

**DISCHARGE SUMMARY**

<b>Name</b>	Mrs T PRIYANKA	<b>UHID</b>	FDH-00032208
<b>Father/Guardian</b>	Mr VASU MUPPANANDAM	<b>Age/Gender</b>	32 Y 6 M 20 D/ Female
<b>Address</b>	FLAT NO - 309 RR SIGNATURE APARTMENTS KOKAPET HYDERABAD, Kokapet, Hyderabad, Telangana, INDIA, 500075		
<b>IP No</b>	IP25-00020675	<b>Admission Date</b>	27-05-2026
<b>Ref Doctor</b>	Self		
<b>Discharge Date</b>	29.05.2026		

**Consultant:**

**Dr. Pujitha Devi Suraneni**

**MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)**

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon

Reg. No: 55973

**Diagnosis: PRIMIGRAVIDA AT 37+1 WEEKS GESTATION WITH GDM ON INSULIN WITH K/C/O HYPOTHYROIDISM FOR INDUCTION OF LABOUR.**

SPONATNEOUS VAGINAL DELIVERY DONE, DELIVERED A LIVE FEMALE BABY AT 03:36 PM, WEIGHT 2.961 KGS ON 28.05.2026.

**History:**

LMP: 13.09.2025

Obstetric formula: Primigravida

EDD: 21.06.2026

Gestation at admission: 37+1 weeks

**Obstetric History:**

G1 - Present pregnancy Spontaneous conception.  
used OI for 3 cycles but conceived spontaneously

**Medical History :** K/c/o Hypothyroid since 5 years on tab. Thyronorm



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12.5mcg(pre-pregnancy-12.5mcg)

H/O GDM since 30 weeks on diet and on Insulin using Inj. Tresiba 8 Units at bed time since 34 weeks.

**Surgical History:** H/O Open Appendicectomy at 8 years of age.

**Allergies** : Nil

**Family History** : Mother- HTN+ & Father- DM & HTN.

### Antenatal Details:

Mrs T PRIYANKA was booked to Rainbow hospital at 24+6 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT scan at 12+3 weeks was normal, EFTS showed low risk, TIFFA scan done at 20+3 weeks was normal, Serial growth scan were normal, She was diagnosed with GDM since 30 weeks on diabetic diet till 33weeks 3days and follow up done with endocrinologist and OHA added at 33+4weeks but patient had side effects with oral medication and was started on Insulin using Inj. Tresiba 8 Units at bed time since 34 weeks. USG done on 26.05.2026 showed at 37 weeks, SLIUF, Cephalic, placenta posterior and high, EFW 3419grams(83%) / AFI 15.9cm, AC 91% with normal fetal dopplers. She was admitted at 37+1 weeks for induction of labour in view of GDM on insulin.

**Investigations:** Enclosed.

Blood group & Typing - "B" Rh positive.

### Management:

**Course in hospital and Delivery Details:** At admission on clinical examination the vitals were stable, uterus was relaxed, cervix was long and os closed. Fetal well being was confirmed by an admission CTG which was found to be reactive. Informed consent taken for Induction of labour. Labour induced with 2 doses of PGE1. Spontaneous rupture of membranes done at 1 finger dilatation revealing clear liquor. As per hospital protocol she was started on IV. Augmentin in view of ruptured membranes. Partographic monitoring of labour was done. Further augmentation was done by oxytocin



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infusion. She progressed to full dilatation at 02:55 PM. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. At crowning of head episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution).

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. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 600 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

### **Delivery Details:**

Date : 28.05.2026  
Time of Delivery: 03:36 PM  
Type of Labour : Labour induced with 2 doses of PGE1  
Type of Delivery: Spontaneous vaginal delivery

### **Baby Details:**

Date : 28.05.2026  
Time : 03:36 PM  
Sex : Female  
Weight : 2.961 kgs  
Apgar : 7/8  
Gestational Age: 37+1 weeks  
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



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given. **Her sugars were serially monitored, which were normal.** Her postpartum period following that was uneventful. On first postpartum day episiotomy 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. Augmentin 625 mg twice daily till 03.06.2026 (9am-9pm) after food.
2. Tab. Acton - OR thrice daily till 03.06.2026 (9am-2pm-9pm) after food.
3. Tab. Pan 40mg once daily till 03.06.2026 (8am) before breakfast.
4. Tab. Lyser-D twice daily till 03.06.2026 (10am-10pm) after food.
5. Tab. Solfe extra once daily (8pm) for two months after dinner.
6. Tab. Gemcal XT once daily (2pm) till breast feeding after lunch.
7. Megaheal gel for local application.
8. Nip care ointment for local application.
9. Tab. Thyronorm 12.5mcg once daily before breakfast till further orders.
- 10. To do TSH,FBS,PLBS,HBA1C after 6 weeks.**

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 06.06.2026 with prior appointment.

Review with Dr. PUJITHA DEVI SURANENI, after one week on 04.06.2026 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](http://www.rainbowhospitals.in)

*Dr. Pooja*  
Registrar/Resident/C.M.O

**Consultant:**

**Dr. Pujitha Devi Suraneni**

**MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)**

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon

Reg. No: 55973



**ADMISSION SHEET**



**Registration Details :**

Admission No : IP25-00020675      Admit Date : 27-May-2026      Admit Time : 10:10 PM      UHID : FDH-00032208

**Patient Details :**

Patient Name : Mrs T PRIYANKA      Age : 32 Y 6 M 19 D  
Guardian : Mr VASU MUPPANANDAM      DOB : 08-11-1993  
Gender : Female      Religion :  
Occupation :      Martial Status :  
Address (H) : FLAT NO - 309 RR SIGNATURE APARTMENTS      Phone No : 8331816760/  
KOKAPET HYDERABAD Kokapet Hyderabad      E-mail :  
Telangana INDIA 500075

**Admission Details :**

Bed Type : MICU      Bed No : MICU-03      Ward Name : 4F -MICU  
Room No : MICU-03      Admission Type : First Visit

**Contact Details :**

Name : Mr VASU MUPPANANDAM      Relationship : W/O  
Contact Address : FLAT NO - 309 RR SIGNATURE      Phone No :  
APARTMENTS KOKAPET HYDERABAD  
Kokapet Hyderabad Telangana INDIA 500075

  
Signature

**Doctor Details :**

Doctor Name : Dr. PUJITHA DEVI SURANENI      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : HEALTH INSURANCE TPA OF INDIA LTD



202

9pm

\*DH-00032208  
Mrs T PRIYANKA  
38-11-1993 32 Y 6 M 20 D (F)  
Dr. PUJITHA DEVI SURANENI

IP25-00020675



**ACTIVITY RECORD FOR BILLING**

Name: Mrs. Priyanka  
 UHID No: FDH-00032208 IP No: \_\_\_\_\_ Consultant: Dr. Pujitha Dept: OB&G.  
 Date of Admission: 27/5/26 Time: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Time: \_\_\_\_\_  
 Room / Bed No: \_\_\_\_\_ Ward: \_\_\_\_\_ Suggested Billable bed type: \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
28/5/26	7:20pm	MICU	Ward	<i>[Signature]</i>
29/5/26	11:02	Ward	Billm	<i>[Signature]</i>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	DR. Vaibhavi	29/05/26	1756	<i>[Signature]</i>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/5/26	NST - ①	7178 ✓	Wingal
28/5/26	NST - ②	7179 ✓	
1/	WST - ③	7180 ✓	
1/	NST - ④	7181 ✓	
28/5/26	BGT -	8667 ✓	Wingal
27/5/26	GRBS = 124 mg/dl 10:30 PM	8739 ✓	
28/5/26	GRBS = 112 mg/dl 7 AM	8740 ✓	
28/5/26	GRBS - 101 mg/dl 11 AM	8741 ✓	
28/5/26	GRBS - 103 mg/dl 1 PM	8742 ✓	Sachdeva
28/5/26	NST - ⑤	7184 ✓	
28/5/26	NST - ⑥	7186 ✓	
28/5/26	NST - ⑦	7187 ✓	
28/5/26	NST - ⑧	7189 ✓	
28/5/26	NST - ⑨	7190 ✓	
28/5/26	NST - ⑩	7231 ✓	
28/5/26	NST - ⑪	7232 ✓	
28/5/26	NST - ⑫	7233 ✓	
28/5/26	NST - ⑬	7234 ✓	
28/5/26	NST - ⑭	7235 ✓	
28/5/26	NST - ⑮	7237 ✓	
28/5/26	NST - ⑯	7239 ✓	
28/5/26	NST - ⑰	7240 ✓	
29/5/26	FBS - 105 mg/dl	8816	

g/c log  
 28/5/26  
 9:30 am  
 Subota  
 4:40 PM

# MEDICAL EQUIPMENT ( WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	Cardiac Monitor	28/5/26 9 AM	28/5/26 4:30 PM	1360	<del>HSW</del>
28/5/26	Infusion pump	9:30 AM			
				<del>c.c by [unclear]</del>	
				28/05/26	11:30 PM

**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
28/5/26	IV placement.	①	1121 ✓	Santhosh
			<del>etc by June</del>	
			28/05/26	
			4:30 PM	
			<del>e-63 of June</del>	
			29/05/26	
			@9:35 AM	

**ANY OTHER INFORMATION**

~~ARM 42 at~~  
*T. Prithvika*

Date: 28/5/26.

Time: 10:10 PM.

Prepared By: *Nadhira*

Staff Nurse  <i>Nadhira</i>	Shift / Ward  MICU	Billing Assistant	Billing Supervisor
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FDH-00032208 IP25-00020675  
Mrs T PRIYANKA  
08-11-1993 32 Y 6 M 20 D (F)  
Dr. PUJITHA DEVI SURANENI



# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 29/5/26 Time: 9:30am

Origin: Andhra Pradesh Height: 151cm Weight: 73 kg  
BMI:  ~ 26 kg/m<sup>2</sup>  
 ~ 28 kg/m<sup>2</sup>  
 ~ 30 kg/m<sup>2</sup>

Food Allergies: \_\_\_\_\_

Diagnosis: GDM @ 37.0 week approx on Insulin

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: T. Jaya Lakshmi

Name: Priyanka

Date & Time: 29/5/26 9:30

Dietician's

Signature: [Signature]

Name: [Name]

Date & Time: 29/5/26 9:30



**ACTIVITY RECORD FOR BILLING**

Name: .....

UHID No : ..... IP No : ..... Consultant : ..... Dept : .....

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

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse

**Cross Consultation Visit**

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









### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>primigravida @ 37+1 wks @ GDM on insulin @ hypothyroidism for 3ol.</i>				Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known			
	Surgery / Procedure:				If Yes Specify: ..... Post OP Day:			
BACKGROUND	Date	<i>27/5/26</i>	<i>28/5/26</i>	<i>28/5/26</i>	<i>28/5/26</i>			
	Shift	<i>N</i>	<i>M</i>	<i>E</i>	<i>N</i>			
	Medical Condition (Any special condition to be noted):	<i>3ol</i>		<i>NVD</i>	<i>NVD</i>			
Diet:	<i>DLO</i>	<i>DLD</i>	<i>S/D</i>	<i>DND</i>				
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<i>RA</i>	<i>RA</i>	<i>RA</i>	<i>RA</i>			
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>36.2°c</i>	<i>36°c</i>	<i>36°c</i>	<i>36.1°c</i>		
		Res:	<i>20</i>	<i>20</i>	<i>22</i>	<i>20</i>		
		SpO <sub>2</sub> :	<i>100</i>	<i>99%</i>	<i>100%</i>	<i>99%</i>		
		Pulse:	<i>102/86</i>	<i>84</i>	<i>95</i>	<i>90</i>		
		BP:	<i>110/70</i>	<i>118/74</i>	<i>121/75</i>	<i>110/71</i>		
	LOC:	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>	<i>conscious</i>			
	Fall Risk Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>			
Pain Score:	<i>0/10</i>	<i>0/10</i>	<i>0/10</i>	<i>1/10</i>				
Skin Integrity	<i>Good</i>	<i>Good</i>	<i>Good</i>	<i>Good</i>				
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	<i>-</i>	<i>NA</i>	<i>NA</i>	<i>NA</i>			
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	<i>DLO</i>	<i>DLD</i>	<i>S/D</i>	<i>DND</i>			
	Critical Lab Test / Values:	<i>-</i>		<i>-</i>				
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<i>Dependent</i>	<i>dependent</i>	<i>Dependent</i>	<i>Dependent</i>				
Post Operative Procedure Special Orders:	<i>-</i>		<i>Raushmik 7:40pm</i>					
Handed Over By Name :	<i>poonj</i>	<i>monj</i>	<i>Sadhika</i>	<i>Subhira</i>				
Signature / ID :	<i>[Signature]</i>	<i>018577</i>	<i>Sadhika</i>	<i>[Signature]</i>				
Date:	<i>27/5/26</i>	<i>28/5/26</i>	<i>28/5/26</i>	<i>29/5/26</i>				
Time:	<i>@ 10pm</i>	<i>@ 2PM</i>	<i>@ 8PM</i>	<i>@ 8AM</i>				
Taken Over By Name :	<i>monj</i>	<i>Sadhika</i>	<i>Subhira</i>					
Signature / ID :	<i>018577</i>	<i>[Signature]</i>	<i>[Signature]</i>					
Date:	<i>28/5/26</i>	<i>28/5/26</i>	<i>28/5/26</i>					
Time:	<i>@ 8AM</i>	<i>@ 2PM</i>	<i>@ 8PM</i>					

Patient Sticker



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:	Post OP Day:					
<b>BACKGROUND</b>	Date						
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
<b>ASSESSMENT</b>	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
	Ventilation (RA, NP, NIV, VENTI):						
	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
	Vital Signs:	Temp:					
		Res:					
		SpO <sub>2</sub> :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
<b>Recommendations</b>	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
	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
	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
	ADL (Dependent / Non Dependent):						
	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	
	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	
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/5/26 @ 10:10pm

**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:** Came for P.O.L Doctor Notified on Admission:  Yes  No

Name of the Doctor: Dr. Ranysa

Time Notified: 10 PM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<p>→ K/C/O - Hypothyroidism. GDM: 30 WKS 12.5 MCG. → GDM on insulin. (Insiba) : 34 WKS - 80/100 Hrs</p>	<p>+ /o open Appendicectomy @ 8 yrs of age</p>	<p style="text-align: center;">*</p>

<p><b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche: .....</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: .....</p>	<p><b>Gynecology Surgical History:</b></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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: <u>-</u></p>	<p><b>Gynecological History:</b></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><b>Infertility:</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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**Obstetric History:** G ..... P Nulli L ..... A .....

**Previous LSCS:** Nil

**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 Hypothyroidism

**Vital Signs / Measurements:** Temp: 37°C HR: 98 RR: 100/

BP: 110/76 Weight: ..... Height: ..... 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 patient

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

Orientation not given Reason: .....

Nurse Signature: Nadhira

Nurse Name: Nadhira

Date & Time: 27/8/20 @ 10:30pm



# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints**

for IOL

LMP: 13/9/25

EDD: 21/6/26

Corrected EDD:

GA: 37+1

Obstetric Formula:

Primigravida

Menstrual History: Regular:  Yes  No

Obstetric History:

Spontaneous conception

**Obstetric Examination**

Fundal Height: T9

Booked @ 24 wks.

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record:

Liquor:  Adequate  Oligo  Poly

→ Growth scan @ 35 wks.

PP:  Cephalic  Breech Others \_\_\_\_\_

→ GDM diagnosed @ 36 wks.

→ NFFA @ 20<sup>th</sup> wk (labour marker done - normal)

Head Fifths Palpable: \_\_\_\_\_

**RISK FACTORS:**

N + 12<sup>th</sup> wk scan

FHS:  Normal  Tachy  Brady  Absent

→ GDM on insulin (1M) (80/0D/NS)  
 → Hypothyroidism (1.5m) on 12.5mcg

**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  Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 151 cm

Weight: 73 kg

Allergies: \_\_\_\_\_

Breast:  Normal  Abnormal

General Examination:

Consciousness: (N)

Pallor: (N)

Icterus: (N)

Edema: (N)

Temp: 97.2°f

PR: 86 bpm.

BP: 110/20/74

DTR: (N)

CVS: NAD.

RS (N)

Liver/Spleen: (N)

Urine Output:

**DIAGNOSIS**

Primigravida @ 37<sup>th</sup> wk @ GDM on insulin @ hypothyroidism.  
 for IOL.

Family History.

Mother - Htn ⊕  
 Father - DM & Htn ⊕

Surgical History:

H/o Open Appendectomy @ 8 yrs. of age.

Medical History:

→ K/O Hypothyroidism (∴ Sym)  
 GDM ∴ 30 weeks 12.5mcg  
 → GDM on insulin  
 (∴ 34 weeks - 8 U / OD HS)

Medication History:

- Used OI for 3 cycles  
 but conceived spontaneously  
 - Using T-Thyronom 12.5mcg

Plan of Care:

- 1) Admit
- 2) Iv fluids
- 3) Iv access
- 4) High Risk Consent
- 5) Enema @ 6am (28/5/26)
- 6) Parts Preparation
- 7) w/f progression of labor.
- 8) w/f bleeding hr
- 9) strict FHR monitoring
- 10) Trace CBP / PT / APTT

EBUS - 124

- BCT

Investigations:

Dt: 22/5/26

Dt:

HB - 12 g/dl BGT: B+ve.  
~~PCV~~ -  
 PLT - 2.50  
 TUC - 8.93

Dt: 15/10/25

HIV - }  
 HbsAg - } NR.  
 HCV - }  
 VDRL - }

Dt: 26/5/26

SLIUF

Pr - Cephalic  
 EFW - <sup>3419</sup> ~~3419~~ (B3<sup>rd</sup> centile)  
 AFH - 15.9cm, AC = 9.17.  
 GA - 37wk.  
 Plac - Posterior  
 Dopp - ⊕

Doctor Name: Dr. Akhile

Signature: Dr. Akhile

Date & Time: 27/5/26; 10 pm.

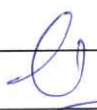

Consultant Name: Dr. Pujitha

Signature: Dr. Pujitha

Date & Time: 27/5/26; 10 pm.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5		
12:00PM	Gc-fair Afebrile.	Rx:
	PR - 86 bpm	1) T-MISO PROSTOL - 50mcg
	Bp - 110/60 mmHg	Pr @ 12am
	MFL NAD	2) w/f POL
	PA - ut ~ TG	3) w/f Bleeding Pr / uterine
	Cephalic	contractions
	FHR - 146 bpm	4) Cupram sos.
	Relaxed	5) FHR monitoring.
	NST reactive	
	PIV - Ct - oclosed	
	long	
28/5	a.c febr	Adv
4:00AM	Afebrile	1. 2 <sup>nd</sup> of T. misoprostol
	Sp = 100 / 60 mmHg	25mcg kept p.v
	PR - 88 bpm	2. NST uterine
	SpO <sub>2</sub> = 100% @ RA	3. w/f contractions,
	PIA = ut ~ TG cephalic	POL, FHR
	FHR @ 146 bpm	4. (M) vitals Intensive
	relaxed	,
	PIV = Ct = long	
	oc 2A dmiting Tof	
	pPV station high up	

DH-00032208  
 Mrs T PRIYANKA  
 38-11-1993  
 32 Y 6 M 20 D (F)  
 Dr. PUJITHA DEVI SURANENI

IP25-00020675



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>28/5/26</u>	↓ IOL	↓ IOL
7:00 AM	C.C fair	1. Continue NST monitoring
	Afebrile	2. W/F PDL, contractions, FHR
	SpO <sub>2</sub> = 100% on RA	
	PR = 86bpm	3. (M) vitals under sig
	SpO <sub>2</sub> = 100% @ RA	
<del>FSS = 112</del>	PIA = ut ~ TG	
	mild cephalic	
	FHS ⊕	
<del>NST</del>	PIV = 1 FL Cx long	
	SRom happened	
	clear liquor 8m (1-2)	Rony
<u>28/5/26</u>	CITITO DR. PUJITHA MAM	
8:45 AM	↓ IOL	
	→ Start syntocin 10 units in 10pc	
	→ Continue NST monitoring	
	→ W/F PDL, contractions, FHR.	
		Rony

FDH-00032208

IP25-00020675

Mrs T PRIYANKA

38-11-1993

32 Y 6 M 20 D (F)

Jr. PUJITHA DEVI SURANENI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/28 9:20 Am	<p style="text-align: center;">↓ IOL</p> <p>Cyferon Lofeb PR - 86 bpm BP - 110/66 mmHg SpO2 - 98% p/A - ut FT 3-4 cl/10" 15"-20" FHR ⊕ 146 bpm plv - 2cm dilated Cx 1.5cm long clear liquor station 1-2 NST - (R)</p>	<p>R<sub>s</sub></p> <ul style="list-style-type: none"> <li>- w/f vitals / FHR / count</li> <li>- w/f pol</li> <li>- Exercises</li> <li>- Synto augmentation</li> <li>- Syform SDS</li> </ul> <p style="text-align: right;">Dr. Pooja</p>
11:30 Am	<p style="text-align: center;">cls / B / Dr Pujitha</p> <p>Vitals stable p/A - ut FT 3-4 cl/10" 20"-25" FHR ⊕ 144 bpm plv - 2cm dilated 40-50% effaced memb ⊖ clear liquor 5m / 2</p>	<p>R<sub>s</sub></p> <ul style="list-style-type: none"> <li>w/f vitals / FHR / count</li> <li>w/f pol</li> <li>Synto @ 6ml/hr</li> <li>Exercises</li> <li>Syform SDS</li> <li>Reassess in 2 hrs</li> </ul> <p style="text-align: right;">Dr. Pooja</p>





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 7pm	PND-0 Gicjar Afebrile PR - 83bpm BP 124/76mmHg. SpO <sub>2</sub> - 98% on RA P/A - UT(R) well P/v - NAB	Adv 1) Diabetic diet 2) Plenty of oral fluids 3) Drugs as charted 4) Monitor vitals 5) Perineal care 6) To do FBS, PPBS, PLBS - 29/5/26 7) w/f BPV 8) Inform SOS 9) Shift to room Hal
29/5/26 6am	PND-1 Gicjar Afebrile PR - 77bpm BP - 118/70mmHg P/A - UT(R) well P/v - NAB FBS - 105mg/dl.	Adv 1) Diabetic diet 2) Plenty of oral fluids 3) Drugs as charted 4) Monitor vitals 5) To do FBS, PPBS, PLBS - 29/5/26 6) Inform SOS 7) Plan for discharge Hal







FDH-00032208

Mrs T PRIYANKA

08-11-1993

Dr. PUJITHA DEVI SURANENI

IP25-00020675

32 Y 6 M 20 D

(F)



## RESULT SHEET

Date	20/5/26				
Time					
Hb	14.1				
PCV	42.8				
RBC	4.76				
WBC	10.77				
N/L					
Platelets	367				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR	14.5/1.0				
APTT	28.5-35.1				
CSF Protein / Sugar					
Cells					
N/L					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	B <sup>+</sup> ve					
serology	NR.					

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.) : .....

FDH-00032208 IP25-00020675  
 Mrs T PRIYANKA  
 32 Y 6 M 20 D (F)  
 Dr. PUJITHA DEVI SURANENI



## MEDICATION RECONCILIATION FORM

Drug Allergies: .....  Not known any Drug Allergies

**Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.  
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)**

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TABS. TRH peroxone	12.5mcg	PO	OD	27/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

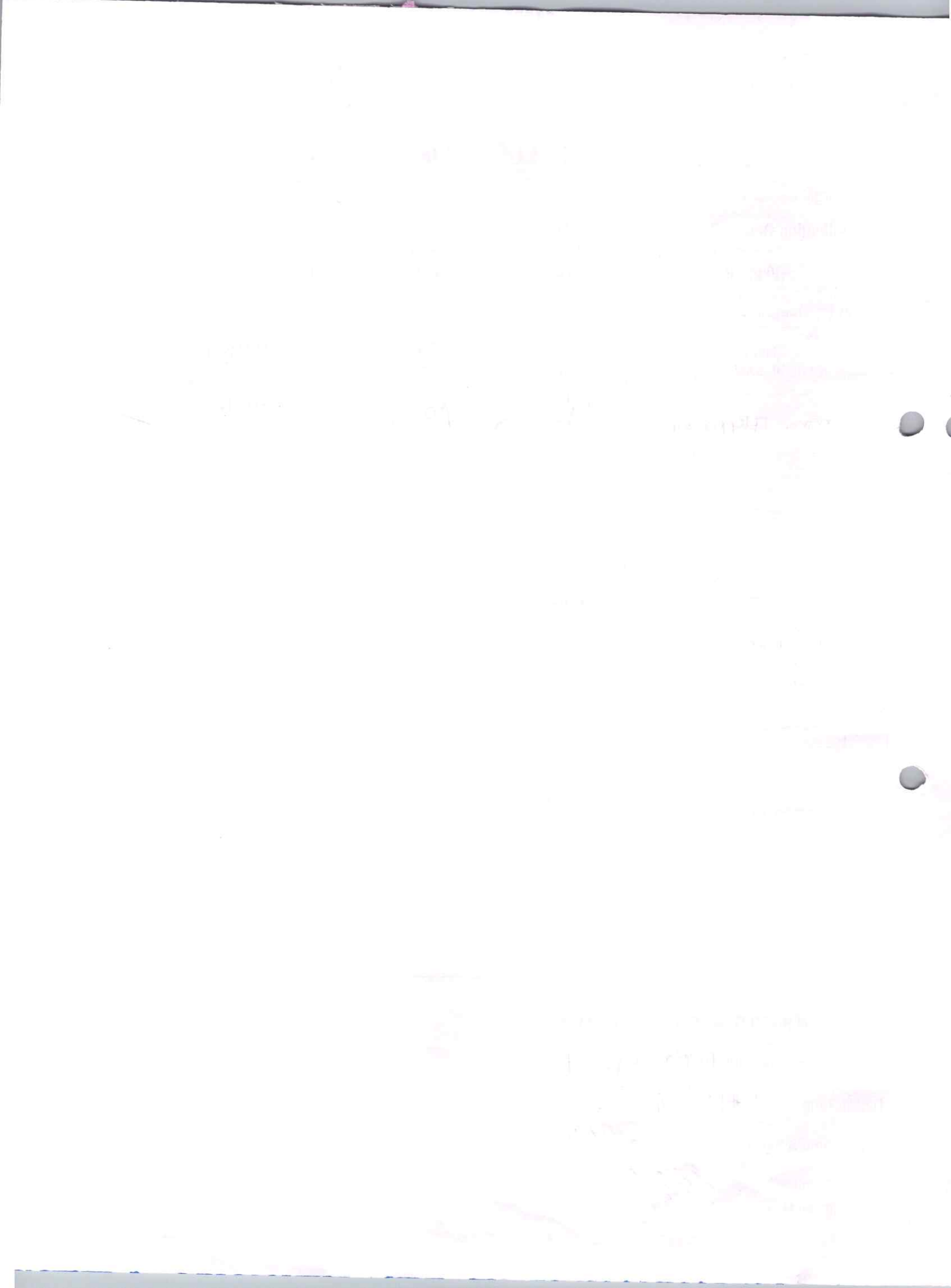
Doctor Name & Signature: *Dr. Pooja Pooja*

Date & Time: *27/5/26*

Nurse Name & Signature: *Nadhira A*

Date & Time: *27/5/26*

Docu. No. : RCH / FRM / GENERAL / 090





# DRUG CHART

Date of Admission: 27/12/2010 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)**

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

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

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

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



FDH-00032208 IP25-00020675  
 Mrs T PRIYANKA  
 08-11-1993 32 Y 6 M 20 D (F)  
 Dr. PUJITHA DEVI SURANENI



**REGULAR PRESCRIPTIONS**

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

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

<b>DRUG :</b> <u>SYP. DUPHALAC</u>				Date Time																					
Dose	Route	Frequency	Start Dt.																						
<u>15me</u>	<u>Po</u>	<u>1/5</u>	<u>28/5</u>																						
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																									
Additional Instructions:																									
<b>Daily Doctor's Endorsement by a Sign</b>																									
<b>DRUG :</b> <u>BETADINE OINT</u>				Date Time																					
Dose	Route	Frequency	Start Dt.																						
	<u>UA</u>	<u>TID</u>	<u>28/5</u>																						
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																									
Additional Instructions:																									
<b>Daily Doctor's Endorsement by a Sign</b>																									
<b>DRUG :</b> <u>BETADINE COTTON</u>				Date Time																					
Dose	Route	Frequency	Start Dt.																						
	<u>UA</u>	<u>TID</u>	<u>28/5</u>																						
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																									
Additional Instructions:																									
<b>Daily Doctor's Endorsement by a Sign</b>																									
<b>DRUG :</b> <u>T-THYRONORM</u>				Date Time																					
Dose	Route	Frequency	Start Dt.																						
<u>12.5mg</u>	<u>Po</u>	<u>OD</u>	<u>28/5</u>																						
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>																									
Additional Instructions:																									
<b>Daily Doctor's Endorsement by a Sign</b>																									



FDH-00032208 IP25-00020675  
 Mrs T PRIYANKA  
 30-11-1993 32 Y 6 M 20 D (F)  
 Dr. PUJITHA DEVI SURANENI



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.

**DRUG :**

Route: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name & Signature of the Doctor: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.

**VARIABLE DOSE**

**DRUG :**

Route: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name & Signature of the Doctor: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	12:00 Am	TAS MISOPROSTOL	50mcg	P.V	[Signature]	Geeta, Manoj, Nisha, Govind
28/5/26	4:00 Am	TAS misoprostol	25mcg	P.V	[Signature]	Govind
28/5/26	7:40 Am	inj. AUGMENTIN	1.2gm	IV	[Signature]	Geeta, Manoj, Nisha, Govind
28/5/26	3:37pm	Tij OXYTOCIN	10U	IM	[Signature]	Sadhika, Jaya
28/5/26	4:20pm	T-MISOPROSTOL	600ug	PR	[Signature]	Sadhika, Jaya
28/5/26	4:20pm	JUSTIN supplementary	1tab	PR	[Signature]	Sadhika, Jaya

Signature  
VERIFIED BY: Name



FDH-00032208 IP25-00020675  
 Mrs T PRIYANKA  
 18-11-1993 32 Y 6 M 20 D (F)  
 Dr. PUJITHA DEVI SURANENI

1

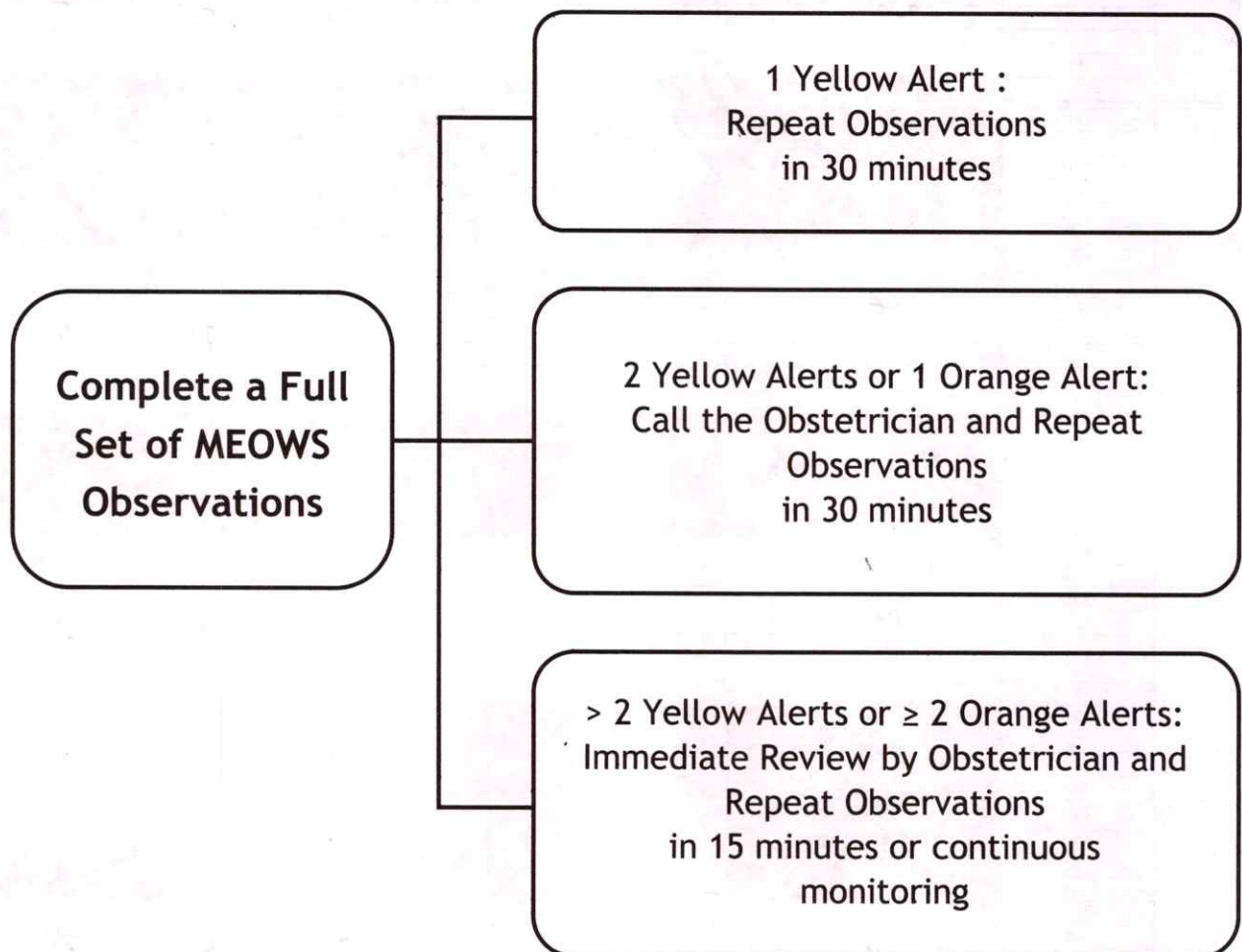


# Early Warning Observation Score Chart - Obstetrics

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		20		20						20	
	0 - 10																									
Saturations	94 - 100 %			100											100		100		100						100	
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37			37												37		37		37					37	
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90			98												98										
	80																									
	70																									
	60																									
	40																									
	Systemic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
80																										
50																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90																									
	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				0											0		0		0						0	
TOTAL ORANGE SCORES				0											0		0		0						0	
Nurse Initial				AS											AS		AS		AS						AS	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

DH-00032208

Mrs T PRIYANKA

18-11-1993

32 Y 6 M 20 D

Jr. PUJITHA DEVI SURANENI

IP25-00020675

(F)



28/5/26.

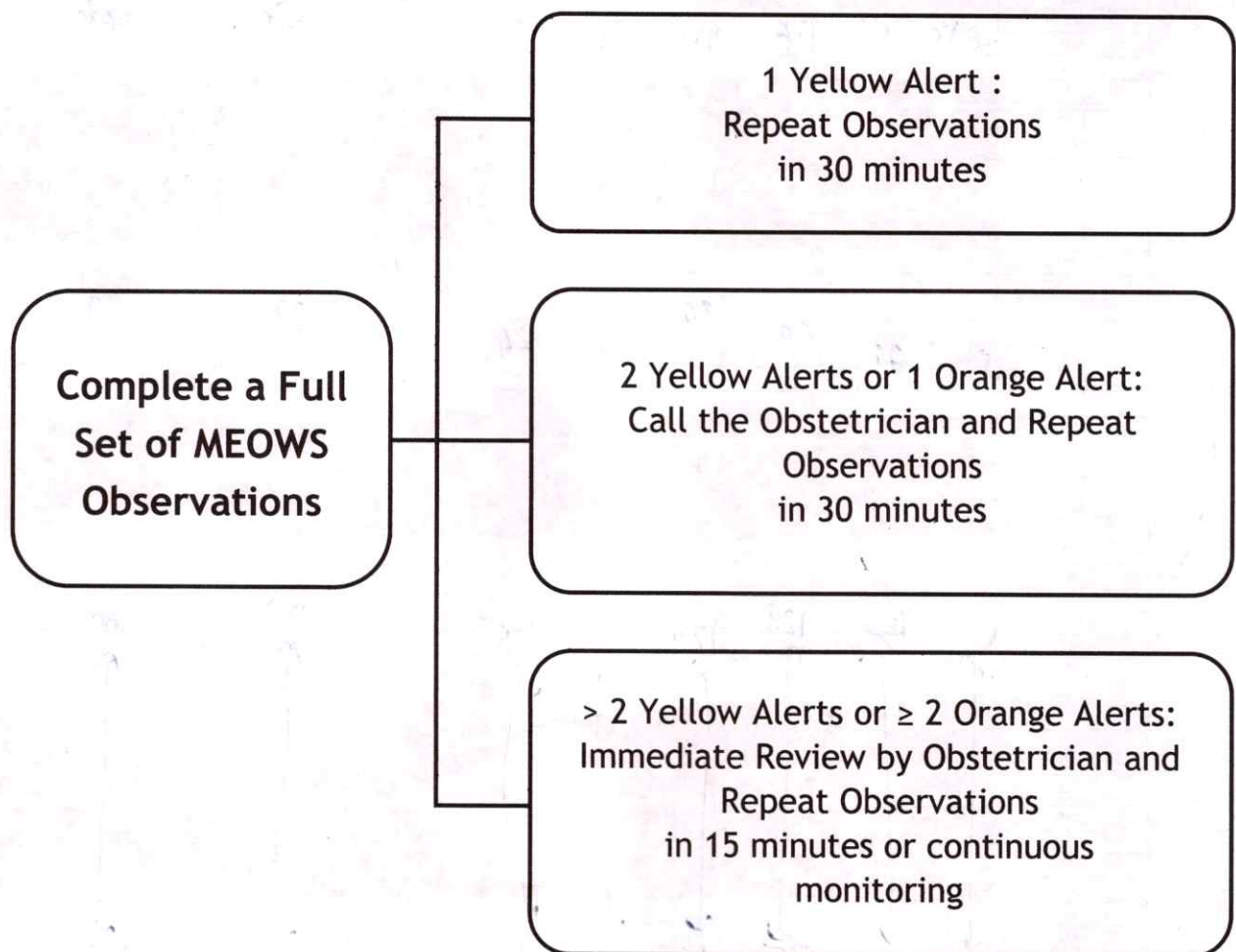


# Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		20	20	20	20	20	20	22									20				21				20	
	0 - 10																										
Saturations	94 - 100 %		100	100	98	100	99	98										99				99				100	
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36		36.1°C	36.9°C	37.7°C	36.8°C	36.1°C	36.1°C	36.1°C										36.1°C				36.3°C				36.4°C
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90		69	70	80	90	69	64											90			89					83
	80																										
	70																										
	60																										
	50																										
40																											
Systemic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90		112	125	129	124	121	125											110				109				100
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80																											
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert		A	A	A	A	A	A										A				A				A	
	Voice																										
	Pain Unresponsive																										
URINE mls / hour	> 30		✓															✓				✓				✓	
	< 30			C	C	C	C	C																			
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		N	N	N	N	N	N										N				N				N	
	Heavy / Foul																										
Liquor	Clear / Pink		C	C	C	C	C	C										C				C				C	
	Green																										
TOTAL YELLOW SCORES			0	0	0	0	0	0										0				0				0	
TOTAL ORANGE SCORES			0	0	0	0	0	0										0				0				0	
Nurse Initial			A	A	A	A	A	A										A				A				A	

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

ms Phiyanka



BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Rainbow Children's Hospital  
It takes a lot to treat the little.

## Labour Record

### LABOUR

Labour : Spont  IOL-PGE1  <sup>2 doses</sup> E2  Others

Indications for IOL-Accel :  None  Oxytocin

Memb. Rapture Type :  SROM  PROM  ARM <sup>IF</sup>

Presentation :  Vertex  Breech  Others

### INTRA PARTUM COMPLICATIONS

Maternal :  None  Pyrexia  HTN  Others <sup>ARM on insulin</sup>

Liquor :  Adequate  Oligo  Poly  Clear

Blood  Meconium  Cord : .....

Shoulder Dystocia :  Yes  No

### DELIVERY DETAILS

Anesthesia :  None  Epidural

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 : No 2 RAPID VICRYL

### STAGE III

Placenta :  Normal  Abnormal  RP Clots

CCT  Retained  MRP

PPH :  Atonic  Traumatic  None

Lacerations : .....

Cervical : .....

Perineal : Episiotomy

Prophylaxis :  Syntocinon  Prostodin

Blood Loss : 150ml

Blood Transfusion : .....

Other Details (if any) : .....

Rectal Examination : Rectal mucus intact

### DURATION OF LABOUR

1st Stage : 1 1/2 hours

2nd Stage : 40 min

3rd Stage : 5 min

Duration of Active Pushing : 30 min

No. of VE'S : 8

### BABY DETAILS

Gender : Female

Weight : 2.96 kg

APGAR : 7.8

Date and Time Delivery : 28/05/26; 3:36 PM

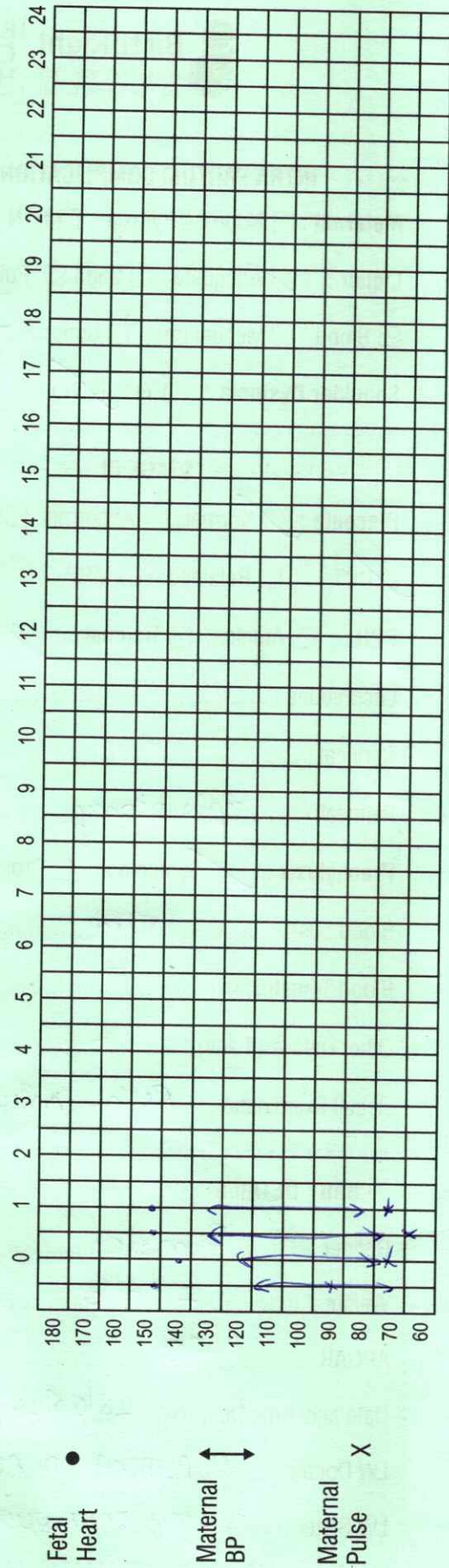
LW Doctor : Dr. PUJITA ; Dr. ANUSHA

LW Sister : SISTER MANJULA

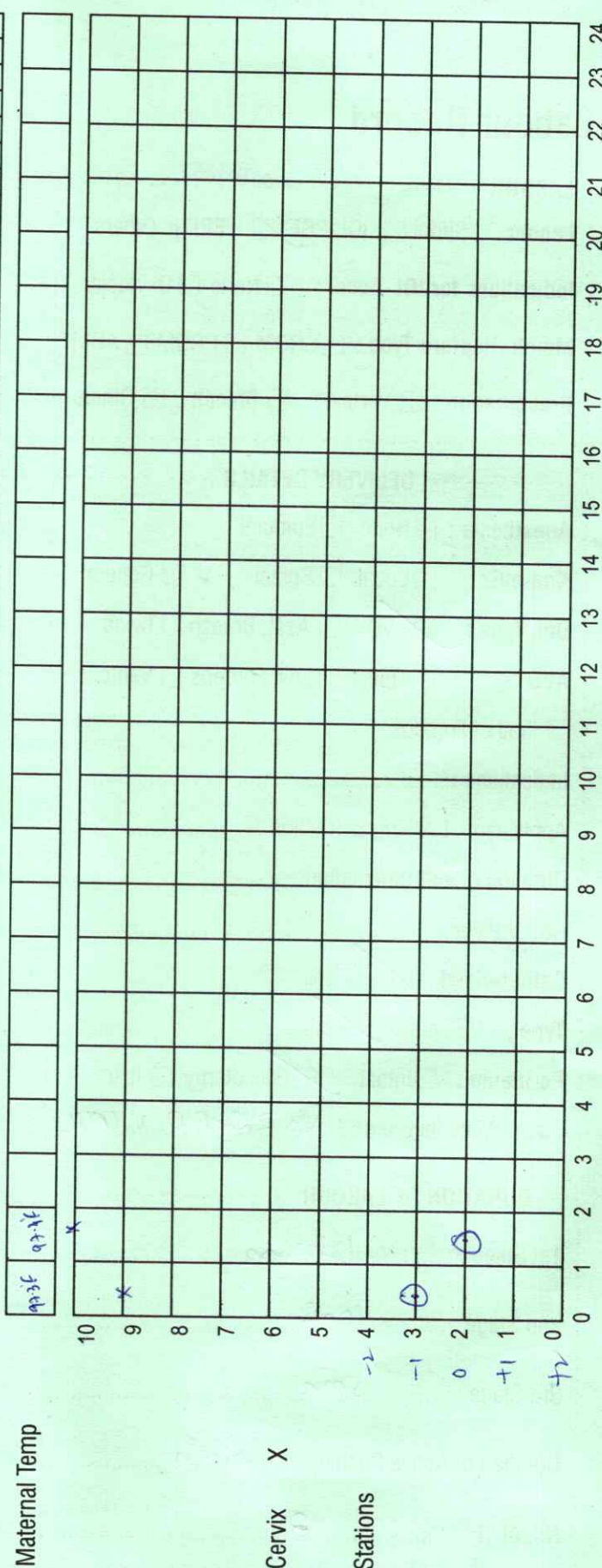
**PARTOGRAPH**

Name : Ms. Pratyanka ..... Obstetric Formula : Prim ..... Blood Group Type : B +ve .....

Memb. Returned :  SROM  PROM  ARM  Risk Factors : GDM on insulin .....



Fetal Heart   
 Maternal BP   
 Maternal Pulse X



Maternal Temp   
 Cervix X  
 Stations

Time

2:10 PM  
12:55 PM

Signature

*[Handwritten Signature]*

Fifths Palpable

Moulding / Caput

Amniotic Fluid

Position  
Cephalic / Breeth

Oxytocin

Contractions  
in 10 mins

Drugs and  
IV Fluids

Urinalysis  
Test  
Amount

C C

C C

5  
4  
3  
2  
1

RU RU

**RECORD OF LABOUR**

Maternal Condition :

vitals stable

Fetal Condition :

FHS - good

Progress of Labour :

PA - ut ~ T<sub>4</sub>, cephalic, FHS<sup>+</sup>, contractions <sup>+</sup>

Management :

PV - α - well effaced, os - 9 cm dilat., (-1 /

- w/f contractions / POL

- continue FHR (M)

- (M) vitals Inform SOS.

Time : 2:10 pm ..... Signature : *[Signature]*

Maternal Condition :

vitals stable

Fetal Condition :

FHS - good

Progress of Labour :

PA - ut ~ T<sub>4</sub>, cephalic, FHS<sup>+</sup>, contractions <sup>+</sup>

Management :

PV - α - well effaced, os - 10 cm, 10 /

- w/f fetal descent

- continue FHR (M)

- (M) vitals Inform SOS.

Time : 2:55 pm ..... Signature : *[Signature]*

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 : .....

# PATIENT TRANSFER FORM



Patient Name & UHID No. DH-00032208 IP25-00020675 Mrs T PRIYANKA 18-11-1993 32 Y 6 M 20 D (F) Dr. PUJITHA DEVI SURANENI 	Date & Time of Admission 27/5/26	Date & Time of Transfer Order 28/5/26
	Transfer Ordered by Dr. Pujitha	Reason for Transfer observation
From Unit ICU	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 25	Number of Imaging Films 	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 A. Sathya	Name of Person Ordered Transfer Dr. Harshini
---	---

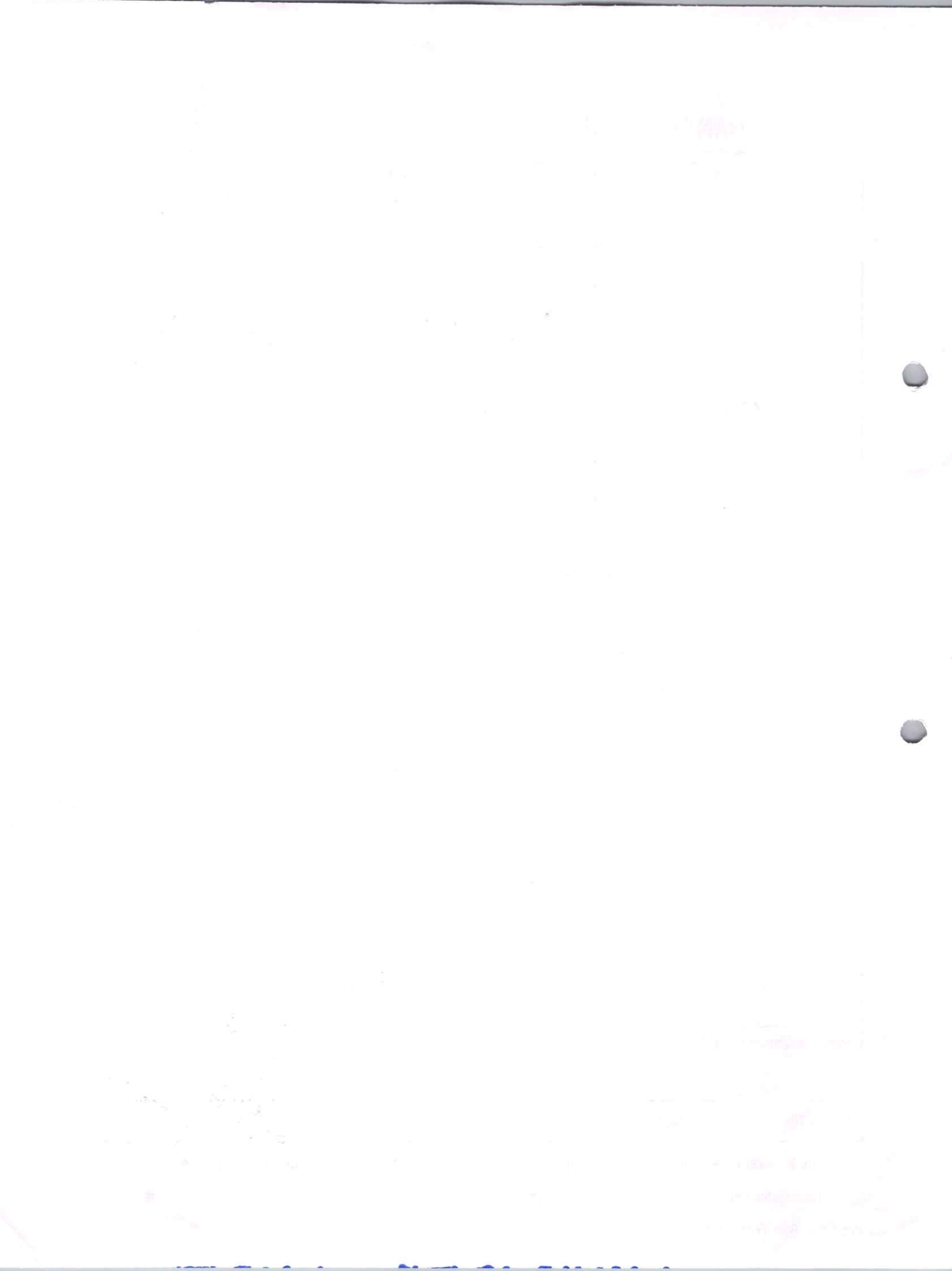
Patient & Clinical Records Received by :

Date & Time of Patient Received :

Harshini  
28/5/26 7:30 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



# PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
Treating Consultant Name	Transfer Ordered by	Reason for Transfer
From Unit	To Unit	Information to Attendant Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input 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 <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring		Name of Person Ordered Transfer
Patient & Clinical Records Received by :		
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

