

Patient Sticker

SURGERY DETAILS

BAH-00624957 IP5-00174626
Mrs PRANAVI DANDU
11-03-1995 31 Y 2 M 22 D (F)
Dr. ANNIE PRANUTHA P

Date : 2/6/26

Patient Name: Date of Birth: Age:

Gender: Ward : BC-9 UHID No.:

Date of Surgery: 2/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : NVD

Time in : 10 AM

Time Out : 11 AM

	NAME	AMOUNT
1. Surgeon	Dr Annie.P	
2. Anaesthetist	-	
3. Assistant Surgeon	Dr Sachu	
4. OT Technician	-	
5. Circulating Nurse	Gr Rebecc	
6. Assistant Nurse	Gr Bhavathi	

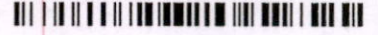
Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 624957/9638949

Order by: [Signature]

ADMISSION SHEET
Registration Details :


Admission No : IP5-00174626 Admit Date : 02-Jun-2026 Admit Time : 05:48 AM UHID : BAH-00624957

Patient Details :

Patient Name	: Mrs PRANAVI DANDU	Age	: 31 Y 2 M 22 D
Guardian	: Mr SAGI MAHESH VARMA	DOB	: 11-03-1995
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: #B302, TRENDSET RYTHME WHITE FIELD ROAD Kondapur Hyderabad Telangana INDIA 500084	Phone No	: 7418276308/ 9849565224
		E-mail	: nomailid@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 416 Ward Name : 4F-BIRTHING CENTRE
 Room No : SW 416 Admission Type : First Visit

Contact Details :

Name : Mr SAGI MAHESH VARMA Relationship : Husband
 Contact Address : #B302, TRENDSET RYTHME WHITE FIELD
ROAD Kondapur Hyderabad Telangana INDIA
500084 Phone No : 7418276308 / 9849565224

S. Mahesh Varma
 Signature

Doctor Details :

Doctor Name : Dr. ANNIE PRANUTHA P Specialisation : OBSTETRICS AND GYNECOLOGY
 Referral Doctor : Self Phone No :
 Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
 Payor Name : VIDAL HEALTH INSURANCE TPAPVT LTD

ACTIVITY RECORD FOR BILLING

Name : BAH-00624957 IP5-00174626
Mrs PRANAVI DANDU
11-03-1993 31 Y 2 M 22 D (F)

UHID No. : Dr. ANNIE PRANUTHA P


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
2/6/26	10:05 am	OB5	BB-11	Sandya
2/6/26	2:49 pm	BB-11	3rd floor (330)	Dandini
2/6/26	3:30 pm	BB-11	3rd floor (330)	Saral

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma (PI)	3/6/26		
2				
3				
4				
5				
6				
7				
8				
9				
10				

IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

cp leaking PV" 3:30AM

LMP: 20/9/2025 EDD: 27/6/26
 Corrected EDD: 27/6/26 GA: 36+3

Obstetric Formula:

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

Fundal Height: ~ 36 weeks.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5

FHS: Normal Tachy Brady Absent

Present Pregnancy Record:

pp- Spontaneous conception.
 Booked at 4+6 wks with Dr- pranathi.

RISK FACTORS:

→ Had 2 episodes of seizures at 12 years.
 → Stopped medication (2018)
 →

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix 1/2 inch

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 2cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Spa - 99.1. ena

Height: 166 cm

Weight: 78 kg

Allergies: NKDA

Breast: Normal Abnormal

General Examination:

Consciousness: clele Pallor: } absent

Icterus: absent Edema: }

Temp: afebrile PR: 86 bpm

BP: 101/73 (24) DTR: present

CVS: 3.5 (+) RS BAE (+)

Liver/Spleen: not palpable Urine Output: adequate.

DIAGNOSIS

Primigravida / 36⁺³ / PPRom / in early labor.



<p>Family History: Nil</p>	<p>Surgical History: Nil</p>
<p>Medical History: 2 childhood Epilepsy - [last episode @ 12 years age] stopped medication after 2018. ? osteopenia - (BMD-2022)</p>	<p>Medication History:</p>
<p>Plan of Care: <u>Case discussed with Dr Annie</u></p> <ul style="list-style-type: none"> ✓ Admission ✓ Admission NST ✓ Prepare pants ✓ Informed & written consent ✓ CBP and trace ✓ ✓ Check Blood availability ✓ NST x 3rd hourly ✓ Tab - PGE1 25mg - PO x 3rd hourly ✓ Epidural (AS4) ✓ w/F Progress of labor ✓ Monitor vitals / PMP ✓ Informed GDS 	<p>Investigations: BCT - A +ve Vitals - N R. 2/6/26 CBP - 10.9 / 11.79 / 12.78</p> <p>17/4/26 SIVL, 29+6 w/ls, 1490 gram (41%), AC - 25%, AFI - 11.1, PLT - PLM, Doppler (N) TIFFA + (N) NT - 1.9 mm, FTS - Low risk.</p>

Doctor Name: Dr Deepika
 Signature: [Signature]
 Date & Time: 2/06/2026, 5:30 AM

DR. ANNIE PRANUTHA P
 Registration No: 51356

Consultant Name: Dr. Annie Pranotha
 Signature: [Signature]
 Date & Time: 2/06/2026, 5:30 AM



DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	2			
6	Doctors progress sheets	2			
7	Nursing plan of care and handover sheets	3			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint Labour	1			
15	LAMA consent Vaginal Birth	1			
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)				
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list				
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	1			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart	1			
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list	1			
40	PICU bed formula Dilution feeds	10			
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	35			

Signature and Date:

 11/10/26

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

BAH-00624957 IP5-00174626
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 Dr. ANNE PRANUTHA P

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:00 AM	primi 36+3 wks / PPRom / Early labour. 1 dose P9E 25mg given @ 5:45 AM	
	<u>O/F</u> Gc - fair BP - 120/70 mmHg PR - 80 bpm SpO2 - 98% on RA P/A - uterus mildly acting.	<u>Adv</u> 1) PAC 2) Drugs as charted 3) w/f progression of labour 4) NST 3rd hourly. 5) Vitals 2nd hourly 6) FHR 4th hourly. 7) Inform sos.
2/6/26 Hb-10.9 WBC-11.79 PLT-2.78		Dr. D Dr. Dileya.
noted by Sanaleya 9:15 AM		
2/6/26 11:00 AM	- PND 0 / P. 4 / - Immediate post xax delivery - BP - 104/68 (74) PR - 78 bpm SpO2 - 100% on RA P/A - ut well @ cl - Bw.	<u>Adv</u> ① Soft diet ② Adequate hydration ambulate ③ Drug as charted ④ Monitor vitals 15 min for 2 hrs ⑤ ut bleeding (P/A)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>2/6/26 2:00 PM</p>	<p>→ PND-0; → Pt is stable → No c/o BP-109/71(73) PR- 76bpm spo₂ - 97% on RA PA - ut well @ Ue - BUNK Ue - Gynaecology - intact</p>	<p><u>Advice</u> (1) Soft diet (2) Hydration & ambulation (3) Drugs as charted (4) Monitor vitals 4th hrly (5) w/o bleeding (6) Inferior BOS</p> <p>Shift to ward Sitter</p>
<p>3/6/26 8:30 AM</p>	<p>PND, / S/D Pt comfortable O/e ac fair, afebrile PR- 80bpm BP-103/60mmHg SpO₂ 100% on RA PA - uterus retracted and Ue tochia healthy</p>	<p><u>Adv</u> - soft diet, plenty of oral fluids - drugs as per charted - vitals 4th hrly w/o active bleeding or drainage</p>
<p>Baby well Ue done - Ste done plan discharge today</p>		<p>MS Dr. Annie</p>

DR. ANNIE PRANUTHA P
 Registration No: 51356

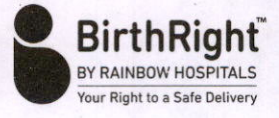
BAH-00624957 IP5-00174626
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 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:00am		
3/6/26 3:00pm	PND-1 / SVD Pt is stable no clo vitals stable no of MA- ut wcc @ 4E - BUNL.	Advice ① Continue same treatment ② Discharge today.
UK FL SV 7	Remove W cannule → round care. discuss of mature.	Smt _____ DR. ANNIE PRANUTHA P Registration No 51356

BAH-00624957 IP5-00174626
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 Dr. ANNE PRANUTHA P



RESULT SHEET

Date	2/6/26				
Time	6:38 AM				
Hb	10.9				
PCV	32.1				
RBC	3.36				
WBC	11.79				
N/L					
Platelets	278				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bil/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					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
<i>blood grouping ATIVE</i>						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKA 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: BB-11 Shifted to: 3rd floor 330

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. INVOLIN	2 TAB	PO	OD	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. SHELICAL-KT	1 TAB	PO	OD	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. Vit B12	1 TAB	PO	OD	1/6/26	<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. D. D. D. Dr. Deyya

Date & Time: 2/6/26; 8:48 PM

Nurse Name & Signature: Sandhya (016688)

Date & Time: 2/6/26 e 6:12 AM

DRUG CHART

Date of Admission: 21/06/2026 Drug Allergies: NEKA Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

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

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

Signature
Verified By : Name



REGULAR PRESCRIPTIONS

Weight.66..... Ward.033.....

DRUG : T. CEFIXIME				Date Time	2/6	3/6
Dose	Route	Frequency	Start Date	10AM not drink 10PM 10PM 10PM		
200mg	PO	BD	2/6/20			
Name & Signature of the Doctor Starting the Drugs: Dr. Suthi Suthi						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. PARACETAMOL				Date Time	2/6	3/6
Dose	Route	Frequency	Start Date	10AM not given 10PM 10PM 10PM		
1g	PO	QID	2/6/20			
Name & Signature of the Doctor Starting the Drugs: Dr. Suthi Suthi						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. DICLOFENAC				Date Time	2/6	3/6
Dose	Route	Frequency	Start Date	10AM not give 10PM 10PM 10PM		
50mg	PO	BD	2/6/20			
Name & Signature of the Doctor Starting the Drugs: Dr. Suthi Suthi						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

DRUG : T. PANTOPRAZOLE				Date Time	2/6	3/6
Dose	Route	Frequency	Start Date	10AM not give 10PM 10PM 10PM		
40mg	PO	BD	2/6/20			
Name & Signature of the Doctor Starting the Drugs: Dr. Suthi Suthi						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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

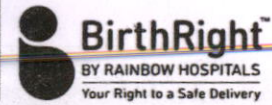
Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/26	7:30 AM	INJ CEPHALEXIN	1 gram	IV	[Signature]	Parey Sandeepa
2/6/26	5:45 AM	TAB. PPI	25mg	PO	[Signature]	Parey Sandeepa
2/6/26	8:45 AM	TAB. PPI	25mg	PO	[Signature]	Sandeepa Anjali 9:5 A4
2/6/26	10 AM	PROCTOLYS CREMS	1	PR	[Signature]	Shruthi Anjali
2/6/26	10:25 AM	INJ OXYTOCIN	10U	IM	[Signature]	Anjali Bharathi
2/6/26	10:40 AM	T. MISOPROSTOL	400mg	PR	[Signature]	Anjali Bharathi
2/6/26	10:40 AM	JUSTIN SUPPOCIZOL	100mg	PR	[Signature]	Anjali Bharathi

Signature

VERIFIED BY: Name

BAH-00624957 IP5-00174626
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 11-03-1993 31 Y 2 M 22 D (F)
 Dr. ANNIE PRANUTHA P

NURSING CARE RECORD



Shift: Morning Afternoon Night

Date: 2/6/26

Assessment: patent complaint about pain at lower abdomen

- Goals**
- Maintain Airway and Oxygenation
 - Maintain Personal Hygiene
 - Identify Potential Complications
 - Relieve Pain & Discomfort
 - Prevent Infection
 - Any Others. Specify.....
 - Maintain Fluid Balance
 - Meet Elimination Needs
 - Improve Activity Tolerance
 - Ensure Safety
 - Maintain Good Nutritional Status
 - Early Ambulation Reduce Anxiety
 - Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8 AM	Assess the pt condition	8:10 AM	Assessed pt condition	Patient was comfortable
9 AM	monitor vital	9:10 AM	monitored vitals	
10 AM	monitor IHR	10:10 AM	nlst 3rd hourly	
10:20 AM	shift OT birthing	10:30 AM	shifted to birthing	
2 PM	→ Maintain fluid Balance	12:10 PM	→ fluid Balance maintained	
2:20 PM	→ Maintain Ilo chart	2:10 PM	→ Ilo Chart maintained	
4 PM	→ Ensure Safety	4:10 PM	→ Safety provided	
8 PM	→ Patient & family Education	8:10 PM	→ Patient & family Educated about hand hygiene	

Re-Assessment: Reassessment done

Special Notes:

Nurse Signature: *Ajali* Nurse Name: Ajali Date & Time: 2/6/26 @ 2 PM

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 Mrs PRANAVI DANDU IP5-00174626
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NURSING CARE RECORD

Shift: Morning Afternoon Night

Date: 2/8/26

Assessment: Pt having Acute Pain

- Goals**
- Maintain Airway and Oxygenation
 - Maintain Personal Hygiene
 - Identify Potential Complications
 - Relieve Pain & Discomfort
 - Prevent Infection
 - Any Others. Specify.....
 - Maintain Fluid Balance
 - Meet Elimination Needs
 - Improve Activity Tolerance
 - Ensure Safety
 - Maintain Good Nutritional Status
 - Early Ambulation Reduce Anxiety
 - Maintain Skin Integrity
 - Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation
8pm	- Assess the pt General Condition.	8:10pm	- Assessed the pt General Condition.	Patient is stable now.
10pm	- Monitor vitals &	10:10pm	- Monitored vitals & Resp	
12AM	- Monitor I/O chart	12:5AM	- Monitored I/O chart	
3AM	- To ensure safety.	3:AM	- To ensure safety & skin	
5AM	- WIF Bleeding.	5:10AM	- WIF Bleeding there is no bleeding.	
8AM	- To Administer Medication	8AM	- Medication Administered as Advise.	

Re-Assessment: Pain Reduced

Special Notes: * WIF Bleeding

Nurse Signature: *[Signature]*

Nurse Name: *[Signature]*

Date & Time: 3/8/26 @ 8AM

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Sheet No:

REGULAR PRESCRIPTIONS

Weight ...66...

Ward ...OBS...

DRUG : T. TRAMADOL				Date Time																		
Dose	Route	Frequency	Start Dt.																			
100mg	PO	TID	2/6/20																			
Name & Signature of the Doctor Starting the Drugs:																						
Dr. Sathya				STOP Dr. Praveen 2/6/20 @ 3pm																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : SYN DUMALAC				Date Time																		
Dose	Route	Frequency	Start Dt.																			
15ml	PO	OD	2/6/20																			
Name & Signature of the Doctor Starting the Drugs:																						
Dr. Sathya				top 2 at Prath me																		
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																					

Signature
Name

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name



MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: primi / 36+3 wks / PPRom / in early labour.

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
2/6/26	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	primi / 36+3 wks / PPRom / in early labour	safe delivery	vaginal delivery	Dr. Okeye	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
2/6/26 GAM	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	plane for safety	→ To feel comfortable	pt is stable	Saravys	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
2/6/26 2:30 pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: dietitian	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	PND-0	soft diet	soft high protein diet	Mikith	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
3/6/26 3:30pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	PND	Post partum recovery	Deep core retraining & functional training	TS	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

Patient Sticker

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



Part - I.

Patient's / Learner Language: Patient / Learner Literacy: Read Write Speak Willingness to Learn: Yes No Healthcare Literacy: Yes No

Identified Education Needs:

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		

Part - III: CODES

Who was taught:	PT: Patient	F: Father	M: Mother	S: Spouse	Sn: Son	D: Daughter	C: Caregiver	O: Other (Specify)		
Learning Barriers:	1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice	2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
	3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing						
Teaching Tools Used:	A: Audio	D: Demonstration	V: Video	O: Oral	P: Printed					
Mechanism/s to overcome barrier/s:	1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify						
	2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference							
Understanding:	1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review							

INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD

BAH-00624957 IP5-00174626
 Mrs PRANAVI DANDU
 11-03-1995 31 Y 2 M 22 D (F)
 Dr. ANNIE PRANUTHA P



Part - I.
 Patient's / Learner Language: Telugu Patient / Learner Literacy: Read Write Speak Willingness: YES NO Healthcare Literacy: Yes No

Identified Education Needs:

- | | | | |
|--|--|--|---|
| 1. <input checked="" type="checkbox"/> Diagnosis | 5. Medication / Therapy (safety, effects/ side effect, interactions) | 9. Nutrition / Diet | 13. Risk / Safety |
| 2. <input checked="" type="checkbox"/> Treatment and Care Plan | 6. Discharge Medication | 10. Fall Risk Education | 14. Activity / Exercise |
| 3. <input checked="" type="checkbox"/> Pain Management | 7. Infection Control Measures | 11. Safe use of Medical Equipment / Implantable Devices Safety | 15. Social & Rehabilitation Needs |
| 4. <input checked="" type="checkbox"/> Informed Consent | 8. Diagnostic Test / Procedures | 12. Patient's / Family Rights | 16. Special Discharge / Follow-up Education / Coping Skills |
| | | | 17. Others |

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
2/6/26	8:00AM	1,2,3,4	Diagnosis, Treatment & care plan, Pain management, Informed consent.	PT/M	1	0	1	1		Dr. Divya
2/6	6AM	2	control infections	PT/M	1	0	1	1		Sandhya
2/6/26	2:30 pm	9	Lactation diet	PT,M	1	0	1	1		Nikhil

Part - III: CODES

Who was taught: PT: Patient F: Father M: Mother S: Spouse Sn: Son D: Daughter C: Caregiver O: Other (Specify)

Learning Barriers:

1. No Learning Barriers	4. Language Barrier	7. Impaired Thought Process/Cognitive limitations	10. Financial Difficulties	13. Cultural/Religion Practice
2. Physical Impairment	5. Educational Level	8. Responsibilities at Home	11. Beliefs and Values	14. Others (Specify)
3. Emotional Barriers	6. Desire / Motivate to Learn	9. Cultural Differences	12. Impaired Vision/ or Hearing	

Teaching Tools Used: A: Audio D: Demonstration V: Video O: Oral P: Printed

Mechanism/s to overcome barrier/s:

1. None	3. Reassurance & Support	5. Respect values & beliefs	7. Other, Specify
2. Obtain translator	4. Teach Family / Others	6. Respect Cultural / Religion Preference	

Understanding:

1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review
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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 2/6/26 Time of Arrival: 8:50 AM Time Seen by Nurse: 5:55 PM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

Severe Pain / Moderate Pain Preterm rupture of Membranes / Leaking Water PV
 Bleeding PV: Slight / Heavy Preterm Labor/ Labor
 Decreased Fetal Movement Spontaneous Rupture of Membrane / Leaking Water PV
 No Fetal Movement Other Reason:

3) Vital Signs: Temperature: 98.6 Pulse: 86 RR: 18/1m SpO₂: 100% BP: 112/71 Weight:

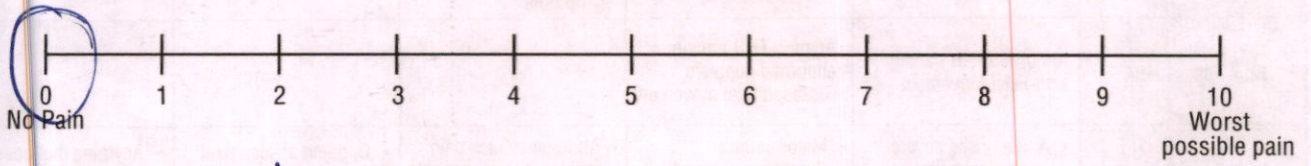
4) Gestational Criteria:

Gravida:	G <u>mimi</u>	P	L	A
----------	---------------	---	---	---

LMP: 20/9/25 EDD: 27/6/26 Gestational Age: 36⁺3

Uterine Contraction	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



• Location: N/A
 • Duration: N/A Days / Weeks/ Months (Strike out which is not applicable)
 • Character: N/A
 • Frequency: N/A
 • Interventions: N/A

6) Past History:

a) Surgeries: nil
 b) Medical: childhood epilepsy (last episode 12 years) ag



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

- None Gestational Diabetes
 Chronic Hypertension Low placenta
 Gestational Hypertension Others if yes, specify
 Diabetes

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
 Category II: Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
 Category III: Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
 Category IV: Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
 Category V: Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> Acute onsite severe abdominal pain Altered level of consciousness Cord prolapse Severe respiratory distress Suspected sepsis 	<ul style="list-style-type: none"> Major trauma Shortness of breath Unplanned and unattended birth 	<ul style="list-style-type: none"> Abdominal/back pain greater than expected in pregnancy Flank pain / hematuria Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> Ongoing assessment from out patient clinic (for hypertension, blood work) Minor trauma (minor MVC/fall) Nausea/Vomiting and /or diarrhea Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> Anything that does not seem to pose threat to mother or fetus Cervical ripening Out patient placenta previa protocols Pre-booked visits (ie Rh and progesterone injections, NST Assessment for version Rashes

Time seen by Doctor: 6:00 AM

Nurse Name: Sandhya (016638) Nurse Signature: Sandhya

Date: 2/6/26 Time: 5:45 AM

BAH-00624957 IP5-00174626
 Mrs PRANAVI DANDU
 11-03-1995 31 Y 2 M 22 D (F)
 Dr. ANNIE PRANUTHA P

OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/6/2026

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: Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Deepika
 Time Notified: 5:10 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Childhood Epilepsy</u>	<u>Nil</u>	<u>Nil</u>
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: <u>Regular</u> Onset of Menarche: Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period:	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others:	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G P 2 L A

Previous LSCS:

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 98.5 F HR: 84 RR: 19/Min
 BP: 100/70 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 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 21 (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

Cultural & Spiritual Needs: Yes No if Yes specify 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: Supra

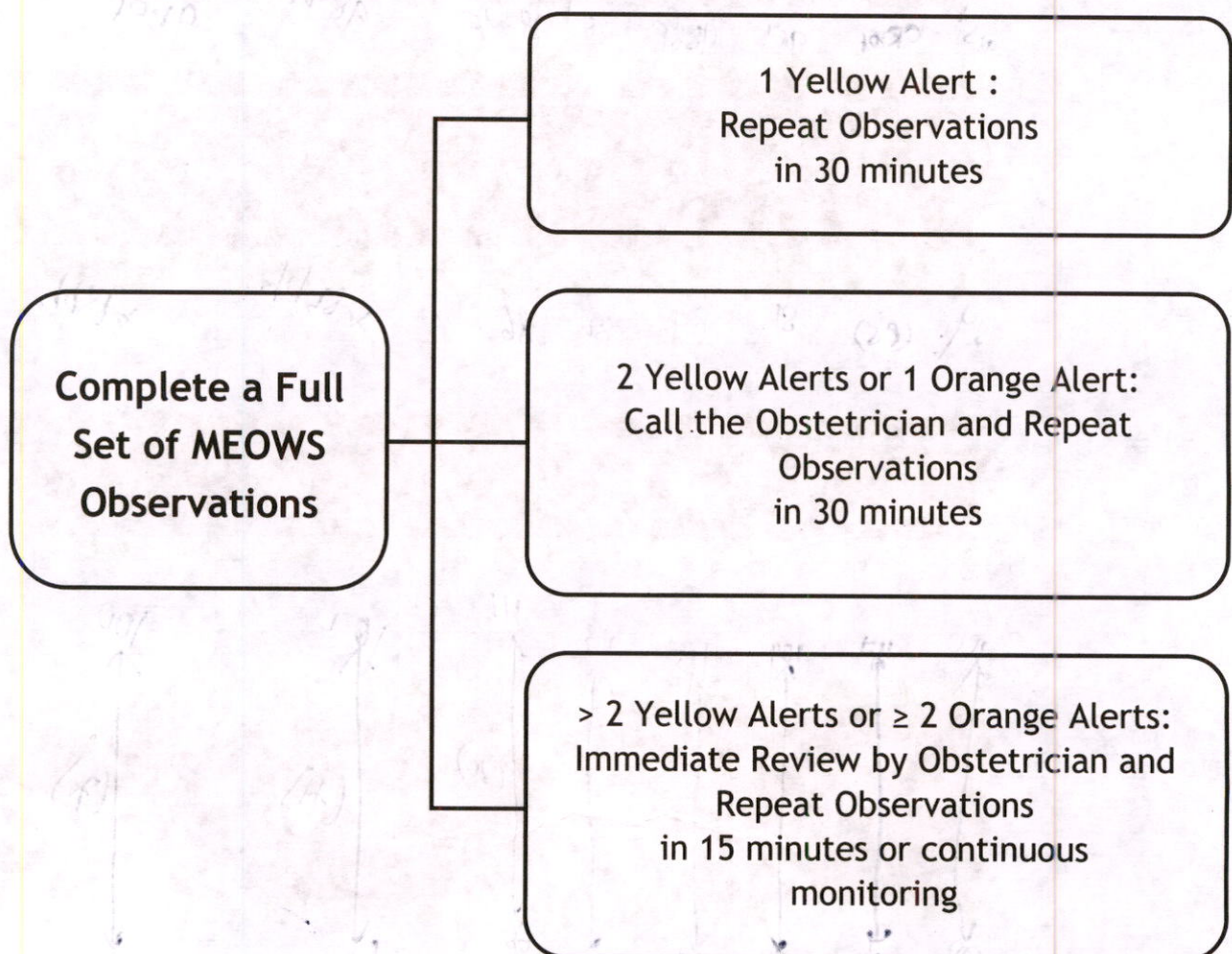
Orientation not given Reason:

Nurse Signature: Supra

Nurse Name: Supra

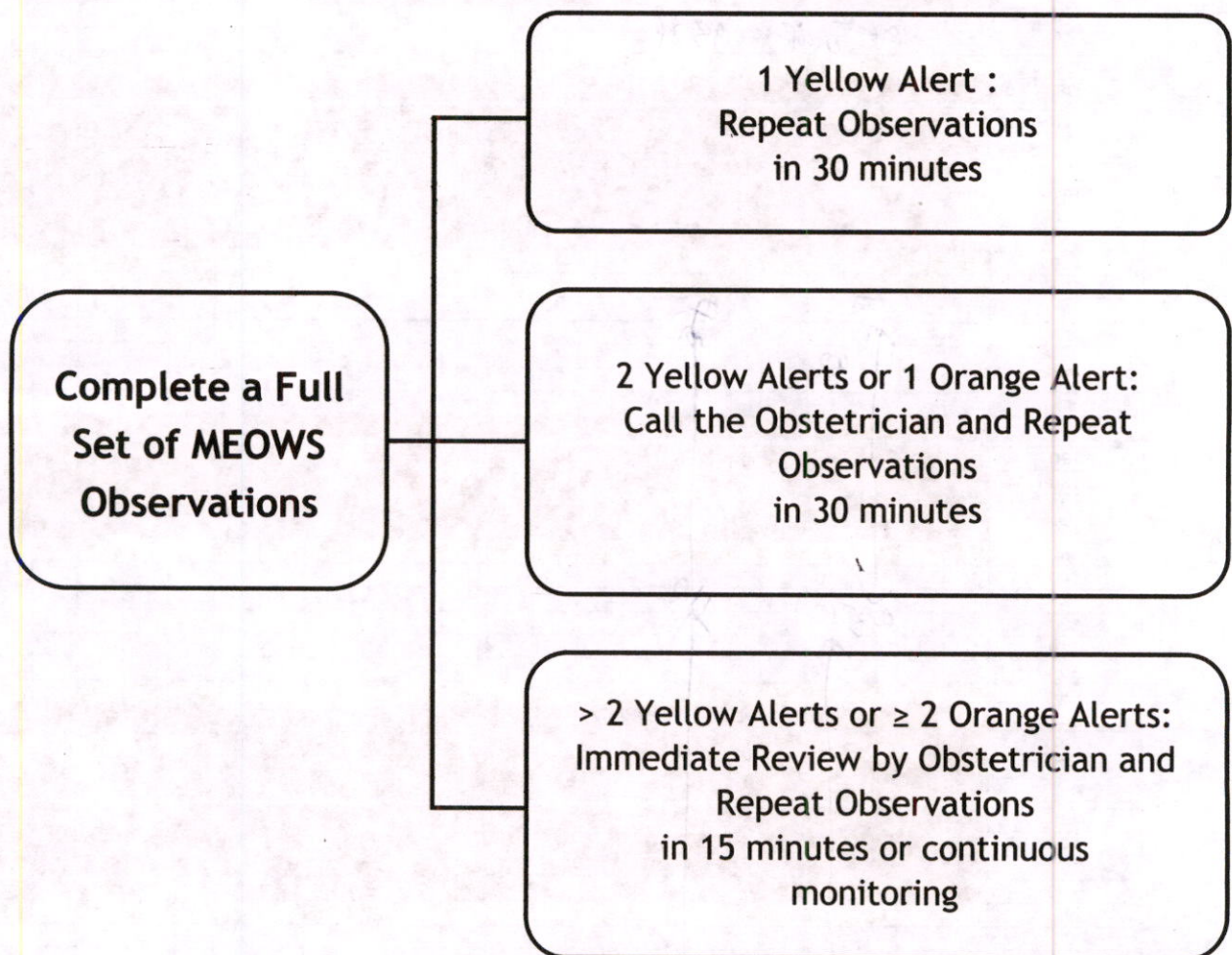
Date & Time: 2/6/26 @ 8:30pm

Obstetrics and Gynaecology Early Warning Signs



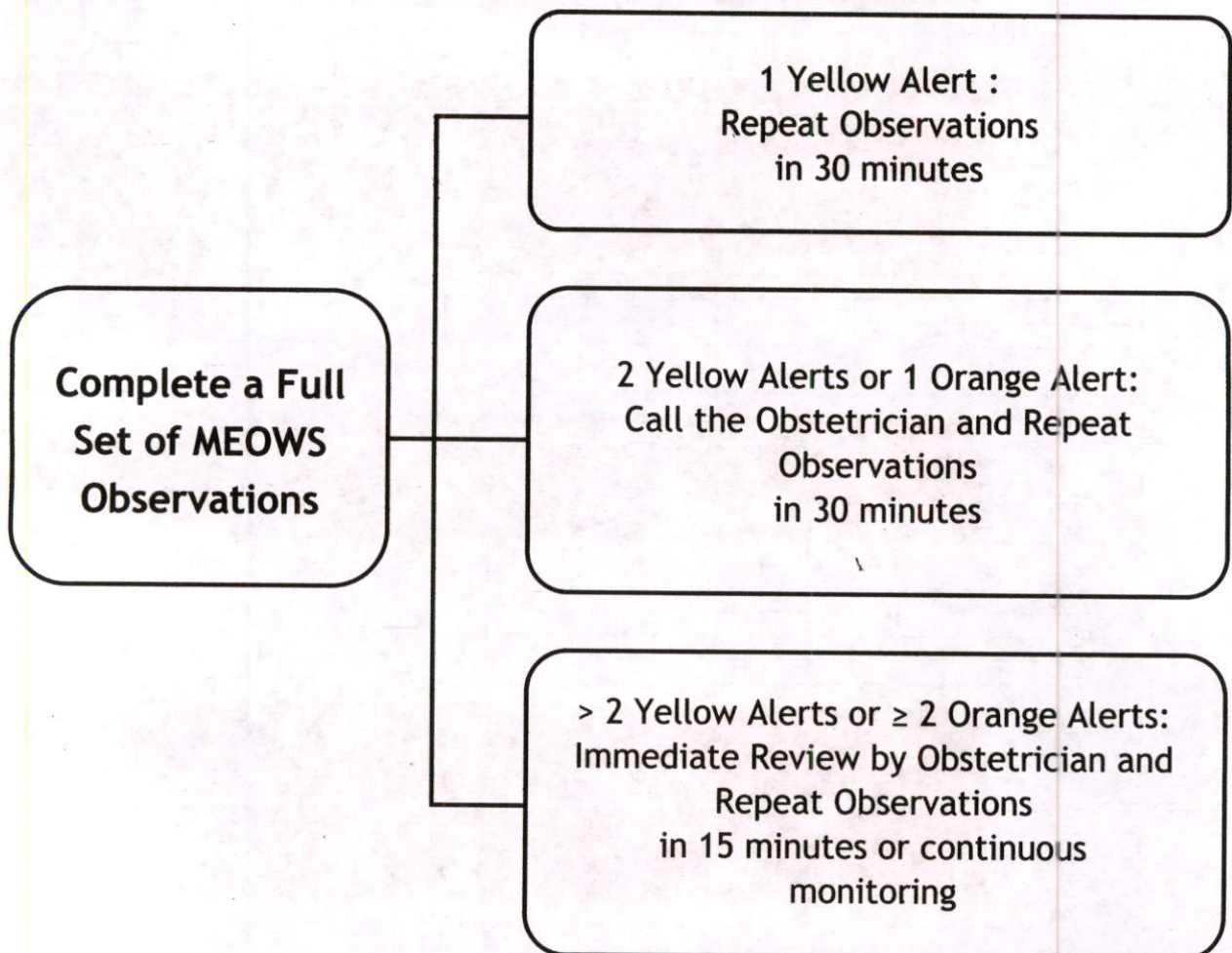
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : 01

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am	RL	400	500ml						✓	0	Anjali	
	09:00 am	RL	400	500ml						✓	0	Anjali	
	10:00 am	RL	400	100ml						✓	0	Anjali	
	11:00 am	RL	400	100ml						✓	0	Anjali	
	12:00 pm	RL		100ml							0	Sushant	
	01:00 pm										0		
Total Intake : <u>Taken</u>			Total Output : <u>Passed</u>									<u>u-9</u>	
	02:00 pm	H2O								✓	0	Nandini	
	03:00 pm										0	Sushant	
	04:00 pm	H2O									0		
	05:00 pm	2									0		
	06:00 pm	H2O								✓	0	Sushant	
	07:00 pm	2									0		
Total Intake : <u>Taken</u>			Total Output : <u>Not Passed</u>									<u>u-2</u>	
	08:00 pm										0	Sushant	
	09:00 pm	water									0		
	10:00 pm									✓	0		
	11:00 pm	water									0		
	12:00 am										0		
	01:00 am									✓	0		
Total Intake :			Total Output : <u>U-2 M-0</u>										
	02:00 am										0	Sushant	
	03:00 am	water									0		
	04:00 am										0		
	05:00 am	water								✓	0		
	06:00 am										0		
	07:00 am	water								✓	0		
Total Intake :			Total Output : <u>U-2 M-0</u>										
Total 24 hrs. Intake		<u>taken</u>											
Total 24 hrs. Output		<u>U-10 M-0</u>											

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 Dr. ANNIE PRANUTHA P



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.
3. 24 hrs. total to be entered in the kardex in RED.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							
Total 24 hrs. Intake						Total 24 hrs. Output							

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330

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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/6/26 Time: 2:30pm

Origin: Indian Height: 166cm Weight: 78kgs BMI: 28.3kg/m²

Food Allergies: No

Diagnosis: PND-0 (post Normal delivery)

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

Diet Advised:

soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: D. Vani sree

Name: Vani sree

Date & Time: 2/6/26 @ 2:30pm

Dietician's

Signature: Nikitha

Name: Nikitha

Date & Time: 2/6/26 @ 2:30pm

