

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174018      Admit Date : 19-May-2026      Admit Time : 12:06 PM      UHID : BAH-00652717

Patient Details :

Patient Name : Mrs MAHIMA KOMARABATHINI      Age : 30 Y 7 M 12 D  
Guardian : Mr JILLAPEGU NOEL ISAAC      DOB : 07-10-1995  
Gender : Female      Religion :  
Occupation :      Martial Status : Married  
Address (H) : GRACE NEST RESIDENCY, FLAT NO 302, 10-1-18/22, SHAM NAGAR COLONY, VEER NAGAR Khairatabad Hyderabad Telangana INDIA 500004      Phone No : 7207658756/ 8179258512  
E-mail : NOELISAACJILLAPEGU@GMAIL.COM

Admission Details :

Bed Type : DAY CARE      Bed No : BC DC 419      Ward Name : 4F-BIRTHING CENTRE  
Room No : BC DC 419      Admission Type : First Visit

Contact Details :

Name : Mr JILLAPEGU NOEL ISAAC      Relationship : Husband  
Contact Address : GRACE NEST RESIDENCY, FLAT NO 302, 10-1-18/22, SHAM NAGAR COLONY, VEER NAGAR Khairatabad Hyderabad Telangana INDIA 500004      Phone No : 8179258512 / 7207658756

*Noel Isaac*  
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 : SELFPAY

**ACTIVITY RECORD FOR BILLING**


Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Adm \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

BAH-00652717      IPS-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995      30 Y 7 M 25 D (F)  
 Dr. ANNIE PRANUTHA P



**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				







**ACTIVITY RECORD FOR BILLING**

Name : \_\_\_\_\_

UHID No. : \_\_\_\_\_ IP No : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Time : \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

Room / Bed No : \_\_\_\_\_ Ward : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse

**Cross Consultation Visit**

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









IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

no leaking Plu - 2:30 AM  
 19/1/22

LMP: 18/10/25

EDD: 23/1/26

Corrected EDD: —

GA: 30+5 wks

Obstetric Formula: Primi

Menstrual History: Regular:  Yes  No

Obstetric History: Sub-conception

Obstetric Examination

Fundal Height: Term

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record:

Booked @ 23<sup>rd</sup>

Liquor:  Adequate  Oligo  Poly

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

Head Fifts Palpable: \_\_\_\_\_

RISK FACTORS:

FHS:  Normal  Tachy  Brady  Absent

Sub-conception  
Chronic Htnon labetalol 100mg OD  
T2DM on insulin  
Insulin rapid 15-15-15  
tegetha 35 units.

Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os:  Closed  Dilated

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 154 cm

Weight: 12.3 kg

Allergies: NIT

Breast:  Normal  Abnormal

General Examination:

Consciousness: fair

Pallor: No

Icterus: No

Edema: No

Temp: Afebrile

PR: 78/min

BP: 116/92

DTR: -

CVS: S/S ⊕

RS: B/L CRIBS

Liver/Spleen: NAD

Urine Output: Adequate

DIAGNOSIS

PRIMI / 30<sup>th</sup> weeks / chronic Htn / T2DM on insulin / Hypothyroid / PPRM



<p><b>Family History:</b></p> <p>Father DM   25/01/81</p> <p>Mother - hypothyroid</p>	<p><b>Surgical History:</b></p> <p>2012 - Lap left Ov. Cystectomy (Ovarian Torsion)</p> <p>2023 - Laparotomy (excision of)</p>
<p><b>Medical History:</b></p> <p>T2DM = 2023</p> <p>Chr Htn = 2023</p> <p>HYPOTHYROID -</p>	<p><b>Medication History:</b></p> <p>Large uterine mass (fibroid) + ovarian Cyst excision + Hysteroscopy + Endometrial biopsy</p>
<p><b>Plan of Care:</b></p> <p>Admission: NST ✓</p> <p>Inj Cefotaxim 1gm b.i.d</p> <p>Inj Betnesol 12mg IM 2days → 24hrs apart</p> <p>Inj Mgsoy 2gm loading + HB maintenance dose</p> <p>KMEC</p> <p>BP / TPR monitoring q4h hly</p> <p>NST twice daily</p> <p>RtE monitor q4h hly</p> <p>Pad for observation</p> <p>ATI doppler tomorrow</p> <p>Trace CBP / CRP / HbS / Cuff unmeds</p> <p>Wt + S/S Choroamnionitis</p> <p>Wt + Contractions</p>	<p><b>Investigations:</b></p> <p>→ Pre post meal GRBS</p> <p>→ Inform if BS &gt; 140/90</p> <p>GRBS - 11mg/dL</p> <p>Pre post meal blood sugars 14 gm Dr. Nivedha</p> <p>Openline</p> <p>HIV/HB8/9/Heme</p> <p>CRP - 9.1   11,000   3.82</p>

DR. ANNIE PRANUTHA P  
 Consultant Name: ANNIE  
 Signature: ANNIE  
 Date & Time: 19/5/26 2pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 7:30pm	Primi   31 <sup>st</sup> w   T2 DM on Insulin / chr-HTN / PPRom	
NST - stable at 3 PM	pt: Comptable GC: fair Vitals: stable PIA: 30-32 w relax FHR (+)	<ol style="list-style-type: none"> <li>1) Diabetic diet</li> <li>2) preg post level GRBS</li> <li>3) Drug as charted</li> <li>4) w/f S/S of chorioamnionitis</li> <li>5) NST-TID</li> <li>6) Monitor vitals - 4hr</li> <li>7) Intra SOS</li> </ol>
		<p style="text-align: right;">M/B Shreya 7:40pm - Dr. Sravanti B</p>
29/5/26 9 AM	Primi   32 w   T2 PM on Insulin / chr-HTN / PPRom	
PBJ-32 NST - After breakfast - FHR (+)	pt: Comptable GC: fair Vitals: stable PIA: 30-32 w relax AFI + Doppler of plac	<ol style="list-style-type: none"> <li>1) Diabetic diet</li> <li>2) preg post - level GRBS</li> <li>3) Drug as charted</li> <li>4) w/f S/S of chorioamnionitis</li> <li>5) NST-TID</li> <li>6) monitor vitals - 4hr</li> <li>7) Intra SOS</li> </ol>
		<p style="text-align: right;">- Dr. Sravanti B</p>

Saturday ~~30/5/26~~ → 30/5/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 3:30pm	Primi / 32 wks / T2 DM on Insulin Chr. HTN / PPRM	
	G.C.: fair Vitals: stable B.P.: 118/69 P.R.: 81 PLA: UA-32wks reel FHR ⊕	1) Diabetic diet 2) pre & post meal sugar 3) Drugs as charted 4) w/f signs of chorioamnionitis 5) NST-TID 6) Monitor vitals - 4hrly 7) Inform us
	Plan - AFI + Doppler on Saturday 30/5/26	noted by Shy Dr. Sravathi Shy
28/5/26 8:30PM	Primi / 32 wks / T2 DM on Insulin Chr. HTN / PPRM	
	inj. - Novorapid 25 units TID inj. Treba 32 units (after dinner) T. Duphaston long OD	G.C. - fair Bp - 98/80 (66) PR - 82b/m SpO <sub>2</sub> - 98% ↓ RA. PLA - ut v 32wks
	Afternoon NST → Reactive.	1) Diabetic Diet 2) pre & post meal sugar 3) Drugs as charted 4) w/f signs of chorioamnionitis 5) NST-TID 6) Monitor vitals 4hrly 7) T. erythromycin 200mg BID from 29/5/26 8) Inform us

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1996 30 Y 7 M 21 D (F)  
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 8:30 AM	primi / 32 <sup>+</sup> wks / T2DM on Insulin Chr. HTN / PPROM  o/e pt comfortable Gc: fair Bp - 101/53 mmHg PR - 80 bpm SpO <sub>2</sub> - 98% RA P/A - ut ~ 32 wks FHR ⊕ PFM - well.	1) DM on Insulin 2) Diabetic diet 3) pre & post meal sugars 4) Drugs as charted 5) Stop line solid 6) T. Erythromycin 250mg QID 7) Monitor signs of chorioamnitis 8) Monitor vitals
on Insulin Clospirin Duphaston NST after Breakfast.	NST after Breakfast.  AF1 + Dopplers on 30/5/26.	9) Infern sos noted by shift Dr. W (Dr. Digu), @ 8:40 AM
29/5/26 2 PM	Primigravida / 32 <sup>+</sup> wks / T2DM on Insulin Chr. HTN / PPROM.	1) Diabetic diet 2) pre-post meal sugars 3) Drug as charted 4) T. Erythromycin 250mg QID 5) Monitor vitals - q4h 6) NST - TID 7) Infern sos 8) DFEE > 10
FBS - 88 PBS - 108 NST - reactive.	Pt: Comfortable Gc: fair Vitals: stable P/A: Ut ~ 32 wks released FHR ⊕	9) Infern sos noted by Dr. Sravanti
Plan: AF1 + Doppler on 30/5/26 CRP CRP ] 6 AM	Plan: AF1 + Doppler on 30/5/26 CRP CRP ] 6 AM	noted by Chelva 2:50 pm



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
29/5/26	Psemi   32 weeks / T&DM on Insulin / cer. HM / PPRM	
6:30pm.	<p>At comfortable            App fetal movements            O/b as fall Temp - 98°F            PR - 81bpm            BP - 109/50mmHg            SPO<sub>2</sub> - 99% on RA            P/A uterine relaxed</p>	<p><u>Adv</u>            - Diabetic diet            plenty of oral fluids            - drugs as per charted            - vitals closely            - ACS post negab            NST - TID</p>
	<p>On Tab <del>Aspirin</del>            Tab Erythromycin            QID - D<sub>1</sub></p>	<p>- Inform SD            - FHR by doppler - uterine</p>
	<p>- APT doppler - on 30/5/26            - (BP, CRP @ 6AM.</p>	
		<p><i>[Signature]</i>            Dr. Anne</p>

BAH-00652717 IP5-00174018

Mrs MAHIMA KOMARABATHINI  
07-10-1995 30 Y 7 M 21 D (F)  
Dr. ANNIE PRANUTHA P



### PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Promi / 32 tabs / 2 DM on insulin	CHE HTR / PPR OM
30/5/26		Adv
8:30 AM	Plump stable. App. Relat movements	Diabetic diet, plenty of oral fluids
	OB ac face, Temp 37°C PR 80 bpm BP - 109/65 mmHg (MAP 75)	- drugs as per charted
	CBP - 10.2 / 120 / 12.5 SL	- vitals q 4hly
	CRP - 18	- NST-TID
	on 2 - Tab Synthromycin 20mg QID	- PR Doppler q 4hly
	- AFI + dopplers - today	- Bre spot sugars (Self monitoring) in room
30/5/26		
10:53 AM	Seen 32 tabs	
	AKI - 2.5 um. Some dys cephalic	
	K <sub>2</sub> PO - 1941 gm 39%.	
	Ac - 42%	
	Sepph - 40	
	Caused couple - wishes to continue care as fetal wife some dysœmias	

*[Signature]*  
Dr. Anne

*[Signature]*

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI (F)  
 07-10-1986 30 Y 7 M 23 D  
 Dr. ANNIE PRANUTHA P



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
30/8/26 4:00pm	<p>⇒ Primi   32+2wks   T<sub>2</sub>DM on insulin          chr: NTN   PPRDM</p>	
	Pt is stable	<u>Admit</u>
	AFM ⊕	① Diabetic diet
	vitals stable	② Drugs as charted
NST-reactive	P/A - UA ~ neg	③ strict Ketol count
	k/wed	④ NST - T1D -
	EUS ⊕	⑤ vitals Ab baby
		⑥ Pre & post meal GBS monitoring
		Suffice
30/8/26 7:00pm	<p>⇒ Primi   32+2wks   T<sub>2</sub>DM on insulin          chr: NTN   PPRDM</p>	
	A/s Stable	<u>Admit</u>
	AFM ⊕	- Continue same treatment
	Vitals stable (120/70)	- NST - T1D
	P/A - UA ~ neg	- Pre & post meal GBS monitoring
	k/wed	Suffice
	EUS ⊕	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/5/2026	Primi / 32 <sup>W</sup> / Type 2 DM on insulin / PPRM / Chronic HTN	
7:15 AM	<p>Comfortable, PFM well            Ambulating            Vitals - BP - 116/70            PR - 74 bpm            SpO<sub>2</sub> - 99% on RA            P/A - vitals relaxed</p>	<p><u>Advice</u></p> <ul style="list-style-type: none"> <li>✓ Strict fetal kick count</li> <li>✓ oral hydration</li> <li>✓ Diabetic diet</li> <li>✓ NG x TID.</li> <li>✓ Pre + Post sugars (self monitoring)</li> <li>✓ Monitor vitals</li> <li>✓ Inform SOS</li> </ul>
30/5/26	<p>BP - 10.2 / 12.01 / 2.89            AP1 + Dopplers - 32<sup>W</sup>            AP1 - 2.5 cm (severe oligo)            EFW - 1941 (39.1kg)            AC ~ 47.1.            Dopplers - NAD.</p>	<p>noted by            [Signature] by Dr. Deepika</p>
	<p>on erythromycin (P3)            on claxane 40mg x 5 x QD</p>	

H-00652717 IP5-00174018  
 MAHIMA KOMARABATHINI  
 10-1995 30 Y 7 M 24 D (F)  
 ANNIE PRANUTHA P

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/12/2023	Annie / 32 weeks / ch. time / T2DM on Insulin / PPRom / Hypertensive	
2pm.		Adv
	Pt comfortable	- Diabetic diet
	App' fine	- plenty of oral feeds
	O/G ac-fair, Temp 97.4F	- dry as
	PR - 82 bpm	- purchased
	BP - 114 / 78 mmHg	- vitals stable
	CMT - 997 mAU	- FHR by doppler
	NST - Reactive	- amniotic
	@ 10:30am	- N/S - 7.10
	ON D3 - Erythromycin	- Pre & post sugars
		- self monitoring
		- Strict DPKL

*[Handwritten Signature]*  
 Dr. [Name]

M-00652717 IP5-00174018  
 MAHIMA KOMARABATHINI  
 10-1995 30 Y 7 M 24 D (F)  
 ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
31/1/26	Primi / 32+7 wks / chr. Htn / T2DM on Insulin / PPRom / Hypo sugars	
6:10pm	Pt comfortable	Adv
	o/b ac-fair, Temp 96°F	- Diabetic diet,
	App fetal movement	plenty of
	well	oral fluids
	PR - 92 bpm	- drugs as
	BP - 115/68 mmHg	per charted
	SpO <sub>2</sub> - 99% on RA	- vitals hourly
	P/A uterus relaxed	- FHR doppler hourly
	NST @ 3:30pm	- NST - TID
	Reactive	- Pre & post sugars (self monitoring)
		Noted by <i>[Signature]</i>
		<i>[Signature]</i> Dr. Samue
1/6/26	Primi / 32+7 wks / chr. Htn / T2DM on Insulin / PPRom	
8:30am	o/b - cr-fair	Adv → Diabetic diet
	Temp - 97°	→ Hydration & Ambulation
	PFM - well	→ Drugs as charted
	BP - 116/78 mmHg	→ Vitals 6th hourly
	PR - 84 bpm	→ FHR doppler 4th hourly
	SpO <sub>2</sub> - 98% on RA	→ NST - TID
	NST - due.	→ pre & post sugars/self
	DY - Frithromycin. P/A - uterus relaxed.	→ monitor vitals 6th hourly

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/O/W -	Dr. Nishanth
1/6/26 3pm	Primid 32 <sup>nd</sup> wks PPROM	Chor HTN / T2DM on Insulin
		R
	GC: per	1) Diabetic Diet
	B.P - 116/82	2) Hydration
NST: reactive at 10 AM	P.R - 85 bpm	3) Drug as charted
	SpO <sub>2</sub> : 100% on RA	4) Monitor vitals - 6 <sup>th</sup>
	P/A: O <sub>2</sub> - 32wks	5) NST - TID
	relax	6) Pre & post breast
	FHR ⊕	sugars & Insulin
	No active leaking	Dr. Nishanth
		a) FHR - 4 <sup>th</sup>
		b) Modified bed rest
	→ Arl Suppls 3/6/26	→ Dr. Sravanthi
	→ HVS	a

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/28 7pm	<p>Primi   32+4wks   Chr. HTN   T2DM on insulin / NIDDM            AFMB            ⇒ O/E - Fair            BP - 120/70 (mmHg)            PR - 86 bpm Temp - 97.6 F            SpO<sub>2</sub> - 100% on RA            P/A - ut ~ 32wks            relaxed            FUS ⊕            Ue - No active leak</p>	<p>Advise            ① Diabetic diet            ② Adequate hydration            ③ Drugs as charted.            ④ Monitor vitals &amp; urine            ⑤ NIT - TID.            ⑥ Only pre-meal GRBS &amp; post dinner GRBS (as advised by physician)</p>
NST - reactive	<p>AEI Dopplers / on 3/6/28            M/S            ⇒ Erythrocytosis x D<sub>10</sub></p>	<p>⑦ FUR - 1st up            noted by Sanyal            Sanyal</p>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 8:45 AM	=> Primi   3 2+5 cuts   T <sub>2</sub> DM on insulin/ PPRom.	
	=> AFM ⊕	
	=> O/E - UC - fair BP - 121/76(84) PR - 86bpm SpO <sub>2</sub> - 99% (oxygen) Temp - 97.8 F P/A - Ut ~ P04 relaxed	<u>Advice</u> ① Diabetic diet ② Drugs as charted ③ Monitor vitals & Temp both daily
Ds of erythromycin	FULL ⊕ L/C - NAD.	④ FBS both daily ✓ ⑤ AST TID ⑥ Per meal CRBS &
		part dinner CRBS before ⑦ A/E + Dopplers for 3/6/26 HVS
		Srinivas Noted by <u>Sree Lakshmi</u>

BAH-00652717  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 26 D (F)  
 Dr. ANNIE PRANUTHA P




## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 3:25pm	Pnmi   32+5 weeks   TADM on humanin   chr. HTN   Hypotrophic   PPRM.	
App FREE NST @ 11AM - Reactive	O/E Cc-faci, Temp - 98.2°F PR - 98bpm BP - 115/62mmHg SpO2 - 98% mas P/A uterus Relaxed	<p style="text-align: center;"><u>Adv</u></p> <ul style="list-style-type: none"> <li>- Diabetic diet,</li> <li>plenty of oral fluids.</li> <li>- vitals - 4mbly</li> <li>- FHR by doppler 4mbly</li> </ul>
AFI + doppler - 3/6/26 Hrs on 3/6/26		<ul style="list-style-type: none"> <li>- Pac meals - GRBS &amp; post dinner sugars monitoring</li> </ul>
Ds of erythromycin		<p style="text-align: center;">↓</p> <ul style="list-style-type: none"> <li>- Inform to Dr. Nishantha</li> <li>- disp as per checked</li> <li>- Inform us</li> </ul>
		<p style="text-align: right;"><i>[Signature]</i> Dr. Amara</p>

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 26 D (F)  
 Dr. ANNIE PRANUTHA P

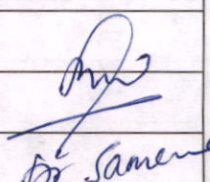
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 6:45pm	Pt comfortable App - pm (+)	
Nil @ 4pm - leachie	O/E all fair, Temp - 98°F PR - 95bpm BP - 114/66mmHg C/MAP - 55 S/P/A 98/100 P/A uterus Relaxed FHR (+)	Adv - drugs as per checked - Diabetic docs plenty of oral feeds - vitals - every - FHR by doppler every
AFI - dopplers - 3/6/26 HVS - 3/6/26		- Be meal Q&Bs & post dinner Q&Bs monitoring ↓ Inform Dr. Nishantha (Inform)
		 Dr. Nishantha
		Noted by Sushantha

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 26 D (F)  
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:50 AM	Primid 32 (6wks) T2DM on insulin (Chronic H1A1) Hypothyroid PPRDM	Adv
App. fetal noncount	O/E ac facc. atonic PR-93bpm	- drugs as purchased - Diabetic diet,
Dobx Erythromycin	BP- 102/68mmHg (comp 72) SpO2- 98% on RA RA clear Relaxed	plenty of oral feeds - vitals stable FHR by dopplers stable
AHT dopplers - today	P/S. cx long os clear minimal leak (+) HVS taken	- Be meal GBS 1 & post-donor GBS monitoring ↓
		Inform Dr. Nishan - Inform Dr
		 Dr. Samene
		Noted by Seshan S.



BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1993 30 Y 7 M 14 D (F)  
 Dr. ANNIE PRANUTHA P



# CROSS CONSULTATION FORM

Doctor Name : Dr. C. Niveditha Date : 21/5/26 Time : 11:58 AM

Diagnosis : DM

Hospital : Sree West

**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:

Sugars

Signature: [Signature]

Findings and Recommendations : Primi @ 30<sup>th</sup> weeks GA  
DM on inj. Eglucant rapid 15-15  
inj. Insulin 35 110pm  
was given Betnesol

Ret  
 ✓ Check pre & post meal sugars  
 ✓ inform

Consultant :  
 Name : Dr. C. Niveditha Signature : [Signature] Date & Time : 21/5/26, 12:00

No. : RCH / FRM / CLINICAL / 049

Blood Lactate  
 S. Cholesterol  
 PT/INR  
 APTT  
 SF Protein / Sugar  
 Cells

[Signature]

Date	19/12/26				
Time	11 Am				
CUE - Alb					
CUE - Sugar					
CUE - Ketones	Negative				
CUE - PUS Cells					
CUE - RBC Cells					
CUE	pale yellow				
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
Blood group	O +ve.				
HIV	}				
HBsAg					
HCV					

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

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



### RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
22/5/26	10pm (Post dinner)	140mg/dl	30U Insulin Tresiba	Latha
23/5/26	6am (Pre-breakfast)	71mg/dl	Rapid 15units	Latha
23/5/26	11:40am (Post breakfast)	92mg/dl	-	Puja
23/5/26	1pm (Pre-lunch)	91mg/dl	Rapid 15units	Puja
23/5/26	3pm (Post lunch)	140mg/dl	Rapid 15units	Puja
23/5/26	11pm (Post dinner)	106mg/dl	-	Ramya
24/5/26	8am (Pre breakfast)	71mg/dl	-	Ramya
24/5/26	11am (Post breakfast)	106mg/dl	-	Martha
24/5/26	1pm (Pre lunch)	88mg/dl	(Novorapid 15 units)	Martha
24/5/26	3pm (Post lunch)	135mg/dl	-	Martha
24/5/26	7pm (Pre dinner)	108mg/dl	Novorapid 15 units	Martha
24/5/26	9pm (Post dinner)	110mg/dl	Tresiba 35 units	Latha
25/5/26	8:45am (Pre breakfast)	72mg/dl	Novorapid 15 units	Ramya
25/5/26	12:10pm (Post breakfast)	112mg/dl	-	Ramya
25/5/26	1:15pm (Pre lunch)	118mg/dl	Novorapid 15 units	Ramya
25/5/26	Post lunch 3:10pm	134mg/dl	-	Ramya
25/5/26	Pre dinner 8:30pm	111mg/dl	-	Ramya
25/5/26	Post dinner 10:30pm	135mg/dl	Tresiba 30 units	Latha
26/5/26	Pre breakfast 8am	85mg/dl	Novorapid 15 units	Supriya
26/5/26	Post breakfast 10am	118mg/dl	-	Prathina
26/5/26	Pre dinner 1pm	106mg/dl	Novorapid 15 units	Prathina
26/5/26	Post lunch 3pm	125mg/dl	-	Shilpa
26/5/26	Pre dinner	110mg/dl	Novorapid 15 units	Riya
26/5/26	Post dinner 8:30pm	100mg/dl	Tresiba 30 units	Riya
27/5/26	Pre breakfast	90mg/dl	Novorapid 15 units	Shilpa
27/5/26	Post breakfast	109mg/dl	-	Shilpa
27/5/26	Pre lunch 1pm	80mg/dl	Novorapid 15 units	Shilpa
27/5/26	Post lunch 3pm	130mg/dl	-	Shilpa



### RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
27/5/2026	pre dinner	120 mg/dl	Novorapid (15 units)	Maitha (2026)
27/5/2026	post dinner	119 mg/dl	-	Maitha (2026)
28/5/2026	pre breakfast	86 mg/dl	Novorapid (15 units)	Maitha (2026)
28/5/26	post breakfast	105 mg/dl	-	Shilpa
28/5/26	pre lunch	86 mg/dl	Novorapid (15 units)	Shilpa
28/5/26	post lunch	148 mg/dl	-	Shilpa
28/5/26	pre dinner	130 mg/dl	Novorapid (15 units)	Seemfa
28/5/26	post dinner	109 mg/dl	Tresiba (32 units)	Seemfa
29/5/26	Pre breakfast	85 mg/dl	Novorapid (15 units)	Shilpa
29/5/26	post breakfast	105 mg/dl	-	Shilpa
29/5/26	pre lunch	90 mg/dl	Novorapid (15 units)	Shilpa
29/5/26	post lunch	132 mg/dl	-	Shilpa
29/5/26	pre dinner	135 mg/dl	Novorapid (15 units)	Latta
29/5/26	post dinner	128 mg/dl	Tresiba (32 units)	Latta
30/5/26	pre breakfast	90 mg/dl	Novorapid (15 units)	Ashini
30/5/26	post breakfast	95 mg/dl	Novorapid (15 units)	Ashini
30/5/26	pre lunch	92 mg/dl	Novorapid (15 units)	Ashini
30/5/26	post lunch	145 mg/dl	Novorapid (15 units)	Ashini
30/5/26	pre dinner	95 mg/dl	Novorapid (15 units)	Latta
30/5/26	post dinner	110 mg/dl	Tresiba (32 units)	Latta
31/5/26	Pre breakfast	72 mg/dl	Novorapid (15 units)	Seemfa
31/5/26	Post breakfast	108 mg/dl	-	Seemfa
31/5/26	pre lunch	110 mg/dl	Novorapid (15 units)	Seemfa
31/5/26	Post lunch	142 mg/dl	-	Seemfa
31/5/26	pre dinner	120 mg/dl	Novorapid (15 units)	Shilpa
31/5/26	post dinner	160 mg/dl	Tresiba (32 units)	Shilpa
1/6/26	Pre breakfast	91 mg/dl	Novorapid (15 units)	Ananika
1/6/26	post breakfast	125 mg/dl	-	Seemfa



RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
1/6/25	pre lunch	72mg/dl	Novarapid (15units)	Ranya
1/6/25	post lunch	150mg/dl	-	Ranya
1/6/25	Pre dinner	92mg/dl	Novarapid (15units)	Sushanthi
1/6/25	Post dinner	170mg/dl	Tresiba (32units)	Sushanthi
2/6/2026	Pre Breakfast	91 mg/dl	Novarapid (15 units)	Sushanthi
2/6/2026	Pre lunch	101 mg/dl	Novarapid (12 units)	Sushanthi?
2/6/2026	Pre dinner	91 mg/dl	8unit Novarap	Sushanthi?
2/6/26	post dinner	122mg/dl	20 units Tresiba	Sushanthi
3/6/2026	Pre Breakfast	90mg/dl	10 units (Novarapid)	Sushanthi?
3/6/2026	Pre Lunch	77mg/dl	6 units (Nov)	Sushanthi

Docu. No. : RCHBH / FRM / CLINICAL / 185

						<input type="checkbox"/> C <input type="checkbox"/> DC
						<input type="checkbox"/> C <input type="checkbox"/> DC

MEDICATION HISTORY RECORDED / VERIFIED BY  
 Doctor Name & Signature : U. Sonika, Dr. U. Sonika  
 Date & Time : 19/5/26 @ 1pm

\* C- Continue, DC - Discontinue

Nurse Name & Signature: Tanya  
 Date & Time : 19/5/26 @ 1pm

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

Patient Sticker

### RBS CHART

Date	Time	RBS (mg/dl)	IVF %	Signature
1/10/11	08:00	100	100	[Signature]
1/10/11	12:00	100	100	[Signature]
1/10/11	16:00	100	100	[Signature]
1/10/11	20:00	100	100	[Signature]

*[Faint, illegible handwritten notes and bleed-through from the reverse side of the page.]*

BAH-00652717  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 19 D (F)  
 Dr. ANNIE PRANUTHA P



## MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA  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: OBG Shifted to: 33.6

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-LABETALOL	100mg	PO	OD	22/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T-ECOSPIRIN	150mg	PO	OD	22/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T-THYRONORM	162.5 mcg	PO	OD	22/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T-LIVOGEN	1tab	PO	OD	22/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T-SHELCAL	1tab	PO	OD	22/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INSULIN RAPID	15units	SC	TID	22/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	Big TRISIBA	35units	SC	OD	22/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
8	Big ENOXAPARIN	40mg	SC	OD	22/5/26	<input checked="" 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

EDICATION HISTORY RECORDED / VERIFIED BY

\* C - Continue, DC - Discontinue

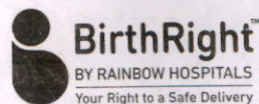
Doctor Name & Signature: Resonke, Dr. G. Sonik

Date & Time: 22/5/26, 6:30pm

Doctor Name & Signature: KARNO

Date & Time: 22/5/2026 at 6:50pm

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 26 D (F)  
 Dr. ANNIE PRANUTHA P



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight .....

Ward .....

<b>DRUG :</b> Tab. LABETALOL				Date Time	3/6															
Dose	Route	Frequency	Start Dt.																	
100mg	PO	OD	3/6																	
Name & Signature of the Doctor Starting the Drugs: Dr. Annia				[Signature]																
Additional Instructions: at 9AM																				
<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>																				

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

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>																			

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

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 18 D (F)  
 Dr. ANNIE PRANUTHA P



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 10.4kg Ward 3rd floor

**DRUG:** Tab. NOVARAPID Date/Time: 21/5, 21/5, 21/5, 21/5, 21/5, 21/5, 1/6, 2/6, 3/6

Dose: 150mg Route: slc Frequency: TID Start Dt.: 25/5

Name & Signature of the Doctor Starting the Drugs:  
Dr. Sravanti

Additional Instructions:  
Before food.

Daily Doctor's Endorsement by a Sign:  
Dr. Sravanti

**DRUG:** Tab. TRESEBA Date/Time: 25/5

Dose: 320mg Route: slc Frequency: OD Start Dt.: 25/5

Name & Signature of the Doctor Starting the Drugs:  
Dr. Sravanti

Additional Instructions:  
STOP

Daily Doctor's Endorsement by a Sign:  
Dr. Sravanti

**DRUG:** Tab. TRESEBA Date/Time: 25/5, 26/5, 27/5, 28/5, 29/5, 30/5, 31/5, 1/6, 2/6, 3/6, 4/6, 5/6, 6/6, 7/6

Dose: 320mg Route: slc Frequency: O.D Start Dt.: 25/5

Name & Signature of the Doctor Starting the Drugs:  
Dr. Sravanti

Additional Instructions:  
at night. (AFTER DINNER)

Daily Doctor's Endorsement by a Sign:  
Dr. Sravanti

**DRUG:** Tab. LIVOZENZ Date/Time: 25/5

Dose: 1tab Route: plb Frequency: O.D Start Dt.: 25/5

Name & Signature of the Doctor Starting the Drugs:  
Dr. Sravanti

Additional Instructions:  
STOP

Daily Doctor's Endorsement by a Sign:  
Dr. Sravanti



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 110.4 kg

Ward 322

DRUG : T. DUPHASTON				Date/Time	29/5	28/5	27/5	25/5	24/5	30/5	31/5	1/6	2/6
Dose	Route	Frequency	Start Dt.										
10mg	P/O	O/D	23/5/20										
Name & Signature of the Doctor Starting the Drugs: Dr. Sraavathi				<p>10mg P/O 29/5/20          10mg P/O 28/5/20          10mg P/O 27/5/20          10mg P/O 25/5/20          10mg P/O 24/5/20          10mg P/O 30/5/20          10mg P/O 31/5/20          10mg P/O 1/6/20          10mg P/O 2/6/20</p>									
Additional Instructions:													
Daily Doctor's Endorsement by a Sign				<p>us m l qv. l</p>									
DRUG : T. Erythromycin				Date/Time	29/5	30/5	31/5	1/6	2/6	3/6			
Dose	Route	Frequency	Start Dt.										
250mg	P/O	QID	29/5/20										
Name & Signature of the Doctor Starting the Drugs: Dr. Sraavathi				<p>250mg P/O 29/5/20          250mg P/O 30/5/20          250mg P/O 31/5/20          250mg P/O 1/6/20          250mg P/O 2/6/20          250mg P/O 3/6/20</p>									
Additional Instructions: 10 days													
Daily Doctor's Endorsement by a Sign				<p>qv</p>									
DRUG : IRON				Date/Time	29/5	30/5	31/5	1/6	2/6	3/6			
Dose	Route	Frequency	Start Dt.										
1TAD	P/O	NSD	29/5										
Name & Signature of the Doctor Starting the Drugs: Dr. Sraavathi				<p>1TAD P/O 29/5/20          1TAD P/O 30/5/20          1TAD P/O 31/5/20          1TAD P/O 1/6/20          1TAD P/O 2/6/20          1TAD P/O 3/6/20</p>									
Additional Instructions: (IRON)													
Daily Doctor's Endorsement by a Sign				<p>qv</p>									
DRUG : ARG-9				Date/Time	30/5	31/5	1/6	2/6	3/6				
Dose	Route	Frequency	Start Dt.										
150mg	P/O	QID	30/5										
Name & Signature of the Doctor Starting the Drugs: Dr. Sraavathi				<p>150mg P/O 30/5/20          150mg P/O 31/5/20          150mg P/O 1/6/20          150mg P/O 2/6/20          150mg P/O 3/6/20</p>									
Additional Instructions:													
Daily Doctor's Endorsement by a Sign				<p>qv</p>									

VERIFIED

VERIFIED

VERIFIED

VERIFIED

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 12 D (F)  
 Dr. ANNIE PRANUTHA P



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 110.40g Ward OPS

**DRUG: T. LINEZOLID**

Dose	Route	Frequency	Start Dt.	Date Time
600mg po		BD	21/5/26	21/5 10 AM
Name & Signature of the Doctor				22/5 10 PM
Starting the Drugs:				23/5
Additional Instructions:				24/5
Daily Doctor's Endorsement by a Sign				25/5
				26/5
				27/5
				28/5

**DRUG: TAB LIVOXIN**

Dose	Route	Frequency	Start Dt.	Date Time
2 TABS po		OD	23/5	23/5
Name & Signature of the Doctor				24/5
Starting the Drugs:				25/5
Additional Instructions:				26/5
Daily Doctor's Endorsement by a Sign				27/5
				28/5

**DRUG: TAB SURICIN**

Dose	Route	Frequency	Start Dt.	Date Time
STOP po		OD	23/5	23/5
Name & Signature of the Doctor				24/5
Starting the Drugs:				25/5
Additional Instructions:				26/5
Daily Doctor's Endorsement by a Sign				27/5
				28/5

**DRUG: TAB NEUROMIN OD**

Dose	Route	Frequency	Start Dt.	Date Time
1500mcg ORN		OD	23/5	23/5
Name & Signature of the Doctor				24/5
Starting the Drugs:				25/5
Additional Instructions:				26/5
Daily Doctor's Endorsement by a Sign				27/5
				28/5

VERIFIED



Mrs Mahime



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 110.4kg Ward 0125

DRUG	Dose	Route	Frequency	Start Dt.	Date Time
INS-KNOXAPARIN	40mg	S/C	OD	20/5	20/5, 21/5, 22/5, 23/5, 24/5, 25/5, 26/5, 27/5, 28/5, 29/5, 30/5, 31/5, 1/6, 2/6
Name & Signature of the Doctor Starting the Drugs: <u>Mahime</u>					10 Am
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					<u>[Signature]</u>

DRUG	Dose	Route	Frequency	Start Dt.	Date Time
Oral METRONIDAZOLE	500mg	IV	TID	19/5	19/5, 20/5, 21/5, 22/5, 23/5, 24/5
Name & Signature of the Doctor Starting the Drugs: <u>Dr Yashwanth</u>					9 Am
Additional Instructions: 5 DAYS					5 Pm
Daily Doctor's Endorsement by a Sign					<u>[Signature]</u>

DRUG	Dose	Route	Frequency	Start Dt.	Date Time
AP4-9 SACHETS	2	PO	BD	20/5	20/5
Name & Signature of the Doctor Starting the Drugs: <u>Mahime</u>					
Additional Instructions: IN A GLASS OF WATER					
Daily Doctor's Endorsement by a Sign					<u>[Signature]</u>

DRUG	Dose	Route	Frequency	Start Dt.	Date Time
SECRET'S	1	PO	BD	20/5	20/5, 21/5, 22/5, 23/5, 24/5, 25/5, 26/5, 27/5, 28/5, 29/5
Name & Signature of the Doctor Starting the Drugs: <u>Mahime</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					<u>[Signature]</u>

VERIFIED

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1993 30 Y 7 M 12 D (F)  
 Dr. ANNIE PRANUTHA P



# DRUG CHART

Date of Admission: 19/5/26 Drug Allergies: NICDA  Not known any Drug Allergies

## FOR THE SAFETY OF THE PATIENT

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

## SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name

REGULAR PRESCRIPTIONS

Weight. 110.41kg Ward. 018

VERIFIED

VERIFIED

VERIFIED

VERIFIED

<b>DRUG:</b> INT. CROTHAPIM				Date	19/5	20/5	21/5	22/5	23/5	24/5										
				Time																
Dose	Route	Frequency	Start Date																	
1gm	u	BD	19/5/12																	
Name & Signature of the Doctor Starting the Drugs:				Am																
Additional Instructions:				12: Pm																
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> <span>Am</span> <span>12: Pm</span> </div>																
<b>DRUG:</b> TAB COCAIN				Date	19/5	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6
				Time																
Dose	Route	Frequency	Start Date																	
150mg	PO	OD	19/5																	
Name & Signature of the Doctor Starting the Drugs:				10 Pm																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> <span>10 Pm</span> </div>																
<b>DRUG:</b> TAB COCAIN				Date	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6
				Time																
Dose	Route	Frequency	Start Date																	
100mg	PO	OD	19/5																	
Name & Signature of the Doctor Starting the Drugs:				9 Am																
Additional Instructions:				9 Am																
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> <span>9 Am</span> </div>																
<b>DRUG:</b> TAB TYRANONM				Date	20/5	21/5	22/5	23/5	24/5	25/5	26/5	27/5	28/5	29/5	30/5	31/5	1/6	2/6	3/6	4/6
				Time																
Dose	Route	Frequency	Start Date																	
162.5	PO	OD	19/5																	
Name & Signature of the Doctor Starting the Drugs:				6 Am																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign				<div style="display: flex; justify-content: space-between;"> <span>6 Am</span> </div>																



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	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.	
	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
19/5/24	12:30pm	9g DETA METHASONE	12mg	IM	[Signature]	Tunif Sundara
19/5/24	12:30pm	205 MAGNESIUM SULPHATE 4gm	in 100ml NS	SLC	[Signature]	Tunif Sundara
19/5	4pm	INSULIN RAPID	6U	SLC	[Signature]	Tunif Sundara
19/5	8:45pm	LISPRO INSULIN	22U	SLC	[Signature]	Shanika Swaropa
19/5	11:45pm	INT. TRESIBA	35U	SLC	[Signature]	Shanika Swaropa
20/5/26	12:30pm	IMS. BETAMETHASONE	12mg	IM	[Signature]	Yamuna Shobha
20/5	7:10am	INSULIN LISPRO	21U	SLC	[Signature]	Shanika Swaropa
20/5	1:50pm	INSULIN RAPID	23U	SLC	[Signature]	Yamuna Shobha
20/5	3:40pm	INSULIN RAPID	5U	SLC	[Signature]	Tunif Sundara

Signature

VERIFIED





**STAT / ONCE ONLY DRUGS**

Name: Dr. Mahima

Weight: 110.4 kgs

Sheet No: .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
20/5/26	8:30pm	INSULIN RAPID	15U	s/c	[Signature]	Sunitha	[Signature]
20/5/26	11:10pm	Ins TRESEBA	35U	s/c	[Signature]	Sunitha	[Signature]
21/5/26	8:10 AM	INSULIN RAPID	18U	s/c	[Signature]	Sunitha	[Signature]
21/5/26	11:30 pm	Ins TRESEBA	35U	s/c	[Signature]	Tunna	Sobha
22/5/26	10am	Ins TRESEBA	30 units	s/c	[Signature]	Lakha	Anjali
23/5/26	6 AM	Ins NOVARAPID	15 units	s/c	[Signature]	Lakha	Anjali
23/5/26	1pm	Ins NOVARAPID	15 units	s/c	[Signature]	Puja	Prathina
23/5/26	8pm	Ins NOVARAPID	15 units	s/c	[Signature]	[Signature]	Anamika
24/5/26	4pm	Ins NOVARAPID	15 units	s/c	[Signature]	Piya	Anamika
24/5/26	8:30pm	Ins NOVARAPID	15 units	s/c	[Signature]	Lakha	Anamika
24/5/26	10:20pm	Ins TRESEBA	35 units	s/c	[Signature]	Ranjana	Anamika
25/5/26	8:14 AM	Ins NOVARAPID	15 units	s/c	[Signature]	[Signature]	Anjali
25/5/26	1:15 PM	Ins NOVARAPID	15 units	s/c	[Signature]	Lakha	Anjali

VERIFIED

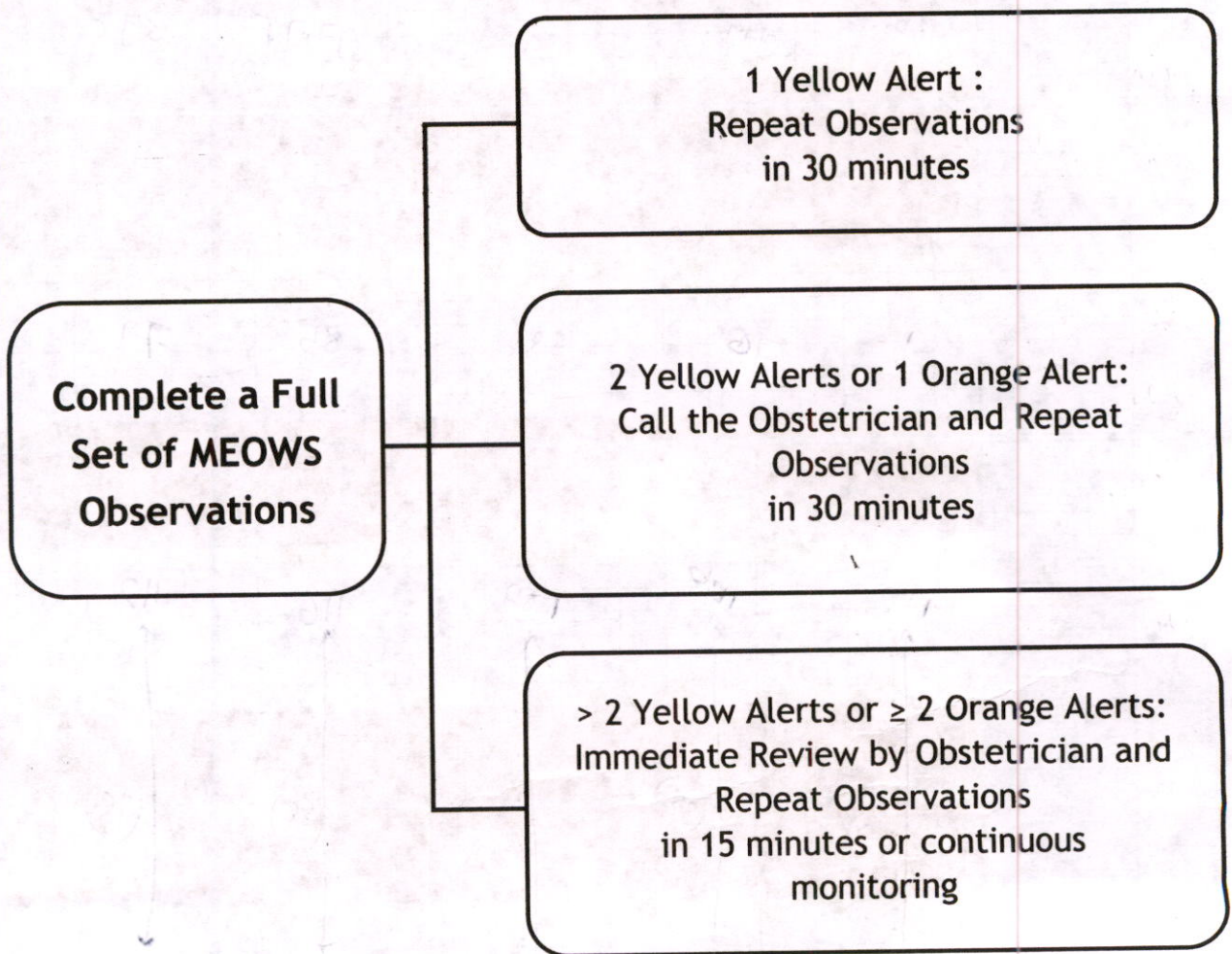
VERIFIED

VERIFIED



FHR 100pm NST  
2am - 132-140  
6am - 140-151bpm

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



30/5/25

10Am - Doppler  
NST

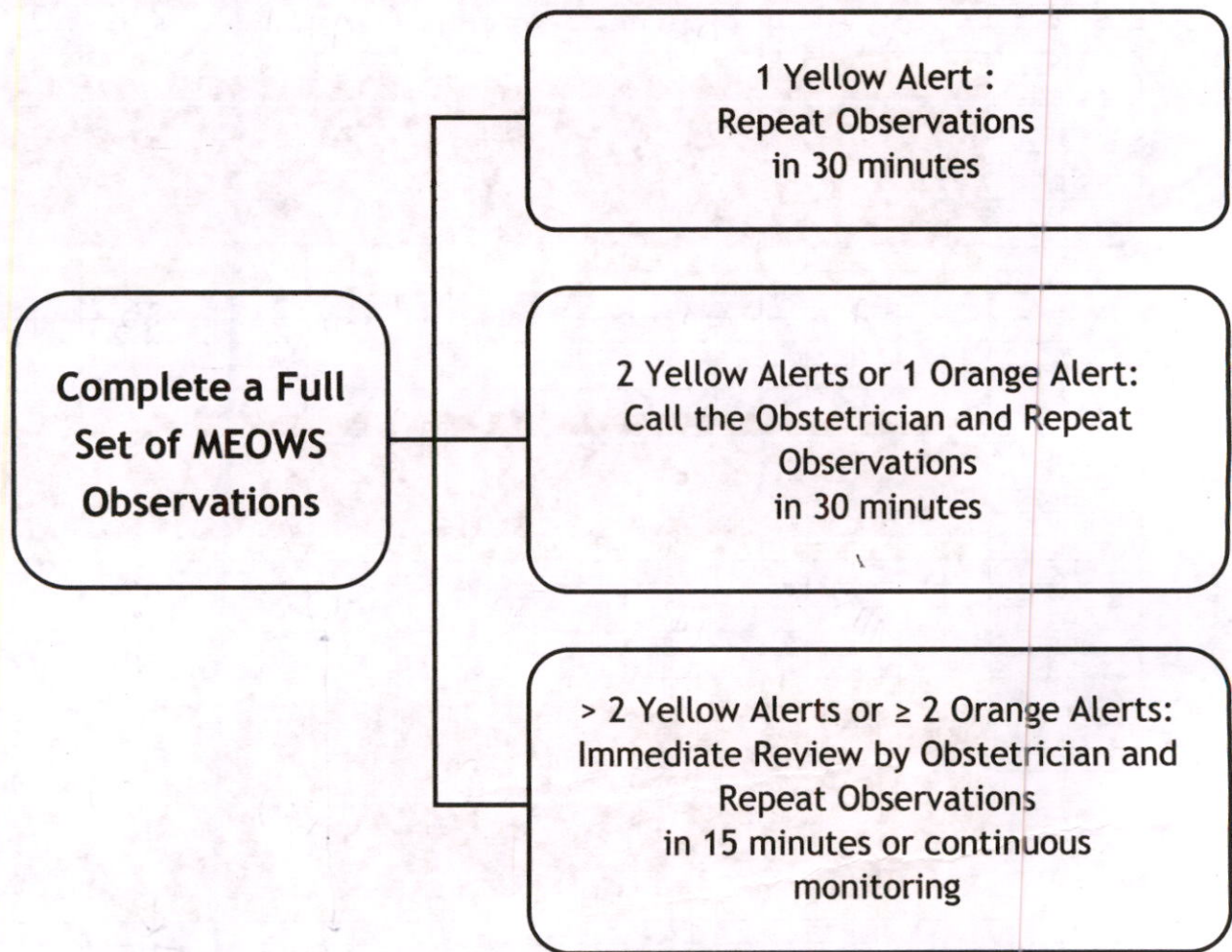
2:30Pm - NST

11Pm - FHR - 145 - 155 bpm

3am - FHR - 133 - 140

7am - FHR - 142 - 150

## Obstetrics and Gynaecology Early Warning Signs

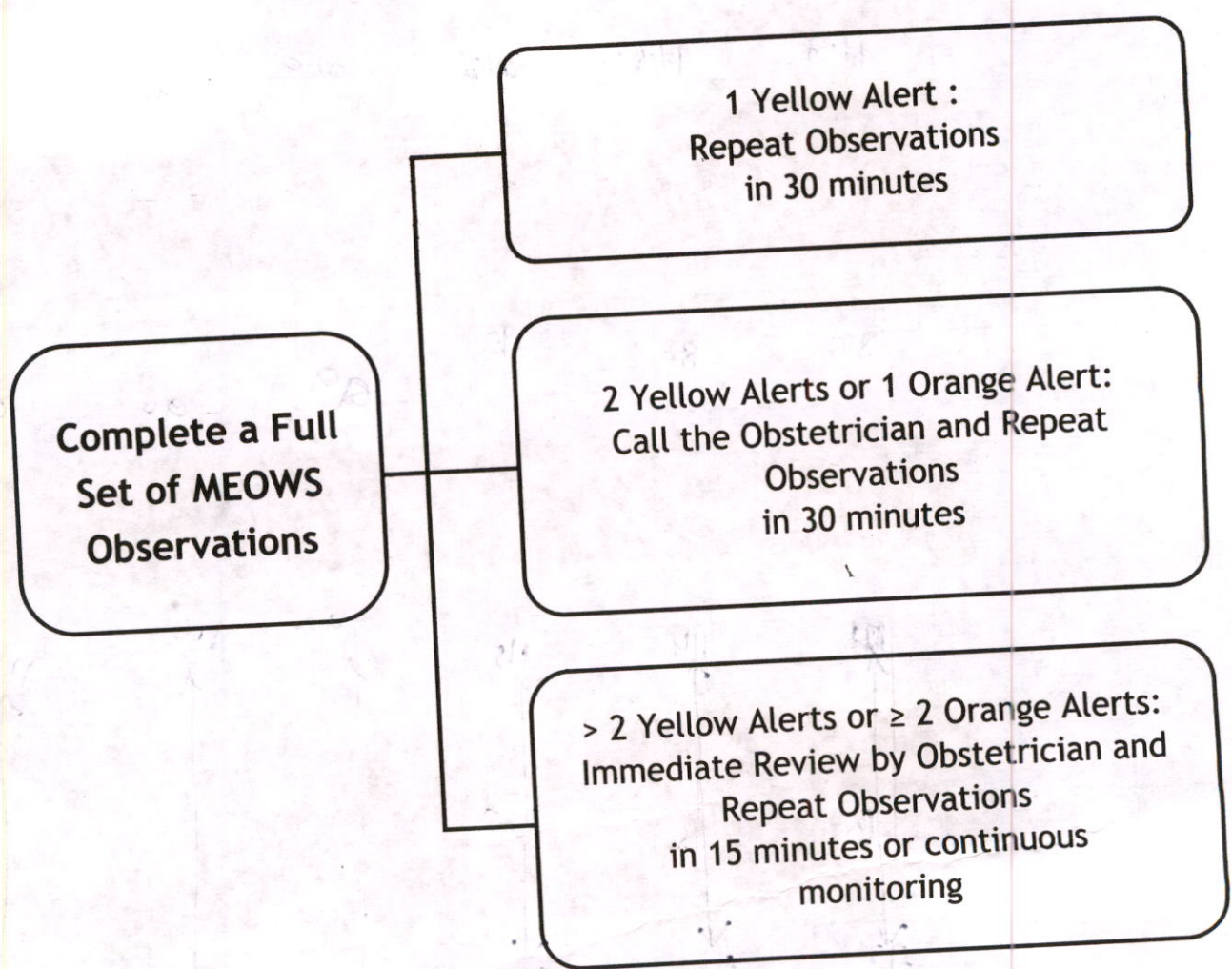


\* The Modified Early Warning Score (MEOWS)



31/5  
10PM - NST  
3PM - NST  
12PM - NST  
9am - NST  
6am - NST  
132 - 146 bpm  
140 - 148 bpm  
136 - 145 bpm

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

H-00652717  
 IP5-00174018  
 MAHIMA KOMARABATHINI  
 10-1996 30 Y 7 M 24 D (F)  
 ANNIE PRANUTHA P

11/6/26



## Early Warning Observation Score Chart - Obstetrics

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

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
Saturations	11 - 20				19				19				19				20			18					18	
	0 - 10																									
	94 - 100 %				99%				98%				99%				99%			98%					99%	
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36				97.0°				97.0°				97.0°				98°			97.8°					97.8°	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100				117																					
	90																									
	80									89						82			78						84	
	70																									
	60																									
	50																									
40																										
Systemic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert																									
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30				✓				✓				✓				✓			✓					✓	
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal				N				N				N				N			N					N	
	Heavy / Foul																									
Liquor	Clear / Pink				C				C				C				C			C					C	
	Green																									
TOTAL YELLOW SCORES					0				0				0				0			0					0	
TOTAL ORANGE SCORES					0				0				0				0			0					0	
Nurse Initial					008				08				08				08			08					08	

1/6/26

10AM - NST

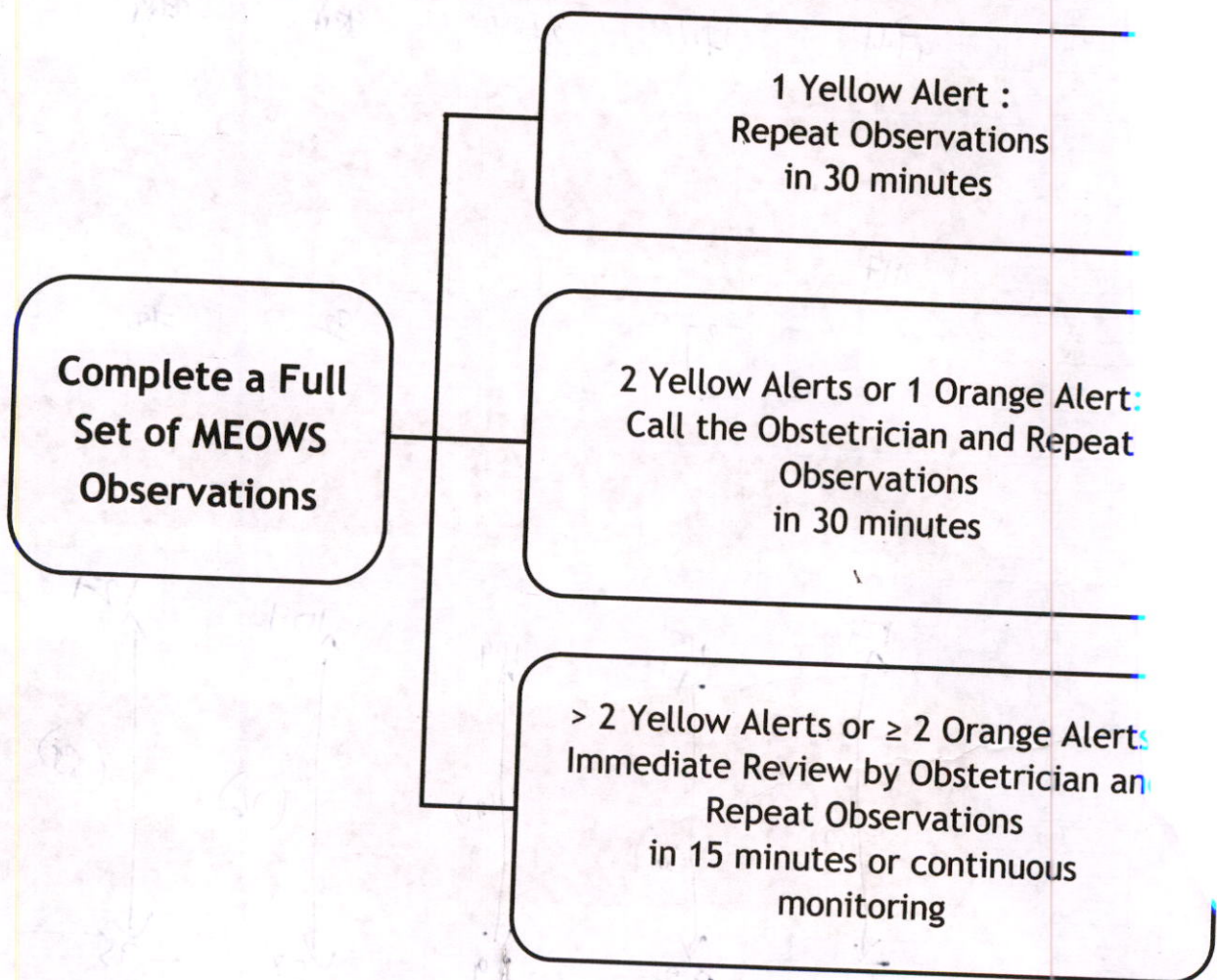
4PM - NST

10PM - NST

2am - 137

6am - 144

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1995 30 Y 7 M 25 D (F)  
 Dr. ANNIE PRANUTHA P



## Early Warning Observation Score Chart - Obstetrics

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

2/06/2026		Date	8	9	10 <sup>Am</sup>	11	12	1 <sup>Pm</sup>	2	3	4	5	6 <sup>Pm</sup>	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20				22			21					20								18				19		
	0 - 10																										
Saturations	94 - 100 %				97%			99%					100%								97				98		
	< 94 %																										
Administered O <sub>2</sub> (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36				98.1F			98.2F					98												98		
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90				95			93					87													80	
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
90																											
80																											
70																											
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
70																											
60																											
50																											
40																											
NEURO RESPONSE [✓]	Alert				✓			✓				✓															
	Voice				✓			✓				✓															
	Pain				✓			✓				✓															
	Unresponsive				✓			✓				✓															
URINE mls / hour	> 30				✓			✓				✓															
	< 30				✓			✓				✓															
Proteinuria	Protein ++				✓			✓				✓															
	Protein > ++				✓			✓				✓															
Lochia	Normal				✓			✓				✓															
	Heavy / Foul				✓			✓				✓															
Liquor	Clear / Pink				✓			✓				✓															
	Green				✓			✓				✓															
TOTAL YELLOW SCORES					0			0				0									2			2			
TOTAL ORANGE SCORES					0			0				0									0			0			
Nurse Initial					au			au				au									S			S			

2/6/2026

10am - NST

2pm - NST

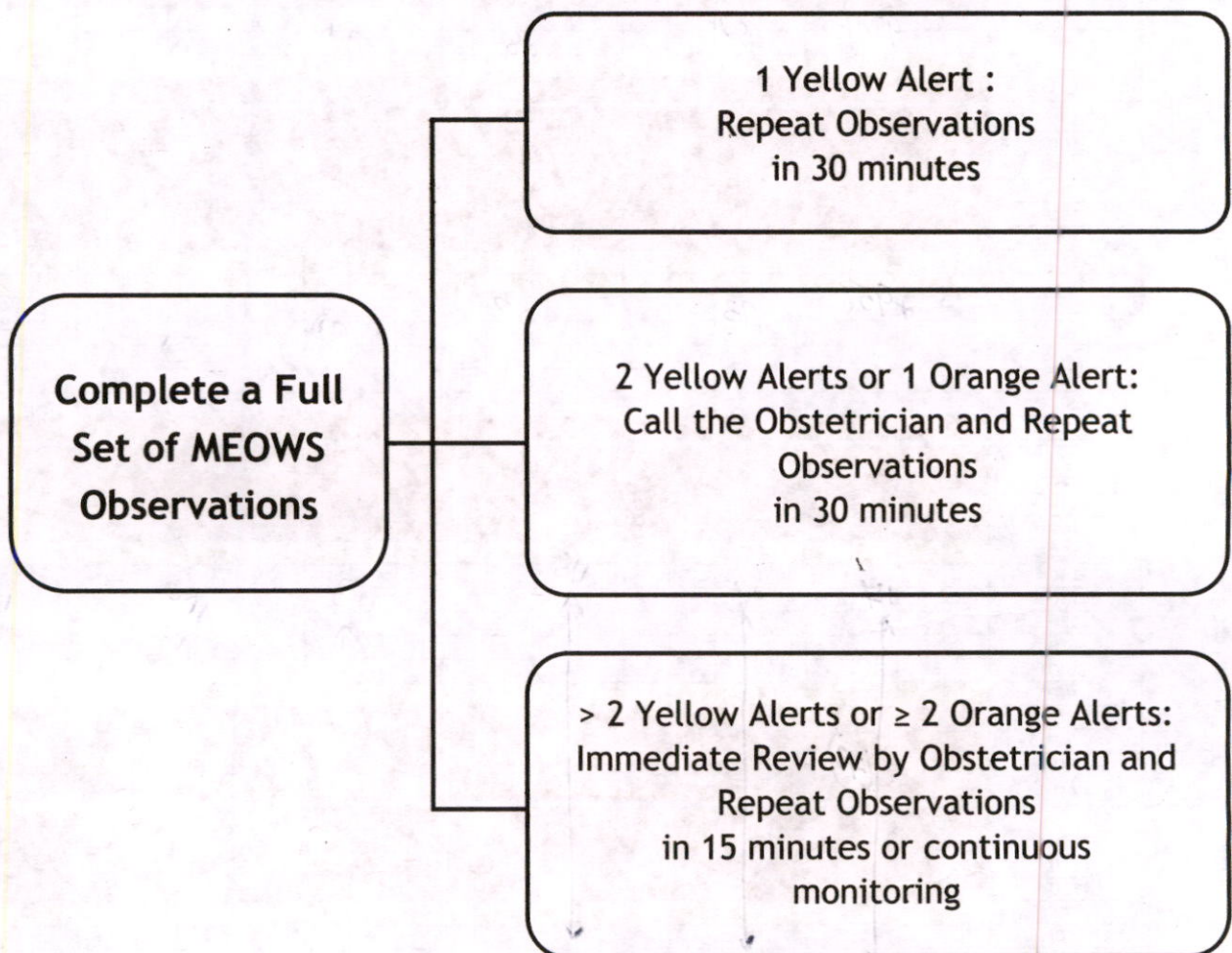
6pm - FHR - (129-152)

9pm - NST

1Am - 138-142

6am - 142-148

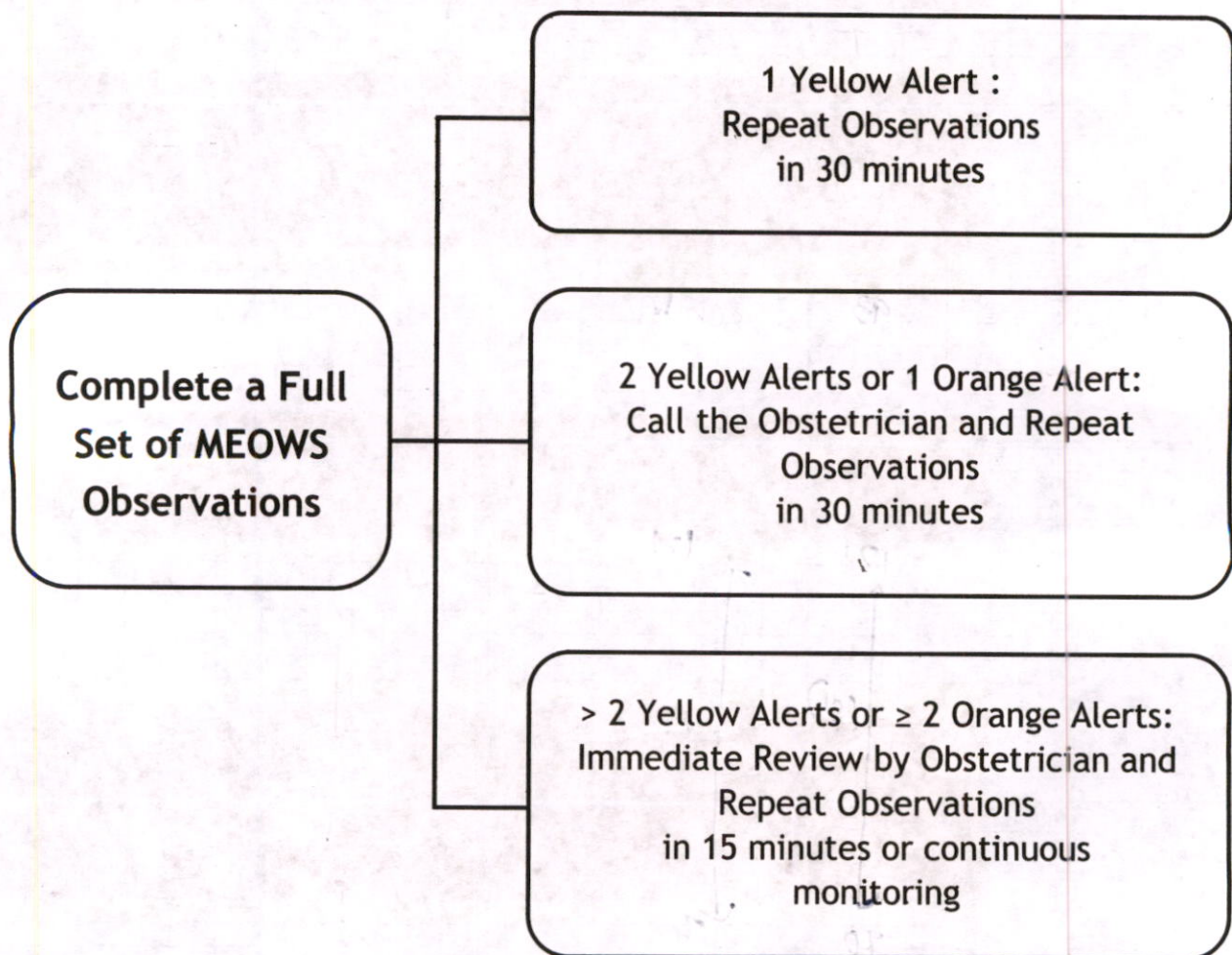
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

BAH-00652717 IP5-00174018  
 Mrs MAHIMA KOMARABATHINI  
 07-10-1996 30 Y 7 M 23 D (F)  
 Dr. ANNIE PRANUTHA P



# FLUID CHART



Sheet No. : ..... 7

31/5

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.

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										1	Reyna	
	09:00 am	water					✓			✓	1	Reyna	
	10:00 am										NO	Reyna	
	11:00 am									10	1	Reyna	
	12:00 pm	water								✓	1	Reyna	
	01:00 pm										1	Reyna	
<b>Total Intake :</b>						<b>Total Output :</b> N-0 U-2							
	02:00 pm												
	03:00 pm	water					✓			✓	1	Reyna	
	04:00 pm						NP			✓	NO	Reyna	
	05:00 pm						✓			10	1	Reyna	
	06:00 pm	water					✓			✓	1	Reyna	
	07:00 pm									✓	1	Reyna	
<b>Total Intake :</b>						<b>Total Output :</b> N-0 U-3							
	08:00 pm									✓	NO	Reyna	
	09:00 pm	water					✓			✓	NO	Reyna	
	10:00 pm						NP			✓	IV	Reyna	
	11:00 pm						✓			✓	1	Reyna	
	12:00 am	water					✓			✓	1	Reyna	
	01:00 am									✓	1	Reyna	
<b>Total Intake :</b>						<b>Total Output :</b> U-3 N-0							
	02:00 am												
	03:00 am	water					✓			✓	NO	Reyna	
	04:00 am						NP			✓	IV	Reyna	
	05:00 am						✓			✓	1	Reyna	
	06:00 am	water					✓			✓	1	Reyna	
	07:00 am									✓	1	Reyna	
<b>Total Intake :</b>						<b>Total Output :</b> U-2 N-0							
<b>Total 24 hrs. Intake</b>		Telex											
<b>Total 24 hrs. Output</b>		U-10 N-1											

# FLUID CHART

Sheet No. : 8

1/6/26

- 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 Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
1/6/26	08:00 am										0	Renuf
	09:00 am	water					✓	✓		✓	0	
	10:00 am						✓				0	
	11:00 am	water								✓	0	
	12:00 pm										0	
	01:00 pm									✓	0	
<b>Total Intake :</b>						<b>Total Output :</b> N-0 U-3						
1/6/26	02:00 pm									✓	0	Renuf
	03:00 pm	water					✓			✓	0	
	04:00 pm						NP			✓	0	
	05:00 pm									✓	0	
	06:00 pm	water								✓	0	
	07:00 pm										0	
<b>Total Intake :</b>						<b>Total Output :</b> N-0 U-5						
1/6/26	08:00 pm										0	Selle
	09:00 pm	water					✓			✓	0	
	10:00 pm	soup					NP				0	
	11:00 pm									✓	0	
	12:00 am	water									0	
	01:00 am									✓	0	
<b>Total Intake :</b> Taken						<b>Total Output :</b> N-0 U-3						
1/6/26	02:00 am										0	Selle
	03:00 am	water					✓			✓	0	
	04:00 am						NP				0	
	05:00 am									✓	0	
	06:00 am	water								✓	0	
	07:00 am										0	
<b>Total Intake :</b> Taken						<b>Total Output :</b> N-0 U-3						

**Total 24 hrs. Intake**      Taken

**Total 24 hrs. Output**      N-1 U-14

BAH-00652717  
Mrs MAHIMA K  
07-10-1995

Dr. ANNIE PRA



Sheet No. : ...

1. All measur
2. Add up ea

Date		Time	
2/6/96		08:00	
		09:00	
		10:00	
		11:00	
		12:00	
		01:00	
<b>Total Intake</b>			
2/6		02:00	
		03:00	
		04:00	
		05:00	
		06:00	
		07:00	
<b>Total Intake</b>			
2/6		08:00	
		09:00	
		10:00	
		11:00	
		12:00	
		01:00	
<b>Total Intake</b>			
3/6		02:00	
		03:00	
		04:00	
		05:00	
		06:00	
		07:00	
<b>Total Intake :</b>			
<b>Total 24 hrs.</b>			

Docu. No. : RCHE

# BirthRight™

RAINBOW HOSPITALS


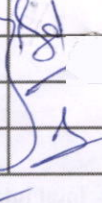
Your Right to a Safe Delivery

0

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t.

10/20/2010

Site Inbo- vitis re	Sign. Nurse
0	
0	
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2	