

ANC-00014900 IP28-00004637
Mrs N PAVITHRA
06-06-1993 33 Y 0 M 16 D (F)
Dr. NANDINI L



Right
HOSPITALS
Safe Delivery

DISCHARGE TRACKING SHEET

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		10 AM		
Activity Sheet updated by Pharmacy				

ACTIVITY RECORD FOR BILLING



Name: Mrs Paritha
 UHID No: 14900 IP No: 4637 Consultant: Dr. Nandini Dept: LDR
 Date of Admission: 22/6/26 Time: 10:30am Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>22/6/26</u>	<u>7:30pm</u>	<u>LDR</u>	<u>M02</u>	<u>[Signature]</u>

CROSS CONSULTATION VISIT

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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G3P14A1

LMP: 29/9/25

EDD: 6/7/2024

Corrected EDD:

GA: 38 weeks

Obstetric Formula:

0

Menstrual History: Regular: Yes No

Obstetric History:

2020
 P14 - Breech / Elective LSCS
 A1 - MTP / 20 weeks / LUTO / 2024.
 G3 - Spontaneous conception

Obstetric Examination

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 3/0/0

FHS: Normal Tachy Brady Absent

RISK FACTORS:

Hypertension
 previous LSCS.

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: 1cm Long Partially effaced Effaced

Os: Closed _____ Dilated 2cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 153 cm

Weight: 63.4 kg

Allergies: none

Breast: Normal Abnormal

General Examination:

Consciousness: 3/0 Pallor: 1/0

Icterus: 1/0 Edema: 1/0

Temp: 37.0 PR: 80/min

BP: 100/70 mmHg DTR: _____

CVS: 2/0 RS: _____

Liver/Spleen: 2/0 Urine Output: 2e

DIAGNOSIS

G3P14A1 | 38 weeks | previous LSCS | Hypertension
 in latent labor



<p>Family History:</p> <p><i>Fatue - dm</i></p>	<p>Surgical History:</p> <p><i>WCS - 2020</i></p>
<p>Medical History:</p> <p><i>Hypothyroids</i></p>	<p>Medication History:</p> <p><i>Tab THYRONORM Some</i></p>
<p>Plan of Care:</p> <p><i>Admission</i> ↓ <i>Delivery</i> ↓ <i>postnatal care</i> ↓ <i>Discharge</i></p> <p><i>Send</i> <i>CBC</i> <i>coagulation profile</i> <i>10 PRBC reserve</i></p>	<p>Investigations: <i>B+ve</i></p> <p><i>Echo</i> <i>Ech</i> } @</p> <p><i>USA</i> <i>Swg - @ 36+5</i> <i>cephalic</i> <i>pla - anterior</i> <i>AFI - 10.9</i> <i>FW - 2.5 kg</i> <i>22/6/26</i> <i>PT - 14.4</i> <i>APTT - 31.6</i> <i>INR - 1.01</i> <i>Hb - 11.7 g/dl</i> <i>Plt - 244</i></p>

Doctor Name: *Dr. Chandre*

Signature: *[Signature]*

Date & Time: *22/6/26 11AM*

Consultant Name: *Dr. Nandini*

Signature: *[Signature]*

Date & Time: *22/6/26 11AM*

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/24 2pm	Stay at Nandini	
	p- 84/w BP- 100/70 mmHg	
	PE ut tem Skel-0 NIT-@	
	PE cx- 3cm dilated tem 0.5cm long Station 1-2 ARM done, clear liquor seen	Adv Continue oxytocin 186w
22/6/24 2pm	Stay at <u>Nandini</u>	
	PE ut tem Q-3/ 20-25/w NIT-@	
	PE cx- 6-7cm dilated 0.5cm long Station 10/	Adv Continue oxytocin Refer to S 186w



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B <u>Dr. Paritha</u>	
3:00 pm	Pt. Reviewed 40 pain ↑ in intensity.	
	P/A - uterus term.	Acting (3/40"/10').
Vitals stable		Cephalic
CTA - Reactive		FHR - Good.
		cx fully effaced.
		P/v - cx fully dilated.
		Vx @ -3 station.
		<u>Adv.</u>
		- Encourage Bearing down

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 3:49 p.m.	<p>8/B <u>Dr. Nandhini (OBG)</u></p> <p>P/D - Kiwi (vacuum) (VBAC)</p>	<p>Assisted vaginal delivery after C-section</p>
	Pt. Review.	
	<p>VAS, Patient in lithotomy position, parts painted & draped. with good uterine contractions & adequate maternal at crowning, RMLE given. Due to non-descent of fetal head, Kiwi applied at flexion point-2 in one pull, delivered an alive term baby. Baby cried immediately after birth. Cord clamped & cut. Baby handed over to paediatrician. Placenta & membranes delivered in toto. Episiotomy sutured in layers. Haemostasis secured. No undue vaginal bleeding.</p>	
	Pr - Bleeding A/v.	
	<p>B - Female A - 2-740 kg B - 3.49 pm on 22/6/26. Y - 8/10, 9/10.</p>	<p>Adv - (N) diet - DBF - perineal care</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26 6:30 P.m	8/B	<u>Dr. Pavithra</u>
vitals stable voided 500ml urine	Pt. Reviewed. No Complaints. P/A - uterus contracted 4/E - Bleeding wnc.	<u>Advice</u> - (N) diet - DBF - perineal care
Pt. can be shifted to ward.	Pt. reviewed of De Raagat	Adv (N) diet - DBF
22/6/26 8pm	Pt reviewed of A/c far A/feile vitals stable. P/A - Soft Mucous wnc.	Adv (N) diet - DBF B. Raagat 12/13

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26	S/B <u>Dr. Pavithra</u>	
11:15 a.m		Pt. Reviewed. Passed stools.
	Secretions - good	No specific complaints.
	Vitals stable	P/A - ut. Contracted.
		A/C - B/W/L.
		<u>Advice:</u>
		② diet.
		DBF
		- perineal care
		A/C



Weight 63.4 kg Ward LDR

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/6	12.10pm	ENEMA		PR	Ho	[Signature]
22/6	1.25pm	Inj. Droptin	2mg	IV	[Signature]	[Signature]
22/6	1.25pm	Inj. Epidasin	8mg	IV	[Signature]	[Signature]
22/6	1.25pm	Inj. Dexa	2mg	IV	[Signature]	[Signature]
22/6	1.25pm	Inj. Atropin	1/2 cc	IV	[Signature]	[Signature]
22/6	2.20pm	INS. DROTIN	2mg	IV	[Signature]	[Signature]
22/6	2.20pm	INS. EPIDOSIN	8mg	IV	[Signature]	[Signature]
22/6	4pm	INJ. TRAPIC	1gm in 100ml NS	IV	[Signature]	[Signature]
22/6	4pm	INJ. TRAMADD	50mg IM	IM	[Signature]	[Signature]

VERIFIED BY : NANDINI



DRUG CHART

Date of Admission: 02/06/2026 Drug Allergies: Nic 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															
Dose	Route	Frequency	Start Date	Time															
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

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

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

VERIFIED BY : Name Signature