

ANC-00012718 IP28-00004595  
Dr. JAYASANKARI P  
09-02-1999 27 Y 4 M 8 D (F)  
Dr. ANURADHA P V

R  
C  
H



your right to a Safe Delivery

### DISCHARGE TRACKING SHEET

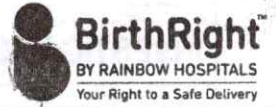
UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		12:45		
Activity Sheet updated by Pharmacy		6:58 Am		

# ACTIVITY RECORD FOR BILLING



Name: ..... ANC-00012718 IP28-00004595  
 UHID No: ..... IP No: Dr. JAYASANKARI P 09-02-1999 27 Y 4 M 7 D (F)  
 Date of Admission: ..... T Dr. ANURADHA P V ..... Charge: ..... Time: .....  
 Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....



## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/02/26	4 am	LDR	M Hoos.	RR

## 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**

No pain abdomen

LMP: 12/9/25  
 Corrected EDD:

EDD: 19/6/26  
 GA: 39+4

**Obstetric Formula:**

Menstrual History: Regular:  Yes  No

**Obstetric History:**

primi

**Obstetric Examination**

Fundal Height:

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others

Head Fifts Palpable: 2/59

**Present Pregnancy Record:**

Spontaneous conceptus

FHS:  Normal  Tachy  Brady  Absent

**RISK FACTORS:**

VSD closure @ 10yr of age  
 Rh negative  
 HYPOTHYROID.

**Per Speculum Examination**

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Os: Closed Dilated 6 cm

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 160 cm

Weight: 70 kg

Allergies: Nil

Breast:  Normal  Abnormal

**General Examination:**

Consciousness: Pallor: 90%

Icterus: Edema:

Temp: PR:

BP: DTR:

CVS: RS

Liver/Spleen: Urine Output:

**DIAGNOSIS**

primi / 39+4 woc / Rh negative / VSD closure /  
 Hypothyroid / in delivery



<p>Family History:</p> <p>NIA</p>	<p>Surgical History:</p> <p>VSD Closure @ 10y</p>
<p>Medical History:</p> <p>Hypothyroid</p>	<p>Medication History:</p> <p>Tab THYRONORM 50mcg</p>
<p>Plan of Care:</p> <p>Admission              ↓              Delivery              ↓              postnatal care              ↓              Discharge</p>	<p>Investigations:</p> <p>30/5/26              SWH - alpha              pla - <del>alpha</del> female &amp; postop              AF1 - 12.3              RW - 2.84              14/2/2026              20/5/26              Hb-12.              PT 18 sec - 12/109              20 Echo - (N)</p> <p>ICT - Negative</p>

Doctor Name: Dr. Chaitanya  
 Signature: [Signature]  
 Date & Time: 16/6/24 10pm

Consultant Name: Dr. Anvesha  
 Signature: [Signature]  
 Date & Time: 16/6/24 10am



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 9a.m	S/B <u>Dr. Parithee</u> Pt. Reviewed. No specific Complaints.	
	Breast secretions less.	P/A - uterus contracted. Dressing dry. L/E - BWNL  Adv - (N) diet - DBF - perineal care.
17/6/2026 8:30pm	Dr. Srivasarupa Pt. reviewed no complaints. vitals stable.	Air.
	Breast secretions less.	O/E - Afebrile, no pallor P/A - uterus well contracted, dressing dry  L/E - Bleeding pv WNL  Adv: - (N) diet - DBF - Perineal care

Signature  
120101

Adv:  
- (N) diet  
- DBF  
- Perineal care

ANC-00012718

IP28-00004595

Dr. JAYASANKARI P

09-02-1999

27 Y 4 M 8 D

(F)

Dr. ANURADHA P V



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/25 9:00 AM	SIBy re Chaithe	
	Pt in comfortable	
	Initial status	
	pp soft No uterine contraction	
	U - N/A	pp OK out
		Can be discharge
		1850



## DRUG CHART

Date of Admission: 16/6/20 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 Hospital's Verbal Order Policy.

**SOS / PRN (As Required Medication)**

VERIFIED BY : Name ..... Sig ..... Sure .....

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:																					

ANC-00012718  
Dr. JAYABANKARI P  
08-02-1999  
Dr. ANURADHA P V

IP28-0000459

(F)

REGULAR PRESCRIPTIONS

Weight 101 Ward CDL

Drug: <u>Tab. CEFOTIM</u>				Date	<u>17/6</u>	<u>18/6/20</u>														
route				Frequency	Start Date															
<u>Soyy po</u>				<u>1-0-1</u>	<u>17/6</u>															
Name & Signature of the Doctor																				
Starting the Drugs:																				
<u>ks</u>																				
Additional Instructions:																				
<u>1 BS 9</u> <u>pm 6:21 pm</u>																				
Daily Doctor's Endorsement by a Sign																				

DRUG: <u>Tab PMN</u>				Date	<u>17/6</u>	<u>18/6/20</u>															
Dose				Route	Frequency	Start Date															
<u>1000</u>				<u>po</u>	<u>1-0-1</u>	<u>17/6</u>															
Name & Signature of the Doctor																					
Starting the Drugs:																					
<u>ks</u>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

DRUG: <u>Tab. COMBIFRAM</u>				Date	<u>17/6</u>	<u>18/6/20</u>															
Dose				Route	Frequency	Start Date															
<u>100</u>				<u>po</u>	<u>1-0-1</u>	<u>17/6</u>															
Name & Signature of the Doctor																					
Starting the Drugs:																					
<u>ks</u>																					
Additional Instructions:																					
<u>1 BS 9</u> <u>pm 6:21 pm</u>																					
Daily Doctor's Endorsement by a Sign																					

DRUG: <u>Cap. Aripiprazole</u>				Date	<u>17/6</u>	<u>18/6/20</u>															
Dose				Route	Frequency	Start Date															
<u>100</u>				<u>po</u>	<u>1-0-1</u>	<u>17/6</u>															
Name & Signature of the Doctor																					
Starting the Drugs:																					
<u>ks</u>																					
Additional Instructions:																					
<u>1 BS 9</u> <u>pm 6:21 pm</u>																					
Daily Doctor's Endorsement by a Sign																					



Patient Sticker



Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

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

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

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

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

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



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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Start Date	Dose		Dose		Dose		Dose	
	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.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Start Date	Dose		Dose		Dose		Dose	
	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
16/6/20	11:30 pm	In: EPIDOCIN	8mg	N	h	PR 021142
16/6/20	11:30 pm	PG ENEMA		PR	h	PR 021142
16/6/20	11:50 pm	Tab M. Soprofoc	500mg	PR	h	PR 021142
17/6/20	12 AM	Tab SUPPO	100mg	PR	h	PR 021142
17/6/20	12:10 AM	In: SANTIOL	100	im	h	PR 021142
17/6/20	9 AM	In: ANTI-D	300mg	im	h	<del>PR</del>
17/6/20	AM	In: TRAPIC	1gm in 100ml NS	IV	h	PR 021142
17/6/20	9 AM	T. COMBIFLAM		P/O	h	<del>PR</del>
17/6/20	10 AM	DOLCOLEN SUPPO	2mg	PR	h	<del>PR</del> 021142

VERIFIED BY: Name Signature





**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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
16/22/24													
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm	500 ml withy lfo suni								0			
	11:00 pm	500 ml bolus give								0			
	12:00 am	H <sub>2</sub> O 200ml								0			
	01:00 am									0			
<b>Total Intake :</b> 1400 ml + 500ml						<b>Total Output :</b> U-1							
	02:00 am									0			
	03:00 am	H <sub>2</sub> O 200ml								0			
	04:00 am									0			
	05:00 am	H <sub>2</sub> O 200								0			
	06:00 am									0			
	07:00 am									0			
<b>Total Intake :</b> 400 ml.						<b>Total Output :</b> U-1							
<b>Total 24 hrs. Intake</b>		1300 ml				<b>Total 24 hrs. Output</b>		U-2 times M-0					



# FLUID CHART

Sheet No. : 2

- 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							
	08:00 am	100ml							✓	0		
	09:00 am									0		
	10:00 am	100ml							✓	0		
	11:00 am	100ml							✓	0		
	12:00 pm	100ml							✓	0		
	01:00 pm								✓	0		
<b>Total Intake :</b>		= 400ml			<b>Total Output :</b>					U - 4 times		
	02:00 pm									0		
	03:00 pm	120ml							✓	0		
	04:00 pm	120ml							✓	0		
	05:00 pm	120ml							✓	0		
	06:00 pm									0		
	07:00 pm	120ml							✓	0		
<b>Total Intake :</b>		600ml			<b>Total Output :</b>					U - 3 times		
	08:00 pm									0		
	09:00 pm	200ml							✓	0		
	10:00 pm	400ml							✓	0		
	11:00 pm									0		
	12:00 am	200ml							✓	0		
	01:00 am								✓	0		
<b>Total Intake :</b>		800ml			<b>Total Output :</b>					U - 3		
	02:00 am									0		
	03:00 am									0		
	04:00 am	200ml							✓	0		
	05:00 am									0		
	06:00 am	400ml							✓	0		
	07:00 am								✓	0		
<b>Total Intake :</b>		600ml			<b>Total Output :</b>					U - 2		
<b>Total 24 hrs. Intake</b>		2,400ml			<b>Total 24 hrs. Output</b>					U - 12 times		