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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

MH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

R BILLING

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

Date of Admission : 6/6/26 Time : 3:5pm Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : LHO Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
06/06/26	CBP	V12601919	Rani
	Cross checked by Rani 06/6/26 @ 7pm.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
06/6/26	Infusion pump	3pm	5:30pm	3087531	Rani
06/6/26	Cardiac monitor	3pm	8pm		
	cross checked by		Rani	06/06/26 @	7pm.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
6/6/26	Iv-placement	(1)	✓ 3087532	Rani
	Cross checked by Rani 06/6/26 @ 7pm			

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

Rainbow Children's Hospital - Secunderabad

H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060249 **Admit Date** : 06-Jun-2026 **Admit Time** : 03:05 PM **UHID** : VIH-00161640

Patient Details :

Patient Name	: Mrs DR. POORNIMA MISHRA	**Age**	: 33 Y 11 M 22 D
Guardian	: Mr DR. PRASHANT MISHRA	**DOB**	: 15-06-1992
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: FLAT NO-104 SRI VINYAK RESDENCY RASOOLPURA M G Rd Hyderabad Telangana INDIA 500003	**Phone No**	: 8790201905/ 9912760276
		E-mail	: poornimasoma@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name : Mr DR. PRASHANT MISHRA **Relationship** : W/O

Contact Address : FLAT NO-104 SRI VINYAK RESDENCY RASOOLPURA M G Rd Hyderabad Telangana INDIA 500003 **Phone No** : 8790201905 / 8296228439

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** : SELFPAY

MH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
c/o expulsion of dead fetus at home at 2PM. on 6/6/26
Fetus Brought by Patient and attender to hospital.

Obstetric Formula: G2P1L1
ML - 6yrs NCM

Obstetric History:
G1 - 3yrs | Female | FTLSCS | GDM (D) | NPoL | BW - 3.5 kg | RCH VKP | uneventful | A&H | BF x 2yrs,
G2 - PP, spontaneous conception,
Booked to RCH at 15+2wks. previous ANCs at prayagraj.

Present Pregnancy Record:
Diagnosed with pre gestational Diabetes since conception managed with Tab. Metformin 500mg OD, on Tab Ecospirin 150mg OD since conception. stopped at 19+1 weeks. came at 19+1wks with Brown discharge since 10 days. on 5/6/26 Fetal well being scan showed absent cardiac activity IUFD was disclosed to patient and brother, husband out of station and Need for termination of pregnancy explained & they opted for it. Tab. Mifepristone 600mg given on 6/6/26 after taking informed consent for termination of pregnancy

RISK FACTORS:

LMP: 22/1/2026 EDD:
Corrected EDD: 29/10/26 GA: 19+1 weeks
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination
Fundal Height: 18 wks.
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☐ Adequate ☐ Oligo ☐ Poly
PP: ☐ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Placenta ⊕ intracervical canal

Vaginal Examination
Cervix: soft ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 1 finger
Membranes: ☐ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☐ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☐ Adequate ☐ Doubtful

Height: 154 cm
Weight: 89 kg
Allergies: Nil
Breast: ☑ Normal ☐ Abnormal

General Examination:
Consciousness: C|C|C Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: Afebrile PR: 86 bpm
BP: 131|77 mmHg DTR: ⊕
CVS: S1S2⊕ RS BAE⊕
Liver/Spleen: (N) Urine Output: Adequate

DIAGNOSIS
G2P1L1 with 19+1 weeks with previous LSCS with pre Gestational diabetes mellitus (Metformin) with Intrauterine fetal death with incomplete miscarriage with Retained placenta for observation.

H-00161640 IP-00060249
rs DR. POORNIMA MISHRA
i-06-1992 33 Y 11 M 22 D (F)
r. BHAVANA K

Family History:

Father - HTN

Surgical History:

Previous LSCS at 2023

Medical History:

Nil

Medication History:

Tab Metformin 500mg OD

Plan of Care: C/I to DR. BHAVANA Mam

GRBS - 97 mg/dl

- Admission
- consent
- Diabetic diet
- send CBP
- Part preparation
- Monitor vitals
- follow drug chart
- send ~~for fetal~~ Autopsy
- W/F expulsion of placenta
- Inj Taxim 1gm IV BD
- Inj Metronidazole 500mg IV TID
- Inj oxytocin 10 units IV.
- IO Ringer lactate IV.

noted by Suhrshi 6/6/26 3:10pm

Investigations: BG - 'O' POSITIVE

HIV, HBSAg, HCV, VDRL - NR

5/6/26 Plasma fibrinogen - 473
LDH - 165
procalcitonin - 0.039
PT / APTT / INR = 14 / 33 / 1
CBP - 11.4 | 11.16 | 2.90L

11/5/26
TSH - 1.131
CUE - Neg.
LFT - (N)

5/6/26
Fetal well being scan
19+1 wks
Single - Non Viable
Cardiac activity absent
- PL - Post High
AFI - LP. 2.2cm
AC - <1%
EFW - 1048gms

24/4/26
NT scan.
13+1 wks
SLIUF
NT - 1.04mm
PI - Post
CL - 37.7mm
UtA - increased resistance

Dr. Yogeshwari.

Doctor Name: Dr. Yogeshwari
Signature:
Date & Time: 6/6/2026 3:10 PM

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

IH-00161640 IP-00060249
rs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
r. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 06/06/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☐ Admission Desk ☑ Others, specify L/W

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify —

Do you require an interpreter? ☐ Yes ☑ No if Yes specify —

Source of Information: ☑ Patient ☐ Family ☐ Others, specify —

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: —

If yes, identify

Chief Complaints: G2P1L1 c̄ 19+1 wks prev-LSCS c̄ pre GDM (metformin) c̄ IUFD c̄ Incomplete miscarriage c̄ Retained placenta for Obse

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Yogeshwari

Time Notified: 3:10 Pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	prev. LSCS at 2023	NIL

Gynecology Assessment: ☑ Not Applicable	**Gynecology Surgical History:**	**Gynecological History:**
Menstrual History: Regular	Caesarean Section: ☐ No ☑ Yes	Contraceptives: ☑ No ☐ Yes
Onset of Menarche:	Cervical Cerclage: ☑ No ☐ Yes	Vaginal Discharge: ☐ No ☑ Yes
Menstrual Cycle: ☑ Regular ☐ Irregular	Ectopic Pregnancy: ☑ No ☐ Yes	Post-Coital Bleeding: ☑ No ☐ Yes
Last Menstrual Period:	Myomectomy: ☑ No ☐ Yes	**Infertility:** ☑ No ☐ Yes
	Others:	**If Yes** Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A —

Previous LSCS: yes

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 Father – HTN.

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

BP: 130/ Weight: 89 kg Height: 154 BMI: 32

Pain Assessment: **Pain:** ☑ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)

2 score

IH-00161640 IP-00060249
rs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
r. BHAVANA K

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☑ Yes ☐ No Score 15 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score 23 (complete the Braden Q Sheet)

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..... Family .....

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☑ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☑ Yes ☐ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..... mrs. poornima .....

Name of Person Orientation was given to: ..... mrs. poornima .....

Orientation not given Reason: .....

Nurse Signature: ..... Rani .....

Nurse Name: ..... Rani .....

Date & Time: ..... 06/06/26 @ 2.30 pm .....

MH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

(1)

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
6/6/26 5PM	Retained Placenta noted. Under aseptic conditions, manual removal of Placenta done. Fetus weight- ~~0.08t~~ 0.061 kg Placental weight - 0.085 kg.	
Fetus sent for autopsy Placental sent for HPE at Lilac. Tab. Cabergoline 0.5mg Po -stat. Noted by Sahana 5PM 6/6/26	O/E Pt is c/c Gx-fair Afebrile BP- 123/70mHg PR- 98bpm S/E-NAD P/A-ut-nw/R SOft P/E-NAD	Adv:- - SOft diabetic diet - W/F Bleeding P/V - Adeq. hydration - Monitor vitals - follow drug chart - Inform SOS. Dr. Parthi
6/6/26 5:30PM	Patient and attenders explained regarding option for fetal autopsy and placental HPE and they agreed. Fetus for Autopsy & placenta for HPE sent at Lilac Lab.	Dr. Yogeshwaran

IH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

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
6/6/26 6:30 pm	O/E	Adv
	Pt is c/c/c	- diabetic soft diet
	Ucfair	- W/f bleeding pv
	Afebrile	- Monitor vitals
	BP - 120/70 mmHg	- Follow drugchart
	PR - 86 bpm	- Adequate hydration
Pt can be discharged	S/E - NAD	- Inform SOS
	P/A - Ut - wnl	
	Soft, non tender	
	L/E - NAB	
Noted by Subashini 6:30pm 6/6/26		Yp Dr. Yogeshwari

Irs DR. POORNIMA MISHRA IP-00060249
5-06-1992 33 Y 11 M 22 D (F)
r. BHAVANA K

(1)

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

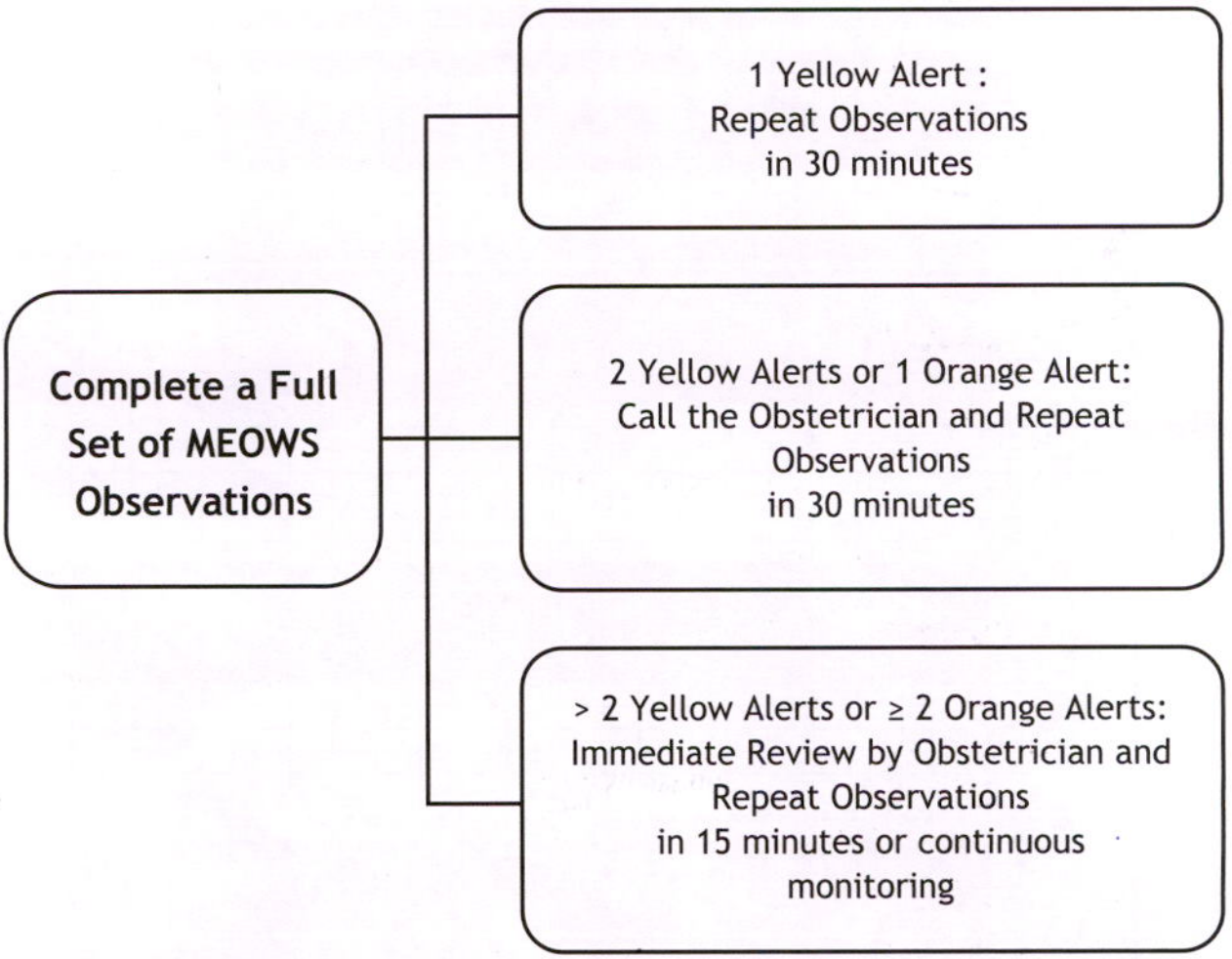
BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

6/6/26	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							19	19	19	19														
	21 - 30							98	99	99	98														
	11 - 20																								
	0 - 10																								
Saturations	94 - 100 %																								
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37							37°C	37°C		37°C														
	36									36°C															
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							85	82		89														
	70									78															
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110							110	106	115															
	100										105														
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70							72	75																
	60									69	62														
	50																								
	40																								
NEURO RESPONSE [✓]	Alert							✓	✓	✓	✓														
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30							✓	✓	✓	✓														
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal							NA	NA	NA	NA														
	Heavy / Foul																								
Liquor	Clear / Pink							NA	NA	NA	NA														
	Green																								
TOTAL YELLOW SCORES								0	0	0	0														
TOTAL ORANGE SCORES								0	0	0	0														
Nurse Initial								[illegible]	[illegible]	[illegible]	[illegible]														

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

VIH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
15-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
6/6/20	02:00 pm	H_2O	100ml	oxygen								
	03:00 pm	H_2O	100ml	10ml							1	
	04:00 pm	H_2O	100ml	10ml							0	
	05:00 pm	H_2O	100ml	10ml						—		6/6/20 Subhashini
	06:00 pm										1	
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						**Total Output :**						

Total 24 hrs. Intake		Total 24 hrs. Output	

IH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DRUG CHART

Date of Admission: 6/6/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 ▸ / 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:																		

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

MH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 89 kg Ward. M/Kao

DRUG : INJ. CEFOTAXIME				Date ▸ Time ▾	6/6
Dose	Route	Frequency	Start Date		
1Gm	IV	12th HOURLY	6/6/26		
Name & Signature of the Doctor Starting the Drugs: Dr. Kashmi				8pm	8 Dr.
Additional Instructions: AFTER TEST DOSE.					
Daily Doctor's Endorsement by a Sign					

DRUG : INJ. METRONIDAZOLE				Date ▸ Time ▾	6/6
Dose	Route	Frequency	Start Date		
500 MG	IV	8th HOURLY	6/6/26	4	8
Name & Signature of the Doctor Starting the Drugs: Dr. Kashmi				PM	Dr.
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB METFORMIN				Date ▸ Time ▾	6/6
Dose	Route	Frequency	Start Date		
500 MG	PO	ONCE DAILY	6/6	9	
Name & Signature of the Doctor Starting the Drugs: Ehan Dr. Farmaz				AM	
Additional Instructions: AFTER BREAKFAST.					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB PANTOPRAZOLE				Date ▸ Time ▾	6/6
Dose	Route	Frequency	Start Date		
40 MG	PO	ONCE DAILY	6/6	6 AM	
Name & Signature of the Doctor Starting the Drugs: Ehan Dr. Farmaz					
Additional Instructions: ON EMPTY STOMACH.					
Daily Doctor's Endorsement by a Sign					

Dr. 6/6/26 Dr. 6/6/26 Dr. 6/6/26 Dr. 6/6/26

Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

Weight: 89 kg Ward: LW

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / 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.	

VARIABLE DOSE	Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route / 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.	

Signature

VERIFIED BY : Name

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
6/6	5pm	TAB. MISOPROSTOL	400 mcg	PR		
6/6		INJ. OXYTO.	HOLD			
6/6	7pm	TAB CABERGOLINE	0.5mg	PO		

MH-00161640 IP-00060249
Mrs DR. POORNIMA MISHRA
5-06-1992 33 Y 11 M 22 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 89kg Ward. L-W

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
6/6/26		INJ. OXYTOCIN 10 UNITS IN RINGER LACTATE	IV	125 mL/Hr			HOLD		
6/6/26		RINGER LACTATE	IV	100 mL/Hr			HOLD		
6/6/26	6 PM	INJ. OXYTOCIN 10 UNITS IN RINGER LACTATE	IV	FF			6/6		
6/6/26	3 PM	INJ. OXYTOCIN 10 UNITS IN RINGER LACTATE	IV	10 ml/Hr			6/6/26		

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