Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023438 **Admit Date** : 29-Jun-2026 **Admit Time** : 11:30 PM **UHID** : HCV-00041199

Patient Details :

Patient Name	: Mrs T.ROJA	**Age**	: 33 Y 2 M 12 D
Guardian	: JAI KRISHNA	**DOB**	: 17-04-1993
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: naiduthota Vepagunta Visakhapatnam Andhra Pradesh INDIA 530047	**Phone No**	: 8887915929
		E-mail	: no@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : MICU 207 **Ward Name** : 2F-SECOND FLOOR

Room No : MICU 207 **Admission Type** : First Visit

Contact Details :

Name : JAI KRISHNA **Relationship** : Husband

Contact Address : naiduthota Vepagunta Visakhapatnam Andhra Pradesh INDIA 530047 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. M V R SHAILAJA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

Name:----------

UHID No :.....IP No :..... IP22-00023438 ıltant :.....Dept.:.....

Date of Admission :..... HCV-00041199 Mrs T.ROJA 17-04-1993 33 Y 2 M 13 D (F) ıte of Discharge:.....Time:.....

Room / Bed No :..... Dr. M V R SHAILAJA ggested 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.				

Cross checked by Sudu

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

Cross checked by [illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6/26	CBP.	26013949.	[illegible]

Cross checked by hod

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

Cross checked by Rudy

ANY OTHER INFORMATION

Date: 30/6/26 Time: 9Am Prepared By: Rudu

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sridevi	MICU		

Patien

HCV-00041199
Mrs T.ROJA
17-04-1993 33 Y 2 M 13 D (F)
Dr. M V R SHAILAJA
IP22-00023438

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I.P. ADMISS..N SHEET FOR GYNECOLOGY

Date of Admission :..... Time of Admission :.....

Allergies :..... ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

→ patient came with complaint of bleeding plv and pain abdomen
∴ 6pm on 29/6/26

→ Referred from Lakshmi Hospital on 29/6/26 ⇒ gave Inj:- TRAPIC, Inj:- TRAMADOL, Inj. HCG, Inj. Pantop.

→ H/o spotting plv 5 days back.

$G_4P_2L_2A_1$ ē 23 weeks POG. 15/6/26: TIFFA & LSUC → 2 cm.

G_1 → FT | NVD | Fch | birth wt: 3kg | 13 years at present.

G_2 → FT | NVD | Fch | birth wt: 2½ kgs | 8 yrs at present

G_3 → spontaneous miscarriage @ 8 weeks → 5 yrs back.
→ medically managed

G_4 → spontaneous conception.
→ Regular antenatal checkups.

Presentation: Breech
No structural abnormalities
Doppler: Normal.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 15yrs.	Parity : $G_4P_2L_2A_1$
Previous Periods : Regular : 4/28 days.	Mode of Delivery: 2 NVD's.
LMP : 19/1/26 EDD: 26/10/26.	Last Child Birth: 8yrs at present.
Contraception : (-)	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil significant	Nil significant

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Mrs T.ROJA
Patient Sticker 17-04-1993 33 Y 2 M 13 D (F)
Dr. M V R SHAILAJA

FAMILY HISTORY:	MEDICATION HISTORY:
Nil significant	Nil significant

INITIAL ASSESSMENT:

	Breasts	Local / Speculum Examination
Date 29/6/26	B/L Breast soft	P/S: product of conception seen coming through os
Ht. ____ Wt. ____		
BMI ____		
B.P 120/70 mmHg		
Pallor (-)		Bimanual Pelvic Examination
CVR S1 S2 (+)	Abdominal Examination	(-)
Respiratory System (N) vesicular breathsounds	P/A: uterus ~22 week, uterine acting	
Thyroid Normal		

PROVISIONAL DIAGNOSIS: G4P2L2A1 / 23week POG / Prev.2NVD's / Inevitable Abortion.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
11/3/26 BG- B+ve	1) Admission.
Hb: 11.7gm/dl	2) observation.
Plt: 2.14 lakhs	3) wlf uterine action
TSH: 1.642 uIU/ml	4) Monitor vitals
HIV / HBsAg / HCV } Non Reactive	5) Inform S.O.S.
	6) 1 PRBC reserve.
	7) Send CBC.

Name of the Doctor: Dr. Ratnavalli.
Signature of Doctor [signature]
Date & Time: 29/6/26, 11:50pm.

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Dr. M V R SHAILAJA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 29/6/26 Time of Arrival: 10:50pm Time Seen by Nurse: 10:50p.m

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: .....

3) **Vital Signs:** Temperature: 98f Pulse: 84bpm RR: 20b/m SpO_2: 100% BP: 109/71 mm/Hg Weight: 72 kgs.

4) **Gestational Criteria:**

Gravida:	G 4	P 2	L 2	A 1

LMP: 19/1/26 EDD: 26/10/26 Gestational Age: 23 weeks

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☑ Yes	☐ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☐ Yes	☑ No	☐ NA	If No specify:		

5) **Pain Screening:**

Numerical Pain Scale (NPS)

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

- Location: lower Abdomen Pain & Back Pain
- Duration: 29/6/26 @ 6p.m Days / Weeks/ Months (Strike out which is not applicable)
- Character: Crapp like Pain
- Frequency: 10 min in ③40 - 45 sec
- Interventions: for observation

6) **Past History:**

a) Surgeries: NO.

b) Medical: NO

(P.T.O.)

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Mrs T.ROJA
17-04-1993 33 Y 2 M 13 D (F)
Dr. M V R SHAILAJA

7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

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	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• 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)	• 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: 11:00 p.m.

Nurse Name : Usha Nurse Signature: Usha

Date: 29/6/26 Time: at 10:55 pm

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Nam HCV-00041199 IP22-00023438
Mrs T.ROJA
Age : .... 17-04-1993 33 Y 2 M 13 D (F)
Dr. M V R SHAILAJA
I.P. No. : ..

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26 11:30pm		$G_4P_2L_2A_1$ / 23week POG / 2 prev NVD's / Inevitable abortion
		Spontaneous expulsion of fetus along with placenta and sac in toto at 11:20pm on 29/6/26.
		Dead male child of weight 598gms. placenta weighing about 230gms
		Rx
		GC: Fair — 1) Regular diet with plenty of oral fluids.
		Afebrile
		BP: 125/86 mmHg — 2) T. MISOPROSTOL 600mg P/R stat
		PR: 84/min
		RR: 16/min — 3) Inj. OXYTOCIN 10IU in 10RL IV bolus
		H/L: No abnormality detected — 3) Inj. METHERGIN 0.2mg IM stat.
		P/A: uterus retracted well
		O/E: No active Bleeding p/v (+) — 4) T. MONOCEF 200mg P/O 12th hrly
		B/L Breast soft — 5) T. PANTOP 40mg P/O 24th hly
		6) T. ACECLOPLUS 500mg P/O stat
Collect CBC reports		7) Inj. TRAPIC 1gm IV stat
		8) T. CABERGOLINE 0.5mg P/O stat
		9) w/H bleeding p/v
		10) Monitor vitals. informed

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by [signature] 30/6/26 at 12Am

Ref. No. : F / HW / DC / INPR / 05

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Patient Name : .... Age : ....

Gender ☐ M

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Mrs T.ROJA
17-04-1993 33 Y 2 M 13 D (F)
Dr. M V R SHAILAJA

Consultant : ..

Date of Admis

DRUG ALLERGIES : NO

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 Dt.															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions																		

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

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

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I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : T MONOCEF

Dose	Route	Frequency	Start Dt.
200mg	p/o	12th hly	30/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	30/6
8Am	[signature]
8Pm	

DRUG : T·PANTOP

Dose	Route	Frequency	Start Dt.
40mg	p/o	24th hly	30/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	30/6
6Am	[signature]

DRUG : T·ACECLO PLUS

Dose	Route	Frequency	Start Dt.
500mg	p/o	8th hly	30/6/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	30/6
6Am	2Pm [signature]
2Pm	
10Pm	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

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.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
29/6/26	11:40pm	T. MISOPROSTOL	600mg	PR	+	Usha Eshwari
30/6/26	~~12~~ 2Am	T. CABERGOLINE	0.5mg	PO	+	Usha Eshwari
30/6/26	12 Am	Inj. METHERGINE	0.2mg	IM	+	Usha Eshwari
30/6/26	12 Am	Inj. TRAPIC	1gm	IV	+	Usha Eshwari

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17-04-1993 33 Y 2 M 13 D (F)
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Pati		I.P. No.	Sheet No.	Wards	Weight (kg)

I.V. FLUIDS CHART

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.
29/6/26	11:20 pm	Inj: OXYTOCIN 10 IU in 10RL	IV	Bolus	✓	Usha Esther	29/6/26	✓	Usha Esther
30/6/26	12:10 Am	Inj: oxytocin 10 u in 10RL	IV	Bolus	✓	Usha Esther	30/6/26.	✓	Usha Esther