

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173657 Admit Date : 11-May-2026 Admit Time : 02:51 AM UHID : BAH-00504351

Patient Details :

Patient Name : Mrs VEDA SAMHITHA Age : 30 Y 10 M 26 D
Guardian : Mr DHARMA TEJA YELAMARTHY DOB : 15-06-1995
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : B 503, ROLIN ARCADE APAT CZETH STREET Phone No : 9948421111/ 6301477792
NO1 Sanathnagar Hyderabad Telangana E-mail : nomailid@gmail.com
INDIA 500018

Admission Details :

Bed Type : SUITE Bed No : SUITE 3 (421) Ward Name : 4F-BIRTHRIGHT PREMIUM
Room No : SUITE 3 (421) Admission Type : First Visit

Contact Details :

Name : Mr DHARMA TEJA YELAMARTHY Relationship : Husband
Contact Address : B 503, ROLIN ARCADE APAT CZETH STREET NO1 Sanathnagar Hyderabad
Telangana INDIA 500018 Phone No : 9948421111 / 6301477792

Signature

Doctor Details :

Doctor Name : Dr. SASIKALA KOLA Specialisation : OBSTETRICS AND GYNÉCOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ Consultant: _____ Dept : _____

BAH-00504351 IP5-00173657
Mrs VEDA SAMHITHA
15-06-1995 30 Y 10 M 26 D (F)
Dr. SASIKALA KOLA

Date of Admission: _____ 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	NHA	11/5/26		
2	Dr. Brundavani	11/5/26	9602869.	Swapne
3	Dr. Shreyas	11/5	9604079.	Preema
4	Dr. Teheena Shama(PT)	13/5/26		
5				
6				
7				
8				
9				
10				

BAH-00504351 IP5-00173657
 Mrs. VEDA SAMHITHA
 15-08-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA



RESULT SHEET

Date	11/5/26				
Time					
Hb	11.5				
PCV	35.0				
RBC	4.07				
WBC	10.79				
N/L					
Platelets	180.				
CRP	5.0				
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					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

BAH-00504351 IP5-00173657
 Mrs VEDA SAMHITHA
 15-06-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA



DRUG CHART

Date of Admission: 11.5.2026 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:																					

VERIFIED BY : Name : Signature

REGULAR PRESCRIPTIONS

Weight. Ward. OBS



DRUG : <u>IMS - MAGNE x forte</u>				Date Time	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>														
Dose	Route	Frequency	Start Date	<u>6</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>														
<u>1.5 gm</u>	<u>PO</u>	<u>BD</u>	<u>11/5/26</u>	<u>6 AM</u>	<u>6 PM</u>	<u>6 AM</u>	<u>6 PM</u>														
Name & Signature of the Doctor Starting the Drugs:				<u>6</u>	<u>6 AM</u>	<u>6 PM</u>	<u>6 AM</u>														
<u>(Dr. Lavanya)</u>				<u>6</u>	<u>6 AM</u>	<u>6 PM</u>	<u>6 AM</u>														
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>TAB - PARACETAMOL</u>				Date Time	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>														
Dose	Route	Frequency	Start Date	<u>3</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>														
<u>500mg</u>	<u>PO</u>	<u>TID</u>	<u>11/5/26</u>	<u>3 AM</u>	<u>3 PM</u>	<u>3 AM</u>	<u>3 PM</u>														
Name & Signature of the Doctor Starting the Drugs:				<u>3</u>	<u>3 AM</u>	<u>3 PM</u>	<u>3 AM</u>														
<u>(Dr. Lavanya)</u>				<u>3</u>	<u>3 AM</u>	<u>3 PM</u>	<u>3 AM</u>														
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>TAB - DICLOFENAC</u>				Date Time	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>														
Dose	Route	Frequency	Start Date	<u>10</u>	<u>11/5</u>	<u>12/5</u>	<u>13/5</u>														
<u>50mg</u>	<u>PO</u>	<u>BD</u>	<u>11/5/26</u>	<u>10 AM</u>	<u>10 PM</u>	<u>10 AM</u>	<u>10 PM</u>														
Name & Signature of the Doctor Starting the Drugs:				<u>10</u>	<u>10 AM</u>	<u>10 PM</u>	<u>10 AM</u>														
<u>(Dr. Lavanya)</u>				<u>10</u>	<u>10 AM</u>	<u>10 PM</u>	<u>10 AM</u>														
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>TAB - PANTAPRAZOLE</u>				Date Time	<u>11/5</u>	<u>12/5</u>															
Dose	Route	Frequency	Start Date	<u>6</u>	<u>11/5</u>	<u>12/5</u>															
<u>40mg</u>	<u>PO</u>	<u>BD</u>	<u>11/5/26</u>	<u>6 AM</u>	<u>6 AM</u>	<u>6 AM</u>															
Name & Signature of the Doctor Starting the Drugs:				<u>6</u>	<u>6 AM</u>	<u>6 AM</u>															
<u>(Dr. Lavanya)</u>				<u>6</u>	<u>6 AM</u>	<u>6 AM</u>															
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

BAH-00504351 IP5-00173657
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 15-06-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA

Weight Ward. **B2P**



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
DRUG :	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.	
Dose			Dose		Dose		Dose		Dose	
DRUG :		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
11/5/26	6Am	T. PGE1	25mcg	PO	W	Pritya Rebera
11/5/26	8Am	TAB. OXYTOCIN	100	IM	W	Swapan Pritya
11/5/26	8:30Am	TAB. MISC PROSTEL	400mg	PIR	W	Swapan Pritya
11/5/26	8:11Am	JUSTIN SUPPOSITORY	1	PIR	W	Swapan Pritya
11/5/26	11Am	INJ. PARACETAMOL	1gram	IV	W	Swapan Pritya
11/5/26	11Am	INJ. ZOFER	4mg	IV	W	Swapan Pritya
13/5/26	9:40Am	ryp DIPHENH	2ml	PV	W	Yamuna nikhitha

VERIFIED BY: Name Signature

3AH-00504351 IP5-00173657
 Mrs VEDA SAMHITHA
 15-06-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward OBE

DRUG : <u>SyD - DOPHALAC</u>				Date Time	<u>11/5</u>	<u>12/5</u>																
Dose	Route	Frequency	Start Dt.																			
<u>15ml</u>	<u>PO</u>	<u>OD</u>	<u>11/5/26</u>																			
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Lavanya</u>					<u>10 AM</u>	<u>12 PM</u>	<u>10 AM</u>	<u>12 PM</u>														
Additional Instructions: <u>Night</u>																						
Daily Doctor's Endorsement by a Sign																						

DRUG : <u>Tab CEFIXIME</u>				Date Time	<u>12/5</u>																	
Dose	Route	Frequency	Start Dt.																			
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>13/5/26</u>		<u>6 AM</u>																	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Samire</u>					<u>6 PM</u>																	
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

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

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

VERIFIED BY: Name Signature

BAH-00504351 IP5-00173657
 Mrs VEDA SAMHITHA
 15-08-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil 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	T. IRON	1tbl	PO	OD	10/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1tbl	PO	OD	10/5/26	<input type="checkbox"/> C <input checked="" 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. Lavanya h

Date & Time: 11/5/26 3 AM

Nurse Name & Signature: Prिया

Date & Time: 11/5/26 @ 3 AM

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Mrs VEDA SAMHITHA
 15-08-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA



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																											
	0 - 10																											
Saturations	94 - 100 %																											
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp ^o c	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	Systolic Blood Pressure ↑	190																										
180																												
170																												
160																												
150																												
140																												
130																												
120																												
110																												
100																												
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																												
TOTAL ORANGE SCORES																												
Nurse Initial																												

11/5/20

NA

19

98.1

99.5

48

120

(85)

70

✓

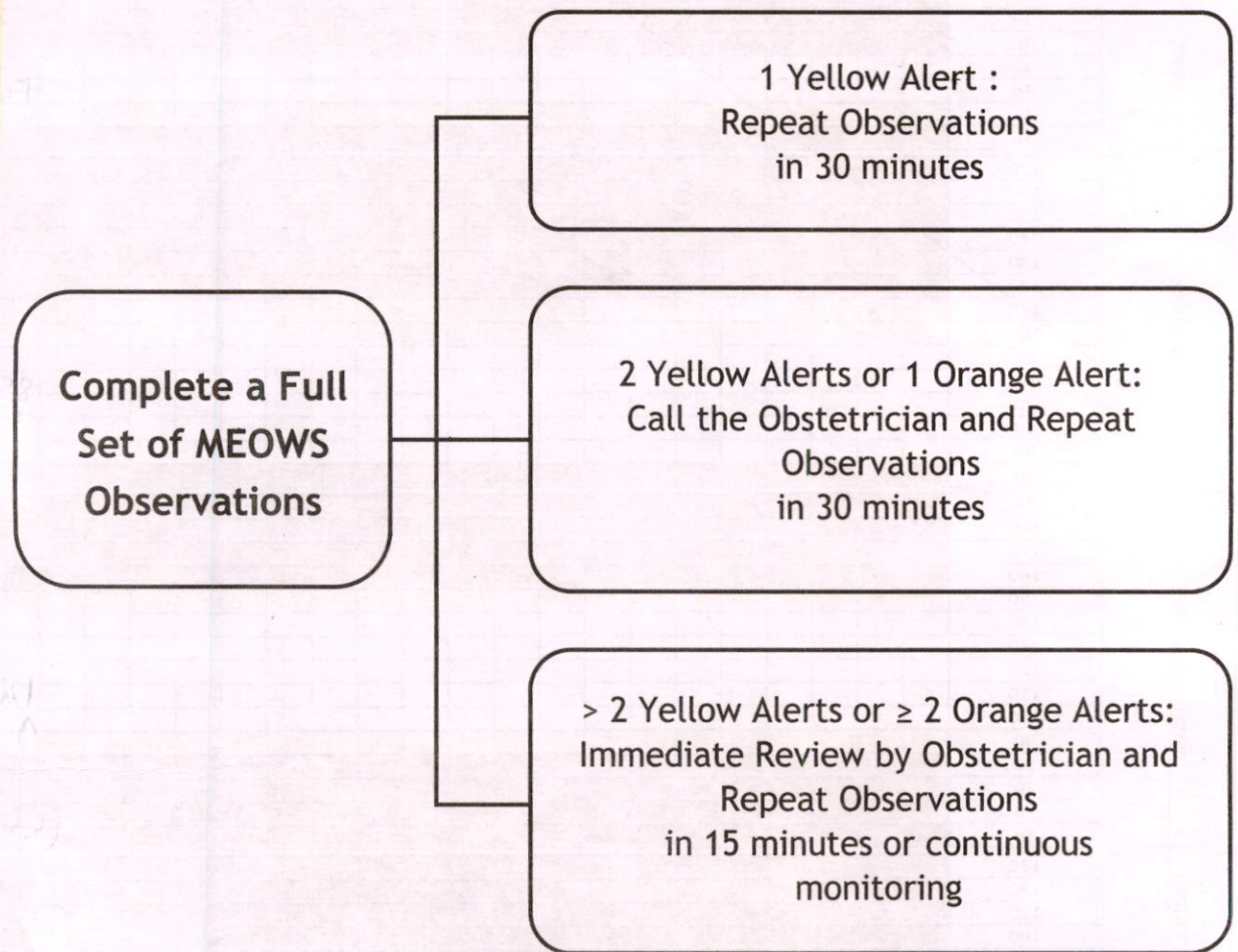
✓

✓

✓

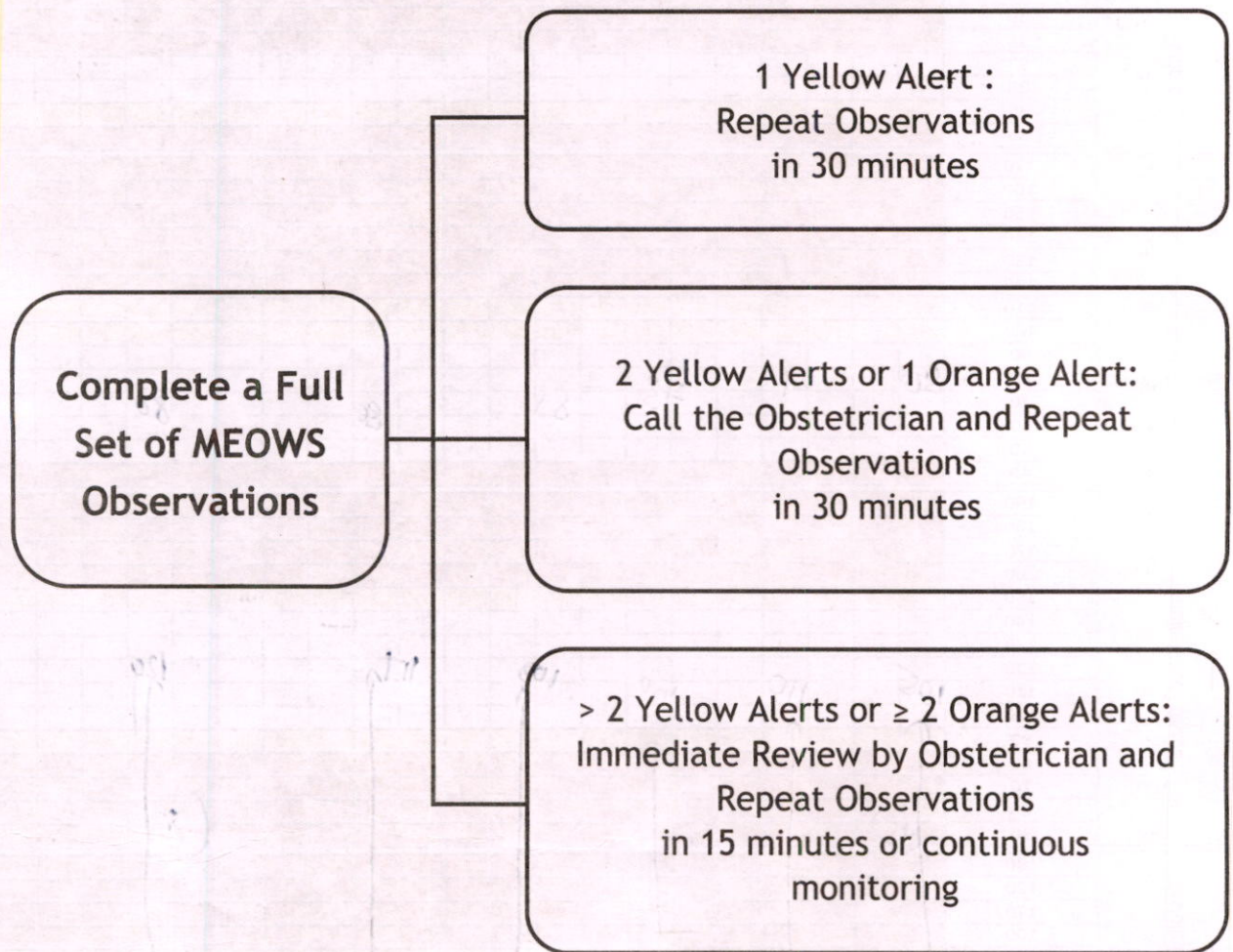
02/3

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00504351 IP5-00173657
 Mrs VEDA SAMHITHA
 15-06-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA

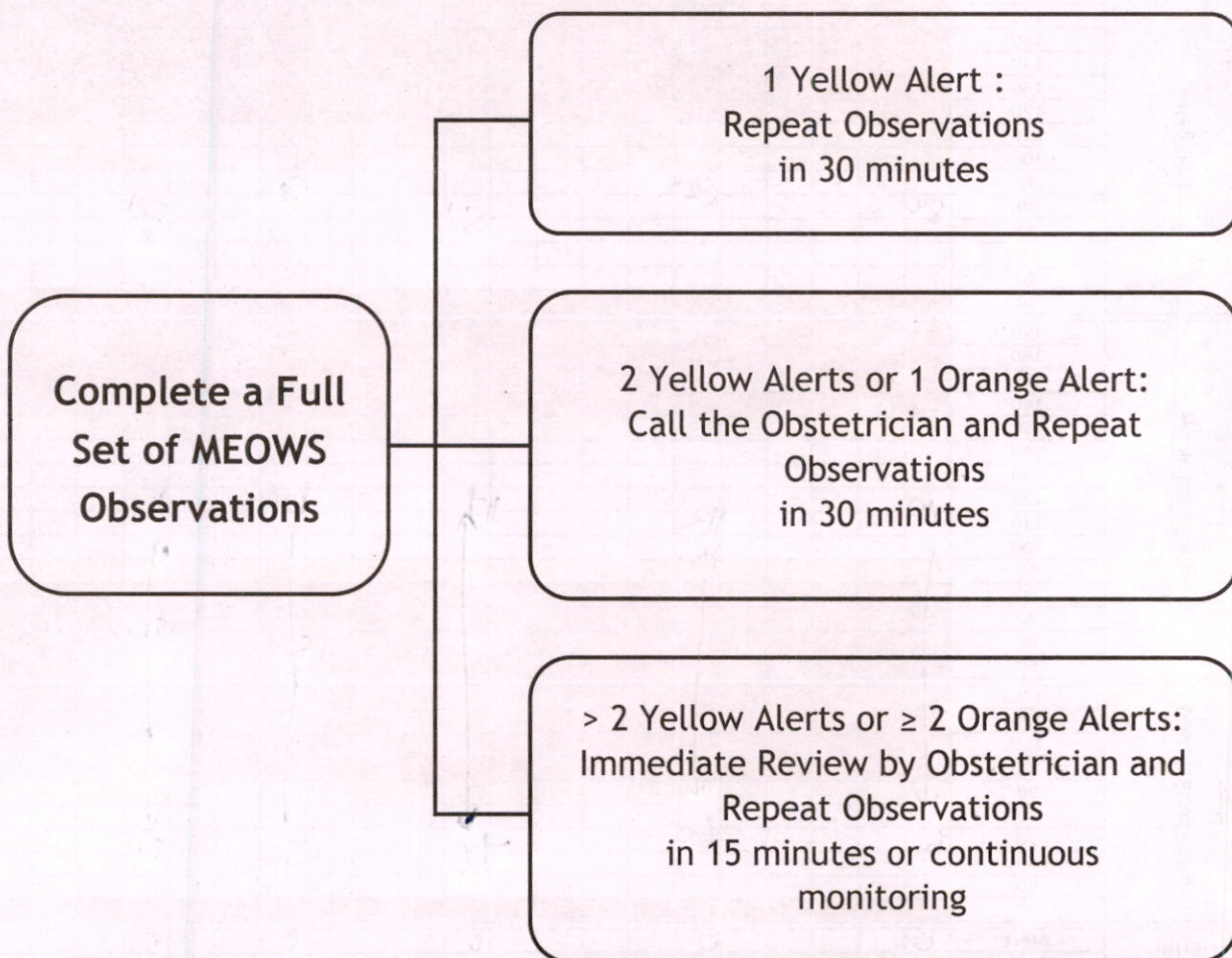


Early Warning Observation Score Chart - Obstetrics

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

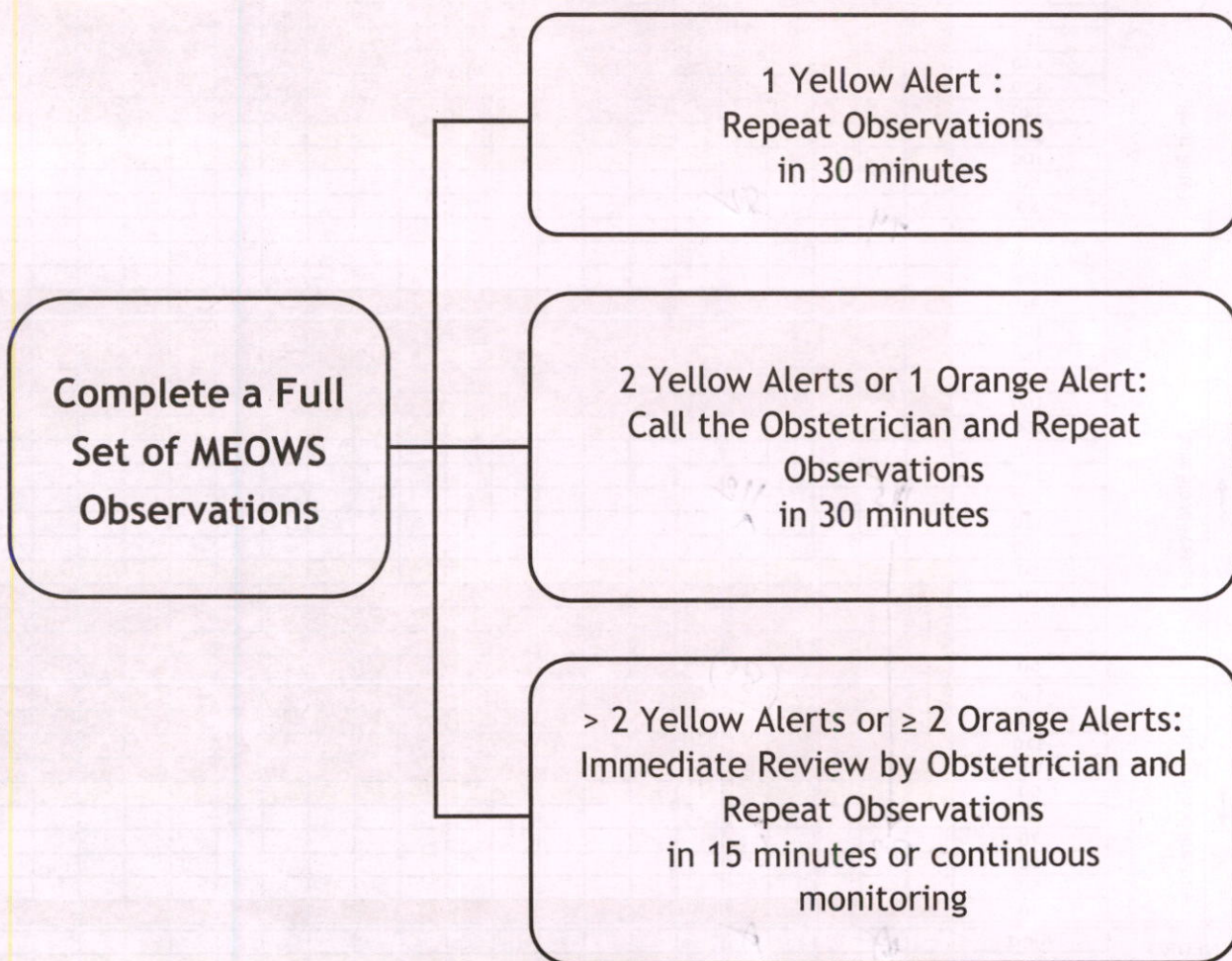
		Date																								
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20		20				20					18				19					19				19	
	0 - 10																									
Saturations	94 - 100 %		98.5				99.5					98.5				98.5					98.5				100.5	
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36		98.1F				98.2F									97.2F					96.2F				96.6F	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80		80				80					80				85					79				79	
	70																									
	60																									
	50																									
40																										
Systemic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100		110				112					111				120					114				106	
	90		↑				↑					↑				↑					↑				↑	
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80																										
70																										
60		70				60					76				72					81				84		
50		↓				↓					↓				↓					↓				↓		
40																										
NEURO RESPONSE [✓]	Alert		0				0					0				0				0				0		
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30		0				0								0					0					0	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal		0				0					0			0					0				0		
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES			0				0					0			0					0				0		
TOTAL ORANGE SCORES			0				0					0			0					0				0		
Nurse Initial			2				2					2			2					2				2		

Obstetrics and Gynaecology Early Warning Signs



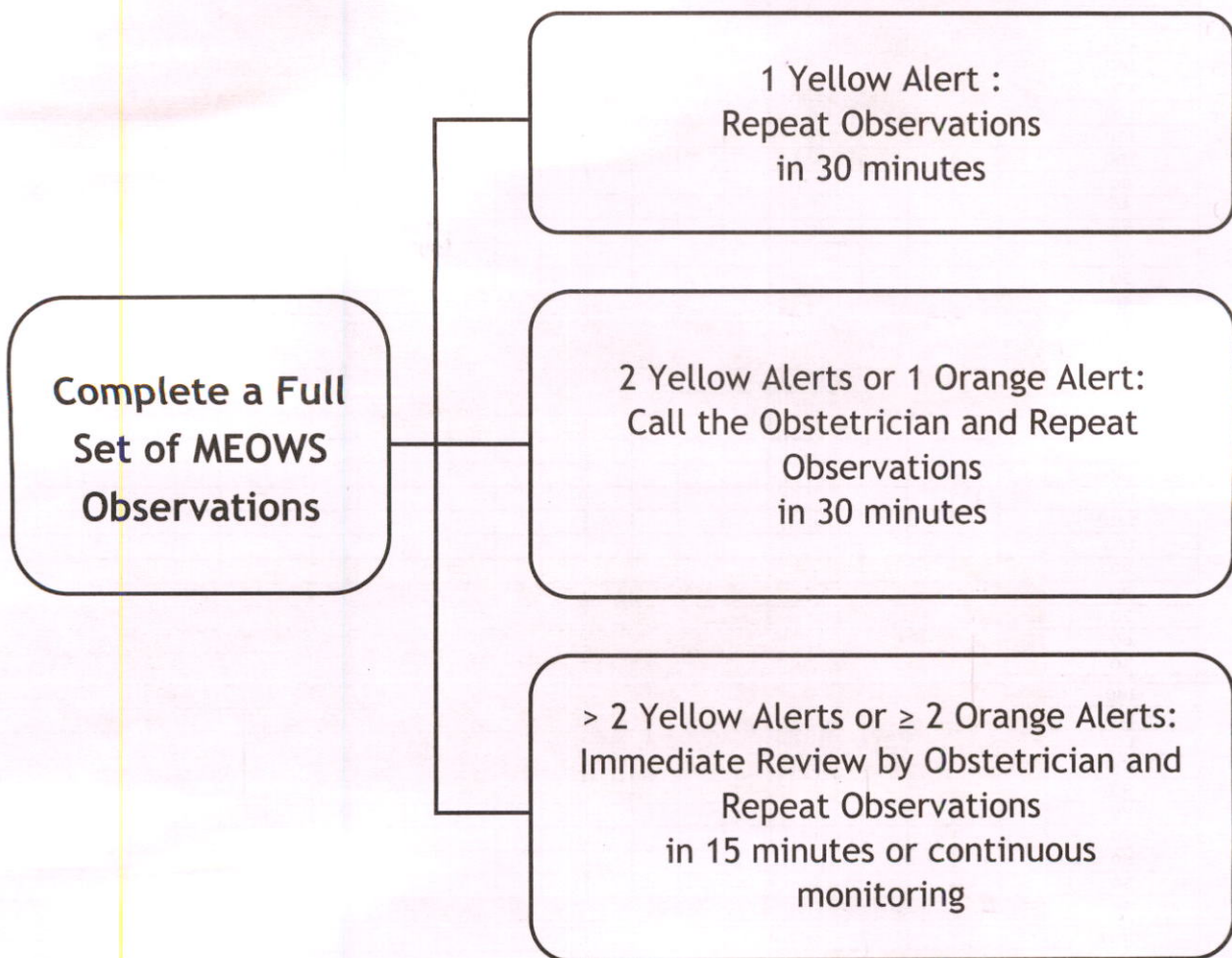
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

3AH-00504351

IP5-00173657

Mrs VEDA SAMHITHA ALLURI

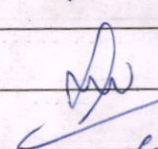
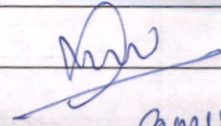
15-06-1995

30 Y 10 M 28 D (F)

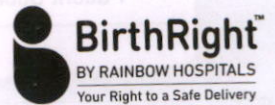
Dr. SASIKALA KOLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>13/6/20</u>	O/E Dr. Maathri	
		<u>Adv</u> - Tab Cefoxime every BD
		 Dr. Samene
<u>13/6/20</u> <u>2:20pm</u>	Pt comfortable O/E ac-fai vitals stable P/A - ab @ well GE - lochia healthy	<u>Adv</u> - soft diet, plenty of oral fluids - drugs as per charte
W T S		- vitals vitals - w/f active Bleeding IV - Injome
Baby - MS		
		 Dr. Samene

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *G2A1 36+2 wks LMP: 3/18/25 EDD: 7/6/26*
Came with cb leaky PU ∴ 2 hrs Corrected EDD: 6/6/26 GA: 36+2 wks
Obstetric Formula: *G2A1* Menstrual History: Regular: Yes No

Obstetric Examination

Obstetric History: *I - 2025 - 6 wks, Blighted ovum - MERA* Fundal Height: *Term*
Present Pregnancy Record: *- PP - Spontaneous Conception Booked at 13 wks*
Ut. Activity: Relaxed Mild Mod Severe
Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others _____
Head Fifths Palpable: _____

RISK FACTORS:

*u/s 26 - urine \leftarrow Klebsiella pneumoniae
Sensitive to - cefoperazone/sulbactam*

FHS: Normal Tachy Brady Absent

Per Speculum Examination

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

Vaginal Examination

Cervix: Long Partially effaced Effaced
Os: Closed _____ Dilated *1 finger*

Height: _____ cm
Weight: *106* kg
Allergies: *Mil*
Breast: Normal Abnormal

Membranes: Present Absent
Liquor: Clear Meconium Blood Stained
Presenting Part: Vertex Breech Others
Sutton: -3 -2 -1 0 +1 +2
Pelvis: Adequate Doubtful

General Examination:
Consciousness: *Alert* Pallor: *Absent*
Icterus: *- Absent* Edema: *Absent*
Temp: *98.2°f* PR: *96/min*
BP: *- 123/81(96)* DTR: *-*
CVS: *S1S2 ⊕* RS *BAE ⊕*
Liver/Spleen: *Not palpable* Urine Output: *Adequate*

DIAGNOSIS

G2A1 36+2 wks / PPRom / ~~26~~ in early labour

Family History:
 father - HTN
 Paternal Aunt - HTN
 Gr, Paternal Gr, Maternal Aunt - DM

Surgical History:
 Nil

Medication History:
 Nil

Medication History:
 T. Siron OD
 T. Calcium OD

Care:

- ① Admission
- ② NST
- ③ Send and trace CBP, CRP, CUE, urine \leftarrow S; HUS
- ④ Part preparation.
- ⑤ Informed and written consent.
- ⑥ wlt uterine contractions.
- ⑦ Inform SOS.

Investigations:

B/NIT - (otue)

HIV
 HbsAg
 HCV
 VDRL } NR.

17/1/26
 Hb - 12.5

23/1/26
 SIF, 33+5 wks, cephalic,
 Placenta - PlH,
 AFI - 14.6 cm.
 EFW - 2.075 (22%) AC - 12%
 Dopplers - (M)

Doctor Name: Dr. Lavanya
 Signature: [Signature]
 Date & Time: 11/5/26 3 AM

Consultant Name: Dr. Sasikala
 Signature: [Signature]
 Date & Time: 11/5/26

3AH-00504351 IP5-00173657
 Mrs VEDA SAMHITHA
 15-06-1995 30 Y 10 M 26 D (F)
 Dr. SASIKALA KOLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26	G2A1 / 36 ⁺ 2 wks	PPROM in early labour.
7 AM	Pt clo - pain abdomen. G-c-tain	Adv:-
	Alebride	① cont progress of labor
	PR - 80/min	② Epidural - now
	BP - 120/80 mmHg	③ FHR - Monitor
	PIA - ut Actv.	④ NST - 3rd leg
	Cephalic FHst	⑤ Drugs as checked
	UIE - cx - partially effaced	⑥ Inform SOS
	OS - 2-3 cm	by (Dr. Law)
	PP - vx st - 1	
	Clear ligam.	
11/5/26	PMD - o / PUIA / SVD	
9:30 AM	Pt - stable	Adv:-
	G-c-tain	① Regular diet
	Alebride	② Oral Hydration
	PR - 78/min	③ Trace labs
	BP - 120/80 mmHg	④ FHR Monitor
	PIA - ut Retracted	⑤ Drugs as checked
	UIE - HAB	⑥ Inform SOS
		by (Dr. Law)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>11/5/16</u>		
12:45pm	c/o after pain O/E Took hij Penicillin IV	Adv soft diet
Baby-m	ac-fair vitals stable	plenty of oral feeds
✓ ST	PA- uterus retracted well	• drugs as per charted
	NB <u>Paradeys</u> c/o Bleeding am.	- w/f active Buccal Th
		- Ambulate
		- vitals ok
		- Inform on
11/5/16		Dr. Samene
6:05pm	A sleeping	will review later
		Dr. Samene

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 9:30am	PND - 0	Adv
	Gc: fair.	regular diet
	Vitals: stable	follow drug chart
	P/A: ulcers retracted well	Monitor vitals @ 6th hourly
	O/E: NAB.	Ambulation plenty of oral fluids
U Sx		inform SAs
		C. Sankar Dr. C. Sankar
		Noted by Preen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/15/26	PND / SVD Pt comfortable	
8:10 AM	O/B ac-fair, afebrile PR-85gms BP-100/60mm SpO2 95% on RA UA - M(⁺) WBC U/S - lithias healthy	Adv - soft stool, plenty of oral fluids - drugs as prescribed - vitals & urine - as per chart Breastfeed - as per chart
01	hj Magnux forte IV BD	Dr. Sankar
12/15/26	12:30pm c/s/r Dr. Maithui	
		Adv - to continue hj-Magnux forte IV BD till discharge - will review Antibiotics at time of discharge Dr. Sankar

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3

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Children's
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CROSS CONSULTATION FORM

Doctor Name : Shreya Prodduturi Date : 11/05 Time : 8pm

Diagnosis :

Hospital :

Type of Referral :
 Emergency
 Urgent
 Non Urgent


Referred for : Opinion Co-Management Transfer of care

Reason for Referral : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:


Signature:

Findings and Recommendations :

Breastfeeding amenment done.

Consultant : Shreya Signature :  Date & Time : 11/05

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Date 11/5/26
 Room: Suite-3

Lactation diet plan: ~1700 kcals; 75g protein; 167g carbs; 57g fats

Planned menu

Instructions Home
 Canteen

7am Milk or Barley water
 Galact Supplement 1 tsp

Milk Barley water 200ml
 No sugar

8am Small Breakfast (Idli/Dosa/Oats/Dhali/Upma/Kitchidi)
 KABIBITE Biscuits two

Egg - Boiled Omelet
 Panner 50g
 Tofu 50g

10am Soup and Toast (Garlic Nan for diabetic)
 KABIBITE Biscuits two

Vegetable
 Chicken

1pm Lunch (Rice and Roti) (Oats/Dhali for diabetic)
 Dal, Veg, Curd, Fruit/Salad

Egg - Boiled Omelet
 Paneer 50g *curry*
 Tofu 50g
 Chicken 100g

4pm Milk or Barley water
 Galact Supplement 1 tsp

Milk Barley water 200ml
 No sugar

6pm Soup and Garlic Nan

Vegetable
 Chicken

8pm Dinner (Rice and Roti) (Oats/Dhali for diabetic)
 Dal, Veg, Curd, Fruit/Salad
 Sweet (No sweet for diabetic)

Egg - Boiled Omelet
 Paneer 50g *avoid ask seed if patient is fine.*
 Tofu 50g
 Chicken 100g

10pm Milk or Barley water
 Galact Supplement 1 tsp
 KABIBITE Biscuits two

Milk Barley water 200ml
 No sugar

[low spice
 NO bals, pineapple, Colocynthwater]

*biohiten
 Salma*

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PROCATRIPS



Suite - 3

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/5/26 Time: 10am

Origin: India Height: 155cm Weight: 106kg BMI: 44.12kg/m²

Food Allergies: No

Diagnosis: pno-o post normal delivery

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

Diet Advised:
Normal high protein diet
with plenty of oral fluids
→ Avoid spic, chilled & outside foods

Patient's / Attendant's
Signature: [Signature]
Name: Sankha

Dietician's
Signature: [Signature]
Name: Saina

Date & Time: 11/5/26 10am

Date & Time: 11/5/26 10am

