

ANC-00010890 IP28-00004585
Dr. KEERTI R
19-02-1992 34 Y 3 M 28 D (F)
Dr. NANDINI L



DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		10:15 AM		
Activity Sheet updated by Pharmacy	11/6/26 at 11:20 AM	11/6/26 at 11:35 AM	Puja	

ACTIVITY RECORD FOR BILLING

Name:
 UHID No: ANC-00010890 IP28-00004585
 Date of Admission: Dr. KEERTI R 34 Y 3 M 28 D (F)
 Room / Bed No: Dr. NANDINI L
 Consultant: Dr. Nandini Dept: LDR
 Date of Discharge: Time:
 Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26	1.45 am	Post op	312	<u>[Signature]</u>
16/6/26	3.30 AM	2nd floor	Pre Post op.	<u>[Signature]</u>
16/6/26	12 PM	CDK	3rd floor	

CROSS CONSULTATION VISIT

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
16/6/26	CTG	1	4463 ✓	[Signature]
99	CTG	1	4464 ✓	[Signature]
99	PT, APTT, CBC	1	4468 ✓	[Signature]
16/6/26	ECG	1	4467 ✓	[Signature]
16/6/26	CTG	1	4477 ✓	[Signature]
16/6/26	Nutritional Assessment	1		[Signature]

ANY OTHER INFORMATION:

Normal vaginal delivery with RMLE
 Under local anesthesia + Epidural

Date: 17/6/26 Time: 10:30 AM Prepared By: _____

Staff Nurse [Signature]	Shift / Ward	Billing Assistant	Billing Supervisor
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Patient Sticker



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Primigravida

LMP: 16/9/2025. EDD: 23/6/2026.

Obstetric Formula:

@ 39wks
 No pain abdomen on/off
 Able to PFM well

Corrected EDD: GA: 39wks.

Menstrual History: Regular: Yes No

Obstetric History:

Primigravida
 Spontaneous Conception

Obstetric Examination

Fundal Height: uterus term.

Present Pregnancy Record:

Booked & Immunised

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 3/5th palpable

FHS: Normal Tachy Brady Absent

RISK FACTORS:

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 1-2 cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 170 cm

Weight: 87 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: Nil

Icterus: Edema: Nil

Temp: PR:

BP: 114/82 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

Primigravida/39wks / in early Labour.



<p>Family History:</p> <p>Mother - T₂DM.</p>	<p>Surgical History:</p> <p>Nil.</p>
<p>Medical History:</p>	<p>Medication History:</p> <p>T. Iron 10D</p> <p>T. Calcium 10D</p> <p>T. Folic acid 10D</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission. - parts preparation. - CTA. - w/F spontaneous progress of labour. - To do ECG. - To do Coagulation profile. 	<p>Investigations:</p> <p>28/3/2026 B positive</p> <p>Hb - 12.6 HIV</p> <p>Plt - 2.35 HbsAg</p> <p>VDRL NR</p> <p>Urine R/E - Bacteria ⊕ HCV</p> <p>Urine c/s - Enterococcus faecalis I trimester</p> <p>4/2/26 ATT - F-79 TSH - 2.3</p> <p>1hr - 122 NT + PTS - (N)</p> <p>2hrs - 150 Anomaly - (N)</p> <p>30/5/2026</p> <p>SLUG of 36⁺⁴ wks.</p> <p>Cephalic.</p> <p>Placenta - posterior.</p> <p>Liquor - normal.</p> <p>GFW - 2.616 kg.</p> <p>Doppler - (N)</p>

Doctor Name:

Signature:

Date & Time:

Consultant Name: Dr. Nandhini

Signature:

Date & Time:

Patient



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>10/6/26</u> <u>4:00 A.M.</u>	<p>8/B <u>Dr. Paritha</u></p> <p>PT - Reviewed.</p> <p>cp pain abdomen on & off increased in intensity.</p> <p>vitals stable</p> <p><u>CTA - Reactive</u></p>	<p>P/A - uterus term.</p> <p>Acting (3/25" / 10')</p> <p>Cephalic.</p> <p>FHR - good.</p> <p>P/V - Cx 50% effaced.</p> <p>os 3-4 cm dilated.</p> <p>Vx @ -2 station</p> <p>Bulging Membranes.</p>
		<p><u>Adv</u></p> <ul style="list-style-type: none"> - GTP - FHR monitoring - w/F progress of labor
<u>10/6/26</u> <u>4:15 a.m.</u>	<p>↓ ASP, epidural analgesia given</p>	<p><i>[Signature]</i></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 6:35 a.m.	Pt. clo leaking Per vaginam. P/A - uterus term. Acting (3-30"/10'). Cephalic. FHR - good.	S/R Dr. Parithra
	C/L - Reactive	
	P/v - Cx fully effaced. Os fully dilated.	
	Vx @ +2 station. Membranes absent.	
		<u>Adv</u>
		- Inj. Synto units in 500ml RL @ 8 drops/min - w/f progress of labour

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26 7:44 a.m.	S/B	Dr. Mandhini
	<p>↓ ASP, patient in lithotomy position. Parts painted & draped. With adequate uterine contractions and good maternal efforts, RMLE given. At crowning, an alive term girl baby delivered in cephalic presentation. Baby cried immediately after birth. Delayed cord clamping done. Baby handed over to paediatrician. Placenta membranes delivered in toto. Episiotomy sutured in layers. No undue bleeding P/v.</p> <p>P/R - Rectal Mucosa Intact.</p>	
	B - Girl	Adv - (W) diet - DBF
	A - 3.300 kg	
	B - 16/6/2026 at 7:44 a.m.	- perineal care
	y - 8/10, 9/10	Dr.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/2026		
11:30 AM	S/B Dr. Sivasaampa	
	Patient reviewed	
	no complaints	
	vitals stable!	
	BP - 100/62 mmHg O/E	Afebrile, no pallor
	PR - 90/min P/A	uterus well contracted
		Soft, dressing dry,
	L/E - Bleeding pr WNL	
		Adv's
		- (N) diet
		- DBF,
		- Ambulation.
		- Medications as per drug
		chart
		- Inform SOL.

Smy
12/10/11

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>12/6/2026</u> <u>8:30 P.M.</u>	<u>PND-1</u>	S/B <u>Dr. Parthra</u> Pt. Reviewed. voiding freely; passed flatus. No pain in the episiotomy site
<u>vitals stable</u>		P/A - uterus contracted. MC - BWNL. Episiotomy wound healthy.
		<u>Adv</u>
		- (N) diet
		- DBF
		- Perineal care

