					



Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 1000 Ward and floor

**DRUG :** Gab 2 ER000P **Date/Time**

Dose	Route	Frequency	Start Dt.
	PO	1-1	12/16

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG :** PRILIX 0127000 **Date/Time** 12/16

Dose	Route	Frequency	Start Dt.
	IV	SO3	10 AM 12/16

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG :** Cap. LACTAR **Date/Time** 12/16 13/16

Dose	Route	Frequency	Start Dt.
10	PO	2-2-2	12/16

Name & Signature of the Doctor Starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign

**DRUG :**

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

Patient Sticker



Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight .....

Ward .....

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

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

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Weight 100..... Ward LED

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
10/6/26	9:30pm	Inj. Paracetamol	1gm	IV	[Signature]	PP 021142
10/6/26	9:40pm	Inj. Supacef	0.5 gm	Intradermy	[Signature]	PP 021142
10/6/26	10 pm	Inj. Supacef	1.5 gm	IV	[Signature]	PP 021142
10/6/26	9:30pm	T. Misoprostol	50mcg	P/V	[Signature]	PP 021142
10/6/26	11:30pm	T. Misoprostol	50mcg	P/O	[Signature]	PP 021142
11/6/26	6 AM	Enema	1	P/R	[Signature]	PP 021142
11/6/26	8 <sup>30</sup> am	INJ. SUPACEF	1.5gm	IV	[Signature]	[Signature]
11/6/26	9am	INJ PARA	1gm	IV	[Signature]	[Signature]
11/6/26	10 am					[Signature]

VERIFIED BY : Name .....



I.V. FLUIDS CHART

Weight. 100+ Ward. 202

Signature  
VERIFIED BY : Name

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
11/6/26	4 AM	10 RL	ve	150	[Signature]	[Signature] 021142	11/6/26	[Signature]	[Signature]
11/6/26	5 AM	10 RL	ve	150	[Signature]	[Signature] 021142	11/6/26	[Signature]	[Signature]
11/6/26	9 <sup>30</sup> am	10 RL + 5 water Syabs	zv	80 min	[Signature]	[Signature] 021142	11/6/26	[Signature]	[Signature]
11/6/26	4 pm	10 RL + 50 Syabs	ve	150	[Signature]	[Signature] 021142	11/6/26	[Signature]	[Signature]
11/6/26	6 <sup>30</sup> pm	10 RL + 200 ORS	ve	150	[Signature]	[Signature] 021142	11/6/26	[Signature]	[Signature]

