

DISCHARGE SUMMARY

| | | | |
|------------------------|---|-----------------------|----------------------|
| Name | Mrs BHAWNA GOMBER | UHID | FDH-00037949 |
| Father/Guardian | Mr varun sharma | Age/Gender | 39 Y 7 M 7 D/ Female |
| Address | University of Hyderabad, Hyderabad, Hyderabad, Telangana, INDIA, 500001 | | |
| IP No | IP25-00020460 | Admission Date | 15-05-2026 |
| Ref Doctor | Self | | |
| Discharge Date | 17.05.2026 | | |

Consultant:

Dr. Himabindu Annamraju

MBBS, MRCOG (UK), CCT (UK)

Consultant-Obstetrician, Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

Reg. No : 51697

Diagnosis: G2P1L1 WITH 38+5WEEKS

1. PREVIOUS SVD

2. PUNJAB HBD

3. UNILATERAL FETAL PELVIECTASIS

4. IN EARLY LABOUR.

SPONTANEOUS VAGINAL DELIVERY DONE, DELIVERED A LIVE MALE BABY AT 09:51 AM, WEIGHT 3.044 KGS ON 16.05.2026.

History:

LMP: 22.08.2025

Obstetric formula : G2P1L1

EDD: 24.05.2026

Gestation at admission: 38+5weeks

Obstetric History:

G1- 2018 / SVD / Male / B. Weight 3.2kg / A&H.

G2 - Present pregnancy Spontaneous conception.



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|-------|-------------------|----------------|-------------|
| Name | Mrs BHAWNA GOMBER | UHID | UH-00037949 |
| IP No | IP25-00020460 | Admission Date | 15-05-2026 |

Medical History : K/c/o Punjab HbD (diagnosed during 1st pregnancy)

Family History : Nil
Surgical History: Nil
Allergies : Nil

Antenatal Details:

Mrs BHAWNA GOMBER was booked to Rainbow hospital at 10+3weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan done at 13+2weeks-normal, EFTS- low risk. TIFFA done at 20+2weeks- normal. USG done at 35+5weeks showed unilateral (left) fetal pelviectasis. USG done on 07.05.2026 showed SLIUF at 37+4weeks, cephalic, placenta-posterior and high, AFI-16.5cm, Efw-2710g(15%),AC(10%) with normal fetal dopplers. She was admitted at 38+5 weeks in early labour.

Investigations: Enclosed
Blood grouping & Typing - "B" Rh positive.

Management:

Course in hospital and Delivery Details: At admission on clinical examination the vitals were stable, uterus was mild acting, cervix was long and 2 finger dilated. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for vaginal birth. Spontaneous rupture of membranes occurred 4:30am at 2 cms dilatation revealing clear liquor. As per hospital protocol she was started on IV. Taxim in view of ruptured membranes. Partographic monitoring of labour was done. Patient opted for epidural analgesia at 3cm dilatation for pain relief. The same was sited by an anesthetist after informed consent. At 8:10am grade-1 meconium stained liquor noted and fetal heart rate monitoring done with serial NST. She progressed to full dilatation at 9:25 am. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to



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bear down.

Baby was delivered by spontaneous vaginal delivery, Cord clamped and cut and baby handed over to pediatrician. Cord blood collected for blood grouping and Rh typing. Placenta and membranes delivered completely with controlled cord traction. Prophylactic syntocinon given. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

* **Grade 2 MSL**

* **2x0.5cm left paraurethral tear, 1x0.5cm midline first degree perineal tear noted, sutured with 2-0 rapid vicryl.**

Delivery Details:

Date : 16.05.2026
Time of Delivery: 09:51 AM
Type of Labour : Spontaneous
Type of Delivery: Spontaneous vaginal delivery
Analgesia : Epidural

Baby Details:

Date : 16.05.2026
Time : 09:51 AM
Sex : Male
Weight : 3.044kg
Apgar : 8/10,9/10
Gestational Age: 38+5weeks
NICU Admission: No

Post-Partum Notes: She was closely monitored for post partum hemorrhage. Breast feeding initiated. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. Dietary advice given. Her postpartum period following that was uneventful. On first



| | | | |
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postpartum day perineal wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

Advice:

1. Tab. Taxim - O 200mg (Cefixime 200mg) twice daily till 22.05.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 22.05.2026 (8am-2pm-10pm) after food.
3. Tab. Pantodac (Pantoprazole - 40mg) 1 tablet twice daily till 22.05.2026 (7am-7pm) before food.
4. Tab. Voveran 50 mg (Diclofenac 50mg) thrice daily till 22.05.2026 (9am-3pm-11pm) after food.
5. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
6. Tab. Shelcal (Elemental Calcium 500 mg, vitamin D3 250 IU) once daily (2pm) till breast feeding after food.
7. Betadine ointment for local application.
8. Syp. Duphalac 15 ml (Lactulose 3.33gm/5ml) at bed time for one week.

Care of the episiotomy (refer to chapter 2 Page no.5 -6 in the postpartum book).

We urge all of you to read the postpartum book thoroughly. It contains useful advice and will clear most of your doubts.

Review with Dr. Vinodha Vunnam (Lactation Consultation) after one week on 23.05.2026 with prior appointment.

Review with Dr. HIMABINDU ANNAMRAJU, after one week on 23.05.2026 at postnatal clinic with prior appointment.



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The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.

Patient/ Attender

In case of emergency like bleeding, fever [please refer to postpartum book for further details - Chapter II page 6] kindly contact 8121039515 at Rainbow Nanakramguda or just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website www.rainbowhospitals.in

Registrar/Resident/C.M.O

Consultant:

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Specialist in High-Risk Pregnancy

Reg. No : 51697

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020460 Admit Date : 15-May-2026 Admit Time : 01:07 PM UHID : FDH-00037949

Patient Details :

Patient Name : Mrs BHAWNA GOMBER Age : 39 Y 7 M 6 D
Guardian : Mr varun sharma DOB : 09-10-1986
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : University of Hyderabad Hyderabad Phone No : 9873416985/ 9873416985
Hyderabad Telangana INDIA 500001 E-mail : bhawna.gomber@gmail.com

Admission Details :

Bed Type : MICU Bed No : LDR-02 Ward Name : 4F -LDR
Room No : LDR-02 Admission Type : First Visit

Contact Details :

Name : Mr varun sharma Relationship : Husband
Contact Address : Phone No : / 9873068707

Varun
15/5/26
Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU ANNAMRAJU Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00037949 IP25-00020460 -----
 Mrs BHAUNA GOMBER
 UHID No : ----- 09-10-1986 39 Y 7 M 6 D (F) ----- Consultant : ----- Dept : -----
 Dr. HIMABINDU ANNAMRAJU
 Date of Admissi 15/5/26 Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : 107pm Suggested Billable bed type : -----

WARD TRANSFERS

| Date | Time | From* | To | Signature of Nurse |
|----------|-----------|-------|----------|--------------------|
| 16/5/26 | @ 2:10 pm | mieu | 328 ward | Anita |
| 17/05/26 | 9.21 am | ward | Billing | Jens |
| | | | | |
| | | | | |
| | | | | |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|-----|--------------|------|-----------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
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| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

INVESTIGATIONS

| Date | Investigations | Order No. | Sign |
|----------|----------------------------|-----------------------------|----------|
| 15/5/26. | NST - ① | ✓ 5814 ✓ | } mainly |
| 15/5/26 | NST - ② | ✓ 5815 ✓ | |
| 15/5/26 | NST - ③ | ✓ 5816 ✓ | |
| 15/5/26 | NST - ④ | ✓ 5817 ✓ | |
| 15/5/26 | NST - ⑤ | ✓ 5823 ✓ | } @un |
| 15/5/26 | NST - ⑥ | ✓ 5824 ✓ | |
| 15/5/26 | NST - ⑦ | ✓ 5825 ✓ | |
| 16/5/26 | NST - ⑧ | ✓ 5826 ✓ | |
| 16/5/26 | GRBS - 104 mg/dl - 6:25 AM | ✓ 7415 ✓ | } Ankle |
| | NST - 9 | ✓ 5837 ✓ | |
| 16/5/26 | NST 10 | ✓ 5841 ✓ | |
| 16/5/26 | NST 11 | ✓ 5842 ✓ | |
| | NST 12 | ✓ 5843 ✓ | |
| | NST 13 | ✓ 5844 ✓ | |
| 16/5/26 | NST 14 | ✓ 5845 ✓ | |
| 16/5/26 | NHA | ✓ 7623 ✓ | } Lewis |
| | | Cross checked by | |
| | | Ankle | |
| | | 16/5/26 @ 11AM | |
| | | cue by | |
| | | Jump | |
| | | 16/5/26 | |
| | | 08:20am | |

PROCEEDURE

| Date | Proceeedure | Quantity | Order No. | Signature |
|---------|------------------|----------|-----------|-----------|
| 15/5/25 | Iv cannulization | 01 | 5965 | Amita |
| 16/5/26 | Catheterization | 1 | 6021 | Amita |
| | PAC IP | 1 | 6034 | Amita |
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cross checked by
 Amita
 16/5/26
 @ 10:50 AM
 C. C by Amita
 17/05/26
 @ 12:00 PM

ANY OTHER INFORMATION

* enema given at 5:30 AM
 * ARM done 8 AM

op file is handover to attendent

Checked

Date: 15/5/25

Time: @ 1:10 am

Prepared By: Nadhira

| | | | |
|------------------------|----------------------|-------------------|--------------------|
| Staff Nurse Nadhira | Shift / Ward MICU | Billing Assistant | Billing Supervisor |
|------------------------|----------------------|-------------------|--------------------|



NURSING SHIFT HAND OVER FORM

| | | | | | | | | |
|--|--|--|-----------|-----------|-----------|-----------|--|--|
| SITUATION | | Diagnosis: <i>G2 P2, E Dec. NVD @ 38⁺ weeks of pregnancy</i> <i>HBP in early labour.</i> | | | | | Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: | |
| BACKGROUND | | Surgery / Procedure: | | | | | Post OP Day: | |
| BACKGROUND | Date | 15/5/26 | 15/5/26 | 16/5/26 | 16/5/26 | 16/5/26 | | |
| | Shift | MFE | N | M | E | N | | |
| ASSESSMENT | Medical Condition (Any special condition to be noted): | | IOC | TOL | NVD | NVD | | |
| | Diet: | SD | NID | NID | NID | NID | | |
| | Allergy: | | | | | | | |
| | Ventilation (RA, NP, NIV, VENTI): | | | | | | | |
| | Tubes/Drains/Catheter: | | | | | | | |
| | Vital Signs: | Temp: | 37°C | 98.6°F | 36.5°C | 36.1°C | 36.2°C | |
| | | Res: | 22 | 20 | 21 | 22 | 20 | |
| | | SpO ₂ : | 100% | 100 | 99 | 100 | 100 | |
| | | Pulse: | 68 | 89 | 78 | 85 | 80 | |
| | | BP: | 108/52 | 110/86 | 121/78 | 119/81 | 113/85 | |
| LOC: | | conscious | conscious | conscious | conscious | conscious | | |
| Fall Risk Score: | | 0/10 | 0/10 | 0/10 | 0/10 | 1/10 | | |
| Pain Score: | | 0/10 | 0/10 | 0/10 | 0/10 | 0/10 | | |
| | Skin Integrity | Good | Good | Good | Good | Good | | |
| Recommendations | Safety Needs: | | | | | NA | | |
| | Physiotherapy: | | | | | | | |
| | Others Specify: | | | | | | | |
| | Special Diet: | SB | NID | NID | NID | NID | | |
| | Critical Lab Test / Values: | | | | | | | |
| | Other Special Orders / Medications: | | | | | | | |
| PU Prophylaxis: | | | | | | | | |
| DVT Prophylaxis: | | | | | | | | |
| ADL (Dependent / Non Dependent): | | Dependent | Dependent | Dependent | Dependent | Dependent | | |
| Post Operative Procedure Special Orders: | | | | | | | | |
| Handed Over By Name : | | Suthashini Bhagya Anitha Juna Subora | | | | | | |
| Signature / ID : | | Suthashini MBL Anitha Juna Subora | | | | | | |
| Date: | | 15/5/26 16/5/26 16/5/26 16/5/26 17/5/26 | | | | | | |
| Time: | | @ 8pm @ 8am @ 2pm @ 8am @ 8am | | | | | | |
| Taken Over By Name : | | Bhagya Anitha Juna Subora | | | | | | |
| Signature / ID : | | MBL Anitha Juna Subora | | | | | | |
| Date: | | 15/5/26 16/5/26 16/5/26 16/5/26 | | | | | | |
| Time: | | @ 8pm 8am @ 2pm 8pm | | | | | | |

Patient Sticker



NURSING SHIFT HAND OVER FORM

| SITUATION | Diagnosis: | | Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: Post OP Day: | | | | | | |
|--|--|--|---|--|--|--|--|--|--|
| BACKGROUND | Surgery / Procedure: | | | | | | | | |
| ASSESSMENT | Date | Shift | | | | | | | |
| | Medical Condition (Any special condition to be noted): | | | | | | | | |
| RECOMMENDATIONS | Diet: | | | | | | | | |
| | Allergy: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Ventilation (RA, NP, NIV, VENTI): | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Tubes/Drains/Catheter: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Vital Signs: | | | | | | | | |
| | Temp: | | | | | | | | |
| | Res: | | | | | | | | |
| | SpO ₂ : | | | | | | | | |
| | Pulse: | | | | | | | | |
| | BP: | | | | | | | | |
| LOC: | | | | | | | | | |
| Fall Risk Score: | | | | | | | | | |
| Pain Score: | | | | | | | | | |
| Skin Integrity | | | | | | | | | |
| Safety Needs: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Physiotherapy: | | | | | | | | | |
| Others Specify: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Special Diet: | | | | | | | | | |
| Critical Lab Test / Values: | | | | | | | | | |
| Other Special Orders / Medications: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| PU Prophylaxis: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| DVT Prophylaxis: | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> 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: | | | | | | | | | |



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OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 15/5/26 @ 1:07pm

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: clo spotting. Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. vidhya Time Notified: 1:00pm

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

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|----------------------|-----------------------|-----------------------------|
| - | nil | yes |

| | | |
|--|--|--|
| <p>Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable</p> <p>Menstrual History:</p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: 22/8/25</p> | <p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Others: IUC</p> | <p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary</p> |
|--|--|--|

Obstetric History: G P L A

Previous LSCS:

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: 97.6 HR: 82 RR: 20
 BP: 104/68 Weight: 81.9 kgs Height: 156 BMI: -

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0/10 (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 Bhawana
Name of Person Orientation was given to: Bhawana
Orientation not given Reason:

Nurse Signature: [Signature]
Nurse Name: Subhasha
Date & Time: 15/5/2020 1:29pm



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

came in do bleeding PV

LMP: 22/8/15

EDD:

Corrected EDD: 24/5/16

GA: -3 weeks 5 days

Obstetric Formula:

G2P14

Menstrual History: Regular: Yes No

Obstetric History:

M1-2015, NVD, 3-2y, A6H

Obstetric Examination

Fundal Height: 47cm

booked at 10+3

Present Pregnancy Record:

NT scan @ 13 week + 2 days, AFPs - 0.056 - pelvis @ 30 weeks 6 days - Coletch - 4.5cm, @ 30 wks - 34x28mm (single ceph)
TTPA - @ 20 weeks 2 days
serial growth scans @

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others

Head Fifths Palpable: _____

RISK FACTORS:

23+5 weeks - v/f fetal pelvis ukans

FHS: Normal Tachy Brady Absent

Pregnant 46 D

Per Speculum Examination

Draining: Present Absent Bleeding
Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 2F

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 157 cm

Weight: 81.9 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 84 bpm

BP: 110/80 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

G2P14 in previous NVD @ 35 weeks 5 days in early labour

Family History:

Mother DM

Surgical History:

Nil

Medical History:

None - No D Punjab (1st pregnancy).

Medication History:

Nil

Plan of Care:

- Administer
- some IV canule
- consents
- CXR
- Wt SpO₂ / contractions
- part perparation
- @ lab
- Eupms
- NST 4th hly.

Investigations:

BCT - 6 hr

Serology - NR

CSP - 16-11.9
 WAC - 9300
 PLT - 15,5000.

+15 USG

SIUFA @ 37 + 4 wmed
 cephalic

Placenta post. hyl
 DFS - @ 16.5cm

wt - 2710g (157)

AC - 10.1.

Doppler @

U/L fetal pelvirectasis

Doctor Name: Dr. Indira Reddy

Signature: 

Date & Time: 15/5/26, 1pm

Consultant Name: Dr. Himabindu

Signature:

Date & Time: 15/5/26, 1pm



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PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--------------------|---|---|
| 15/3/26 6:00pm | G2P1L1 prev NVD 3 Books + 5 days GA penjab HB-D in Early labour. | |
| | OLE pt click a.c fair Afebrile | <p><u>Adv</u></p> <ol style="list-style-type: none"> 1. NST 4th haly 2. w/f spor / contractions, |
| | Bp = 100/70 mmHg PR = 86 bpm SpO2 = 100% @ RA PIA = 100 | <ol style="list-style-type: none"> 3. (M) vitals on four S/S |
| | TA, FHR (+) mild contractions | |
| | pt vs keto | |
| 15/3/26 12:00pm | G2P1L1 prev NVD with 3 Books + 5 days GA penjab HB-D in Early labour. | |
| | OLE pt click G.C fair Afebrile | <p><u>Adv</u></p> <ol style="list-style-type: none"> 1. NST 4th haly 2. w/f spor / contractions, |
| | Bp = 110/80 mmHg PR = 88 bpm SpO2 = 100% @ RA | <ol style="list-style-type: none"> 3. (M) vitals on four S/S |
| NST reactive | PIA = 100 / contractions FHR (+) | |

Ramya

Ramya



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|---------------------------|--|---|
| <u>15/3/26</u> | <p>4:30 AM had spontaneous rupture of membranes.</p> <p>o/s pt clear a-c fair Afebrile Bp = 110/70 mmHg PR = 88 bpm SpO₂ = 100% @ RA P/A = ut = TC FHR = 130/10" p/v = Cx = long OS = 2 floose ppv status high up liquor clear.</p> <p><u>spontaneous</u> <u>AM</u></p> | <p><u>Adv</u></p> <ol style="list-style-type: none"> 1. NST 4th hourly 2. w/f contractions, FHR, SpO₂ 3. (M) vitals orders |
| <u>15/3/26</u> 6:30 AM | <p>↓ epidural, 1st Dose</p> <p>Cx fair Afebrile Bp = 110/70 mmHg PR = 88 bpm SpO₂ = 100% @ RA P/A = ut = TC contractions (+) FHR (+) 148 bpm p/v = Cx well effaced</p> | <p><u>Adv</u></p> <ol style="list-style-type: none"> 1. NST continuous monitoring 2. w/f contractions, FHR, SpO₂ 3. (M) vitals orders |

FDH-00037949 IP25-00020460

Mrs BHAWNA GOMBER
09-10-1986 39 Y 7 M 7 D (F)
Dr. HIMABINDU ANNAMRAJU



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|------------------------------------|--------------------------|
| 14/3/26 | P/A = UT = TG, ATR ⊕, Contracting. | |
| 8:10 AM | P/V = Cx = 80% effaced | |
| | OS = 6cm dilated | |
| | ppv station - 3 | |
| | grad I MSL | |
| | - Continue NST monitoring | Pain |
| | - (M) vitals within SOS. | |
| | | |
| 16/5/26 | | Adv |
| 10:15 AM | O - PND | |
| | G/C - fair | 1) Normal diet |
| | Afebrile | 2) Plenty of oral fluids |
| | PR - 86 bpm | 3) Drugs as charted |
| Baby - m/s | BP - 116/74 mmHg | 4) w/F BPV |
| | SpO ₂ - 98% on RA. | 5) Monitor vitals |
| | P/A - UT ⊕ well | 6) Inform SOS |
| | P/V - NAB | 7) EBF / Perineal care |
| | | [Signature] |
| | | |
| | | |
| | | |
| | | |



②

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|--|--|--|
| 16/5/26 1 pm | O-PND Gc fair Afebrile PR - 80 bpm BP - 122/70 mmHg SpO ₂ - 98% on RA P/A - Ut(R) well P/V - NAB | Adv 1) Normal diet 2) Plenty of oral fluids 3) Drugs as charted 4) w/f Bpr 5) Monitor vitals 6) EBP 7) Perineal care. |
| Baby - m/s urine - passed. shift to room | | Hand |
| 16/5 7 pm | PND - 0 Gc fair afebrile BP - 110/70 mmHg PR - 80 bpm SpO ₂ - 99% on RA P/A - well P/V - NAB | Adv - Diet - plenty of oral fluids - drugs as charted - w/f Bpr - ambulatory Bpr - diet - uprsg |
| Baby m/s | | ndy |



(3)

PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time | Progress Notes | Doctor's Order |
|-------------|------------------------------|------------------------------------|
| | | |
| 17/05/26 | PND - 1 of NVD | |
| 6:45 AM | PT stable | |
| | PR - 80/m | |
| | BP - 110/70 mmHg | |
| | SpO ₂ - 98% on RA | |
| | PIA - soft | |
| | wt wclwr | |
| | NO (+) BAV | |
| | Baby & mother | |
| ML | | Rx |
| | | - Reg diet |
| | | - Ambulation |
| | | - Plenty of liquid |
| | | - follow drug chart |
| | | - LBF |
| | | - Perineal care |
| | | - Plan ^{discharge} as per |
| | | Package. |
| | | D. May 26 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



DRUG CHART

Date of Admission: 25/5/24 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 : | | | | 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: | | | | | | | | | | | | | | | | | | | |


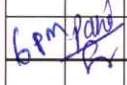


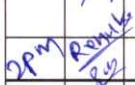


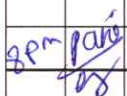
Signature
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight 87.9 kg Ward M1W

VERIFIED

| | | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|------------|---|---------------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. CEFEXIME | | | | Date Time | 16/05 11/5 | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | 6 AM | X | 6 AM | | | | | | | | | | | | | | | |
| 200mg | PO | BD | 16/5/26 | | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | |   | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | | | | | | | | | | | | | |
| DRUG : T. PANTOPRAZOLE | | | | Date Time | 17/05 | | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | 6 AM | | | | | | | | | | | | | | | | | |
| 40mg | PO | OD | 16/5/26 | | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | |  | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | | | | | | | | | | | | | |
| DRUG : T. PARACETAMOL | | | | Date Time | 16/05 | 11/5 | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | 6 AM | X | 2 PM | | | | | | | | | | | | | | | |
| 1 gm | PO | TID | 16/5/26 | | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | |    | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | | | | | | | | | | | | | |
| DRUG : T. DICLOFENAC | | | | Date Time | 16/05 | 11/5 | | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Date | 8 AM | X | 8 PM | | | | | | | | | | | | | | | |
| 50mg | PO | BD | 16/5/26 | | | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor Starting the Drugs: | | | |   | | | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | | | | | | | | | | | | | | | | | |



REGULAR PRESCRIPTIONS

Weight 81.9 kgs Ward mlew

Sheet No: (01)

| | | | | | |
|---|-----------|------------|----------------|--------------|--------------|
| DRUG : <u>Syp. DIPHALAC</u> | | | | Date | <u>16/05</u> |
| | | | | Time | <u>10 PM</u> |
| Dose | Route | Frequency | Start Dt. | | |
| <u>15ml</u> | <u>PO</u> | <u>HS</u> | <u>16/5/05</u> | <u>10 PM</u> | |
| Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>BETADINE OINT</u> | | | | Date | <u>16/05</u> |
| | | | | Time | <u>17/5</u> |
| Dose | Route | Frequency | Start Dt. | | |
| | <u>UA</u> | <u>BD</u> | <u>16/5/05</u> | <u>10 AM</u> | |
| Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>BETADINE LOTION</u> | | | | Date | <u>16/05</u> |
| | | | | Time | |
| Dose | Route | Frequency | Start Dt. | | |
| | <u>UA</u> | <u>BD</u> | <u>16/5/05</u> | <u>10 AM</u> | |
| Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> | | | | | |
| Additional Instructions: | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |
| DRUG : <u>By METRONIDAZOLE</u> | | | | Date | <u>16/5</u> |
| | | | | Time | <u>17/05</u> |
| Dose | Route | Frequency | Start Dt. | | |
| <u>500mg</u> | <u>IV</u> | <u>TID</u> | <u>16/5/05</u> | <u>11 AM</u> | |
| Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> | | | | | |
| Additional Instructions: <u>2 doses</u> | | | | | |
| Daily Doctor's Endorsement by a Sign | | | | | |

VERIFIED BY: Name Signature

VERIFIED VERIFIED VERIFIED

STOP
 (B)

Mrs BHAWNA GOMBER
09-10-1986 39 Y 7 M 6 D (F)
Dr. HIMABINDU ANNAMRAJU



Sheet No: 52

REGULAR PRESCRIPTIONS

Weight 21.9 kgs Ward m1w

| | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | |

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|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | |

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|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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 | | | | | | | | | | | | | | | | | | | | |

VERIFIED BY : Name Signature

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

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

STAT / ONCE ONLY DRUGS

| Date | Time | Medication | Dosage & Other Instructions | Route | Signature | Nurses |
|---------|----------|-------------------|-----------------------------|-------|-------------|----------------|
| 16/5/26 | 6:00 AM | inj. cefotaxime | 1gm | IV | [Signature] | Bhagya |
| 16/5/26 | 6 AM | inj. pantoprazole | 40mg | IV | [Signature] | Bhagya |
| 16/5/26 | 3 AM | inj. paracetamol | 1gm | IV | [Signature] | Bhagya |
| 16/5 | 9:51 AM | inj OXYTOCIN | 10U | IM | [Signature] | Anita Subhaini |
| 16/5 | 10:01 AM | supp DICLOFENAC | 100mg | P/R | [Signature] | Anita Subhaini |
| 16/5 | 10:01 AM | OF MISOPROSTOL | 600mcg | P/R | [Signature] | Anita Subhaini |
| | | | | | | |
| | | | | | | |
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VERIFIED BY : Name Signature

I.V. FLUIDS CHART

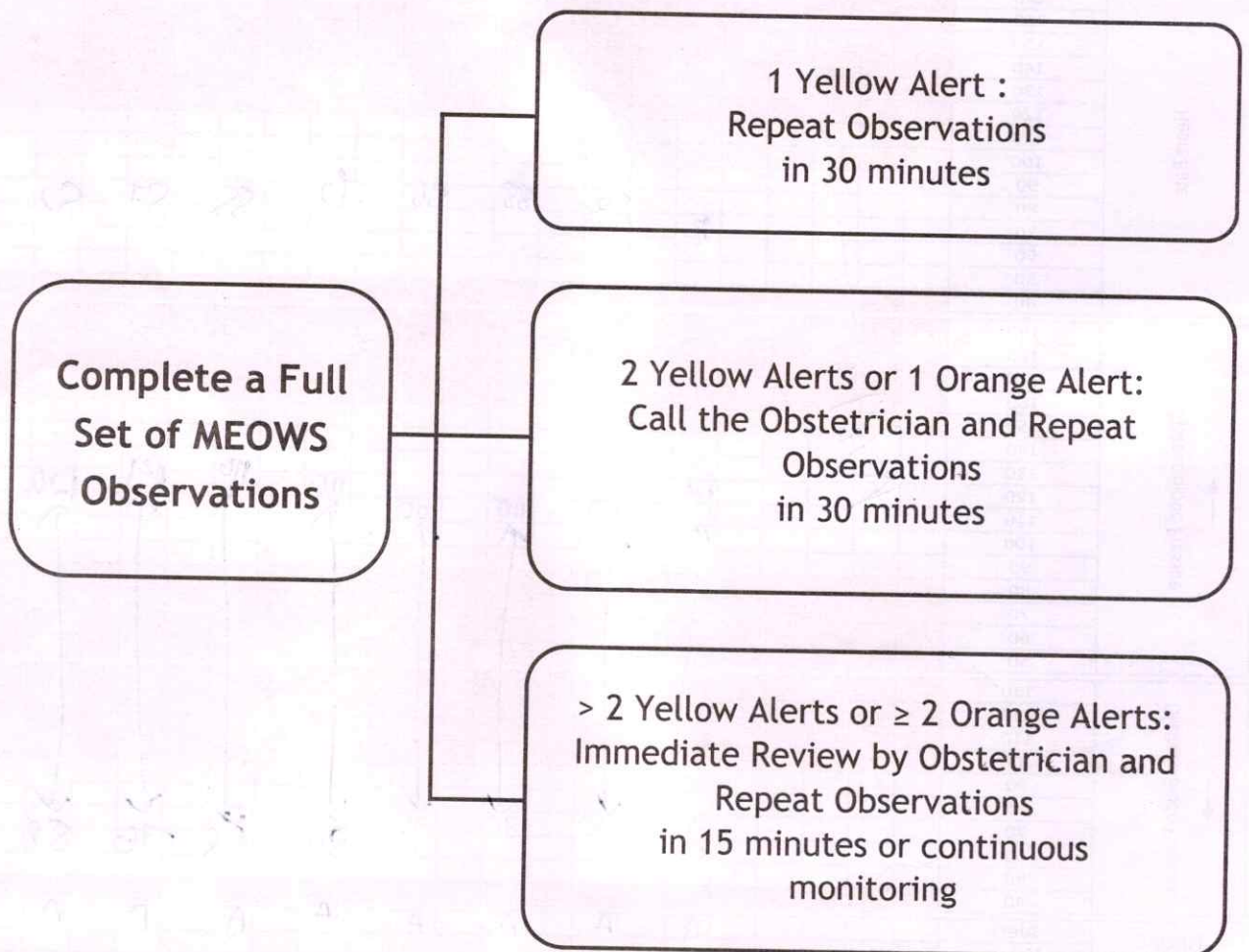
Weight. 81.9 kg Ward. MW

| 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 |
|---------|---------|---|-------|--------------------|--------------------|--|---------------------|--------------------|--|
| 15/5/26 | 1:15 pm | RL | IV | FF | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> | 15/5/26 | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> |
| 16/5 | 7 AM | 10 RL | IV | FF | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> | 16/5/26 | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> |
| 16/5 | 9 AM | Inj OXYTOCIN 100 ml 10 RL | IV | 125 ml/hr | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> | 16/5/26 | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> |
| 16/5 | 9 AM | 10 RL | IV | 100 ml/hr | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> | 16/5/26 | <i>[Signature]</i> | <i>[Signature]</i> <i>[Signature]</i> |
| | | | | | | | | | |
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Signature

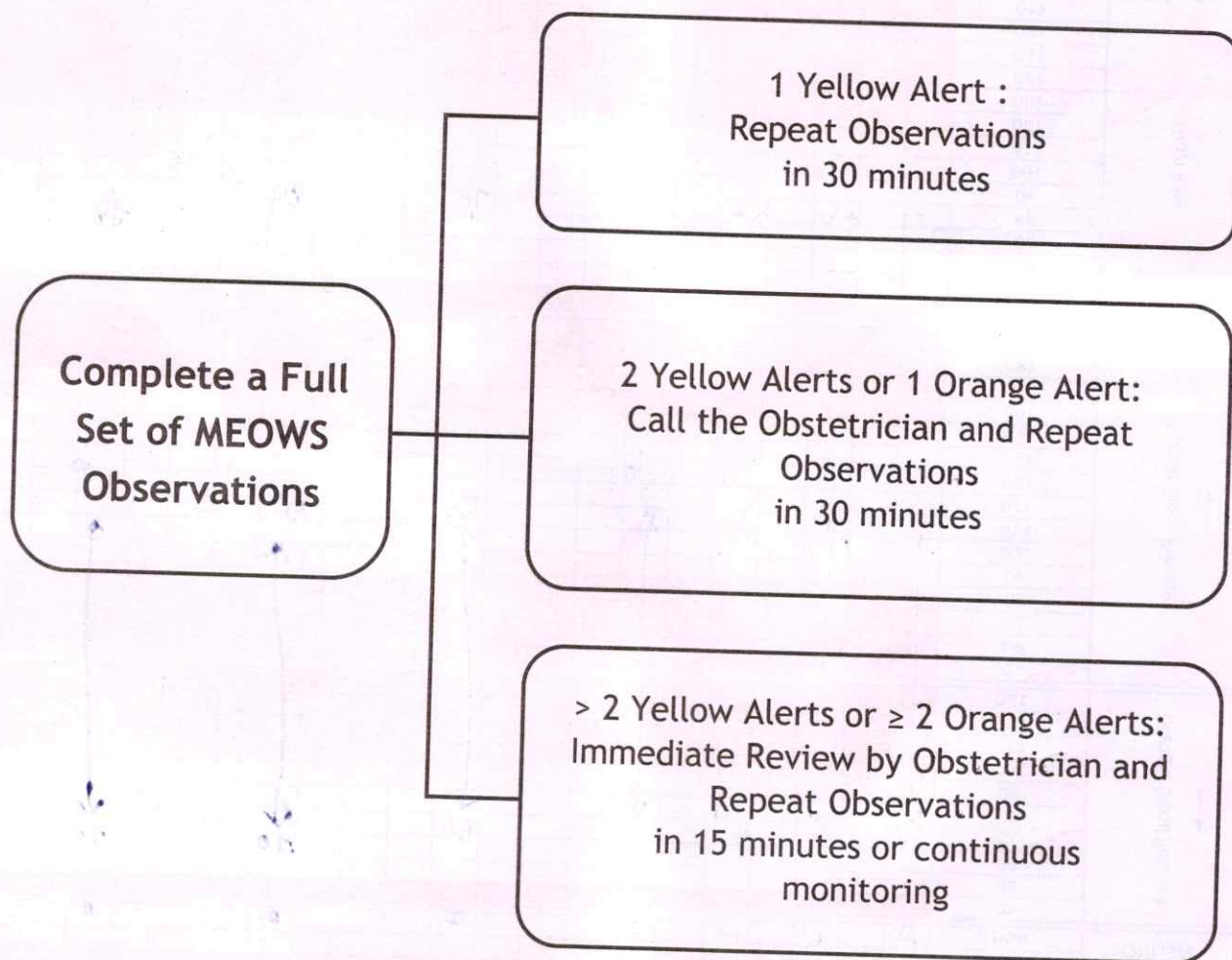
VERIFIED BY : Name

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



15/5/26

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.

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse | |
|------------------------------|----------|--------------------------------------|--------|-----|-----|---------------------------|-----------|-------|----------|-------|---------------------------------|-------------|--|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | | |
| | 08:00 am | | | | | | | | | | | | |
| | 09:00 am | | | | | | | | | | | | |
| | 10:00 am | | | | | | | | | | | | |
| | 11:00 am | | | | | | | | | | | | |
| | 12:00 pm | | | | | | | | | | | | |
| | 01:00 pm | H ₂ O RL 200ml / FF 100ml | | EF | - | - | - | - | - | ✓ | 0 | 2 | |
| Total Intake : 520 ml | | | | | | Total Output : U-1 | | | | | | | |
| | 02:00 pm | H ₂ O 40ml | | | | | | | | | 0 | | |
| | 03:00 pm | H ₂ O 20ml | | | | | | | | ✓ | 0 | 2 | |
| | 04:00 pm | | | | | | | | | | 0 | | |
| | 05:00 pm | | | | NO | NO | NO | NO | NO | ✓ | 0 | | |
| | 06:00 pm | Soop 100ml | | | | | | | | ✓ | 0 | | |
| | 07:00 pm | Sodium | | | | | | | | | 0 | | |
| Total Intake : 420 ml | | | | | | Total Output : U-3 | | | | | | | |
| | 08:00 pm | H ₂ O 100ml | | | | | | | | | 0 | | |
| | 09:00 pm | | | | | | | | | ✓ | 0 | | |
| | 10:00 pm | | | | | | | | | | 0 | | |
| | 11:00 pm | H ₂ O 100ml | | | | | | | | ✓ | 0 | | |
| | 12:00 am | RL H ₂ O 100ml / 200ml | | | | | | | | | 0 | | |
| | 01:00 am | | | | | | | | | | 0 | | |
| Total Intake : 500 ml | | | | | | Total Output : U-2 | | | | | | | |
| | 02:00 am | H ₂ O 100ml | | | | | | | | | 0 | | |
| | 03:00 am | | | | | | | | | ✓ | 0 | | |
| | 04:00 am | H ₂ O 100ml | | | | | | | | | 0 | | |
| | 05:00 am | | | | | | | | | ✓ | 0 | | |
| | 06:00 am | RL H ₂ O 100ml / FF 200ml | | | | | | | | | 0 | | |
| | 07:00 am | RL 100ml / 200ml | | | | | | | | | 0 | | |
| Total Intake : 500 ml | | | | | | Total Output : U-2 | | | | | | | |

Total 24 hrs. Intake 1940 ml

Total 24 hrs. Output U-8



16/5/26

2

FLUID CHART

Sheet No. : 2

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

| Date | Time | Nature of Fluid | Intake | | | Output | | | | | IV Site Thrombo-phlebitis Score | Sign. Nurse |
|-----------------------------|----------|---------------------|------------------|-------|-------|-----------------------|-----------|-------|----------|-------|---------------------------------|-------------|
| | | | Mouth | I.V | N.G | NG | Diarrhoea | Vomit | Drainage | Urine | | |
| | 08:00 am | RL H ₂ O | 200ml | 100ml | NO | NO | NO | NO | NO | 100ml | 0 | Anita |
| | 09:00 am | RL | 200ml | 100ml | | | | | | 0 | | |
| | 10:00 am | RL | H ₂ O | 100ml | | | | | 100ml | 0 | | |
| | 11:00 am | RL | H ₂ O | 200ml | 100ml | | | | | 0 | | |
| | 12:00 pm | RL | H ₂ O | 200ml | 100ml | | | | | 0 | | |
| | 01:00 pm | RL | H ₂ O | 100ml | 100ml | NO | NO | NO | NO | ✓ | 0 | |
| Total Intake : | | | 1100ml | | | Total Output : | | | | | U-2, M-0 | |
| | 02:00 pm | | H ₂ O | NO | NO | NO | NO | NO | NO | 0 | S | |
| | 03:00 pm | | 200ml | | | | | | | 0 | | |
| | 04:00 pm | | | | | | | | | 0 | | |
| | 05:00 pm | | H ₂ O | 200ml | | | ✓ | | | 0 | | |
| | 06:00 pm | | | | | | | | | 0 | | |
| | 07:00 pm | | H ₂ O | 200ml | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : | | | 500ml | | | Total Output : | | | | | U-3, M-0 | |
| | 08:00 pm | | | NO | NO | NO | NO | NO | NO | 0 | S | |
| | 09:00 pm | | H ₂ O | 200ml | | | ✓ | | | 0 | | |
| | 10:00 pm | | | | | | | | | 0 | | |
| | 11:00 pm | | H ₂ O | 100ml | | | ✓ | | | 0 | | |
| | 12:00 am | | | | | | | | | 0 | | |
| | 01:00 am | | H ₂ O | 200ml | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : | | | 500ml | | | Total Output : | | | | | U-3, M-0 | |
| | 02:00 am | | | NO | NO | NO | NO | NO | NO | 0 | S | |
| | 03:00 am | | H ₂ O | 100ml | | | ✓ | | | 0 | | |
| | 04:00 am | | | | | | | | | 0 | | |
| | 05:00 am | | H ₂ O | 200ml | | | | | | 0 | | |
| | 06:00 am | | | | | | | | | 0 | | |
| | 07:00 am | | H ₂ O | 200ml | NO | NO | NO | NO | NO | 0 | | |
| Total Intake : | | | 500ml | | | Total Output : | | | | | U-2, M-1 | |
| Total 24 hrs. Intake | | 2600 ml | | | | | | | | | | |
| Total 24 hrs. Output | | U-9, M-2 | | | | | | | | | | |

CONSENT FOR SPECIAL PROCEDURES



Patient Name : Mrs BHAWNA GOMBER Gender: Male Female

UHID No : Department : ANESTHESIA Date : 16/05/26

I S/D/W/O

Here by give consent for procedure of : LABOUR EPIDURAL

The doctors have clearly explained to me that the procedure has following possible complications:

HYPOTENSION, BRADYCARDIA, POST DURAL PUNCTURE HEADACHE,
PRURITIS

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

ENTONOX, REMESENTANLY,

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: Mrs BHAWNA GOMBER

Patient / Patient Attendant :

Signature : [Signature]

Name : VARUN SHARMA

Relationship with Patient: HUSBAND

Date & Time : 16/05/2026

Witness :

Signature : [Signature]

Name : BHAWNA GOMBER

Date & Time : 16/05/2026

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR SHINNY

Date & Time : 16/05/26, 5:25 AM





INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Mr. Bhawna Gumber Age : 39 yrs Gender : M F
 UHID / IP No. : F01-00037949 Date : 15/5/26 Time : 1pm

I hereby authorized the performance of the following procedure :
 The procedure has been explained to me in general terms and understand that :
 The indication requiring the procedure of vaginal birth is pregnancy.
 The purpose of this procedure is to deliver the baby vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of forceps or vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby ; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure : Dr. Himabindu

Consentee :
 Signature : [Signature]
 Name : Bhawna Gumber
 Date & Time : 15/5/2026 @ 1pm

Witness
 Signature : [Signature]
 Name : Mandla
 Date & Time : 15/5/2026 1pm

Patient Attendant :
 Signature : [Signature]
 Name : VARUN SHARMA
 Relationship with Patient : HUSBAND
 Date & Time : 15/5/2026 @ 1pm

Doctor :
 Signature : [Signature]
 Name : Dr. Vidya Reddy
 Date & Time : 15/5/26, 1pm

THE BIRTH OF THE NATION

THE BIRTH OF THE NATION

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The first part of the book is a history of the United States from the time of the first settlers to the present. It is a history of the struggle for freedom and independence, and of the growth of the nation from a small colony to a great power. The author, Howard Chandler Christy, is a well-known artist and writer, and his book is a masterpiece of historical fiction.

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Labour Record

LABOUR

Labour: Spont IOL-PGE1 E2 Others

Indications for IOL-Accel: None Oxytocin

Memb. Rapture Type: SRM PROM ARM

Presentation: Vertex Breech Others

DELIVERY DETAILS

Anesthesia: None Epidural *2-3cm*

Non-epi: Local Spinal General

Del. Type: SVD Asst. Breech Twins

AVD: Outlet Low Forceps Ventouse

Trail of Forceps

Indications:

Application, Locking & Traction:

Duration of Instrumentation:

No. of Pulls:

Catheterised: Yes No

Type: Foleys Plain

Perineum: Intact Episiotomy Tear

Suture Material Used: *midline 1st degree perineal tear*

DURATION OF LABOUR

1st Stage:

2nd Stage: *25 min*

3rd Stage: *10 min*

Duration of Active Pushing: *15 min*

No. of VE'S:

INTRA PARTUM COMPLICATIONS

Maternal: None Pyrexia HTN Others

Liquor: Adequate Oligo Poly Clear

Blood Meconium *Grade 3* Cord: *(N)*

Shoulder Dystocia: Yes No

STAGE III

Placenta: Normal Abnormal RP Clots

CCT Retained MRP

PPH: Atonic Traumatic None

Lacerations: *2x0.5cm left paraurethral tear sutured w 20 rapid vicryl*

Cervical:

Perineal: *midline 1st degree perineal tear*

Prophylaxis: Syntocinon Prostin

Blood Loss: *200ml*

Blood Transfusion:

Other Details (if any):

Rectal Examination: *Rectal mucosa intact*

BABY DETAILS

Gender: *MALE*

Weight: *3.0844 kg*

APGAR: *8, 9*

Date and Time Delivery: *16/5/22, 9:51 AM*

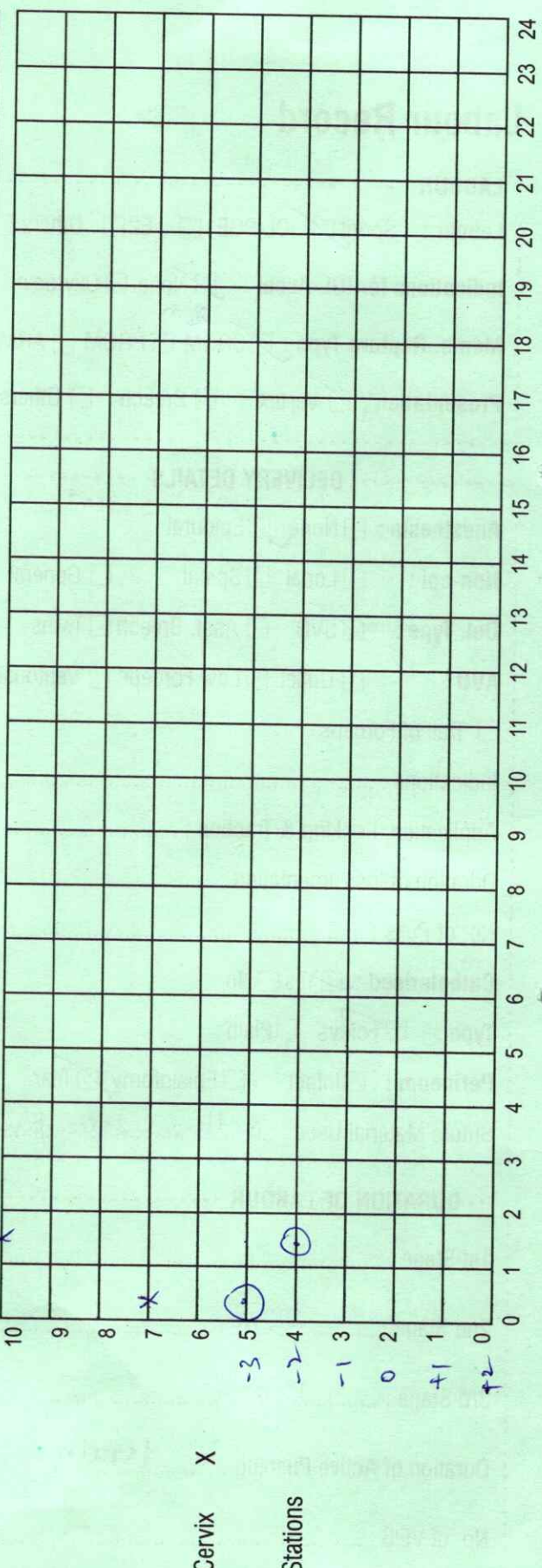
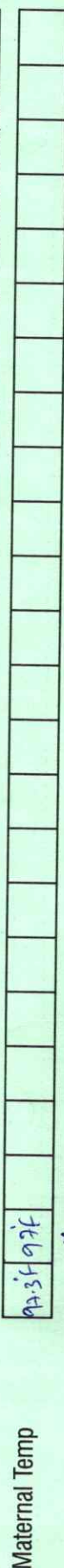
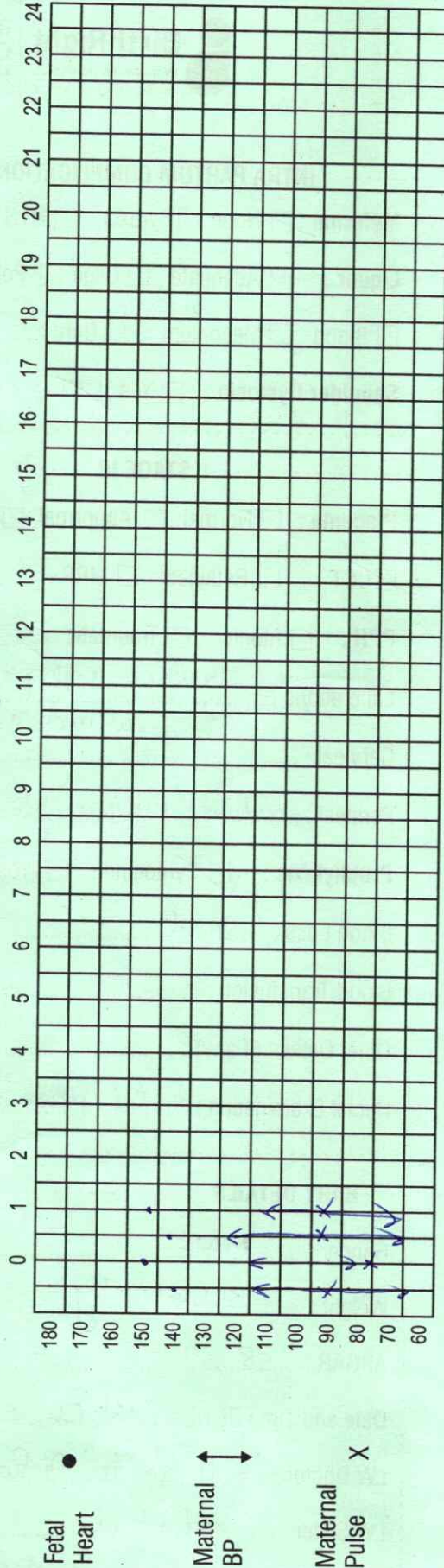
LW Doctor: *Dr. Himabindu, Dr. Swetha, Dr. Harshini*

LW Sister: *Subhashini*

PARTOGRAPH

Name : Mrs. Bhawna Gumber Obstetric Formula : G.P.L.L. Blood Group Type : B +ve

Memb. Returned : SROM PROM ARM Risk Factors : P. Unjab. Hb. disease



RECORD OF LABOUR

Maternal Condition : vitals stable
Fetal Condition : FHS - good
Progress of Labour : P/A - ut ~ T₉, cephalic, FHS ⊕, contractions ⊕
Management : P/V - Cx - 80% effaced, os - 6-7cm, -3, Grade 1 MSL Time : 8:10 Am. Signature : Chul

Maternal Condition : vitals stable
Fetal Condition : FHS - good
Progress of Labour : P/A - ut ~ T₉, cephalic, FHS ⊕, contractions ⊕
Management : P/V - Cx - well effaced, os - 10cm, Grade 3 MSL Time : 9:25 Am. Signature : Chul

Maternal Condition :
Fetal Condition :
Progress of Labour :
Management :
Time : Signature :

Maternal Condition :
Fetal Condition :
Progress of Labour :
Management :
Time : Signature :

Maternal Condition :
Fetal Condition :
Progress of Labour :
Management :
Time : Signature :

1

PATIENT TRANSFER FORM

FDH-00037849 IP25-00020460

Mrs BHAUNA GOMBER
09-10-1986 39 Y 7 M 6 D (F)
Dr. HIMABINDU ANNAMRAJU



| | | |
|---|--|--|
| Date & Time of Admission <i>15/5/26 @ 1.7am.</i> | Date & Time of Transfer Order <i>18/5/26 @ 2:10pm</i> | |
| Treating Consultant Name <i>Dr. Himabindu</i> | Transfer Ordered by <i>Dr. Vidya</i> | Reason for Transfer <i>observation</i> |
| From Unit <i>Micu</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>25</i> | Number of Imaging Films <i>—</i> | Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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

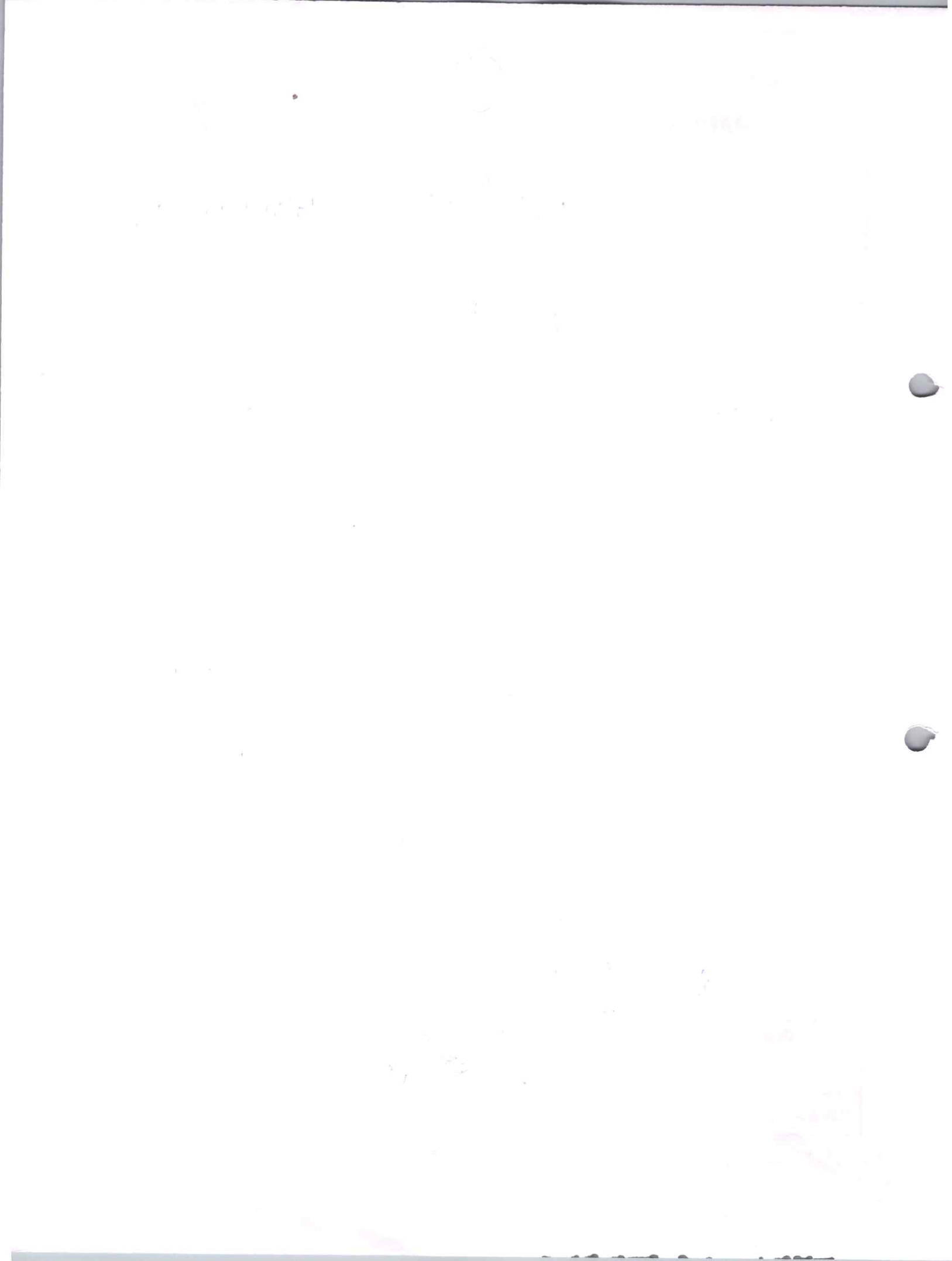
| | |
|---|---|
| Name & Signature of Person who is Transferring <i>Dr. Himabindu 16/5/26 @ 2:10pm</i> | Name of Person Ordered Transfer <i>Dr. Vidya</i> |
|---|---|

Patient & Clinical Records Received by :
Suma 16/5/26 @ 2:10pm

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



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Ms. BHAWNA KUMBER Age: 39Y 7M Sex: Female UHID.No:

Date: 16/05/26 Time: 5:20 Am Proposed Operation: Labor Epidural

Diagnosis: G2 P1L1, 2 prev NVD 32wks 5 days 2 pungs Hb.D in Early labor

B.P / CRT: 110/80 H.R: 88 bpm Weight: 81.9 kg ASA Physical Status: 1 2 3 4 5

SPO2 = 100% @ RA
11.9
WBC: 9.300
Plate: 15,500

Laboratory Data:

| | | | | |
|----------------------|----------------|-------------------|---------------------------|---------------------|
| Hgb: <u>11.9</u> | Glucose: | Protein: | HIV: | X-Ray: |
| PCV: | Urea: | Alb: | HBS Ag: <u>NR</u> | ECG: |
| WBC: <u>9.300</u> | Creat: | Total Bill: | HCV: <u>B +ve</u> | 2D Echo: |
| Plate: <u>15,500</u> | Na: | Dir. Bill: | Blood group: <u>B +ve</u> | Stress/Angio: |
| PT: | K: | LDH: | T3: | Other: |
| PTT: | Ca++: | Alk phos: | T4: | |
| INR: | Mg++: | Amylase: | TSH: | |
| | Cl-: | SGOT/SGPT: | | |

Allergies: -

Medical History: CVS: /
 RESP: / Diabetes: -
 CNS: /
 Renal: /
 Hepatic / GE: / Physical Activity: METS > 4
 Others: /

Past Anaesthetic History: 2018 prev LABOUR EPIDURAL -> W/E -> RR

Physical Exam:
 Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: No loose teeth

Lungs: B/L A E (+)

Heart: S1S2 (+)

CNS: Conscious, oriented

Pregnant: Yes No NA Venous Access Site: (R) U2 Spine Exam for regional: 18 9

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

| CURRENT MEDICATIONS | DOSAGE |
|---------------------|--------|
| | |
| | |
| | |
| | |

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

6:20 AM Cl.B.S. = 1.09 mg/dl

Signature: [Signature] Name: DR SHINNY

Patient Sticker

Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 16/05/26 Time: 5:45 AM Procedure done by DR SHINNY

CSE /Spinal /Epidural Position: SPRING Space: L3-L4 Technique (LOR/LOS)

Depth: 5.5 cm Catheter at Skin: 10 cm Attempts: 1

Parasthesia: Yes/No if yes details:

Solution Composition:

Any other issues:

a)

b)

| Time | Infusion Rate (ml/hr) | Bolus (ml) | Level | | Maternal | | FHR | Comments |
|---------|-----------------------|--------------------------------------|-------|-------|----------|-------|-----|-------------|
| | | | Left | Right | BP | Pulse | | |
| 6:00 AM | 8 ml/hr | 0.5% lignocaine + Adecalin 8ml + 2ml | T10 | T10 | 114/90 | 100 | 141 | - |
| 6:20 AM | 8 ml/hr | - | T10 | T10 | 95/66 | 93 | 130 | Comfortable |
| 8:08 AM | 7 ml/hr | - | T8 | T8 | 113/66 | 79 | 149 | Comfortable |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Delivery Details: Time: 9:57 AM APGAR: 8, 9 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: Removed Tip intact

Patient Satisfaction: Good

Discharge /Shifting ordered by
Doctor Signature: [Signature]

Doctor Name: CVSHA

Date and Time: 16/5/26

MICU

NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

5966

| Patient Name: MRS. BHIMWANI GOMBER | | Age: 39Y | Gender: FEMALE |
|---|-------------------------------------|---|----------------|
| UHID No: 101110631019 | | IP No: TP25-00020460 | Date: 16/5/26 |
| Time: 5:15 AM | | Diagnosis: GASTRIC DYSPEPSIA SINCE 35 WKS 5 DAYS POSTNATURAL INJURY (C/NRY/ABO) | |
| PRESCRIPTION DETAILS (Tick only one of the following) | | | |
| S.No | Drug Name | Dosage | Remarks |
| 1. | Fentanyl Citrate Inj. 50mcg/ML | 100MG | - |
| 2. | Morphine Sulphate Inj. 15mg/ML | - | - |
| 3. | Remifentanyl Hydrochloride Inj. 2MG | - | - |
| 4. | Remifentanyl Hydrochloride inj. 1MG | - | - |
| Doctor Name: DR. VISHAY | | Doctor Registration No: DR. VISHAY | |
| Signature: [Signature] | | | |

NARCOTIC DISPENSING FORM

APPENDIX 4 – FORM NO. 3E

(Details of the Patient to whom Essential Narcotic Drugs Dispensed)

IP Registration No: TP25-00020460 Date: 16/5/26

Aadhaar No. of the Patient (Optional):

| 1. | Name: MRS. BHIMWANI GOMBER | Remarks | | |
|---------|--|--|--|-----------------|
| 2. | Complete postal address (with contact number, if any) | UNITED ARAB EMIRATES 16/5/26 INDIA | | |
| 3. | Brief description of the illness | GASTRIC DYSPEPSIA SINCE 35 WKS 5 DAYS POSTNATURAL INJURY (C/NRY/ABO) | | |
| 4. | Whether registered with any other registered medical practitioner / recognized medical institution (If yes, details of the recorded) | - | | |
| 5. | Details of essential Narcotic drug dispensed | - | | |
| Date | Name of the Essential Narcotic Drugs | Quantity | Signature / Thumb Impression of the patient / Patient Attender | Remarks, if any |
| 16/5/26 | INJ. FENTANYL | ONE | [Signature] | |

Dispensed by (Name & ID No.): [Signature] Signature: [Signature]

Received by (Name & ID No.): M. BHIMWANI Signature: [Signature]

Time: 5:42 AM



NARCOTIC PRESCRIPTION FORM (MEDICAL RECORD)

| | | | | | |
|---|-----------------------------------|----------------------------|---------|---------|--|
| Patient Name: | | Age: | | Gender: | |
| UIC No.: | | Date: | | Time: | |
| Diagnosis: | | | | | |
| PRESCRIPTION DETAILS (tick only one in the following) | | | | | |
| S. No. | Drug Name | Dosage | Remarks | | |
| 1. | Fentanyl Citrate inj. (50mcg/ml) | | | | |
| 2. | Morphine Sulphate inj. (15mg/ml) | | | | |
| 3. | Paralithal Hydrochloride inj. 2MG | | | | |
| 4. | Paralithal Hydrochloride inj. 1MG | | | | |
| Doctor Name: | | Doctor's Registration No.: | | | |
| Signature: | | | | | |

NARCOTIC DISPENSING FORM APPENDIX 4 - FORM NO. 3E (Details of the Patient to whom Essential Narcotic Drugs Dispensed)

Pr. Registration No. _____ Date: _____

Address of the Patient (Only if): _____

| 1. | Name: | Remarks: | |
|------|---|----------|--|
| 2. | Complete postal address (with contact number, if any) | | |
| 3. | Brief description of the illness | | |
| 4. | Whether registered with any of the registered medical practitioners recognized medical institutions (if yes, details of the recorded) | | |
| 5. | Details of essential Narcotic drugs dispensed | | |
| Date | Name of the Essential Narcotic Drugs | Quantity | Signature (Printed) In presence of the patient/ Patient Attender |
| | | | |
| | | | |

Dispensed by (Name & RL No.) _____

Received by (Name & ID No.) _____

Time _____

H

ANTENATAL RECORD



Antenatal No. 6829 / 10/25

Reg. No: FOH!-00037949

Consultant: Dr. Anubindu

PERSONAL DETAILS
Name: Blawna Gromber Age: 39y Date of Birth 9/10/1986 Education:
Occupation: Phone No.: 9873416885 Mobile:
Husband's Name Age Education Occupation:
Address: University of Hyd Telangana
Mobile: 9873416885 E-mail Id:

IMPORTANT FEATURES SUGGESTED MANAGEMENT
P1-NVD
HPLC: HbD Punjab (Husband -ve)
Corrected EDD
24/5/26
G2P14

HISTORY
Year of Marriage: Menstrual History: Previous Periods Regular cycle
LMP 22/8/25 EDD Corrected EDD 24/5/28
OBSTETRIC FORMULA
Gravida 2 Para 1 Live 1 Abortions

OBSTETRIC HISTORY table with columns: SI No., DATE OF DELIVERY, GA WEEKS, ANTENATAL DETAILS, MODE OF DELIVERY, BABY, WT, REMARKS. Includes entries for P1 (2018) and P2 (2025).

Medical History: -nil Family History: -nil
Surgical History: -nil Allergies: -nil-

INVESTIGATIONS

28/2/26

MATERNAL EVALUATION

Blood group & Rh : Wife **B+ve** Husband **•** ICT
 VDRL - **ND** HIV - **ND** HbSAg - **ND** TSH

GCT \leftarrow 70
 111
 91

ROUTINE INVESTIGATIONS

SPECIFIC INVESTIGATIONS

| Date | GA Weeks | Investigations | Report |
|----------|----------|--|---|
| 22/10/25 | 3.4 | HB - 11.8 CUE - ++ PC - 15.20 TSH - 0.478 Cr - 0.58 HPLC - HB D B12 - 153.20 | 28/10/25 cls - negative B12 - 153.20 5-6 D - 3.4 |

| Date | GA Weeks | Investigations | Report |
|---------|----------|---|--------|
| 28/2/26 | 23.6 | HB - 11.9 WBC - 9300 PH - 15500 TSH - 2.655 HBALC - 5.1 | |

Tetanus Toxoid : 1st dose

21/1/26

2nd dose

2/3/26

FETAL EVALUATION

ULTRASONOGRAPHY

| | | | | | | | | | | |
|-------------|-----------------------|------------------|------------------|---------------|--------------|-----------|----------|----------|------|---------|
| 18/11/25 | 13 th week | SLT | HR - 161 bpm | CAL - 73.4 | WT - 1.50 gm | | | | | |
| 6/1/26 | 20 th week | SLT | HR - 166 bpm | BRD - 45.0 mm | CXL - 45.0 | WT - 330g | UAD - ND | | | |
| Growth scan | 2/3 | 28 th | GS | C | 1071 | 16% | AC - 10% | 14.2 | PH | D - (N) |
| | 23/3 | 31+1 | GS | C | 1675 | 36% | AC - 25% | 16.8 | PH | D - (N) |
| | 24/4 | 35 th | GS | C | 2382 | 16% | AC - 8% | 17.8 | P.L | D - (N) |
| | Others | 7/5/26 | 37 th | GS | C | 2710 | 15% | AC - 10% | 16.5 | P.L |

Were any Prenatal diagnostics done - Yes No If yes please specify the details below :

| DATE | GA / Weeks | TYPE OF TEST | INDICATION | REPORT |
|----------|------------------------------|--------------|---------------|-----------------|
| 18/11/25 | SLT 13 th week | FTS | Down syndrome | Screen negative |

Name: Bhawana Gumber Corrected EDD: 24/5/28 Parity: G2P14

SYSTEMIC EXAMINATION

Height: 156 cm CVS: _____
 Weight: _____ Respiratory System: (0)
 BMI: (0) Breasts: _____ Thyroid: _____

ANTENATAL VISITS

| Date | Wt | BP | GA | S-F Ht | Presenting Part | FHS | Liquor | Edema | Review Date |
|----------|------|--------|-----------------|---------|-----------------|------|--------|-------|-------------|
| 18/11/25 | 69.9 | 113/69 | 13 ⁺ | 2 wks | | 161 | | | |
| 16/12/25 | 71.5 | 99/55 | 17 ⁺ | 2 wks | | ✓ | | | 4/1/26 |
| 9/1/26 | 71.2 | 94/55 | 20 ⁺ | 5 weeks | | scan | | | 5/2/26 |
| 6/2/26 | | | 24 ⁺ | | | ✓ | | | 2/3/26 |
| 2/3/26 | 74.7 | 109/63 | 28 ⁺ | 1 wks | | scan | | | 23/3/26 |
| 23/3/26 | 75.6 | 99/70 | 31 ⁺ | 1 | | scan | | | 20/4/26 |
| 21/4/26 | 78.7 | 110/74 | 35 ⁺ | 1 wks | | scan | | | 4/5/26 |
| 4/5/26 | 81.1 | 102/63 | 37 ⁺ | 1 wks | | scan | | | 11/5/26 |
| 11/5/26 | 81.9 | 120/61 | 38 ⁺ | 1 wks | 38 ⁺ | ✓ | | | 17/5/26 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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Special Concerns

ANTENATAL ADMISSION

| DOA | DOD | GA Weeks | Complaint | Management | Advice |
|-----|-----|----------|-----------|------------|--------|
| | | | | | |

BRIEF DELIVERY NOTES

Gestational age _____ Date & time of delivery : _____

Type of labour : Spontaneous

Induction : Indication _____

Method - PGE 1 PGE 2

Mode of delivery : SVD AVD Vacuum Forceps

Indication : _____

Caesarean section : Emergency Elective

Indication : _____

SALIENT FEATURES :

Baby details : Girl Boy Wt : _____ Apgar score: _____

Postpartum Period : _____
