



ACTIVITY VIH-00192785 IP-00060453
 Mrs RAMACHANDHRUNI VENKATA
 16-12-1999 28 Y 6 M 7 D (F)
 Dr. BHAVANA K

Name: -----



UHID No : -- ----- Consultant : ----- Dept : -----

Date of Admission : 22/1/26 Time : 12:25pm Date of Discharge : ----- Time: -----

Room / Bed No : 219 Ward : LW Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>22/1/26</u>	<u>1:00pm</u>	<u>LW</u>	<u>(202) Room</u>	<u>Ate</u>





Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
23/6/26	NST - ① 12pm	R26-010044	
23/6/26	NST - 4pm ②	R26-010057	
23/6/26	NST - 6pm ③	R26-010058	
<p><i>Now checked by G. Shenn</i> 23/6/26 J</p>			
23/6/26	GRBS. 93mg/dL 12pm	V126021326 ✓	
23/6/26	NST - 9:30pm ④	R26-010062 ✓	
24/6/26	NST @ 12:30AM - ⑤	R26-010063 ✓	
24/6/26	NST @ 4:30AM - ⑥	R26-010067	
24/6/26	NST @ 6:30AM - ⑦	R26-010068	
24/6/26	NST @ 7:30AM - ⑧	R26-010069	
<p><i>Now checked by G. Shenn</i> 24/6/26</p>			
24/6/26	NST @ 8:30am - ⑨	R26-010083	
<p><i>Now checked by G. Shenn</i> 24/6/26</p>			
24/6/26	GRBS at 7:pm 104mg/dL	26021432	12pm

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/6/26	IV placement	①	3093160	
23/6/26	PAC	①	3093835	
23/6/26	catheterisation	①	3093834	
cost checked by manager 24/6/26 @ 12:01 AM				
24/6/26	IV placement	①	3093986	
Cost checked by G. Shannu 24/6/26 @ 12 PM				

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Name	Mrs RAMACHANDHRUNI VENKATA NAGA SAHITHI	UHID	VIH-00192785
Father/Guardian	Mr KAKANI VENKAT SAI ARVIND	Age/Gender	26 Y 6 M 8 D/Female
Address	G-1406, Aparna Kanopy Yellow bells, Gundlapochampally, Nuthankkal, Ranga Reddy, Telangana, INDIA, 501401		
IP No	IP-00060453	Admission Date	23-06-2026
Ref Doctor	Self	Discharge Date	25-06-2026

DISCHARGE SUMMARY

Consultant: Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: Primigravida with 37+1 weeks with cervical cerclage insitu with Gestational Diabetes Mellitus (metformin) admitted for Induction of Labour.

NORMAL VAGINAL DELIVERY DONE UNDER EPIDURAL ON 24.6.2026

History:

LMP: 6.10.2025

Obstetric formula: Primigravida

EDD: 13.7.2026

Gestation at admission: 37+1 weeks

Obstetric History:

G1 - Present pregnancy Spontaneous conception.

Name Mrs
RAMACHANDHRUNI
VENKATA NAGA
SAHITHI UHID
VIH-00192785

Medical History: H/O migraine not on medication
Family History: Husband - prediabetic
Surgical History: Nil
Allergies: Allergic to Taxim

Antenatal Details: Mrs RAMACHANDHRUNI VENKATA NAGA SAHITHI was booked to Rainbow hospital at 9+5 weeks of gestation. She had regular antenatal checkups and investigations as advised. She had h/o UTI at 12+5 weeks and was managed conservatively. Cervical cerclage done at 16+2 weeks i/v/o short cervix. She was diagnosed with GDM at 25+1 weeks and on Tab Metformin 500mg BD. Diabetologist review done. She was admitted at 37+1 weeks with cervical cerclage insitu with Gestational Diabetes Mellitus (metformin) admitted for Induction of Labour.

Investigations: Enclosed.
Blood group: 'B' POSITIVE

Management: Course in hospital and Delivery Details:

At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was 1/2 inch long, soft, anterior and 1 finger dilated, cervical stitch present. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 3 doses of PGE1. Artificial rupture of membrane done at 2 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 10.00 pm. Passive descent of fetal head was allowed for 2 hours post full dilatation. She was put into position for vaginal birth at 12.15 am. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down.

Name

Mrs
RAMACHANDHRUNI
VENKATA NAGA
SAHITHI

UHID



At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). Baby was delivered by assisted (low forceps) vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 400 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 24/6/2026

Time of Delivery: 9:35 AM

Type of Labour: Induced

Type of Delivery: spontaneous

Analgesia: Epidural

Baby Details:

Date: 24/6/2026

Time: 9:35 AM

Sex: MALE

Weight: 2.91 Kg

Apgar: 7/10, 9/10

Gestational Age: 37+2weeks

NICU Admission: No.

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was

Name Mrs
RAMACHANDHRUNI
VENKATA NAGA UHID VIH-00192785
SAHITHI

satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information.

Advice:

1. Tab. Metronidazole 400mg thrice daily till 30/6/2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 30/6/2026 (9am-2pm-9pm) after food.
3. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 30/6/2026 (10am-4pm-10pm) after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
6. Tab. Pantoprazole 40 mg once daily till 30/6/2026 (7am) before food.
7. Repeat OGTT after 6 weeks and review with reports.
8. Betadine ointment and lotion for local application.
9. Syp. Duphalac 15 ml at bedtime for one week.
10. HPV vaccine after 6 weeks of delivery.

Review after 3 days on 27/6/2026 at postnatal clinic with prior appointment (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 like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe

Name

Mrs
RAMACHANDHRUNI
VENKATA NAGA
SAHITHI

UHID



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:

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. BHAVANA K

MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

PatientName : Mrs RAMACHANDHRUNI VENKATA NAGA SAHITHI
Age/Gender : 26 Y 6 M 8 D/ Female
Ward/Bed : N 2F-LABOUR WARD/ LW 219

Inpatient No. : IP-00060453
Admit Date : 23-06-2026
Discharge Date :

Investigation	Result	Unit	Biological Reference Interval
RANDOM BLOOD GLUCOSE(POCT) (Specimen : PLASMA)			TEST RESULT STATUS : REPORT ENTERED Order Date :23-06-2026 23:58
RANDOM BLOOD GLUCOSE (GOD/POD)	93	mg/dl	70 - 140

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET



Patient Name : **VIH-00192785**
IP-00080453
Mr. RAMACHANDHRUNI VENKATA
16-12-1999 **26 Y 6 M 8 D** (F)
Dr. BHAVANA K

IP.No:

Ward:



DOA:

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1	/	/	
2	Discharge Summary	2	/	/	
3	Nursing Initial assessment form	2	/	/	
4	Patient Transfer Forms	1	/	/	
5	In-patient Medical Record	1	/	/	
6	Doctors Progress Sheets	5	/	/	
7	Nurses Progress notes	2	/	/	
8	Consultation Sheets				
9	General Consent for Treatment	1	/	/	
10	Consent for Surgery				
	Consent for Blood Transfusion				
12	Consent for Chemotherapy				
13	Consent for High Risk				
14	Consent for Restraint <i>Weg and lock</i>	1	/	/	
15	DAMA Consent				
16	Consent for Special Procedure	1	/	/	
17	Consent for Radiological Investigations				
18	Consent for HIV Test				
19	Anaesthesia consent form				
20	Anaesthesia notes (Pre Anaesthesia & Post)	2	/	/	
21	Pre Operative checklist	1	/	/	
22	Surgical safety Checklist				
23	Operation Theatre notes				
24	Nurses Clinical Presentation				
25	TPR & BP chart	2	/	/	
26	Intake and Output chart (fluid Chart)	1	/	/	
27	Drug Chart (Regular prescription)	1	/	/	
28	Daily Investigation sheet				
29	Investigation Values (Result Sheet)	1	/	/	
30	Nebulization Chart				
31	Diabetic chart				
32	Nutritional Review chart	1	/	/	
33	MLC form (in case of MLC)				
34	Patient Education Form				
	<i>Adult of labor consent</i>	1	/	/	
	<i>Breast D.</i>	2	/	/	
	<i>Anti Anemia</i>	2	/	/	
	<i>Thrombolytics</i>	1	/	/	
	<i>Other</i>	14	/	/	
	Total No. of Pages	<i>51 pages</i>			

Signature and Date : *[Signature]*
20/11/2022

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060453 **Admit Date** : 23-Jun-2026 **Admit Time** : 12:25 PM **UHID** : VIH-00192785

Patient Details :

Patient Name : Mrs RAMACHANDHRUNI VENKATA NAGA SAHITHI **Age** : 26 Y 6 M 7 D
Guardian : Mr KAKANI VENKAT SAI ARVIND **DOB** : 16-12-1999
Gender : Female **Religion** :
Occupation : **Martial Status** :
Address (H) : G-1406, Aparna Kanopy Yellow bells, Gundlapochampally Nuthankkal Ranga Reddy Telangana INDIA 501401 **Phone No** : 9573085425/
E-mail : rvnsahithi1612@gmail.com

Admission Details :

Admission Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD
Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr KAKANI VENKAT SAI ARVIND **Relationship** : W/O
Contact Address : **Phone No** : 9573085425

[Handwritten Signature]
Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self **Phone No** :
Co-Consultant :

Payment Details :

Deposit Amount : 0.00
Payment Mode : Cash **Payor Name** : CARE HEALTH INSURANCE LIMITED

VIH-00192785 IP-00060453
 Mrs RAMACHANDHRUNI VENKATA
 16-12-1999 26 Y 6 M 7 D (F)
 Dr. BHAVANA K



OBSIETRIC TRIAGE ASSESSMENT FORM

Date: 22/6/26 Time of Arrival: 11:40am Time Seen by Nurse: 11:40am

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: 2OL

3) Vital Signs: Temperature: 98.6f Pulse: 82b/m RR: 18b/m SpO₂: 99% BP: 122/77 Weight: 85.85kg

4) Gestational Criteria:

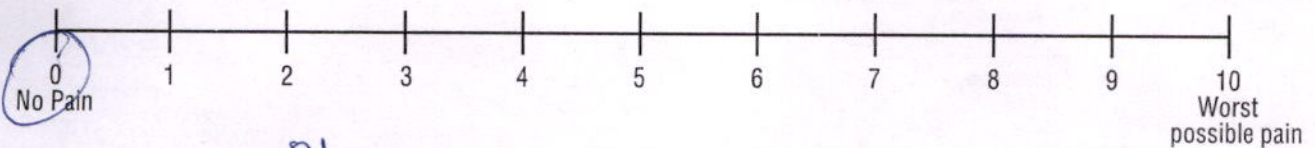
Gravida:	G	P	<u>Prime</u>	L	A
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LMP: 6/10/2025 EDD: 13/7/2026 Gestational Age: 37+1wks

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

6) Past History:

- a) Surgeries: Nil
- b) Medical: Nil



7) Allergy: Yes No, If Yes : Pen. Talim

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 / 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: 12pm

Nurse Name: Suhani Nurse Signature: _____

Date: 23/6/26 Time: 11:45am

VIH-00192785 IP-00060453
 Mrs RAMACHANDHRUNI VENKATA (F)
 16-12-1999 26 Y 6 M 7 D
 Dr. BHAVANA K



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/6/26

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 Drug - Taxol

Chief Complaints: 2OL Doctor Notified on Admission: Yes No

Name of the Doctor: Dr. Nikhita

Time Notified: 12pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Tab: Splenect</u>	<u>cerclage</u>	<u>yes</u>

Gynecology Assessment <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: Onset of Menarche: Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>6/10/26</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others:	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 type="checkbox"/> Secondary

Obstetric History: G Parmit L A

Previous LSCS: Nil

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 Nil

Vital Signs / Measurements: Temp: 98.6 HR: 86b/m RR: 18b/m

BP: 122/77 Weight: 85.85 Height: 163cm BMI:

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

PHYSICAL SCREENING: If a patient needs assistance with any of the following inform consultant

Ability problem Walking Problem No Abnormality Detected
Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

PHYSICAL SCREENING: No Abnormality Detected

Weight Poor Appetite > 3 Days Needs Therapeutic Diet.
After Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

Alert & Cooperative Restless Depressed Agitated Confused

Inform consultant for positive criteria

SOCIAL SCREENING:

1. Marital Status: Single Married Divorced Widow

2. Social 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 for Reach: Yes No Waste Disposal Explained: Yes No

Inform Camp: Yes No Hand Hygiene Explained: Yes No Others

Additional information given to: Mrs. Sahithi

Person Orientation was given to: Mrs. Sahithi

Orientation not given Reason:

Nurse Signature: *K. Sahithi*

Date: *23/6/26*

Time: *12:10pm*

PATIENT TRANSFER FORM

VIH-00192785 IP-00060453
Mrs RAMACHANDHRUNI VENKATA
16-12-1999 26 Y 6 M 7 D (F)
Dr. BHAVANA K



	Date & Time of Admission 23/6/26 12:25 PM	Date & Time of Transfer Order 24/6/26 @ 11:00 PM
Treating Consultant Name	Transfer Ordered by Dr. Nowsheer	Reason for Transfer observation
From Unit LW	To Unit Room (202)	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 38	Number of Imaging Films 9	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.	Tab! - Paracetamol 1gm	13
2.	Tab! - Diclofenac	10
3.	Tab! - Pantoprazole	10
4.	Under Pad	1
5.	Sarel.	1

Shifting Summary / Notes Written by Doctor : Yes No Baccard. 1
Betadine ointment 1
Betadine LOTION 1

Name & Signature of Person who is Transferring Sis. <i>[Signature]</i>	Name of Person Ordered Transfer Dr. Nowsheer
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Patient & Clinical Records Received by : Deepika 24/6/26 @ 11 PM
DR. M. VINETHA
Epidural Catheter Removed
YES NO
24/06/26

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

1. The camera is a device that captures light and records it on a light sensitive surface.

2. The camera is used to capture a permanent record of a scene.

3. The camera is used to capture a permanent record of a scene.

4. The camera is used to capture a permanent record of a scene.



5. The camera is used to capture a permanent record of a scene.

6. The camera is used to capture a permanent record of a scene.

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- 2. The camera is used to capture a permanent record of a scene.
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10. The camera is used to capture a permanent record of a scene.

11. The camera is used to capture a permanent record of a scene.

12. The camera is used to capture a permanent record of a scene.

13. The camera is used to capture a permanent record of a scene.

sim allergy.



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 6/10/2025. EDD: 13/7/2026.
 Corrected EDD: 13/7/2026. GA: 37+1 weeks.

Obstetric Formula:

4 Yes. NCM.

Obstetric History:

G1 - present pregnancy / spontaneous conception.

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: - T6.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: 139 bpm. Normal Tachy Brady Absent

Per Speculum Examination Not done.

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: 3/2 inch soft anterior Long Partially effaced Effaced

Os: Closed _____ Dilated 1 F Cervical stitch present.

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Present Pregnancy Record:

Booked to 9+5 wks. h/o UTI at 12+5 wks, managed conservatively. Cervical cerclage done at 16+2 wks i/v/o short cervix.

RISK FACTORS:

Diagnosed \bar{C} GDM at 35+1 weeks, Diabetologist review done, managed on Tab. Metformin 500mg Bp.

Abnormal doppler
 GDM (M)
 Cerclage in situ.

Height: 163 cm

Weight: 85.85 kg

Allergies: Taxim allergy.

Breast: Normal Abnormal

General Examination: pt is c/c/c

Consciousness: (+) Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebrile. PR: 102 bpm.

BP: 122/77 mmHg DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: NAD Urine Output: Adeq.

DIAGNOSIS

Paimigzawida with 37+1 weeks with cerclage in situ with gestational diabetes mellitus (M) for ~~Abnormal doppler~~

induction of labour.



10/11/2026

<p>Family History: Husband - prediabetic</p>	<p>Surgical History: Nil</p>
<p>Medical History: H/O migraine not on Rx.</p>	<p>Medication History: Taxim allergy. Tab. metformin 500mg BD.</p>
<p>Plan of Care: <u>GIRBS - 93 w/dL</u> c/I to Dr. Bhavana mam</p> <ul style="list-style-type: none"> - Admission consent - Diabetic diet - post preparation - NST 4th hourly - FHR monitoring - monitor vitals - Remove cerclage stitch - Ambulation - Birthing ball exercise - Follow drug chart - Infom s/s <p>noted by Suhazini 23/6/26 12pm</p>	<p>Investigations: <u>BG: 'B' POSITIVE</u> <u>10/6/2026</u> CBP - 13.1 / 9280 / 2.14. CUE - pus cells - 20-30 Epithelial cells 1-5 Leucocyte Esterase 2+. Bacteria - present. 8/6/26 - UCS - No growth.</p> <ul style="list-style-type: none"> • <u>AFI Doppler Scan</u> 22/6/2026. SLJUF 37 weeks. Cephalic PL - post. high AFI - 17.1 cm. Dopplers - (N) • <u>Growth Scan -</u> 6/6/2026 SLJUF 34+5 wks. Cephalic. PL - post. high. AFI - 15.8 cm. AC - 42.1. EFW - 2543 gm. umbilical artery Doppler increased resistance CPR on 1st centile. • <u>TIFFA scan -</u> 25/2/2026. SLJUF 20 wks. PL - post. high CL - 81mm. No anomalies. • <u>NT scan -</u> 8/1/2026 SLJUF 12+5 wks. NT - 1.8 mm. <p><u>FTS - low risk</u></p>

Dr. Bhavana K

Doctor Name: Dr. Nikhita.
 Signature: [Signature]
 Date & Time: 23/6/2026 12 PM.

Consultant Name: Dr. Bhavana K.
 Signature: [Signature]
 Date & Time: 23/6/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>Date</u> <u>Time</u> <u>FHR</u>	<u>Contraction</u>
23/6/26	8pm 136 b/min	
	8:30pm 148 b/min	
	9pm 134 b/min	
	9:30pm 129 b/min	
	10pm 127 b/min	
	10:30pm 133 b/min	
	11pm 137 b/min	
	11:30pm 134 b/min	
24/6/26	12Am 133 b/min	3 con / 10 min / 35 sec to 40 min
	12:30Am 139 b/min	
	1Am 134 b/min	
	1:30Am 132 b/min	
	2Am 134 b/min	
	2:30AM 140 b/min	
	3AM 149 b/min	
	3:30AM 150 b/min	3 con / 10 min / 35 sec
	4AM 143 b/min	
	4:30AM 141 b/min	
	5AM 150 b/min	
	5:30AM 149 b/min	
	6AM 143 b/min	
	6:30AM 136 b/min	
	7AM 134 b/min	
	7:30AM 133 b/min	
24/6/26	8AM 139 b/min	
	9AM 136 b/min	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/2026 12 pm.	C/I to Dr Bhavana Ma'am under aseptic conditions, patient placed in lithotomy position. Parts painted & draped. Ant. & posterior vaginal walls excised using Sims speculum. Anterior lip of Cervix held with sponge holding forcep. Cervical stitch removal done.	
	Noted by Subhashini 23/6/26 12 Pn	DR. Nikhita
23/6/2026 12:45 pm.	O/E - pt is c/c/c Gc - Fair Afebrile BP - 118/72 mmHg PR - 84 bpm S/E - NAD. PIA - ut - Th Relaxed Cephalic FHR ⊕ 140 bpm V/E - cx 1/2 inch long, soft. CS - 1 F PPVx 1-2/10-11 memb ⊕	Adus - Diabetic diet - Adeq Hydration - NST 4th hzly - monitor vitals - FHR monitoring - w/F POL. - Ambulation - Birthing ball exercise. - Follow drug chart - Infom SOS
	Tab. miso 1st dose 25mg kept PV NST reactive	
	Noted by Subhashini 12:45 pm 23/6/26	DR. Nikhita



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/2026 4:45 pm	O/E - pt is c/c/c Gc - Fate Afebrile BP - 121 / 86 mmHg PR - 86 bpm S/E - NAD PIA - ut - T4 cephalic irritable FHS ⊕ 142 bpm	Adu: - Diabetic diet - Adeq Hydration - Ambulation - Birthing ball exercise - FHR monitoring - monitor vitals - w/F POL - Follow drug chart - Infom sas
Noted by Suhani 23/6/26 4:45 pm		
23/6/2026 8:45 pm	O/E - pt is c/c/c Gc - Fate Afebrile BP - 113 / 70 mmHg PR - 84 bpm S/E - NAD PIA - ut - T4 cephalic 3c / 25-30 sec / 10 min FHS ⊕ 146 bpm N/E - Cx - 60-70% effaced OS - 3cm PPV x 1-1 memb ⊖, liquor clear	Adu: - clear liquids - Adeq Hydration - Ambulation - Birthing ball exercises - FHR monitoring - continuous - monitor vitals - w/F POL - Follow drug chart - Infom sas
Noted by Manya 23/6/26 @ 8:45 PM		
NST - Non reassuring. oxygen & RL connected. ARM done liquor clear		

(Signature)
 Dr. Nikhita

(Signature)
 Dr. Nikhita



2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/6/26 11:30 PM	O/E - pt is c/c/c Gc - Fair Afebrile BP - 117/70 mmHg PR - 92 bpm S/E - NAD. P/A - ut - T4 cephalic. Sc/ 25-30 sec/10 min FHS ⊕ 138 bpm V/E - 80% effaced OS - 3cm. PPVx 1-1 memb ⊖, liquor clear.	Adv: - clear liquids - continuous FHR monitoring - NST 4th hourly - Follow drug chart - monitor vitals - w/F POL - Purosem sos.
noted by mangra 23/6/26 @ 11:30 PM		
24/6/26 3:30 AM	O/E - pt is c/c/c Gc - Fair Afebrile BP - 118/76 PR - 86 bpm. S/E - NAD. P/A - ut - T4 cephalic. Sc/ 25 sec/10 min, FHS ⊕ 140 bpm.	Adv: - clear liquids - continuous FHR monitoring - NST 4th hourly - Follow drug chart - monitor vitals - w/F POL - Purosem sos.
noted by mangra 24/6/26 @ 3:30 AM		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 6:15 am	C/I to Dr. Bhavana Mann	
	V/E - Cx - 80% effaced, OS - 5-6 cm.	Adv:
NST - NST Reassuring	PPVx - 1-1 skin fold caput (+)	- connect RL & oxygen - Repeat NST
	memb ⊖, liquor clear	- NBM.
Noted by manga 24/6/26 @ 6:15 AM		Dr. Nikhita
24/6/26 8 AM	C/I to Dr. Bhavana Mann	
	V/E - Cx - 80% effaced. OS > 7-8 cm	Adv Stop
Noted by Sand 24/6/26 8 AM	PPVx - 1 ↓ ⊖ Caput (+)	- Inj Diclofenac, Epidocin
		Dr. Nausteen

VIH-00192785 IP-00060453
 Mrs RAMACHANDHRUNI VENKATA
 16-12-1999 28 Y 6 M 8 D (F)
 Dr. BHAVANA K



PREGNANT'S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
<p><u>24/6/26</u> <u>9:45 AM</u></p>	<p><u>Delivery Notes</u></p>	<p>Dr. Bhavana-K, Dr. Mounika Dr. Naveen, Sis Shamini</p>				
	<p>Under strict aseptic conditions, perineum painted and draped. Patient kept in lithotomy position.</p>					
	<p>At the time of crowning, at peak of contraction Right Mediolateral Episiotomy given under 2% lignocaine.</p>					
	<p>A MALE baby of weight 2.91 kgs of APGAR 7/10, 9/10 at 9:35 Am on 24/6/26.</p>					
	<p>Baby cried immediately, cord clamped and cut. Baby handed over to pediatrician, Placenta and membranes expelled.</p>					
	<p>Episiotomy sutured in layers, No perineal tears or extensions noted.</p>					
	<p>Hemostasis Secured. PR done NAP</p>					
	<table border="1" style="margin: auto;"> <tr> <td style="padding: 5px;">MALE</td> <td style="padding: 5px;">9:35 AM</td> </tr> <tr> <td style="padding: 5px;">2.91 kgs</td> <td style="padding: 5px;">24/6/26</td> </tr> </table>		MALE	9:35 AM	2.91 kgs	24/6/26
MALE	9:35 AM					
2.91 kgs	24/6/26					
	<p>Noted by <u>[Signature]</u> 24/6/26 @ 9:45 AM</p>					

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/6/26 10:15 AM	<u>PND-0</u>	
Remove Foley's	o/e pt is c/c/c	<u>Adv</u>
	g/c fair	- Soft diet
	Afeb	- W/P bleeding PV
	BP- 112/70 mmHg	- Monitor Vitals
	PR- 72 bpm	- Follow dry chart
	S/E NAP	- Ambulation
Noted by Kunal 24/6/26 @ 10:30 AM	P/A soft	- Hydration
	ut w/R	- Inform S/S
	UENAB	
	Baby MS BF ⊕	
		D. Naushreen
24/6/26 12:45 PM	<u>PND-0</u>	
Urine passed	o/e pt is c/c/c	<u>Adv</u>
	g/c fair	- (N) Diet
	Afeb	- W/P bleeding PV
	BP- 106/70 mmHg	- Monitor Vitals
	PR- 78 bpm	- Follow dry chart
	S/E NAP	- Ambulation
Pt can be shifted to Room	P/A soft ut w/R	- Hydration
	UENAB	- Inform S/S
	Baby MS BF ⊕	
		D. Naushreen
Noted by Kunal 24/6/26 @ 12:45 PM		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	CI/I to DR Sowmya sree mam	
24/6/26 6:15 PM	c/o dizziness, Nausea, Burning sensation. Adv	- Inj Zofen (ondansetron) IV Stat
	BP- 99/57 mmHg	
	PR- 100 bpm	
	AG- 107 cm	- Adequate hydration
Urine passed	P/A- soft, NT	- Ambulation
Motion passed	P/U- NO active Bleeding	- 10 Ringer Lactate. Stat
	GRBS- 104 mg/dl.	- furd.
		- Motus vitals.
		Dr Yogeshwari
		Note by Ref after 24/6/26 @ 6:15 PM
24/6/2026 8:30 PM	PND-0. o/c pt ps c/c/c c/c fair	Adv - Normal diet
P/L 40m(m)	Afebrile	- W/F bleeding PV.
Urine passed	BP- 104/67 mmHg	- Monitor vitals
Motion passed	PR- 90 bpm	- Follow drug chart
	S/E- NAD	- Ambulation
	P/A- UtwR Soft BS (+)	- Adequate hydration
	L/E- NAB.	- Inform SOS.
	Baby = A/B (+)	
		Dr Yogeshwari



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/6/26	PND-1	
5 AM	Pt is c/c	Adv
	ac fair	Normal diet
	Afebrile	- Monitor vitals
	BP - 106/72 mmHg	- w/p bleeding PV
	PR - 76 bpm	- Follow drug chart
	S/E - NAD	- Adequate hydration
	P/A - U+VUR	- Ambulation
	Soft	- Inform SOS
	U/E - NAB	
	Baby ^A BFT	
		PR Nausea

urine passed
 Motion passed

Pt can be discharged

Noted by Dr. 25/6/26

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>primigravida with 37+1 weeks with cesarean in situ with gestational diabetes Mellitus (GDM) for induction of labour</i>		Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:		If Yes Specify: Post OP Day: _____					
BACKGROUND	Date	<i>23/6/26</i>	<i>23/6/26</i>	<i>23/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>	
	Shift	<i>M</i>	<i>E</i>	<i>N</i>	<i>M</i>	<i>N</i>	<i>N</i>	
	Medical Condition (Any special condition to be noted):	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	<i>GDM</i>	
ASSESSMENT	Diet:	<i>GDM diet</i>	<i>GDM diet</i>	<i>NBM</i>	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>	
	Allergy:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.6F</i>	<i>98.6F</i>	<i>98.6F</i>	<i>98.5F</i>	<i>98.2F</i>	<i>97.6F</i>
		Res:	<i>19</i>	<i>19b/m</i>	<i>19b/m</i>	<i>18b/m</i>	<i>20b/m</i>	<i>19b/m</i>
		SpO ₂ :	<i>98</i>	<i>98%</i>	<i>100%</i>	<i>100%</i>	<i>99%</i>	<i>98%</i>
		Pulse:	<i>84bpm</i>	<i>83b/m</i>	<i>76b/m</i>	<i>88b/m</i>	<i>86b/m</i>	<i>78b/m</i>
		BP:	<i>118/72mmHg</i>	<i>112/70mmHg</i>	<i>117/60mmHg</i>	<i>110/70mmHg</i>	<i>110/70mmHg</i>	<i>112/70mmHg</i>
		LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>
Fall Risk Score:		<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	<i>15</i>	
Pain Score:	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>		
Skin Integrity	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>	<i>Intact</i>		
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<i>GDM diet</i>	<i>GDM diet</i>	<i>Nil</i>	<i>@ diet</i>	<i>@ diet</i>	<i>@ diet</i>	
	Critical Lab Test / Values:	<i>-</i>	<i>-</i>	<i>Nil</i>	<i>-</i>	<i>-</i>	<i>-</i>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Post Operative Procedure Special Orders:	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	<i>Dependent</i>	
	Wound Care:	<i>w/c POL</i>	<i>w/c POL</i>	<i>WST with w/c</i>	<i>-</i>	<i>-</i>	<i>-</i>	
Handed Over By Name :	<i>K. Subini</i>	<i>K. Subini</i>	<i>Meghana</i>	<i>Rishi</i>	<i>Pooja</i>	<i>Rishi</i>		
Signature / ID :	<i>020477</i>	<i>020477</i>	<i>020232</i>	<i>010924</i>	<i>010924</i>	<i>010924</i>		
Date:	<i>23/6/26</i>	<i>23/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>25/6/26</i>		
Time:	<i>2pm</i>	<i>8pm</i>	<i>@ 8am</i>	<i>@ 1pm</i>	<i>@ 8pm</i>	<i>@ 8am</i>		
Taken Over By Name :	<i>K. Subini</i>	<i>Meghana</i>	<i>Cishanu</i>	<i>Pooja</i>	<i>Rishi</i>	<i>Rishi</i>		
Signature / ID :	<i>020477</i>	<i>020232</i>	<i>010924</i>	<i>010924</i>	<i>010924</i>	<i>010924</i>		
Date:	<i>23/6/26</i>	<i>23/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>	<i>24/6/26</i>		
Time:	<i>2pm</i>	<i>@ 8pm</i>	<i>8am</i>	<i>@ 2pm</i>	<i>@ 8pm</i>	<i>8am</i>		



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
		Fall Risk Score:						
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):								
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								



NURSING CARE RECORD

Date: 23/6/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	12pm	Ensure Safety		provide side rails	To prevent from fall	patient is safe	S 23/6/26 1pm
	2pm						
Afternoon	2pm	Maintain fluid balance	2pm	provided fluids	To prevent dehydration	patient is hydrated	S 23/6/26 6pm
	6pm	ensure safety	6pm	provided side rails	prevent fall	patient safe	
Night	8pm	Monitor NST	9pm	NST monitored	To know the PRR	NST is good	negha 21/6/26
	11pm	Maintain fluid balance Maintain personal Hygiene	11pm	Ev fluids & diuretic as per doctor's order personal hygiene given	To prevent dehydration To prevent infections	patient is well hydrated patient is safe	

VIH-00192785 IP-00060453
 Mrs RAMACHANDHRUNI VENKATA
 16-12-1999 26 Y 6 M 7 D (F)
 Dr. BHAVANA K



Patient Sticker

NURSING CARE RECORD



Date: 24/5/26

Goals

- Maintain Airway and Oxygenation
- Relieve Pain & Discomfort
- Maintain Fluid Balance
- Improve Activity Tolerance
- Maintain Good Nutritional Status
- Maintain Skin Integrity
- Maintain Personal Hygiene
- Prevent Infection
- Meet Elimination Needs
- Ensure Safety
- Early Ambulation Reduce Anxiety
- Patient & Family Education
- Identify Potential Complications
- Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	9 AM	Ensure safety	9 AM	TO provided side rail.	To prevent fall	Patient is Good	 24/5/26 @12pm
	2 PM	Maintain Fluid balance	12 PM	TO Maintained fluid oral fluids.	To prevent de hydration.	PATIENTS safe	
Afternoon	5pm	* Ensure safety * Maintain Fluid Balance	5pm	* provided the siderails * Maintain oral intake	* TO prevent Risk of falls * TO prevent dehydration	Reassessment done. Patient is stable & comfortable	 24/5/26 @5pm
Night	9pm			Discharge note - Dr care for wound and advise they'll with milk and the file with meal for belly.			

GENERAL CONSENT FOR TREATMENT

Patient Name: Mrs RAMACHANDHRUNI VENKATA NAGA SAHITHI **Age :** 26 Y 6 M 7 D
IP No: IP-00060453 **Sex:** Female
Consultant: Dr. BHAVANA K **Ward/Bed No:** N 2F-LABOUR WARD/LW 219

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned also consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

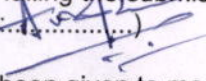
By giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

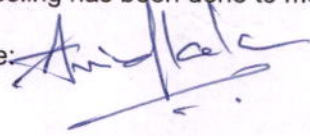
"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:

- 1 We do not allow use of medication brought from outside by the patient.
- 2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill clearance. In case of failing the submission, I will pay 200/- Rs.

Receivers Signature: 

- Guide book has been given to me and I have been explained about the Hospitals rules and policies.
- Financial and billing counseling has been done to me.


Signature of Patient/Relative: 


Name: KVS Arunod

Relationship: Husband

Date: 23-06-2026

Time:

Witness Name: 

Witness Signature: 

Patient Address:
 G-1406, Apama Kanopy Yellow bells,
 Gundlapochampally Nuthankkal
 Ranga Reddy Telangana INDIA
 501401

VIH-00192785 IP-00060453
Mrs RAMACHANDHRUNI VENKATA
16-12-1999 26 Y 6 M 7 D (F)
Dr. BHAVANA K



CONSENT FOR SPECIAL PROCEDURES

Patient Name : RAMACHANDRUNI VENKATA SAHITHI Gender: Male Female

UHID No : VIH00192785 Department : _____ Date : 23/06/26

I _____ S/D/W/O _____

Here by give consent for procedure of : Labour Epidural

For my patient, Named : RAMACHANDRUNI VENKATA SAHITHI

The doctors have clearly explained to me that the procedure has following possible complications:
Hypotension, Tachycardia, Bradycardia, Dural puncture, Resting
low cerebral

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

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. Prmadhav

Patient Attendant :

Signature : R. Sahithi

Name : R. Sahithi

Relationship with Patient: self

Date & Time : 23/6/26 @ 11:10PM

Witness :

Signature : [Signature]

Name : KVS Anind

Date & Time : 23/6/26

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr Prmadhav

Date & Time : 23/06/26

ప్రత్యేక విధానాలకు సమ్మతి



రోగి పేరు లింగం పురుషుడు స్త్రీ

యు.హెచ్.ఐ.డి విభాగం తేదీ

నేను S/D/W/O

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా

నా రోగికి, 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

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము

Induction of Labor Consent

Name: Mrs. R. SAHITHI
Date of Birth: 16/12/1999
ANC No: 10358/0126.

Consultant: Dr. BHANANA K.
Registration Number: V1H-00192785

You are scheduled for an induction of labor on 23/6/2026 (date) at 37+1 (weeks of gestation).

The reason for your induction is TERM GESTATION WITH GESTATIONAL DIABETES MELLITUS.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

R. Sahithi

Parents Signature

23/6/2026 11:40 AM

Date

[Signature]

Husband's Signature

23/6/2026 11:40 AM

Date

[Signature]
Dr. [Name]

Doctor's Signature

23/6/2026

Date

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : M-23. RUN SAHITHI UHID No : NH-00192785

Gender: Male Female Date : 23/6/2026 Time : 11:15 AM

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 of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal 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, benefits, alternatives 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. BHAVANA K.

Consentee :

Signature : R. Sahithi

Name : M-23. RUN SAHITHI

Date & Time : 23/6/2026 11:40 AM.

Witness :

Signature :

Name :

Date & Time :

Docu. No. : RCHBH / FRM / CLINICAL / 028

Patient Attendant :

Signature : KVS Arvind

Name : KVS Arvind

Relationship with Patient: Husband

Date & Time : 23/6/2026 11:40 AM

Doctor (who is taking the consent) :

Signature : Dr. Faena 2

Name : Dr. Faena 2

Date & Time : 23/6/2026

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు : వయస్సు : లింగం పు క్తి

యు.పాస్.బి.డి. బిభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను అవ్మోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో బివలించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎసిసియోటమీ (యోని మరియు యోని మధ్య భాగంలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్), సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం బిజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో జడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అశాకర్ష్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (ట్రేసర్సెషన్, హెమటోమా, పుర్రె గాయం అయే అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా జడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ బివలించిన లేదా నూ బించిన బిధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్) సాక్షి

సంతకము సంతకము

పేరు పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో) తేదీ మరియు సమయము

సంతకము

పేరు

Docu. No. : RCHBH /FRM / CLINICAL / 028

VIH-00192785 IP-00060453
 Mrs RAMACHANDHRUNI VENKATA
 16-12-1999 26 Y 6 M 7 D (F)
 Dr. BHAVANA K



PROCEDURE SAFETY CHECK LIST (TIMEOUT OUTSIDE OT)

Patient Name: RAMACHANDHRUNI VENKATA ^{SANITIZED} Gender: Male Female UHID. No: VIH00192785 Age: 26y
 Date: 23/06/26 In-Time: 10:50pm Out-Time: 11:15pm
 Doctor Performing Procedure: Dr Pmadhavi Doctor Giving Sedation: _____ Assisting Nurse: Manga

SIGN IN	Time: <u>10:50pm</u>	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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
If Yes Comment: _____				
Any Risk of Hemodynamic Compromise		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: _____				
Any drug or food allergy		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes Comment: <u>CEFOTAXIM</u>				
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: _____				
Name of the Doctor: <u>Dr Pmadhavi</u> <u>23/06/26</u>				

TIME OUT	Time: <u>11:10pm</u>	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: _____				
Name of the Nurse: <u>manga devi</u> <u>(M)</u>				

SIGN OUT	Time: <u>11:20pm</u>	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: _____				
Name of the Nurse: <u>manga devi</u> <u>(M)</u>				

Any Adverse / Unexpected Events

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.....

.....

Patient Sticker

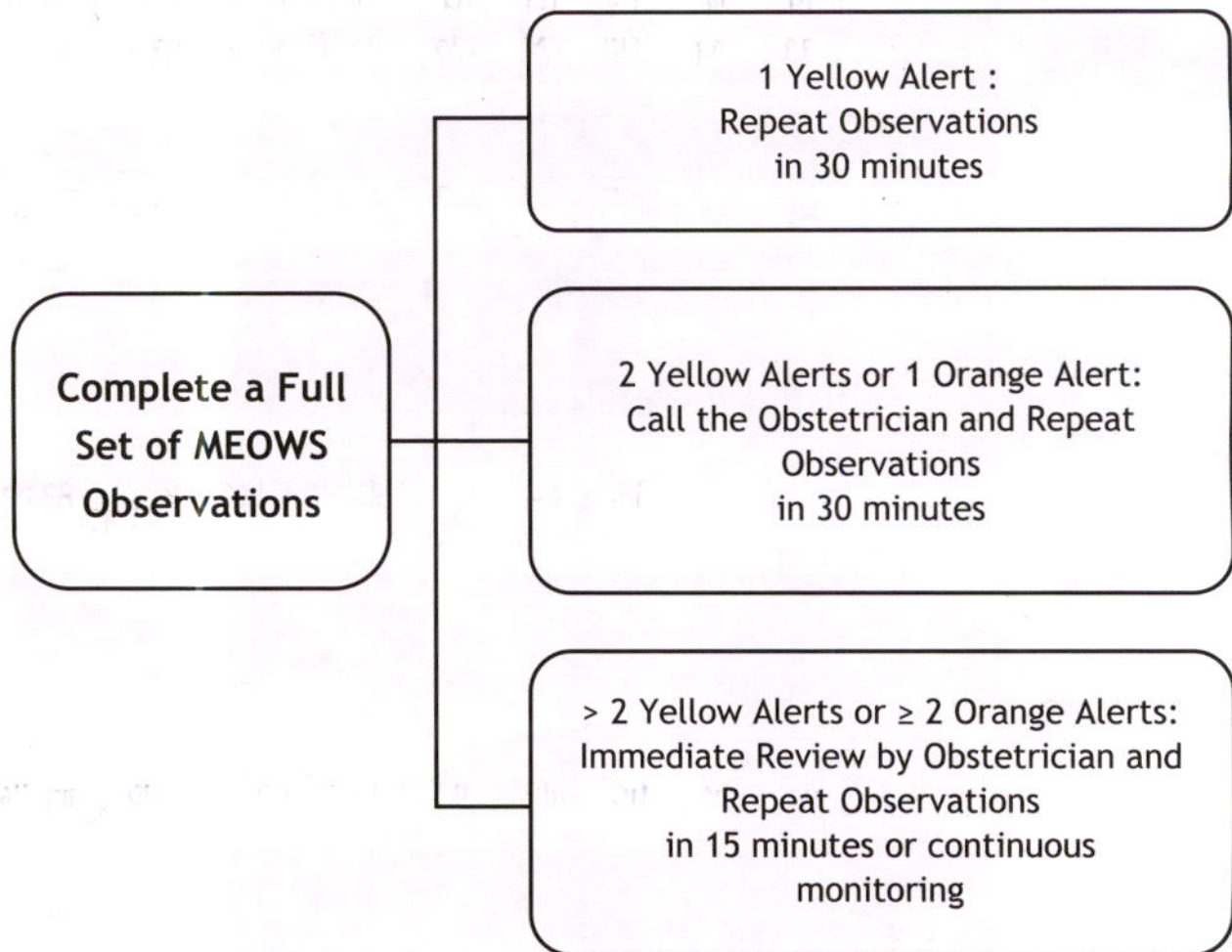


Early Warning Observation Score Chart - Obstetrics

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

23/6/26		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	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	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																										
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	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
80																											
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

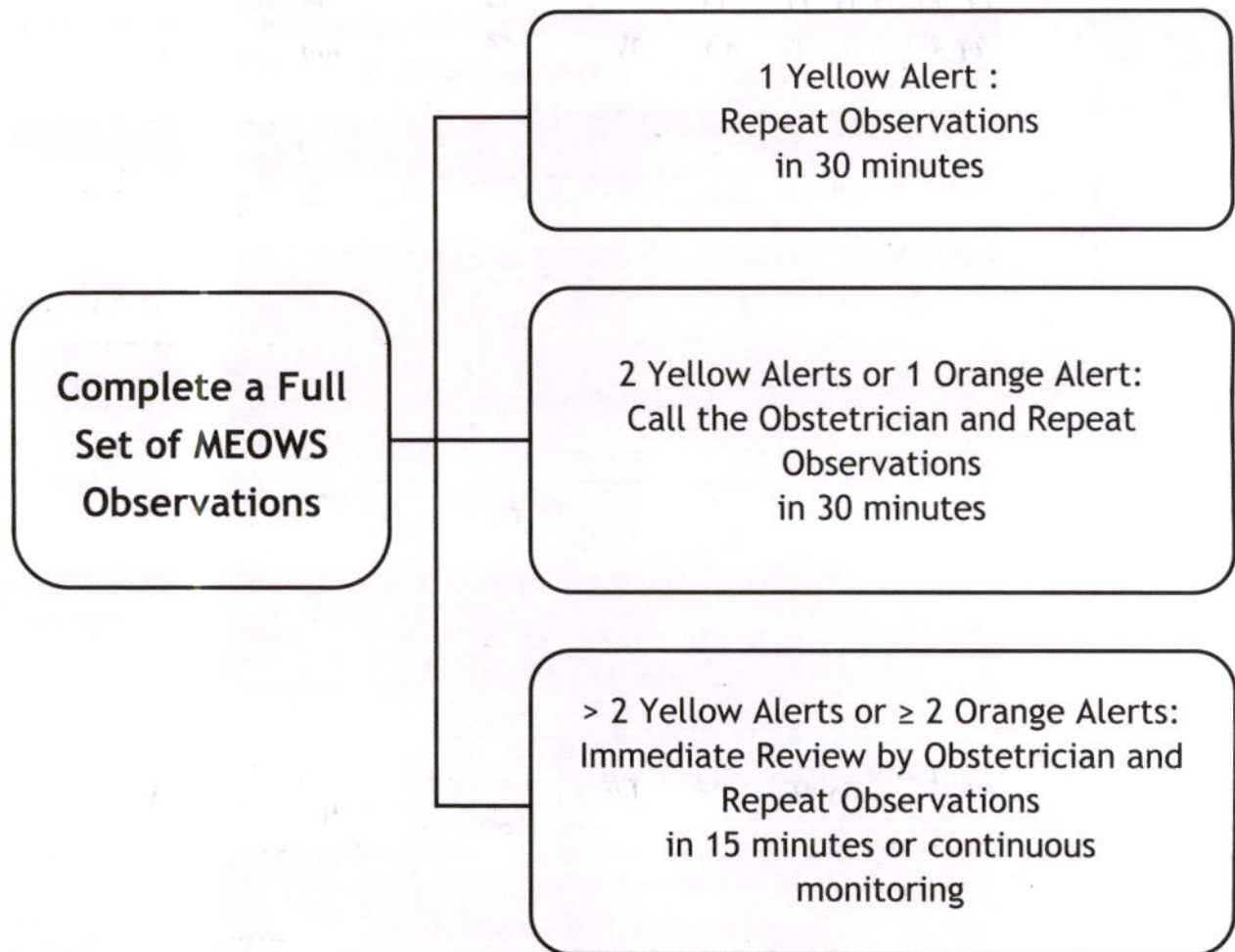


Early Warning Observation Score Chart - Obstetrics

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	98	99	98	99	98	99	98	99	98	99	98	99	98	99	98	99	98	99	98	
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37	37	36	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	37	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98	99	98	99	99	98	99	98	99	98	99	98	99	98	99	98	99	98	99	98	99	98	99	
	80																								
	70																								
	60																								
	40																								
	Systolic Blood Pressure	190																							
180																									
170																									
160																									
150																									
140																									
130																									
120																									
110		110	125	120	110	115	117	108																	
100																									
90																									
80																									
70																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70	80	72	70	69	72	68																	
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		
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		NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE	NE		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Patient Sticker



FLUID CHART

Sheet No. : 23/6/26.....

- 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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
23/6/26	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	H ₂ O	100ml									
	01:00 pm	H ₂ O	50ml									
Total Intake :			150ml			Total Output :					passed	
23/6/26	02:00 pm	H ₂ O	50ml									
	03:00 pm	H ₂ O	100ml									
	04:00 pm	H ₂ O	100ml									
	05:00 pm	H ₂ O	50ml									
	06:00 pm	H ₂ O	50ml									
	07:00 pm	H ₂ O	100ml									
Total Intake :			450ml			Total Output :					passed	
23/6/26	08:00 pm	H ₂ O	100ml									
	09:00 pm	H ₂ O	100ml	RL	500ml	FF						
	10:00 pm	H ₂ O	150ml	RL	500ml	FF						
	11:00 pm	H ₂ O	100ml	RL	100ml/hr				100ml			
	12:00 am	H ₂ O	50ml	RL	100ml/hr				80ml			
	01:00 am	H ₂ O	50ml	RL	100ml/hr				80ml			
Total Intake :			1850ml			Total Output :					260ml	
24/6/26	02:00 am		RL	100ml/hr					100ml			
	03:00 am	H ₂ O	50ml	RL	100ml				100ml			
	04:00 am	H ₂ O	100ml	RL	100ml				100ml			
	05:00 am	H ₂ O	50ml	RL	100ml				100ml			
	06:00 am	H ₂ O	100ml	RL	100ml				100ml			
	07:00 am	H ₂ O	100ml	RL	100ml				100ml			
Total Intake :			1000ml			Total Output :					600ml	
Total 24 hrs. Intake		3450ml										
Total 24 hrs. Output		860ml										



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			
24/6	08:00 am	NBM + RL 100ml/hr								S&P	0	} 24/6/26 21/6/26	
	09:00 am	H2O + RL 100ml/hr								S&P	0		
	10:00 am	H2O + RL 100ml/hr								S&P	0		
	11:00 am	H2O, S&P								S&P	0		
	12:00 pm	H2O 100ml								✓	0		
	01:00 pm	H2O + S&P									0		
Total Intake :						Total Output :							
24/6/26	02:00 pm											} 24/6/26 21/6/26	
	03:00 pm	H2O											
	04:00 pm									✓			
	05:00 pm												
	06:00 pm												
	07:00 pm	RL - 100ml								✓			
Total Intake :						Total Output :							
24/6	08:00 pm											} 24/6/26 21/6/26	
	09:00 pm	Rice											
	10:00 pm												
	11:00 pm	H2O								✓			
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
25/6	02:00 am											} 25/6/26 21/6/26	
	03:00 am	H2O											
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

VIH-00192785 IP-00060453
 Mrs RAMACHANDHRUNI VENKATA
 16-12-1999 26 Y 6 M 8 D (F)
 Dr. BHAVANA K



MEDICATION RECONCILIATION FORM

Drug Allergies: Yes Penicillin allergy 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: New Shifted to: Room (202)

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. METRONIDAZOLE	400MG	PO	8th HOURLY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. PARACETAMOL	1G	PO	8th HOURLY	24/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. DICLOFENAC	50MG	PO	8th HOURLY	24/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. PANTOPRAZOLE	40MG	PO	ONCE DAILY	24/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	SYP LACTULOSE	15ML	PO	ONCE DAILY	24/6/26	<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. Nausheen

Date & Time: 24/6/26, 12:45pm.

Nurse Name & Signature: Tonal

Date & Time: 24/6/26, 12:45pm.

Dr. M. VINEETHA
 Epidural Catheter Removed
 YES / NO
24/6/26



MEDICATION RECONCILIATION FORM

Drug Allergies: Taxim allergy 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: LW Shifted to: 202) Room

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. METFORMIN	500mg	PO	12TH HOURLY		<input type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. IRON	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB. CALCIUM	1 TAB	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB. FOLIC ACID	1 TAB	PO	ONCE DAILY		<input type="checkbox"/> C <input checked="" 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. NIKHITA

Date & Time : 23/6/2026 12 PM

Nurse Name & Signature : K. Subasini

Date & Time : 23/6/26 at 12pm

Patient Name	I.P. No.	Sheet No. (F)	Wards (H)	Weight (kg) (25.5)
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REGULAR PRESCRIPTIONS

DRUG : SYR DACTULOSE				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	24/6/26																
Name & Signature of the Doctor starting the Drugs: <i>DR NAUSHEEN</i>				STOP DR Nausheen 24/6/26															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. DICLOFENAC				Date	24/6	25/6													
				Time															
Dose	Route	Frequency	Start Dt.																
50MG	PO	8H HOURLY	24/6/26	7 AM															
Name & Signature of the Doctor starting the Drugs: <i>DR NAUSHEEN</i>				3 PM 11 PM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : SYR LACTULOSE				Date	24/6														
				Time															
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	24/6/26																
Name & Signature of the Doctor starting the Drugs: <i>DR NAUSHEEN</i>				10 PM															
Additional Instructions: AT BED TIME																			
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.																			

12/11/26
 A Sharan 24/6/26
 24/6/26 @ 10 PM
 Ce Sharan

VIH-00192785 IP-00060453
Mrs RAMACHANDHRUNI VENKATA
16-12-1999 26 Y 6 M 7 D (F)
Dr. BHAVANA K

Patient No.

I.P. No.

Sheet No.

Wards

Weight (kg)



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.																					



I.V. FLUIDS CHART

Weight: 85.85kg Ward: 416

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
23/6	5pm	RINGER LACTATE	I.V.	F/F		 Kavya	23/6		 Kavya
23/6	9:12 pm	RINGER LACTATE	I.V.	F/F		Ms Manga	23/6		Ms Manga
23/6	11:20 pm	RINGER LACTATE	I.V.	F/F		Ms manga	24/6		Ms Manga
23/6	6:22 Am	RINGER LACTATE	I.V.	100ml HR		Ms manga	24/6		
24/6	8:35 am	5mlt OXYTOCIN 50 UNITS + RINGER LACTATE	W	5ml HR	Dr	 Ms	24/6		
24/6/26	9:30 Am	1ml OXYTOCIN 25 UNITS IN RINGER LACTATE	I.V.	FF		 Shr	24/6		
24/6/26	7:00pm	RINGER LACTATE	I.V.	FF	Dr	 Peri	24/6		

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 85.85kg Ward. 160

Ce Shreevani
 24/6/26 @ 8am

DRUG : INJ. METRONIDAZOLE				Date Time	23/6	24/6
Dose	Route	Frequency	Start Date	1 AM		
500MG	IU	8TH HOURLY	23/6			
Name & Signature of the Doctor				3 PM		
Starting the Drugs:						
Additional Instructions:				11 PM		
				allz		
				Manga		
Daily Doctor's Endorsement by a Sign						

STOP
 DR NAUSHEEN
 23/6/26

Ce Shreevani
 24/6/26 @ 12pm
 As per Doctor's order

DRUG : T. METRONIDAZOLE				Date Time	24/6	25/6
Dose	Route	Frequency	Start Date	1 AM		
400MG	PO	8th HOURLY	24/6/26			
Name & Signature of the Doctor				3 PM		
Starting the Drugs:						
Additional Instructions:				11 PM		
Daily Doctor's Endorsement by a Sign						

Ce Shreevani
 24/6/26 @ 12pm

DRUG : T. PARACETAMOL				Date Time	24/6	25/6
Dose	Route	Frequency	Start Date	6 AM		
1GM	PO	8th HOURLY	24/6/26			
Name & Signature of the Doctor				2 PM		
Starting the Drugs:						
Additional Instructions:				10 PM		
Daily Doctor's Endorsement by a Sign						

Ce Shreevani
 24/6/26 @ 12pm

DRUG : T. PANTOPRAZOLE				Date Time	24/6	
Dose	Route	Frequency	Start Date	6 AM		
40MG	PO	ONCE DAILY	24/6/26			
Name & Signature of the Doctor						
Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

U. Naveen 24/6/26 @ 12pm



		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG : BETAPINE OINTMENT	Dose							
	Dr. Sign.							
Route: HA Start Date: 23/6/26	Dose							
	Dr. Sign.							
Name & Signature of the Doctor: DR NAUSHEEN	Dose							
	Dr. Sign.							
Additional Instructions:	Dose							
	Dr. Sign.							

U. Naveen 24/6/26 @ 12pm

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG : BETAPINE LOTION	Dose							
	Dr. Sign.							
Route: LA Start Date: 23/6/26	Dose							
	Dr. Sign.							
Name & Signature of the Doctor: DR NAUSHEEN	Dose							
	Dr. Sign.							
Additional Instructions:	Dose							
	Dr. Sign.							

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
23/6	12:45 pm	TAB. MISOPROSTOL	25 MCG	PV	[Signature]	[Signature]
23/6	9:50 PM	ENEMA PROCTOCLYSIS	100 ML	PR	[Signature]	Ms manga
24/6	7:20 AM	INT DROTAVERINE	40 MG	IV	[Signature]	Ms Manga
24/6	7:50 AM	INT VALTHAMATE BROMIDE	8 MG	IV	[Signature]	Ms Manga
24/6	8:20 AM	INT DROTAVERINE	40 MG	IV	[Signature]	Ms Manga
24/6	8:50 AM	INT VALTHAMATE BROMIDE	8 MG	IV	[Signature]	Ms Manga
24/6/26	9:20 AM	INS DROTAVERINE	40 MG	IV	[Signature]	[Signature]
24/6/26	9:40 AM	INS OXYTOCIN	10 UNITS	IM	[Signature]	[Signature]
24/6/26	9:55 AM	INS TRANEXAMIC ACID	1 GM	IV	[Signature]	[Signature]

VERIFIED BY: Name

24/6/26 @ 12pm
24/6/26 @ 12pm
24/6/26 @ 12pm