

## DISCHARGE SUMMARY

<b>Name</b>	Mrs PINKY HIRANANDANI	<b>UHID</b>	MAH-00334326
<b>Father/Guardian</b>	Mr BHUPESH JATIANI	<b>Age/Gender</b>	39 Y / Female
<b>Address</b>	SRINIVASAM ELITE,,SAI PRITHVI ENCLAVE,,MASJID BANDA KONDAPUR, Kondapur, Hyderabad, Telangana, INDIA		
<b>IP No</b>	IP25-00020656	<b>Admission Date</b>	26-05-2026
<b>Ref Doctor</b>	Self		
<b>Discharge Date</b>	27.05.2026		

### Consultants :

**Dr. Himabindu Annamraju**

**MBBS,MRCOG (UK), CCT (UK)**

Consultant-Obstetrician,Gynaecologist and Laparoscopic Surgeon

Specialist in High-Risk Pregnancy

51697

### Diagnosis: G2P1L1 AT 10+5 WEEKS OF GESTATION WITH

1. PREVIOUS NVD
2. MISSED MISCARRIAGE
3. ON MERPC PROTOCOL
4. WITH HEAVY BLEEDING PV
5. FOR FURTHER MANAGEMENT

### History:

H/O Missed Miscarriage at 7+5 weeks

She was on MERPC protocol, Took Mifepristone 200mg 05.05.2026.

C/O Heavy bleeding with passage of clots at 08:30 PM on 26.05.2026

C/o giddiness

Menstrual History:



Name	Mrs PINKY HIRANANDANI	UHID	MAH-00334326
IP No	IP25-00020656	Admission Date	26-05-2026

LMP : 11.03.2026  
Previous Cycles : Regular

Obstetric Formula: G2P1L1  
G1 - 2021, NVD, Male, 2.4kg, A&H  
G2 - Present pregnancy, spontaneous conception

Medical History : Nil  
Surgical History : Nil  
Allergies : Nil  
Family History : Mother -Hypothyroid. & Father- DM

**Investigations:** Enclosed.  
Blood Group & Typing - "B" Rh Positive.

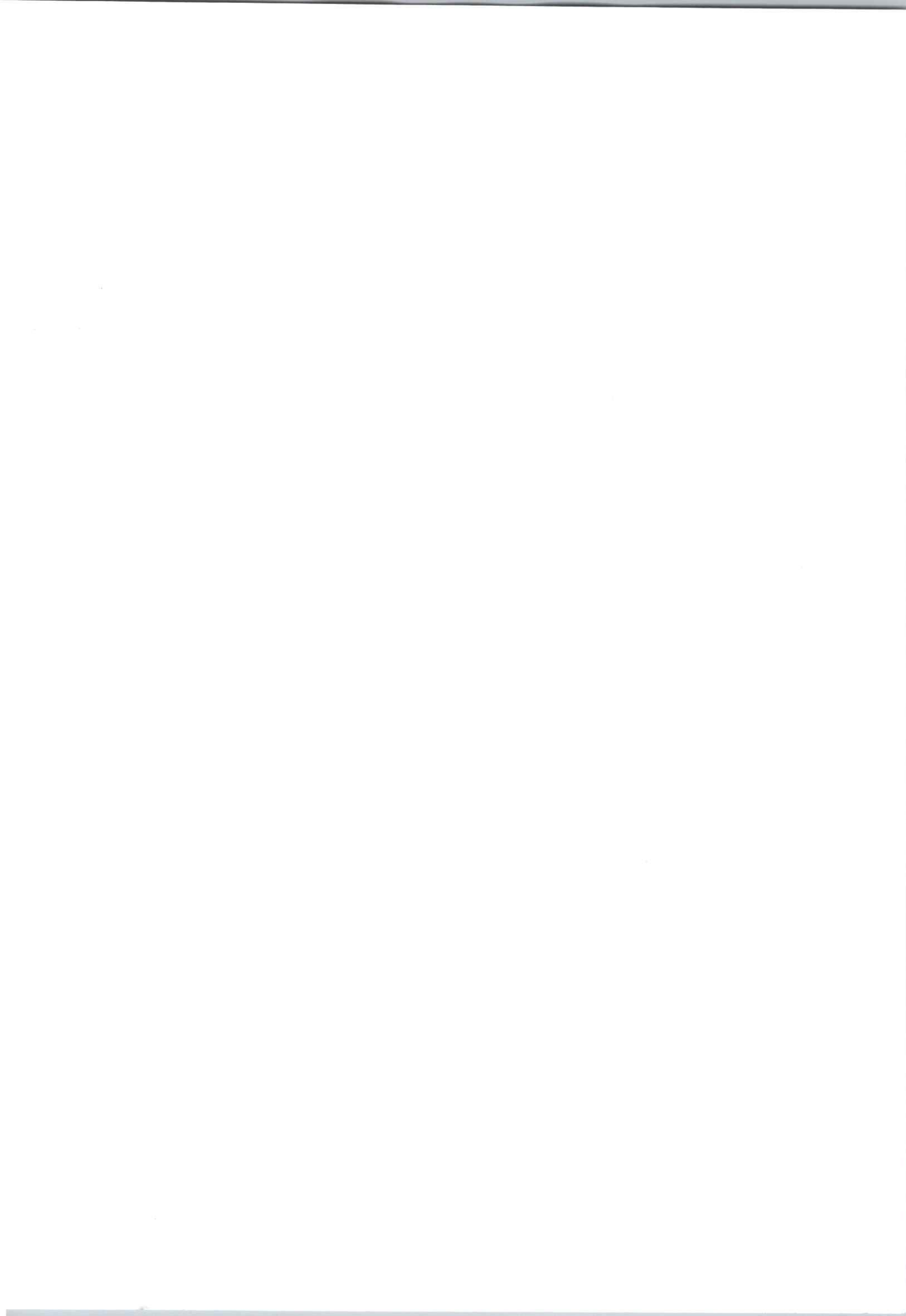
#### Antenatal Details:

Mrs. PINKY HIRANANDANI, was booked to Rainbow hospital at 5+3 weeks. She had regular antenatal checkups as advised. Scan done at 7+3w weeks showed, SLIUG, FHR - 150bpm, Bilateral ovaries normal. At 10+5weeks patient complained of spotting pv, on examination brownish discharge was seen. USG on 25.05.2026 showed, Regular Gestational scan seen, MSD - 32.9mm, Yolk Sac present, Fetal Pole present, FHS - absent CRL 14.2mm, ~ 7+5 weeks. S/o Missed Miscarriage. Patient and attenders were counselled about the findings, need for MERPC and further RPL evaluation. They consented for MERPC. She was started on MERPC protocol on 25.05.2026. She was admitted with complaints of heavy bleeding pc with clots passage for further management.

Investigations : Enclosed  
Blood group : "B" Positive

#### Management :

Patient came with complaints of Passage of clots with heavy bleeding pv since 08:30 PM on 26.05.2026. H/o giddiness. On examination, her vital were



Name	Mrs PINKY HIRANANDANI	UHID
IP No	IP25-00020656	Admission Date

It takes a lot to be here 26-05-2026

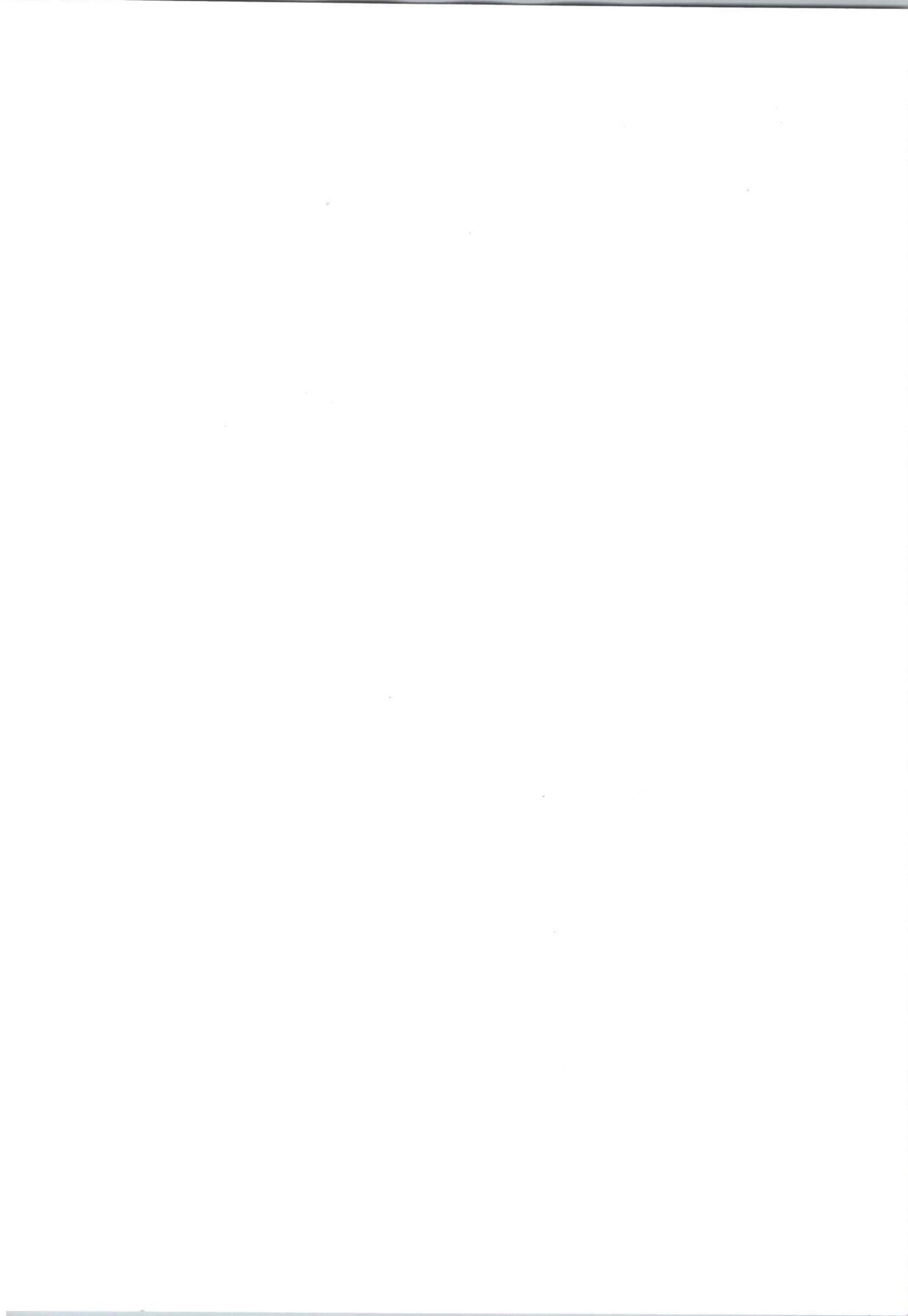
stable. Abdomen was soft, non tender. On per speculum, product were seen at the OS, about three 3x2cm clots were seen with ~ 100ml bleeding noted. She was started on conservative line of management. Necessary investigations were done and traced. Her CBP was, Hb - 9gm% TLC - 12730/cumm and Platelets- 279000/cumm. Injection FCM 1 gm IV in 100ml NS was given after test dose. Injection Tranexa 1 gm IV was given, Tab Misoprostol 400 next dose. Her bleeding was controlled with this management. Scan done on 27.05.2026 showed, Uterus Anteverted, normal in size 8.6 x 4.5cms, and echotexture is normal. ET 20.3mm. There is an echogenic content seen measuring 2.7 x 1.3 cms present in the endometrium with vascularity on color doppler study. Both ovaries are normal. S?O RPOC present. Patient and attenders were discussed with about the findings, options for medical management and SERPC were given with pros and cons discussed. They consented for MERPC. They were counselled about RPL evaluation, they decided to do later. She was stable at the time of discharge.

**Advice:**

1. Tab Taxim 200mg twice daily after food (8am-9pm) till 31.05.2026
2. Tab Pantop 40 mg once daily before breakfast (7am) till 31.05.2026
3. Tab CALPOL (Paracetamol) 1gm thrice daily after food for pain
4. Tab. Misoprostol 200mg twice daily till 29.05.2026 (9am-9pm) after food.
5. RPOC scan on 03.06.2026
6. Tab. Livogen (Elemental iron - 50mg, folic acid 1.5mg) once daily (7am) for one month before breakfast.
7. Tab. Zincovit once daily (2pm) for 1 month after food.

Review with **Dr. HIMABINDU ANNAMRAJU**, on 03.06.2026 with prior appointment in Gynec OPD at Rainbow hospital - Financial district (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain



Name	Mrs PINKY HIRANANDANI	UHID	MAH-00334326
IP No	IP25-00020656	Admission Date	26-05-2026

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 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)

  
Registrar/Resident/C.M.O



**Consultants :**

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51697





## ADMISSION SHEET

## Registration Details :



Admission No : IP25-00020656 Admit Date : 26-May-2026 Admit Time : 11:03 PM UHID : MAH-00334326

## Patient Details :

Patient Name	: Mrs PINKY HIRANANDANI	Age	: 39 Y
Guardian	: Mr BHUPESH JATIANI	DOB	: 01-01-1987
Gender	: Female	Religion	:
Occupation	:	Marital Status	: Married
Address (H)	: SRINIVASAM ELITE,,SAI PRITHVI ENCLAVE,, MASJID BANDA KONDAPUR Kondapur Hyderabad Telangana INDIA	Phone No	: 9899932554/ 9985600255
		E-mail	: pinkyhiranandni@gmail.com

## Admission Details :

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

## Contact Details :

Name	: Mr BHUPESH JATIANI	Relationship	: W/O
Contact Address	: SRINIVASAM ELITE,,SAI PRITHVI ENCLAVE,,MASJID BANDA KONDAPUR Kondapur Hyderabad Telangana INDIA	Phone No	:

  
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

MAH-00334326 IP25-00020656  
Mrs PINKY HIRANANDANI  
01-01-1987 30 Y (F)  
Dr. HIMABINDU ANNAMRAJU



-----  
): ----- Consultant : ----- Dept : -----  
----- Time : ----- Date of Discharge : ----- Time: -----

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

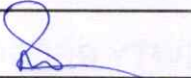

## WARD TRANSFERS

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.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/5/26	CBP ,PT APTT	✓ 8541	
27/5/26	RPOC	✓ 17020	
		Cross	Checked by
		27/5/26 @	Debankane
			1:15 pm





MAH-00334326 IP25-00020656  
 Mrs PINKY HIRANANDANI  
 01-01-1987 39 Y (F)  
 Dr. HIMABINDU ANNAMRAJU



### NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <i>g2p1L1 E 10+ WKS CIA E MISSED miscarriage</i>		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known				
	Surgery / Procedure:		If Yes Specify: .....				
BACKGROUND	Date	Shift	<i>26/5/26</i> N	<i>27/5/26</i> M			
	Medical Condition (Any special condition to be noted):		-	-			
	Diet:		-	<i>ND</i>			
	Post OP Day:						
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 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>				
	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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:	<i>98.8°</i>	<i>36.1°</i>			
		Res:	<i>22</i>	<i>24</i>			
		SpO <sub>2</sub> :	<i>97%</i>	<i>98%</i>			
		Pulse:	<i>102</i>	<i>90</i>			
		BP:	<i>110/80</i>	<i>111/72</i>			
		LOC:	<i>conscious</i>	<i>conscious</i>			
		Fall Risk Score:	<i>0/10</i>	<i>0/10</i>			
Pain Score:	<i>1/10</i>	<i>0/10</i>					
Skin Integrity	<i>Good</i>	<i>Good</i>					
Recommendations	Safety Needs:	<input checked="" type="checkbox"/> Yes <input 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:	-	<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 type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:	-	<i>ND</i>				
	Critical Lab Test / Values:	-					
	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 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 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 checked="" 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):	<i>depends</i>	<i>Non-dependent</i>					
Post Operative Procedure Special Orders:		-					
Handed Over By Name :		<i>Majuly</i>	<i>Debankam</i>				
Signature / ID :		<i>A</i>	<i>020811</i>				
Date:		<i>26/5/26</i>	<i>27/5/26</i>				
Time:		<i>8Am</i>	<i>1:30 pm</i>				
Taken Over By Name :		<i>Debankam</i>	<i>Sud</i>				
Signature / ID :		<i>020811</i>	<i>Sud</i>				
Date:		<i>27/5/26</i>	<i>for discharge</i>				
Time:		<i>8pm</i>	<i>discharge</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	<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	
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

MAH-00334326 IP25-00020656  
 Mrs PINKY HIRANANDANI (F)  
 01-01-1987 39 Y  
 Dr. HIMABINDU ANNAMRAJU



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/5/20

**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:** Missed miscarriage Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: .....  
 Time Notified: .....

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Yes</u>

<p><b>Gynecology Assessment:</b> <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: .....</p>	<p><b>Gynecology Surgical History:</b></p> <p>Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: .....</p>	<p><b>Gynecological History:</b></p> <p>Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Infertility:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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**Obstetric History:** G ..... P 1 L 1 A 1

**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: 98.8 HR: 115 RR: 22  
 BP: 120/80 Weight: ..... Height: ..... BMI: .....

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

Patient Sticker

### PHYSICAL ASSESSMENT

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

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

**Risk of Pressure Sore:**  Yes  No Score .....0..... (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 .....

**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: ..... *[Signature]* .....

Nurse Name: ..... *Magda* .....

Date & Time: ..... *25/5/26* .....



## I.P. ADMISSION SHEET FOR GYNECOLOGY

MAH-00334326 IP25-00020656  
 Mrs PINKY HIRANANDANI  
 01-01-1987 39 Y (F)  
 Dr. HIMABINDU ANNAMRAJU

Date of Admission : 26/5/26

Time of Admission : 11 pm



## PERSONAL DETAILS

Name : Mrs. Pinky Hiranandani Age 39 Date of Birth \_\_\_\_\_  
 UHID No.: MAH 00334326 IP No.: \_\_\_\_\_  
 Department : OBG Consultant : Dr. Himabindu

## PRESENTING COMPLAINTS

G2P1L1,  $\bar{c}$  10 wks GA  $\bar{c}$  missed miscarriage.

Took T. Mifepristone 200mg at 2pm on 25/5/26.

Clot passage of clots at 8:30pm today

flb ↓ ? fetus expelled.

heavy bleeding and giddiness

on P/S - POC at os noted.  
 bleeding ⊕

USG (25/5/26): MSD - 32.9mm  
 Regular G scan seen  
 YS ⊕, FP ⊕, FHS ⊖.  
 CRL ~14.2mm ~ 7<sup>th</sup> wks.  
 s/o missed miscarriage.

## MENSTRUAL HISTORY

Year of Marriage : 2017  
 Previous Periods : Regular  
 LMP : 11/3/26  
 Contraception :

## OBSTETRIC HISTORY

Parity : P<sub>1</sub>L<sub>1</sub>A<sub>1</sub>  
 Mode of Delivery : NVD  
 Last Child Birth : 5yrs

MEDICAL HISTORY	SURGICAL HISTORY
NIL	NIL
FAMILY HISTORY	NOTES / ALLERGIES
M - Hypothyroid f - DM.	NIL.

-----INITIAL ASSESSMENT :-----

Date _____ Ht. _____ Wt. _____ BMI _____ PR - 115 bpm. B.P. 120/77 mmHg Pallor _____ CVS _____ Respiratory System _____ Thyroid _____	Breasts         Abdominal Examination  P/A - soft	Local / Speculum Examination  POC at os seen 3 → 3x2 cm dots (+) ~100ml bleeding noted Bimanual Pelvic Examination   ?
--	--	--

PROVISIONAL DIAGNOSIS : Incomplete miscarriage ± bleeding pm

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
Bl/T - B+ve. viral markers - send CBP, PT, INR, APTT	Medical management + SOS SERPC.	- Admission - High risk consent - Inj Tranexa 1gm IV/stat - T. Misoprostol 400ug PR/stat - IVF @ 100ml/hr. - RPOC scan t/m.

Name of the Doctor : Dr Anurha

Date : 26/5/26

Time : 11pm

  
Signature of Doctor

MAH-00334326 IP25-00020656  
 Mrs PINKY HIRANANDANI  
 01-01-1987 39 Y (F)  
 Dr. HIMABINDU ANNAMRAJU



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

**BirthRight**  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
12Am	<u>High risk consent</u>	
	patient sign - Pinky	Doctor's sign -
	Patient attendee's sign -	





## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>27/5/26</del>		
<del>2:30 AM</del>	AC - fair	
	Afebrile	<u>Adv:</u>
	PR - 82 bpm	- Continue IVF
	BP - 108/70 mmHg	- RPOC scan today
	P/A - soft	- Drugs as charted
	P/V - NAB	- w/ active b/w
		- Strict (M) of vitals
	HB - 9	- Inform SOS
	WBC - 12.73	
	PLT - 279	<u>Adv</u>
<del>27/5</del>	AC fair	<u>Adv</u>
<del>6:30 am</del>	afebrile	- NBM from Fam.
	BP - 101/65 mmHg	- 1 @ IVF @ 100 ml/hr
	PR - 80 bpm	- drugs as charted
	SPO <sub>2</sub> 98	- w/ active spv
	P/A - soft	- RPOC scan today
	P/V - NAB	- Act (M) of vitals
	AAB - 32.8	- Inform
	PT - 16.5	
	INR - 1.03	
		<u>Indy</u>

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>6:40 AM</u>	<u>clift Dr. Hinalinder</u>	
	- RPOC scan	
	- Inj Fem 1 gm IV <del>over</del> over 15-20 min in 100ml NS	
	- Discuss regarding genetic testing and RPL profile.	
		<u>gh</u>
<u>7:40 AM</u>	GC-fair	<u>Adv:</u>
	Afebrile	- Inj Fem 1 gm in 100ml NS <del>at</del>
	PR - 80 bpm	IV over 15-20 min
	BP - 106/72 mmHg	- NBM
	P/A - 40/17	- w/f any reactions; active bpr
	P/V - NAB	- RPOC scan today
		- continue IVF after Fem
		- @ vitals Tufome 801
		<u>gh</u>
<u>8:10 AM</u>	Inj Fem 1 gm IV infusion done cont any adverse reactions.	
		<u>gh</u>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/26	by Dr Swetha	
11:15 AM	No fresh complaints at present	
	Acceptive	AA
	Afebrile	11 NBM
	PR - 90 bpm	2) 10 RL & 125 ml/hr
	BP - 102/68 mmHg	3) Monitor vitals
	SpO2 - 92% on RA	4) W4 Active bleeding PR
	PA soft	5) Inform PR
	O/E - NAB	
	CLI to Dr HIMABINDU	
	<u>RPOC on - 27/5/26</u>	Swetha
	UT - AV - 8.6 x 4.5 cm	
	ET - 20.3 mm	
	2.7 x 1.3 cm echogenic content in endometrium & vascularity	
	SLO - RPOC	
	Couple given options of medical method or suction and evacuation, risks and complications explained.	
	Couple wants to decide.	
	Dix scan findings - ET: 20.3 mm.	
	RPOC 27 x 13 mm.	Swetha
	option - med. ux } pros & cons. disc.	
	SERPC }	

## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>2/21/20</del>	- opt for MED. MV.	
	<u>Adv</u>	
	- Discharge today	
	- MISO PRESTOL 200MG.	
	o - o * 3 days.	
	- Rho = RPOC scan	
		(3-6 June)
	- LIVORAD	
	- o - (80)	AS
	- ZINCOVIT	H.
	- o - (30)	

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 Mrs PINKY HIRANANDANI (F)  
 31-01-1987 39 Y  
 Dr. HIMABINDU ANNAMRAJU  




## RESULT SHEET

Date	26/5/26				
Time					
Hb	9.0				
PCV	29.2				
RBC	3.63				
WBC	12.73				
N/L					
Platelets	279.				
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	16.5 / 1.03				
APTT	32.8				
CSF Protein / Sugar					
Cells					
N/L					









Patient Sticker

Sheet No: .....

### REGULAR PRESCRIPTIONS

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

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

Signature  
VERIFIED BY : Name

VARIABLE DOSE		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
<b>DRUG :</b>			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE		Date Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
<b>DRUG :</b>			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

**STAT / ONCE ONLY DRUGS**

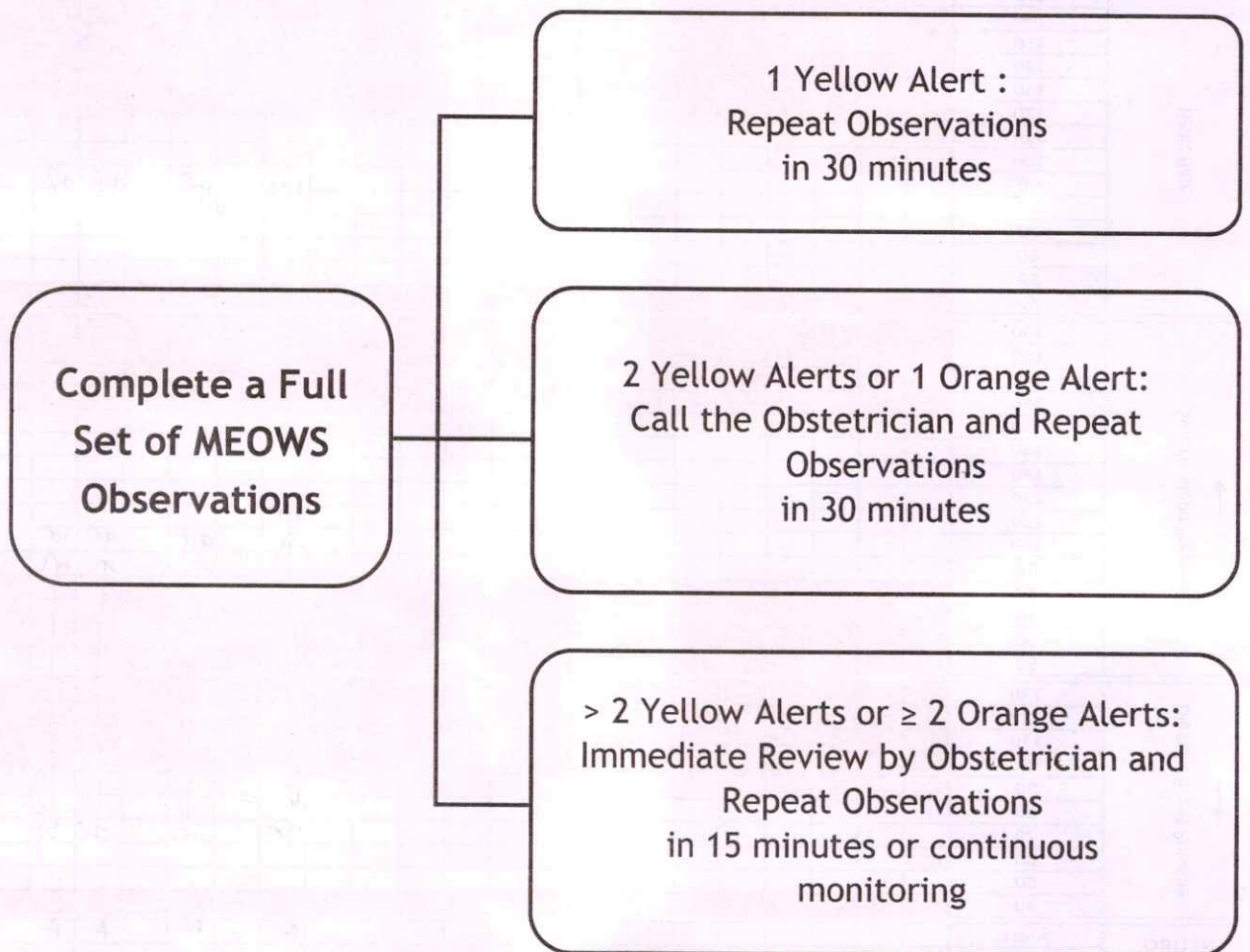
Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26	11:30pm	Ij. TRANEXAMIC ACID	1gm 2 100ml 1%	IV		 Majid
26/5/26	11:30pm	Tab. MISOPROSTOL	400mg	PR		 Majid
26/5/26	11:40pm	Ij. ONDEN SETRON	4mg	IV		 Majid
27/5/26	1:10 AM	Ij. PARACETAMOL	1g	IV		 Nadhira

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





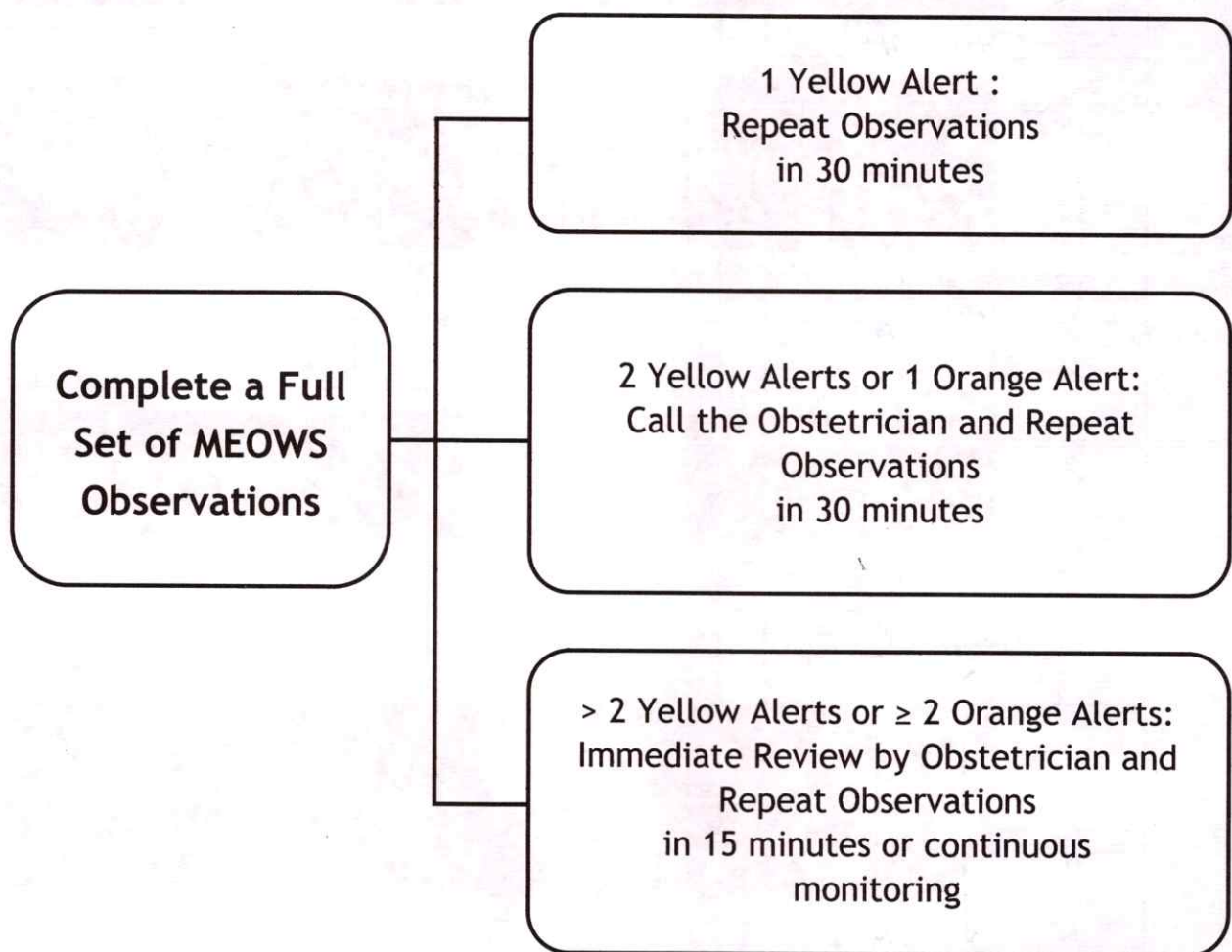
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

MAH-00334326 IP25-00020656  
 Mrs PINKY HIRANANDANI  
 01-01-1987 39 Y (F)  
 Dr. HIMABINDU ANNAMRAJU



# FLUID CHART

Sheet No. : .....

- 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													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm	RL		100ml	NO	NO	NO	NO	NO	NO	0			
	12:00 am	RL	200ml	100ml	NO	NO	NO	NO	NO	NO	0			
	01:00 am	RL	400ml	100ml	NO	NO	NO	NO	NO	passed	0			
<b>Total Intake :</b>						<b>Total Output :</b>								
						U - 1, M - 1								
	02:00 am	RL	100ml	100ml	NO	NO	NO	NO	NO	NO	0			
	03:00 am	RL	100ml	100ml	NO	NO	NO	NO	NO	NO	0			
	04:00 am	RL	100ml	100ml	NO	NO	NO	NO	NO	NO	0			
	05:00 am	RL		100ml	NO	NO	NO	NO	NO	NO	0			
	06:00 am	RL	100ml	100ml	NO	NO	NO	NO	NO	NO	0			
	07:00 am	RL	100ml	100ml	NO	NO	NO	NO	NO	NO	0			
<b>Total Intake :</b>						<b>Total Output :</b>								
						U - 2								

**Total 24 hrs. Intake**      1700 ml

**Total 24 hrs. Output**      U-3, M-1

MAH-00334326 IP25-00020656  
 Mrs PINKY HIRANANDANI (F)  
 31-01-1987 39 Y  
 Dr. HIMABINDU ANNAMRAJU



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	RL NBM	100ml	-	-	-	-	-	-	✓	0	} 20
	09:00 am	RL NBM	100								0	
	10:00 am	RL NBM	100							✓	0	
	11:00 am	RL NBM	100								0	
	12:00 pm											
	01:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>						
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>						