Name	Mrs ANUSHA .	UHID	FDH-00038428
IP No	IP25-00020670	Admission Date	27-05-2026

Medical History: Nil
Family History: Nil
Surgical History: Nil
Allergies: Nil

Antenatal Details:
Mrs ANUSHA was booked to Rainbow hospital at 7+5 weeks of gestation. She had regular antenatal checkups and investigations as advised. Viability scan done at 8+2weeks showed, SLIUG, CRL - 18.2mm, Yolk sac and fetal pole seen, FHR - 165bpm. Bilateral ovaries seen. Genetic counselling was adviced in view of previous fetal anomaly, but patient and attenders wishes to do later. She was admitted at 12+3 weeks in view of bleeding pv with subchorionic hemorrhage for further management.

Investigations: Enclosed
Blood Group: 'O' Positive

Management: Pt. came with complaints of bleeding pv, pain in abdomen and backache since 1 hour on 27.05.2026. On examination her vitals were stable. On per speculum minimal bleeding was seen, OS was closed. On bedside scan FHR was present. She was started on conservative line of management with Inejction Tranexa 1 gm IV, Injection Susten 200mg IM, Tab Calpol 1gm oral were given. Necessary investigations were done. NT scan with cervical length assessment was done on 27.05.2026 and showed, SLIUG, 13+2weeks, CRL - 73.1mm, FHR - 161bpm, NT - 2.3mm. Uterine artery dopplers normal. Cervical length 30.7mm with no signs of funneling. Subchorionic collection of 44x34mm. FTS sample was given, reports awaited. Patient and attenders were informed about the scan findings and risk of bleeding pv, clot passage, spontaneous miscarriage. She was continued on conservative line of management. Her bleeding was reduced with this management. Injection Proluton 250mg IM was given on 28.05.2026. There was a fever spike of 99

Name	Mrs ANUSHA .	UHID	FDH-00038428
IP No	IP25-00020670	Admission Date	27-05-2026

degree Fahrenheit, was managed with oral Paracetamol. There were no further fever spikes. There were no further episodes of active bleeding pv, pain was subsided. She was stable at the time of discharge. Fetal Heart Beat was checked on bedside scan and was normal. She was discharged in stable condition.

Advice:

1. Tab Susten SR 200mg twice daily (10am-10pm) orally till further advice
2. Tab Duphaston 10mg thrice daily (8am-2pm-10pm) after food till further advice
3. Tab Tranexa 500mg twice daily after food(am-9pm) till 31.05.2026
4. Injection Proluton 250 mg IM twice weekly (Sunday and Thursday) till further advice
5. Tab Livogen XT once daily 2 hours after breakfast (11am) till further advicce
6. Tab Shelcal once daily 2 hours after lunch (2pm) till further advice
7. Vivamom SF 2 tsp with a glass of milk once daily till further advice
8. Tab Uprise D3 60000 IU once weekly for 4 weeks
9. Modified bed rest
10. To do scan for cervical length and subchorionic collection on 10.06.2026 and review with reports
11. Review sos if excess bleeding pv, pain in abdomen, fever or foul smelling discharge
12. To collect FTS report
13. To collect Urine c/s report

Review with DR VASUDHA LAGADAPATI after two weeks on 11.06.2026 at Rainbow Nanakramguda hospital.
In case of emergency like bleeding, fever kindly contact 8121039515
You can also take appointments at any time by going online to our website www.rainbowhospital.in

Name	Mrs ANUSHA .	**UHID**	FDH-00038428
IP No	IP25-00020670	**Admission Date**	27-05-2026

Dr. Sneha

Registrar/~~Resident/C.M.O~~

Regular Follow up with :
Dr.Vasudha Lagadapati
MBBS,MS,FMAS
Consultant-Obstetrician and Gynaecologist
71881

Rainbow Children's Hospital

BirthRight by Rainbow

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020670 **Admit Date** : 27-May-2026 **Admit Time** : 05:13 PM **UHID** : FDH-00038428

Patient Details :

Patient Name	: Mrs ANUSHA .	**Age**	: 27 Y 5 M 18 D
Guardian	: Mr RAJU	**DOB**	: 09-12-1998
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	**Phone No**	: 7095583863/
		E-mail	:

Admission Details :

Bed Type : TWIN SHARING **Bed No** : TS 335-B **Ward Name** : 3F -TWIN SHARING

Room No : TS 335-B **Admission Type** : First Visit

Contact Details :

Name : Mr RAJU **Relationship** : Husband

Contact Address : **Phone No** : / 7095583863

Signature

Doctor Details :

Doctor Name : Dr. VASUDHA LAGADAPATI **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

FDH-00038428 IP25-00020670
Name: -------- Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
Dr. VASUDHA LAGADAPATI
UHID No : -----

----- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	8 PM	MICU	ward	Sadhika

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
27/5/26	CBP, EFTS, CUE,	444130	Sadhika
	urine culture.	32206	
	Vitamin-B TSH, vitamin-D		
28/5/26	NHA .	1363	Pooja.

Cross checked 28/5/26 4 pm

MEDICAL EQUIPMENT (WARD & ICU)

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/5/26	IV placment	(1)	1064	Sushma

Cross checked 28/5/26 3:55 PM

ANY OTHER INFORMATION

* OP file reten to attender.
Sravo

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

335-B

DH-00038428 IP25-00020670
Mrs ANUSHA .
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26 Time: 9:3

Origin: Guntur Height: 159 Weight: 42 BMI: 22 kg/m² ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: —

Diagnosis: G2A1 | 13.2wks | Subchronic hemorrhage Hb – 10.9

Type of Diet: ☐ Liquid ☐ Soft ☑ Normal ☐ Diabetic
☐ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: P. Anusha.

Name: Anusha

Date & Time: 28/5/26 9:3

Dietician's

Signature:

Name:

Date & Time: 28/5/26 9:3

DIETARY NOTES

Date	Time	Notes	Sign
28/5/26	9:12	Normal diet c oal br	[illegible]

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: | Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: .....

Surgery / Procedure: | Post OP Day:

BACKGROUND / ASSESSMENT / Recommendations

Date		27/5	28/5/26				
Shift		E	M				
Medical Condition (Any special condition to be noted):		OBS	OBS				
Diet:		ND	ND				
Allergy:		☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Ventilation (RA, NP, NIV, VENTI):		RA	RA				
Tubes/Drains/Catheter:		☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Vital Signs:	Temp:	36.5C	36.4°C				
	Res:	22	22				
	SpO_2:	98	99%				
	Pulse:	78	72				
	BP:	115/78	95/60				
	LOC:	C	C				
	Fall Risk Score:	0/10	0/10				
	Pain Score:	0/10	0/10				
	Skin Integrity	good	Good				
	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	ND	ND				
Critical Lab Test / Values:							
Other Special Orders / Medications:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
PU Prophylaxis:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
DVT Prophylaxis:		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
ADL (Dependent / Non Dependent):		dependent	Depends.				
Post Operative Procedure Special Orders:		Ankitha	-				
Handed Over By Name :		Sarthika	Puja				
Signature / ID :							
Date:		27/5/26	28/5/26				
Time:		@ 5p	@ 2pm.				
Taken Over By Name :		Puja					
Signature / ID :							
Date:		28/5/26					
Time:		@8am					

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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:							

FDH-00038428 IP25-00020670
Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 27/5/26 @ 5:13pm

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 .....

Chief Complaints: Admission for observation

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Ramya

Time Notified: @ 5p

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	Nil

Gynecology Assessment: ☑ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: .....

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☑ Primary ☐ Secondary

Obstetric History: G 2 P ..... L ..... A .....

Previous LSCS: No

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 .....

Vital Signs / Measurements: Temp: 36.5 HR: 76 RR: 22

BP: 96/72 Weight: ..... Height: ..... BMI: .....

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

Patient Sticker

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☐ No Score ..... 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☑ Yes ☐ No Score ..... 6 (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 ..... Patient .....

Name of Person Orientation was given to: ..... Patient .....

Orientation not given Reason: ..... -

Nurse Signature: .....

Nurse Name: .....

Date & Time: 27/3/26 @ 6pm

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

c/o bleeding PV since 2 pm
Amin Abdominal

Obstetric Formula: G2A1

Obstetric History:
I - MTP @ 22 wks - Digeorge syndrome - Dec 2025
II - Booked at 7w+5d

Present Pregnancy Record:

LMP: 1/3/26 EDD:
Corrected EDD: 30/11/26 GA: 13+2d

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height:

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 bleeding ++

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☐ Partially effaced ☑ Effaced

Os: Closed _____ Dilated _____

Membranes: ☐ Present ☐ Absent

Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Presenting Part: ☐ Vertex ☐ Breech ☐ Others

Sutton: ☐ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2

Pelvis: ☐ Adequate ☐ Doubtful

RISK FACTORS:

Subchorionic hemorrhage

Height: ..... 159 .. cm
Weight: ..... 44.2 ... kg
Allergies: ..... no .....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: ⊖
Icterus: - Edema: ⊖
Temp: Afebrile PR: 77/min
BP: 96/68 mmHg DTR:
CVS: S_1S_2 ⊖ RS NVBS⊖
Liver/Spleen: Urine Output:

DIAGNOSIS (M)

G2A1 | 13+2d | Subchorionic hemorrhage for observation 12/3/26

(P.T.O)

Patient Sticker

Family History:	Surgical History:
-	-
Medical History:	**Medication History:**
-	.

Plan of Care:

- Admission
- Bedrest
- Diaper watch for Bleeding PV
- T. DUPHASTON 10mg TID
- T. SUSTEN 200mg BD
- Inj PALACETAMOL 1gm IV stat
- Inform Dr
- To do CBP,
  - Urinal markers
  - TSH
  - HbA1c
  - VITD, B12
  - CUE
  - Urine ds
- To do ~~EFFS~~

Investigations:

BG - O +ve

27/5/26

USG - NT - 2.3mm

13+2d

CRL length - 30.7mm

SCC - 4.4x3.4cm

Doctor Name: Dr Reema

Signature:

Date & Time: 27/5/26 5PM

Consultant Name: Dr Vaeudh

Signature:

Date & Time: 27/5/26 5PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	G2A1 12+3d wks subchorionic hemorrhage (4.4x3.4cm)	
6/5/26	for observation.	
6:00 pm	G.C fair	Adv
	Afebrile	1. Normal diet
	BP=110/70mmHg	2. Drugs as charted
	PR=86bpm	3) w/f BPV
	SpO2=100% @RA	4) (M) vitals 2nd hrly
	P/A=soft	5) Trace reports
		6) Shift to room.
		7) w/f BPV, pain abdomen.
		8) Inj. proluton 500mg IM
		T/M (28/5/26.
		9) Inj. Tranexa 1gm I.V (signature)
		after bleeding
		(signature)
28/5 6am	G2A1 12+4 subchorionic hemorrhage	
	for observation	
	GC fair	Rx:
	Afebrile	1) (R) diet
	PR - 82	2) Drugs as charted
	Bp - 110/70	3) Trace reports
	P/A - soft	4) (M) vitals
		5) Inj - PROLUTON - 500mg Im.
	Minimal bleeding today morning subsided on its own	today.
		6) Dufaston sos.
		(signature)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 10AM	G2 A1 @ 12w +4d ~~c~~ SCH for vomiting c/o headache.	
	O/E	
	PR - 72	Adv
	BP - 90/60 -	Inj PROCHTON
	PA soft	4mg
	UE - minimal spotting +1.	im stat.
		T. CALPOL 1gm stat
		Inj Tramina 1gm i.v stat
		continue from calcium
		supplements.
		T. UPRISE D3 60,000 IU weekly once x 4 weeks
		[signature]

Docu. No. : RCH /FRM / CLINICAL / 088

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5 4pm	No bleeding	Modified D/S admi ~~Compt~~ bed rest.
		Adv
		– inj proluton 250mg IM twice weekly (Sunday – Thursday).
	Adv D/S today	
		– T. TRAMEXA 500mg BD x 2days
		R/A – 2 weeks (wednesday) – Trace EFTS (R) urine C/s
		T. DUPHASTON 10mg 1-1-1
		C. SUSTEN SR 200mg 1–0–1
		T. LIVOGEN XT. 1 — 0 — 0
	HIV, HBsAg, HCV, VDRL } to be done.	2hrs after breakfast T. Shelcal 0–1–0
		Inj VAMOM SF 2DP mensal ē 9lamy melk once daily
	scan for cervical length & CC → 10/6/26	60,000 IU weekly once 4 weeks
	T. U PRISE	~~1/2 Rx~~
	R/w in case of pain abdomen & bleeding P/V	R/w ē EFTS report tomorrows.

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00038428 IP25-00020670
Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
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DRUG CHART

Date of Admission: .... Drug Allergies: .... ☐ 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 ....

FDH-00038428 IP25-00020670
Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
Dr. VASUDHA LAGADAPATI

REGULAR PRESCRIPTIONS Weight. .... Ward. ....

DRUG : T. DUPHASTON				Date/Time	27/5	28/5
Dose	Route	Frequency	Start Date			
10mg	P/o	TID	27/5	6AM	X	Deepika Ankith
Name & Signature of the Doctor Starting the Drugs:				2pm	X	Rada Puja
Additional Instructions:				10pm	Deepika Ankith	
Daily Doctor's Endorsement by a Sign						

DRUG : T. SUSTEN SR				Date/Time	28/5
Dose	Route	Frequency	Start Date		
200mg	P/O	BD	27/5	6AM	Deepika Ankith
Name & Signature of the Doctor Starting the Drugs: Dr Prem					
Additional Instructions:				6pm	
Daily Doctor's Endorsement by a Sign					

DRUG : T. LIVOGEN				Date/Time	28/5
Dose	Route	Frequency	Start Date		
1	P/o	OD	27/5	9AM	Puja Radhamani
Name & Signature of the Doctor Starting the Drugs: Dr Prem					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : T. PHELCAL				Date/Time	28/5
Dose	Route	Frequency	Start Date		
1	P/o	OD	27/5		
Name & Signature of the Doctor Starting the Drugs: Dr Prem					
Additional Instructions:				7pm	
Daily Doctor's Endorsement by a Sign					

FDH-00038428 IP25-00020670
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REGULAR PRESCRIPTIONS

Weight .... Ward ....

Sheet No: ....

DRUG : Syp DUPHALAC

Dose	Route	Frequency	Start Dt.
10ml	p/o	HS	27/5

Name & Signature of the Doctor Starting the Drugs: Dr Aruna

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date: Time:

DRUG : Inj. Tranexa

Dose	Route	Frequency	Start Dt.
1gm	IV	6	27/5

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: after 8 hours x 1 dose (11 pm)

Daily Doctor's Endorsement by a Sign

Date: 27/5 Time: [illegible] deepika

DRUG : CAP. UPRISE 60K

Dose	Route	Frequency	Start Dt.
1 tab	PO	Weekly once	28/5

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: X4 weeks

Daily Doctor's Endorsement by a Sign

Date: 28/5 Time: 3pm [signature]

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:

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

Patient Sticker

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date ▸ Time ▾

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

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

FDH-00038428 IP25-00020670
Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
Dr. VASUDHA LAGADAPATI

Weight. ..... Ward. .....

	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
27/5/26	5:30 pm	Inj. PARACEMOL	1gm	IV		Sadhna / Sr Jaya
28/5/26	11:30 pm	Inj. Zofer	4 mg	IV		Deepika / Ankitha
29/5	11 Am	T. CALPOL	1gm	P/O		Radha Priya
29/5	11 Am	Inj TRANEXA	1gm	iv		Radha Priya
29/5	11:40 Am	Inj DROCTON	40mg	im		Radha Priya
28/5/26	8pm					

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

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... Ward. .....

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

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

FDH-00038428 IP25-00020670
Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
Dr. VASUDHA LAGADAPATI

27/5/26

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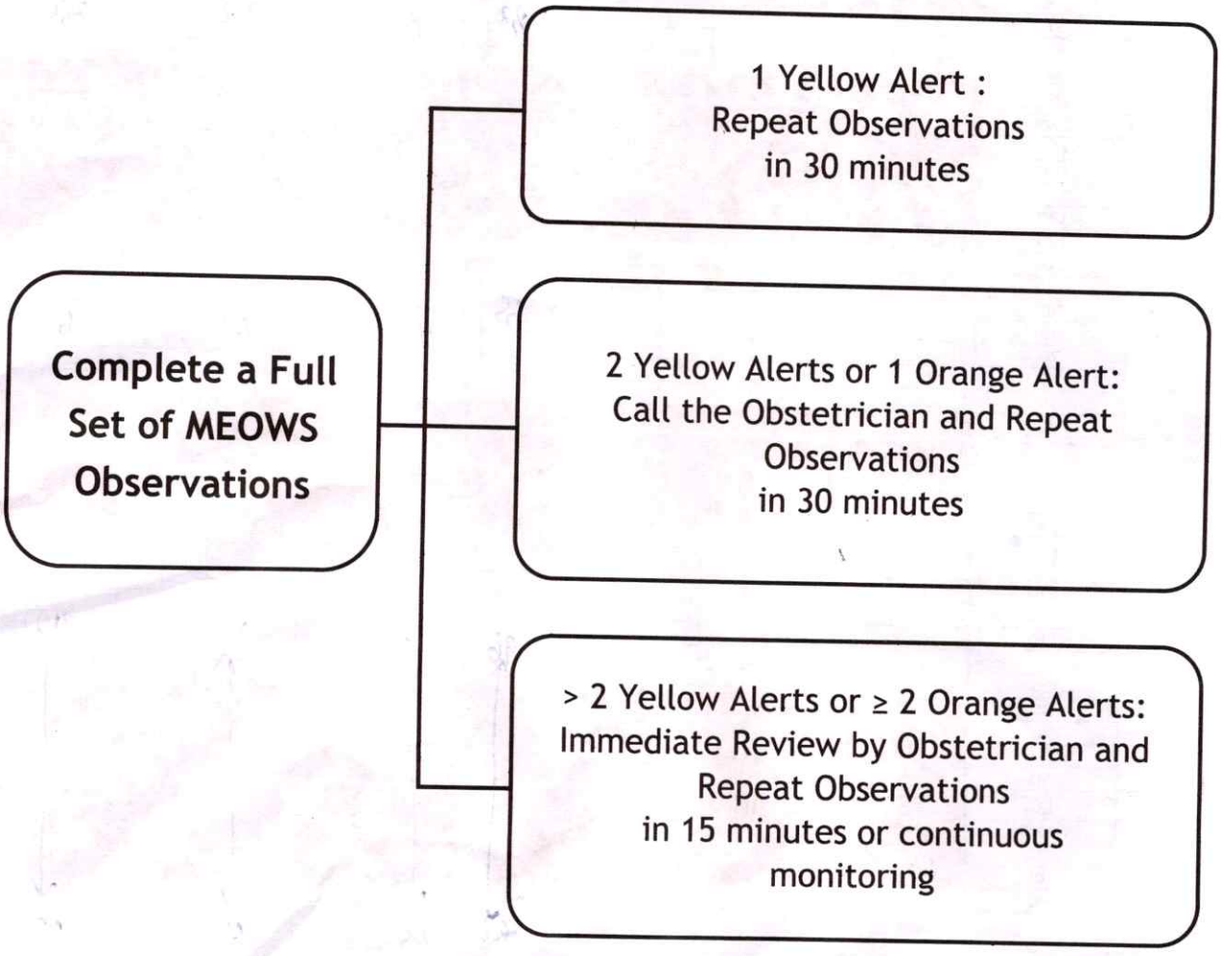
Early Warning Observation Score Chart - Obstetrics

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												22		20				20				20			
	11 - 20																									
	0 - 10												99		100				99				99			
Saturations	94 - 100 %																									
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37												37		36				36				36			
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90												85		73				64				65			
	80																									
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90												96		98				102				110			
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80												62		65				64				65			
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert												A		A				A				A			
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30												–		–				–				–			
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +												–													
Lochia	Normal														–				–				N			
	Heavy / Foul																									
Liquor	Clear / Pink												–		–				–				C			
	Green																									
TOTAL YELLOW SCORES													0		0				0				0			
TOTAL ORANGE SCORES													0		0				0				0			
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

FDH-00038428
Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
IP25-00020670
Dr. VASUDHA LAGADAPATI

28/05/26

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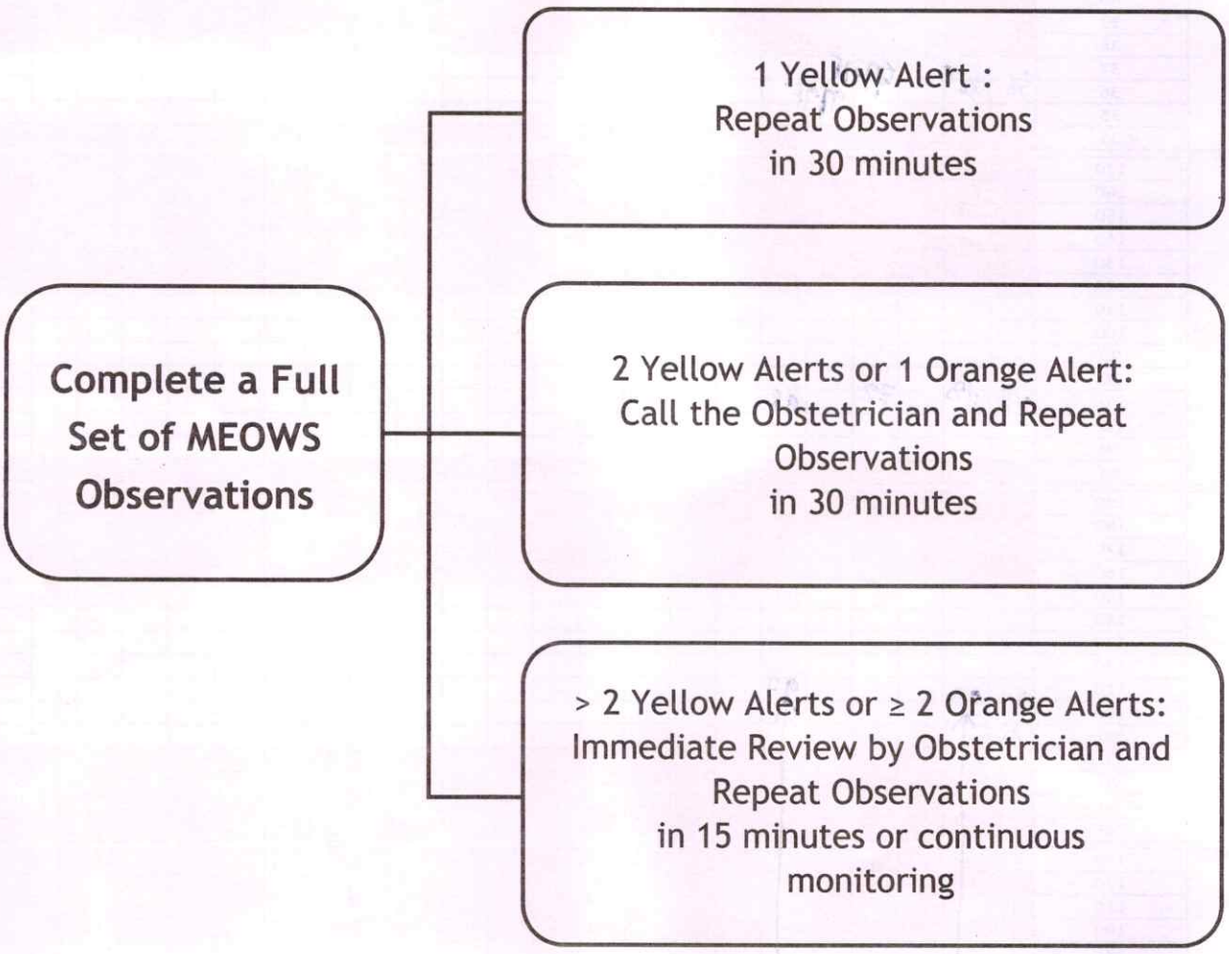
Early Warning Observation Score Chart - Obstetrics

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		20	20		22		20																		
	0 - 10																									
Saturations	94 - 100 %		100	99%		99%		99%																		
	< 94 %																									
Administered O_2 (L/min.)																										
Temp °c	40																									
	39																									
	38																									
	37																									
	36		36	36.4		99.1F		99F																		
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70		69	73		72		68																		
	60																									
	50																									
	40																									
↑ Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		92	93				97																		
	90																									
	80																									
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60		55																							
	50			49				68																		
	40																									
NEURO RESPONSE [✓]	Alert		A			A		A																		
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		>	>		?		>																		
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal		N	N		N		N																		
	Heavy / Foul																									
Liquor	Clear / Pink		C	C		C		C																		
	Green																									
TOTAL YELLOW SCORES			0	0		0		0																		
TOTAL ORANGE SCORES			0	0		0		0																		
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



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

Patient Sticker

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Early Warning Observation Score Chart - Obstetrics

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		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																									
	0 - 10																									
Saturations	94 - 100 %																									
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Administered O_2 (L/min.)																										
Temp°c	40																									
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	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
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	80																									
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↑ Systolic Blood Pressue	190																									
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	170																									
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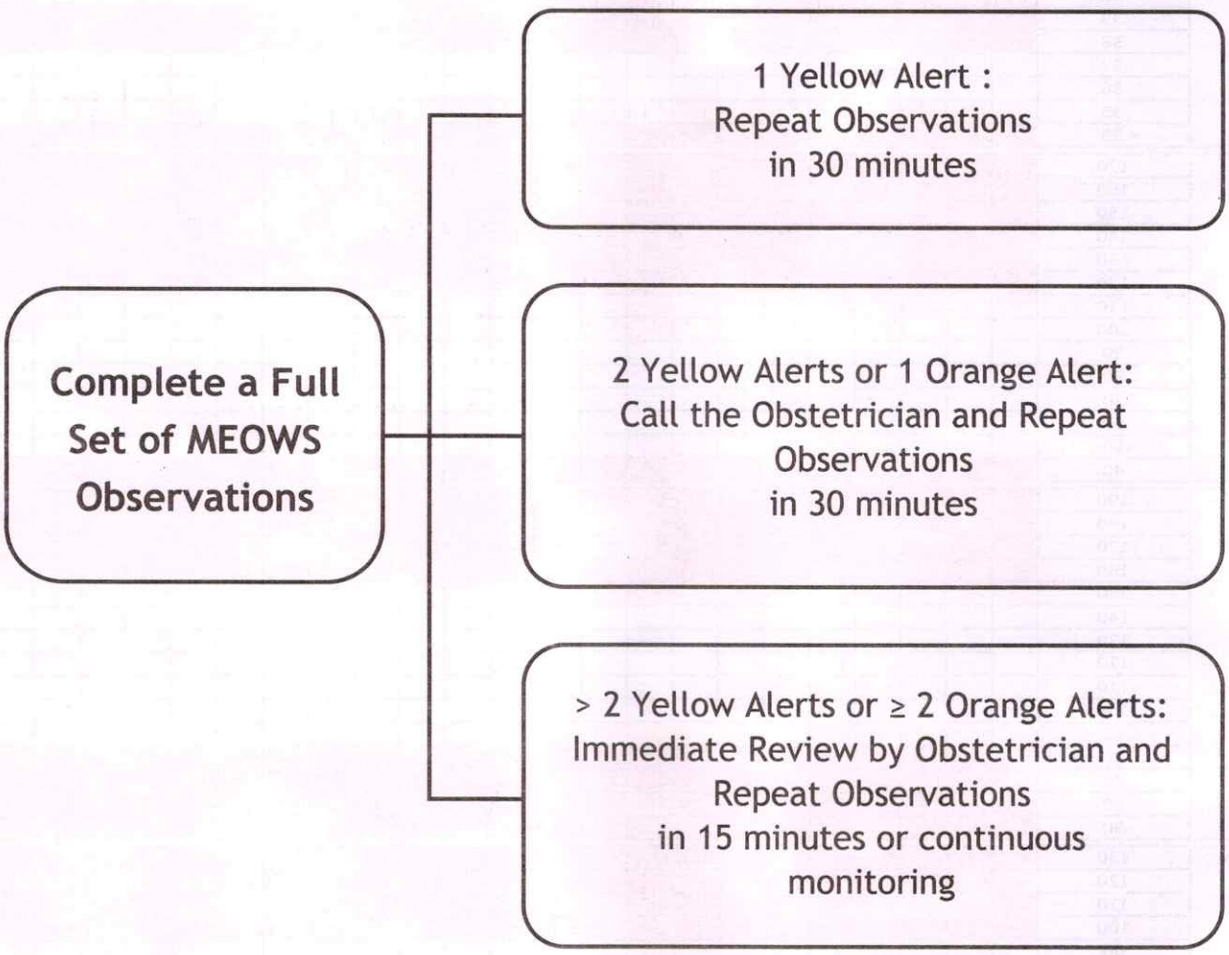
	80																									
	70																									
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE 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)**

FDH-00038428 IP25-00020670
Mrs ANUSHA . 27 Y 5 M 18 D (F)
09-12-1998
Dr. VASUDHA LAGADAPATI

27/5/26

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FLUID CHART

Sheet No. : 01

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm										0	
	05:00 pm											
	06:00 pm		H2O							✓	0	
	07:00 pm		50ml NO									
Total Intake :			H2O 200ml 200ml			**Total Output :** U=1 M=0						
	08:00 pm	RL		100ml	NO	NO	NO	NO	NO	✓	0	
	09:00 pm	RL		100ml							0	
	10:00 pm	RL		100ml							0	
	11:00 pm	RL		100ml						✓	0	
	12:00 am	H2O	200ml								0	
	01:00 am				NO	NO	NO	NO	NO		0	
Total Intake : 600ml						**Total Output :** U=2 M=6						
	02:00 am	H2O	100ml	No	No	NO	NO	No	NO		0	
	03:00 am										0	
	04:00 am											
	05:00 am	H2O	200ml							✓	0	
	06:00 am											
	07:00 am	H2O	200ml	NO	NO	NO	NO	No	NO		0	
Total Intake : 500ml						**Total Output :** U=1 M=0						

Total 24 hrs. Intake	1100ml

Total 24 hrs. Output	U=4 M=0

Docu. No. : RCH /FRM / CLINICAL / 092

FDH-00038428 IP25-00020670
Mrs ANUSHA .
09-12-1998 27 Y 5 M 18 D (F)
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28/05/26.

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FLUID CHART

Sheet No. : .....

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.

Date	Time	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
						0	0	0	0			
	08:00 am			0	0						0	
	09:00 am	H20	100ml							✓	0	
	10:00 am									✓	0	
	11:00 am	H20	200ml							✓	0	
	12:00 pm										0	
	01:00 pm	H20	200ml	0	0	0	0	0	0	✓	0	Pooja
Total Intake : 500ml						**Total Output :** U-5, m-0						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	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	

PATIENT TRANSFER FORM

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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00038428 IP25-00020670 Mrs ANUSHA . 09-12-1998 27 Y 5 M 18 D (F) Dr. VASUDHA LAGADAPATI	27/5/26	27/5/26
	Transfer Ordered by Dr. Ramya	Reason for Transfer Observation
From Unit MIW	To Unit Ward	Information to Attendant Yes ☑ No ☐
Number of Sheets in Clinical File –	Number of Imaging Films Scanned	Personal belongings including clinical documents. If any handed over to attendant Yes ☑ No ☐ If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☐ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Sadhika	DR. Ramya

Patient & Clinical Records Received by : Anuretha 27/05/26 8:52 AM

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