

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020417

Admit Date : 12-May-2026

Admit Time : 08:28 PM UHID : FDH-00028610

Patient Details :

Patient Name : Mrs J NAVYA YADAV

Age : 33 Y 5 M 14 D

Guardian : Mr RAVANA BABU

DOB : 28-11-1992

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : Hyderabad Hyderabad Telangana INDIA
500001

Phone No : 8160371182/ 8160371182

E-mail : 8160371182@GMAIL.COM

Admission Details :

Bed Type : MICU

Bed No : MICU-06

Ward Name : 4F -MICU

Room No : MICU-06

Admission Type : First Visit

Contact Details :

Name : Mr RAVANA BABU

Relationship : Husband

Contact Address : Hyderabad Hyderabad Telangana INDIA
500001

Phone No : 9916270980


Signature

Doctor Details :

Doctor Name : Dr. UDITA MUKHERJEE

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor :

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD



ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00028610 IP25-00020417 -----
 Mrs J NAVYA YADAV
 28-11-1992 33 Y 5 M 14 D (F)
 UHID No : --- Dr. UDITA MUKHERJEE ----- Consultant : ----- Dept : -----
 Date of Admi ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----





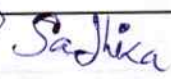
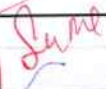
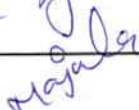
WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/20	9:30 AM	MUO	ward	<i>[Signature]</i>
14/5/20	12:41	ward	Billing	Subhwa

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	
12/5/26	NST - ① ✓	5506 ✓	} 	
12/5/26	NST - ② ✓	5507 ✓		
13/5/26	NST - ③ ✓	5510 ✓		
"	NST - ④ ✓	5511 ✓		
"	NST - ⑤ ✓	5512 ✓		
12/5/26	PT APTT / INR ✓	7056 ✓		
13/5/26	NST - ⑥	5601 ✓	} 	
13/5/26	NST - ⑦	5602 ✓		
13/5/26	NST - ⑧	5603 ✓		
13/5/26	NST - ⑨	5604 ✓		
13/5/26	NST - ⑩	5605 ✓		
13/5/26	NST - ⑪	5606 ✓		
13/5/26	NST - ⑫	5607 ✓		
13/5/26	NST - ⑬	5608 ✓		
13/5/26	NST - ⑭	5609 ✓		
13/5/26	NST - ⑮	5610 ✓		
13/5/26	NST - ⑯	5611 ✓		
13/5/26	NST - ⑰	5641 5641 ✓		
13/5/26	NST - ⑱	5642 5642 ✓		
13/5/26	NST - ⑲	5643 5643 ✓		
13/5/26	NHA	5287 5287		} 
	Cross check Done by 	5522		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
12/5/26	IV placement	(1)	4637	(Signature)
13/5/26	PAC IP	(1)	4944	Sagha
13/5/26	catheterization	(1)	4942	
<p>Cross check done by nurse</p> <p>C. C. by Nurse 12/5/26 11:51 AM</p>				

ANY OTHER INFORMATION

Blood B+ve availability in Ayush

~~ARM done @ 7:50 AM~~

enema given @ 10 pm.

ARM done @ 7:50 AM

patient OP file given to patient Attender

Date: 12/5/26

Time: 8 pm.

Prepared By:

(Signature)

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
(Signature)	MUW		

PATIENT TRANSFER FORM

FDH-00028610 IP25-00020417

Mrs J NAVYA YADAV
28-11-1992 33 Y 5 M 15 D (F)
Dr. UDITA MUKHERJEE



Date & Time of Admission <i>12/15/26 @ 8:25 PM</i>		Date & Time of Transfer Order <i>13/15/26 @ 8:30 PM</i>
Treating Consultant Name	Transfer Ordered by <i>Dr. poojy</i>	Reason for Transfer <i>post op</i>
From Unit <i>MW</i>	To Unit <i>ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>36</i>	Number of Imaging Films <i>1st 19 of file</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>↑</i>	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Dr. Santosh</i>	Name of Person Ordered Transfer <i>Dr. poojy</i>
--	---

Patient & Clinical Records Received by :

Date & Time of Patient Received :

Poojy
13/15/26 @ 9:30 PM

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. 2. 3. 4.

5. 6. 7. 8.

9. 10.

11. 12.

13.

14.

15.

16. 17.

18.

19.

20.

21.

22.



FDH-00028610
 Mrs J NAVYA YADAV IP25-00020417
 28-11-1992 33 Y 5 M 14 D (F)
 Dr. UDITA MUKHERJEE



IP ADMISSION SHEET OR OBSTETRICS

Presenting Complaints

For SOL

Obstetric Formula:

G1 → ♀, NVD, Bwt 3.2kg, A5H

Obstetric History:

G2 → @ 12 weeks, missed miscarriage (M1)
 Sepsis in 2023

G3 → @ 16 weeks MCOA

Present Pregnancy Record: Sepsis in 2024 (MCOA TW3)

G4 - present pregnancy

booked at 5006 days GA

NT = 11+ weeks - normal

RISK FACTORS:

AFPS = risk of preterm

TTPA - 20th week 1 in 90.

hypothyroidism

Height: 156 cm

Weight: 69.7 kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: _____

Icterus: Edema: _____

Temp: 97.8 F PR: 88 bpm

BP: 110/70 mmHg DTR: _____

CVS: RS _____

Liver/Spleen: Urine Output: _____

LMP: 16/6/25

EDD: 23/5/26

Corrected EDD: _____

GA: 38 weeks + 3 days
 38+3 weeks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 35

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

148 bpm

Per Speculum Examination *not done*

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed 1 finger adm Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others _____

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G4P1L1A2 @ 38+3 weeks @ Hypothyroidism for SOL.

Patient Sticker

<p>Family History:</p> <p>Mother } DM, Htno father }</p>	<p>Surgical History:</p> <p>SEPC → 2023 SEPC - 2024</p>
<p>Medical History:</p> <p>Hypothyroidism : 2023</p>	<p>Medication History:</p> <p>T. Thyronorm 37.5mcg (25mcg pre-pregnancy)</p>
<p>Plan of Care:</p> <p>Admit Consent part preparation Secure IV Access Admission NST NST 4th hly w/f pol, contraction, FHR Check blood availability - trace CSP, PT, APTT, INR</p>	<p>Investigations:</p> <p>BGT - B+VE serology - non-reactive #15/26 Hb - 13.9 WBC - 9460 P.C - 1.5 USG CBS SLIUF 36+6 wky cephalic placenta - fundal, anterior, high AF1 = 21.9 AFW = 2812gm 32% A.C = 37% doppler = normal (routine artery)</p>

Doctor Name: Dr. K. Ranysa
 Signature: Ranysa
 Date & Time: 12/5/26 8:30pm

Consultant Name: Dr. U. D. R. A.
 Signature:
 Date & Time: 12/5/26 8:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	No Complaint	
10pm	O/E, pt is c/c/c, afebrile PR - 88bpm BP - 110/70mmHg RR - 14/min SpO ₂ - 100% on RA H/C - S/S ₂ ⊕ BAE ⊕ P/A - ut w/g, Relaxed Cephalic FHR 150bpm ⊕ P/v - C ₆ - long, posterior, unengaged OS - IF PPV _x (-3) M ⊕, pelvis - (A) & (G)	<u>Rx</u> 1) soft diet 2) vitals monitoring 3) Drugs as charted 4) w/f contractions 5) NST 4 th hly monitoring 6) Informers → T-miso 25mg kept P/O e 10pm
13/5/26	c/o pain abdomen	
4am	O/E, pt is c/c/c, afebrile PR - 82bpm BP - 118/71mmHg RR - 14/min SpO ₂ - 99% on RA H/C - S/S ₂ ⊕ BAE ⊕ P/A - ut w/g, Active ⊕ (2-3c/15"/10") Cephalic, FHR ⊕ P/v - C ₆ - long, posterior OS - IF PPV _x (-3) P - (A) & (G)	<u>Rx</u> 1) soft diet till morning 2) vitals monitoring 3) Drugs as charted 4) w/f PDL 5) NST monitoring 6) Informers

FDH-00028610 IP25-00020417
 Mrs J NAVYA YADAV 33 Y 5 M 15 D (F)
 28-11-1992
 Dr. UDITA MUKHERJEE

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
13/5/26 7:15am	<p>c/o pain Abdomen</p> <p>O/E, pt's c/l/c, afebrile</p> <p>PR - 89bpm</p> <p>BP - 110/70mmHg</p> <p>RR - 14/min SpO₂ - 100% on RA</p> <p>H/C - S₂S₂ ⊕ BAE ⊕</p> <p>P/A - utw TG,</p> <p>action ⊕,</p> <p>Cephalic, FHR 150bpm</p> <p>P/V - Cx - long, midposition, uneffaced</p> <p>OS - 2 floose</p> <p>PPVx (-3) ↓ (-2)</p> <p>m ⊕ - ARM done, liq clear</p> <p>P - ⊕ & ⊕</p>	<p><u>As</u></p> <ol style="list-style-type: none"> 1) soft diet now 2) vitals monitoring 3) NST monitoring <u>continuous</u> 4) Drugs as charted 5) shift to Birthing room 6) Inform SOS
13/5/26 10:30AM	<p>c/s/b Dr. Udita</p>	<p><u>Adv</u></p>
NST - decreased beat variability to beat	<p>P/A - utw TG, cephalic, fth ⊕, contractions ⊕</p> <p>P/V - Cx - 80% effaced</p> <p>OS - 3cm dilated</p> <p>- 2 station</p>	<ul style="list-style-type: none"> - Don't titrate synto - left lateral position - Epidural counselling - w/f contractions / pol - continue FHR ⊕ - ⊕ vitals Inform SOS

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BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	↓ epidural	
12/5 11:50am	<p>cts/b or vclote</p> <p>ac fan</p> <p>vitals stable</p> <p>pl - uter</p> <p>cephalic, contracting</p> <p>pus</p> <p>pr ca 4-5cm</p> <p>80% effaced</p> <p>station - 2</p>	<p>Adv</p> <p>- cont Synto (titrate)</p> <p>- w/ contraction/pol</p> <p>- ball exam</p> <p>- continue FHR</p> <p>- @w/ib infus</p>
13/5/20 1:40pm	<p>↓ Epidural ↓ 10L</p> <p>ac fan</p> <p>Afebrile</p> <p>PR - 80bpm</p> <p>BP 108/70mmHg</p> <p>P/A - Uterus contracting</p> <p>cephalic, FHR</p> <p>Pl - C fully effaced</p> <p>Os fully dilated</p> <p>PPV station 0</p>	<p>Adv</p> <p>1) W/R contractions, pol</p> <p>2) Monitor vitals</p> <p>3) NST monitoring</p> <p>4) Dujorm 503</p>

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 28-11-1992 33 Y 5 M 15 D (F)
 Dr. UDITA MUKHERJEE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/20	PND-0	
4:30pm	GC-fair	Adv
	Afebrile	- (N) diet
	PR - 90bpm	- Plenty of oral fluids
	BP - 109/73	- Drugs as charted
	P/A - UAW	- w/ active bpm
	P/v - NAB	- Ambulation / EBF
	pack intact	- perineal care
		- (N) vitals Inform ses
6pm	vaginal pack removed	
	① mucosal tear ②	
	bleeding ③	
	2 hemostatic sutures placed	
	2 vials 4-0	
	↓	
	No active bleeding seen.	
	R	
	(M) vitals / Bp / 20	
	CST	
	inform ses	
	2	
	Mooja	



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/28	OPND	
8pm		R ₀
	lyefair	(N) diet
	Wfeb	oral fluids
Baby	PR - 92bpm	EBF
mls	Bp - 98/56mmHg	(M) vitals / Bp / T ₁₀
	SpO ₂ - 99.1.	Drugs as charted
	p/A - uterus well Rk	Perineal care
	soft	shift to room
	plv - NAB	Infom sos
	U ✓	
	F ✓	
	M ✓	
		Dr. Pragna
14/5/28	I PND	R ₀
7AM		ambulation
	lyefair	(N) diet
	Wfeb	oral fluids
Baby	PR - 74bpm	EBF
mls	Bp - 98/68mmHg	(M) vitals / Bp / T ₁₀
	SpO ₂ - 99.1.	Drugs as charted
	p/A - uterus well Rk	Perineal care
	soft	Infom sos
	plv - NAB	
	U ✓	
	F ✓	
	M ✓	
		Dr. Pragna



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 14/02/20 Time: 9:30

Origin: India Height: 156 Weight: 69.7 BMI: ~26 kg/m²
 ~28 kg/m²
 ~30 kg/m²

Food Allergies: _____

Diagnosis: hypocalcaemia - 30 weeks for DC

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: J. Navya yadav

Name: Navya

Date & Time: 14/02/20 9:30

Dietician's

Signature: [Signature]

Name: Dr. U

Date & Time: 14/02/20 9:30

FDH-00028610 IP25-00020417
 Mrs J NAVYA YADAV
 28-11-1992 33 Y 5 M 14 D (F)
 Dr. UDITA MUKHERJEE



DRUG CHART

Date of Admission: 12/5/26 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 **I** 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 : <u>PARA T-ULTRACET</u>				Date Time															
Dose	Route	Frequency	Start Date																
<u>1 tab</u>	<u>PO</u>	<u>SOS</u>	<u>12/5/26</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			
<u>if severe pain</u>																			

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



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
DRUG :								
Route	Start Date	Dose	Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dose	Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
DRUG :								
Route	Start Date	Dose	Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Name & Signature of the Doctor		Dose	Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Additional Instructions:		Dose	Dose	Dose	Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
12/5/26	10:00pm	TAB. MISOPROSTOL	25mg	PR	[Signature]	[Signatures]
13/5/26	7:40 AM	INJ. CEFOTAXIME	1gm	IV	[Signature]	[Signatures]
13/5/26	0735AM	INJ DROTAVERING	40mg	IV	[Signature]	Sadhika Ankita
13/5/26	10:40AM	INJ VALTHEMATE BROMIDE	8mg	IV	[Signature]	Sadhika Ankita
13/5/26	12:30pm	INJ VALTHEMATE BROMIDE	8mg	IV	[Signature]	Sadhika Ankita
13/5/26	3:48pm	INJ OXYTOCIN	10U	IM	[Signature]	Sadhika Ankita
13/5/26	4:20pm	T. MISOPROSTOL	600µg	PR	[Signature]	Sadhika Ankita
13/5/26	4:20pm	JUSTIN Supp	1tab	PR	[Signature]	Sadhika Jaya
13/5/26	4:15pm	INJ TRANEXAMIC ACID	1gm	IV	[Signature]	Sadhika Jaya

VERIFIED BY: Name: _____ Signature: _____

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
13/5/26	8 Am	10 RL	IV	100 ml/hr	<i>[Signature]</i>	Sadhika Ankita	13/5/26	<i>[Signature]</i>	Sadhika Ankita
13/5/26	9 Am	Inf OXYTOCIN 50 in 10NS	IV	82 ml/hr	<i>[Signature]</i>	Sadhika Ankita	13/5/26	✓	Sadhika Jaya
13/5/26	11:20 Am	10 RL	IV	FF 100 ml/hr	<i>[Signature]</i>	Sadhika Ankita	13/5/26	✓	Sadhika Ankita
13/5/26	1:40 pm	10 RL	IV	100 ml/hr	✓	Sadhika Ankita	13/5/26	✓	Sadhika Jaya

Signature

VERIFIED BY - Name




FDH-00028610 IP25-00020417
 Mrs J NAVYA YADAV
 28-11-1992 33 Y 5 M 15 D (F)
 Dr. UDITA MUKHERJEE



REGULAR PRESCRIPTIONS

Weight Ward

VERIFIED BY : Name Signature

DRUG : BETADINE LOTION				Date Time	13/5	14/5															
Dose	Route	Frequency	Start Dt.																		
	LA	BD	13/5/6																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				10pm Despit Pant																	
Daily Doctor's Endorsement by a Sign																					
DRUG : Syp. PUPHALAC				Date Time	13/5	14/5															
Dose	Route	Frequency	Start Dt.																		
15ml	PO	HS	13/5/6																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				10pm Despit Pant																	
Daily Doctor's Endorsement by a Sign																					
DRUG : T-THYRONORM				Date Time	14/5	15/5															
Dose	Route	Frequency	Start Dt.																		
25mg	PO	OD	14/5/26																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:				6AM Despit Pant																	
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																					

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

VERIFIED BY : Name Signature

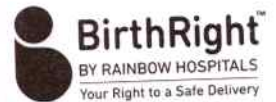
DRUG :				Date Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor Starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign																			

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																			

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Navya Yadav Age: 33yr Sex: F UHID No: FDW-28610
 Date: 13/5/26 Time: 11:40 Am Proposed Operation: Labour Epidural
 Diagnosis: G2P4, L4, A2 E 38^W POG E Hypothyroidism
 B.P / CRT: H.R: Weight: 70kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>13.9</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>N/R</u>	ECG:
WBC:	Creat:	Total Bill:	HCV: <u>N/R</u>	2D Echo:
Plate: <u>1,50,000</u>	Na:	Dir. Bill:	Blood group: <u>B+ve</u>	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl -:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS:
 RESP: K/c/o Hypothyroidism ? Diabetes :
 CNS: 2023
 Renal:
 Hepatic / GE: Physical Activity: Active -
 Others:

Past Anaesthetic History: SEAPL - 2 times ; U/E

Physical Exam:
 Airway: MP 1 2 3 4 Mouth Opening: >3F Mentohyoid Distance: (N) Neck: (N) Teeth: intact
 Lungs:
 Heart: N/R
 CNS:
 Pregnant: Yes No NA Venous Access Site: (L) UL Spine Exam for regional: (N)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>Thyronorm</u>	<u>37.5 mcg</u>

- Pre-Operative Instructions:**
- DVT Prophylaxis :
 - NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

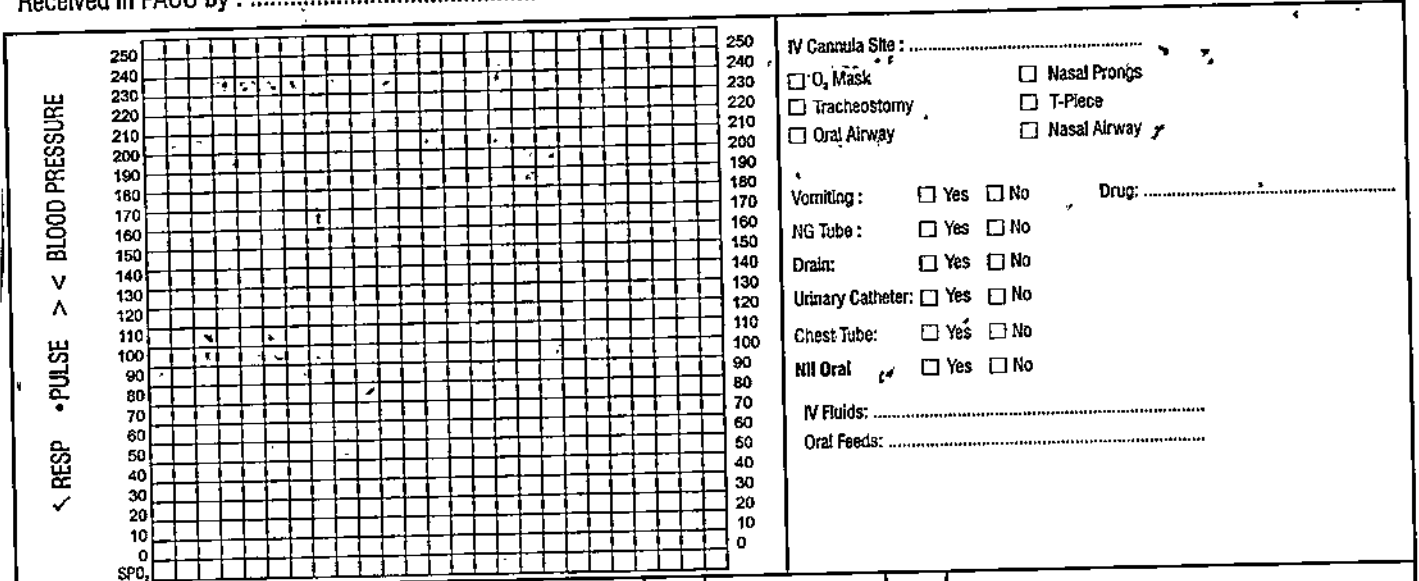
Signature: Ady Name: Dr. AISHWARYA
 Docu. No. : RCH / FRM / CLINICAL / 044

Patient Sticker



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :



IV Cannula Site :

O₂ Mask Nasal Prongs

Tracheostomy T-Piece

Oral Airway Nasal Airway ✓

Vomiting : Yes No Drug:

NG Tube : Yes No

Drain: Yes No

Urinary Catheter: Yes No

Chest Tube: Yes No

Nil Oral ✓ Yes No

IV Fluids:

Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY					A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION					
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION					
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Reassessment Frequency:

1. Every eight hours for all hospitalized patients.
2. For post surgical patient, patient with chronic pain, patient with severe pain
 - a. Every 2 hours for first 24 hours
 - b. After 24 hours every 4 hours
 - c. Prior to pain relieving intervention
 - d. Within 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU):

Date & Time:

