

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174352 Admit Date : 26-May-2026 Admit Time : 06:19 PM UHID : BAH-00461018

Patient Details :

Patient Name : Mrs KHANSA AIMAN AIMAN Age : 29 Y 8 M 12 D
Guardian : Mr NAYEEM UL HASSAN DOB : 14-09-1996
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : H NO 11-3-577 Mallepally Hyderabad Phone No : 9550128974/ 9493215010
Telangana INDIA 500001 E-mail : AIMANJJCET@GMAIL.COM

Admission Details :

Bed Type : SHARED WARD Bed No : SW 417 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 417 Admission Type : First Visit

Contact Details :

Name : Mr NAYEEM UL HASSAN Relationship : Husband
Contact Address : H NO 11-3-577 Mallepally Hyderabad Phone No : 9550128974 / 9493215010
Telangana INDIA 500001


Signature

Doctor Details :

Doctor Name : Dr. K BHARGAVI REDDY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5	IV Placement	1	9629485	Tanya
27/5	Catheterization	1	9629485	Tanya
27/5	PAC	1	9629484	Tanya
27/5/26	N/AH	1		Kalyani

Cross checked by *[Signature]*

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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BAH-00461018 IP5-00174352
Mrs KHANSA AJMAN
14-09-1996 29 Y 8 M 12 D (F)
Dr. K BHARGAVI REDDY



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clt pain @ lower abdomen
pubic x wrng.

LMP: 14/9/25 EDD: 17/6/28

Corrected EDD: 17/6/2026 GA: 36+6 wks.

Obstetric Formula:

Prim

Menstrual History: Regular: Yes No

Obstetric History:

MU - 2022; Ncm.

Obstetric Examination

Fundal Height: ut stem.

Present Pregnancy Record:

Booked x 8+4 wks

IUI Conception.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

RISK FACTORS:

Posterior wall fibroid

FHS: Normal Tachy Brady Absent

NST reactive.

Per Speculum Examination - not indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

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

Height: 163 cm

Weight: 59 kg

Allergies: N/A

Breast: Normal Abnormal

General Examination:

Consciousness: Conscious Pallor: absent

Icterus: absent Edema: absent

Temp: 37.2 PR: 82 bpm

BP: 110/70 DTR: 2+

CVS: normal RS 2+

Liver/Spleen: Not palpable Urine Output: adequate SpO2 - 98% on RA.

DIAGNOSIS

Prim | IUI Conception @ 36+6 wks | = posterior wall fibroid,
in early labor.



<p>Family History: None Father - K/o UTV 0.000/0/17</p>	<p>Surgical History: Hysteroscopy - May - 2024 Open - appendectomy in childhood</p>
<p>Medical History: Nil.</p>	<p>Medication History: See neonatology form</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1 Admission 2 CTG - admission ↓ P/o 3rd hely, 3 Informed consent taken. 4 Drugs as charted. 5 Send CBP 6 JOL 7 Monitor vitals & FHR hely. 	<p>Investigations:</p> <p><u>B</u> positive.</p> <p>- HW HbsAg } NR HCV }</p> <p>- FTS - low risk.</p> <p>- TIFFA - (N) mild TR ↓ Fetal echo (R)</p> <p>- 26/5/26 = 36 wks.</p> <p>- Cephalic / Rt - anterior, slight lateral, high.</p> <p>AFI = 11.4 EFW = 2.448 [16%] AC = 32.</p>

Doctor Name: Dr. Srethi
 Signature: Srethi
 Date & Time: 26/5/26; 6:30 PM

Dr. K Bhargavi Reddy
 Reg. No: APMC/FMR/23219
 Consultant Name: Dr. Bhargavi Reddy
 Signature: Bhargavi
 Date & Time: 27/5/2026; 2:45 AM

BAH-004/1018 IP5-00174352
 Mrs KHANSA AJMAN
 14-09-1995 29 Y 8 M 12 D (F)
 Dr. K BHARGAVI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p><u>26/5/26</u> <u>10:30 PM</u></p>	<p>Primi / 36th wks /</p>	<p>Posterior wall fibroid <u>in early labour</u></p>
<p><u>NST- Reactive</u></p>	<p>Pt. clb - mild G.c - fair Afebrile PR - 80/min BP - 100/60 mmHg PIA - ut Relaxed cephalic, FHs ⊕ V/E - cx - 1/4 long os - 2 fingers, PP - vx St - 2, Membranes ⊕</p>	<p>Adv:- ① w/f progress of labour ② FHR Monitoring ③ NST - 3rd hr ④ Epidural - S0S ⑤ Drugs as checked ⑥ Inform S0S hr (Dr. Lavanya)</p>
<p><u>26/5/26</u> <u>1:30 AM</u></p>	<p>Primi / 36th wks / in early labour</p> <p>clb: mild Abdominal pain. Epidural. Bolus given</p> <p>o/f G.c - fair vital - stable PIA - ut mildly aching. cephalic, FHs ⊕ V/E - cx - 1/4 long os - 2 fingers (loose). pp - venter. Station - 2 Membranes ⊕</p>	<p>Adv:- 1) w/f progression of labour. 2) FHR monitoring 3) Drugs as checked 4) Inform S0S</p> <p>Dr. Lavanya Dr. Dnyes.</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26	Primid 37wks) Posterior wall fibroid	
5 AM	in early labour	
	Pt - comfortable on Epidural	
	G-c-fair	
	Afebrile	Adv: -
<u>NST-Reactive</u>	PR - 80/min	① Inj. oxytocin 100 IU
	BP - 110/70 mmHg	10 RL @ 6ml/hr titrate
	PIA - ut Activ.	every 30 mins.
	cephalic, FH (+)	② w/ progress of labor
	UE - cx - effaced,	③ FHR Monitoring.
	OS - 2cm, PP - vx	④ NST - 3rd hour
	st-1, Membrane (+)	⑤ Drugs as checked
	↓ Asp, ARM done, liquor clear	⑥ Inform SOS
		⑦ Inj. cetoraxone by
		ign 10 stat after test (Dr. low)
		dose.
27/5/26	Primid 37wks / Early labour / on Epidural	
8:30 AM	elo - Shiny	Adv.
	P - 80/min	- watch for Progress
	BP - 110/70 mmHg	- Titrate oxytocin
	PIA - uterine Activa	- vitals Monitoring.
	FH (+)	- NST x 3rd hour.
	FH - 6-7cm	
	PP - 1cm	
	Clear	

Dr. K Bhargavi Reddy
 Reg. No: APMC/FMR/93315

(Signature)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p><u>27/5/2026</u> <u>0:45 AM</u></p>	<p><u>P.L₁ / PND-0 / SVD</u> comfortable, General Condition - fair / afebrile BP-112/76 PR - 82 / min SpO₂ - 98% P/A - vitals retracted well soft</p>	<p>Advice:</p>
<p><u>Babynell</u> <u>Urine output -</u> <u>100ml, Blood stained.</u> ✓ Foley's Removal 4 PM.</p>	<p>VVE - Minimal Bleeding (+)</p>	<ul style="list-style-type: none"> ✓ oral hydration ✓ soft diet ✓ Drugs as charted ✓ mobilization ✓ Urine output - Monitoring ✓ mobilization ✓ watch for excessive Bleeding ✓ Inform SAs
<p>By (Dr. Deepika)</p>		
<p><u>27/5/2026</u> <u>2:30 PM</u></p>	<p><u>P.L₁ / PND-0 / SVD</u> comfortable General Condition - fair / afebrile Vitals - BP-117/75 (86) PR - 82 bpm SpO₂ - 97% on Room Air.</p>	<p>Advice</p>
<p><u>Urine output -</u> <u>50ml, clear</u> <u>V/E - done</u></p>	<p>P/A - vitals retracted well, soft VVE - Minimal Bleeding</p>	<ul style="list-style-type: none"> ✓ oral hydration ✓ soft diet ✓ Monitor vitals ✓ Drugs as charted ✓ Urine output Monitoring ✓ Remove foley's at 8 PM ✓ mobilization ✓ watch for excessive Bleeding ✓ shift to Room ✓ Inform SAs.
<p>Docu. No. : RCHBH / FRM / CLINICAL / 088 By (Dr. Deepika) checked by Selly 23/5/26</p>		

BAH-00461018
 Mrs KHANSA AIMAN
 14-09-1996 29 Y 8 M 13 D (F)
 Dr. K BHARGAVI REDDY



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/10/16 7:50 PM	PND-0 SVD PIL,	
B-well	Gc: /giv Vitals: Stable PlA: Uterus retracted well	1) Monitor vitals - 4th 2) Drug as charted
U/o: 600ml	Bowel soft (+)	3) w/h Plv Bleeding 4) Ambulation
	Plv: NAB (+)	5) Soft diet & plenty of oral fluids
	Remove Foley's at 8pm Check voiding & Tufex doctor	6) Tufex 500
		- Dr. Sravanti Plv
		Si. NO. Revathi 9010743
28/10/16 9:00 AM	PND-1 SVD PIL,	
B-well	Gc: /giv Vitals: Stable PlA: Uterus retracted well	1) monitor vitals 2) Drug as charted
U/E - voided	Bowel soft (+)	3) w/h Plv Bleeding 4) soft diet ambulation
	Plv: NAB (+)	5) Ambulation 6) Tufex 500
	Plan discharge	- Dr. Sravanti Plv

BAH-00461018 IP5-00174352
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 Dr. K BHARGAVI REDDY



RESULT SHEET

Date	26/5/20				
Time	8:08pm				
Hb	11.3				
PCV	33.5				
RBC	4.14				
WBC	12.85				
N/L	75/19				
Platelets	2.46				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
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						
Blood group → B+ve						
HIV						
HbSag ?						
HIV						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00461018 IP5-00174352
 Mrs KHANSA AJMAN
 14-09-1996 29 Y 8 M 12 D (F)
 Dr. K BHARGAVI REDDY



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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: NA Shifted to: NA

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. LIVOLGEN / C PMK		PO	OD	26/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
-	G. NADA		PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. SHEL CAL		PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	UPRISC D ₃ 2000		PO	OD		<input type="checkbox"/> C <input checked="" 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. Sridhar, Sd.

Date & Time: 26/5/26, 6:40 AM

Nurse Name & Signature: Tunni JM

Date & Time: 26/5/26 @ 7pm

BAH-00461018 IP5-00174352
 Mrs KHANSA AJMAN
 14-09-1996 29 Y 8 M 13 D (F)
 Dr. K BHARGAVI REDDY



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

VERIFIED

DRUG : SUP. DUPHALAC				Date Time	21/5															
Dose	Route	Frequency	Start Dt.																	
15ml	PO	BD	21/5/26																	
Name & Signature of the Doctor Starting the Drugs:				<div style="text-align: right;"> Dr. K. Bhargavi Reddy </div>																
Additional Instructions:				X Bed-time																
Daily Doctor's Endorsement by a Sign				<div style="text-align: right;"> Dr. K. Bhargavi Reddy </div>																

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																				

VERIFIED BY : Name Signature

BAH-00461018
 Mrs KHANSA AAMAN
 14-09-1996 29 Y 8 M 13 D (F)
 Dr. K BHARGAVI REDDY



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
 VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. Ward. oms

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>IMS CEFOTAXIME</u>				Date Time	<u>21/5</u>
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>21/5/26</u>	<u>6AM</u>	<u>6PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>(Dr. Lavanya)</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

STOP
By Chr. Deepika
21/5/2026, 10:30AM

DRUG : <u>TAB PARACETAMOL</u>				Date Time	<u>21/5</u>
Dose	Route	Frequency	Start Date		
<u>1gram</u>	<u>PO</u>	<u>TID</u>	<u>21/5/26</u>	<u>6AM</u>	<u>2PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>By Chr. Deepika</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>TAB. VIKERAN</u>				Date Time	<u>21/5</u>
Dose	Route	Frequency	Start Date		
<u>50mg</u>	<u>PO</u>	<u>TID</u>	<u>21/5/26</u>	<u>7AM</u>	<u>3PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>By Chr. Deepika</u>					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : <u>TAB. PANTOPRA 2015</u>				Date Time	<u>21/5</u>
Dose	Route	Frequency	Start Date		
<u>20mg</u>	<u>PO</u>	<u>BD</u>	<u>21/5/26</u>	<u>6AM</u>	<u>2PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>By Chr. Deepika</u>					
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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Start Date	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26	7:30 PM	T. MISOPROSTOL	25mcg	PO	DK	Sandhya Bharathi
26/5/26	11:30 PM	T. MISOPROSTOL	25mcg	PO	bs	Tunaf Not Given
27/5/26	2:00 AM	T. MISOPROSTOL	25mcg	Pb	W	Tunaf Sunanda
27/5/26		DROPERIDOL	1amp	IV	R	Not given
27/5/26		Ruscopen	1amp	IV	R	not give
27/5/26	10:30 AM	TAB. PGE1	400mcg	P/R	hp	Silika Kavali
27/5/26	10:20 AM	JUSTIN SUPPOSITORY	100mg	P/R	hp	Silika Kavali
27/5/26	10:30 AM	INS. OXYTOCIN	10U	Im	hp	Silika Kavali
27/5/26	10:30 AM	INS. TRANEXAMIC ACID	1gram	IV	hp	Silika Kavali

Signature

VERIFIED BY: Name

VERIFIED: 32
Dr
ERIFIED

I.V. FLUIDS CHART

Weight. Ward. 025



Date	Time	Composition of I.V. Fluid (If infusion, mention ml/hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
26/5/26	12 AM	RINGER LACTATE	IV	100ml/hr	Sath.	Turner Suman	27/5	L	Turner Suman
27/5/26	5 AM	RINGER LACTATE	IV	100ml/hr	by	Turner Suman	27/5	L	Turner Suman
27/5	5:30 AM	INS. OXYTOCIN 100 IN 10 RINGER	IV	6ml/hr	by	Turner Suman	27/5	hp	Turner Suman
		LACTATE @ 6ml/hr titrate every 30 mins - by 6ml/hr upto 60ml/hr. control for uterine contractions.				Sath.	27/5	hp	
		. 30-40 contractions							
27/5/26	11 AM	RINGER LACTATE 500ml	IV	100ml/hr	hp	Bilal Kranthi	27/5/26	B	Bilal Kranthi
27/5/26	11:30 AM	RINGER LACTATE 500ml	IV	150ml/hr	hp	Bilal Kranthi	27/5/26	B	Bilal Kranthi

Signature

VERIFIED BY: Name

BAH-00461018 IP5-00174352
 Mrs KHANSA AAMAN
 14-09-1996 29 Y 8 M 12 D (F)
 Dr. K BHARGAVI REDDY



Early Warning Observation Score Chart - Obstetrics

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

Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp ^o C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	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																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

26/5/26

①

⑥ ⑩ ② ⑥

20 19 109 98%
 98% 100% 98% 90%

Temp^oC

Heart Rate

Systemic Blood Pressure

Diastolic Blood Pressure

NEURO RESPONSE [✓]

URINE mls / hour

Proteinuria

Lochia

Liquor

TOTAL YELLOW SCORES

TOTAL ORANGE SCORES

Nurse Initial

0 0 0 0
 0 0 0 0
 Tunn Tunn Tunn Tunn

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

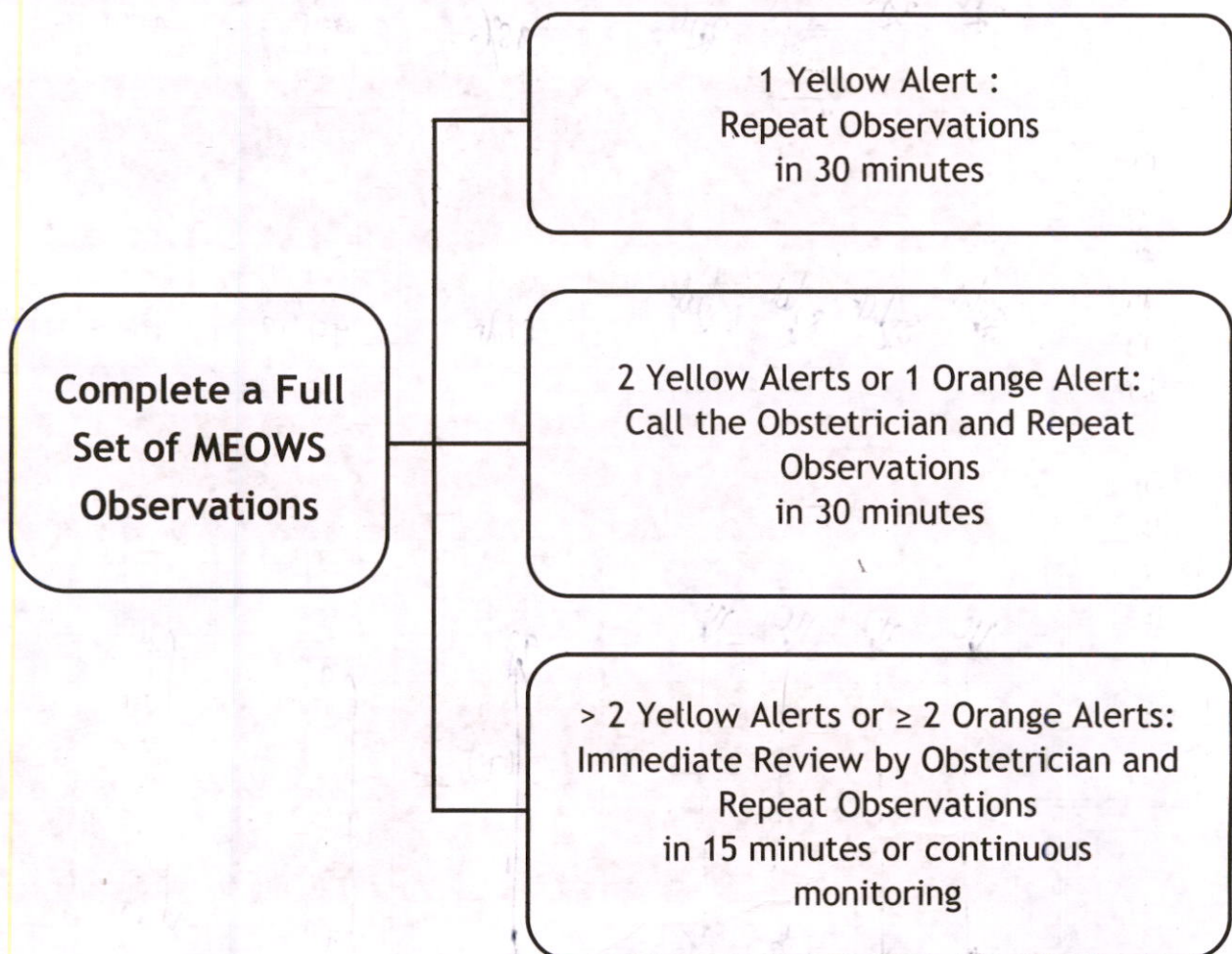
1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00461018 IP5-00174352
 Mrs KHANSA AIMAN
 14-09-1996 29 Y 8 M 12 D (F)
 Dr. K BHARGAVI REDDY

FLUID CHART



Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	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	H2O								✓	NO	} <i>[Signature]</i>	
	07:00 pm	H2O									IV		
Total Intake : <i>taken</i>						Total Output : U-1, M-0							
	08:00 pm										0	Tunny	
	09:00 pm	H2O								✓	0	Tunny	
	10:00 pm	H2O									0	Tunny	
	11:00 pm									✓	0	Tunny	
	12:00 am	H2O									0	Tunny	
	01:00 am	H2O									0	Tunny	
Total Intake : <i>taken</i>						Total Output : U-2, M-0							
	02:00 am									✓	0	Tunny	
	03:00 am	H2O									0	Tunny	
	04:00 am										0	Tunny	
	05:00 am	H2O									0	Tunny	
	06:00 am	H2O									0	Tunny	
	07:00 am										300ml	Tunny	
Total Intake : <i>taken</i>						Total Output : M-1, U-300ml							
Total 24 hrs. Intake		<i>taken good</i>				Total 24 hrs. Output		U-300ml, M-0					

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 Dr. K BHARGAVI REDDY



FLUID CHART

Sheet No. : 9

- 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		
27/5	08:00 am	RL		100ml							0	
	09:00 am	RL		100ml							0	
	10:00 am	RL	Sandwich	100ml					250ml		0	
	11:00 am	RL	H2O	100ml							0	
	12:00 pm										0	
	01:00 pm								250ml		0	
Total Intake :			1400ml			Total Output :					1000ml	
27/5	02:00 pm										0	
	03:00 pm								200ml		0	
	04:00 pm										0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm									900ml		0
Total Intake :						Total Output :					10900ml	
28/5	08:00 pm										0	
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						Total Output :						
28/5	02:00 am										0	
	03:00 am										0	
	04:00 am										0	
	05:00 am										0	
	06:00 am										0	
	07:00 am										0	
Total Intake :						Total Output :						
Total 24 hrs. Intake			Orally taken			Total 24 hrs. Output			096 1020			

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 Mrs KHANSA AIMAN
 14-09-1996 29 Y 8 M 12 D (F)
 Dr. K BHARGAVI REDDY



Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: khansa Aiman Age: 29y 8m Sex: F UHID.No: BAH-00461018

Date: 26/5/26 Time: 11:15pm Proposed Operation: labour Epidural analgesia

Diagnosis: primi - 36+6wks.

B.P: 106/64 H.R: 88 Weight: 59kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.3</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC: <u>12850</u>	Creat:	Total Bill:	HCV:	2D Echo:
Plate: <u>246</u>	Na:	Dir. Bill:	Blood group: <u>B+ve</u>	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: nil

Medical History: CVS: / nil significant

RESP: Diabetes: -

CNS: Diabetes: -

Renal: Diabetes: -

Hepatic / GE: Physical Activity: active

Others: Diabetes: -

Past Anaesthetic History: hysteroscopy & GA / Appendicectomy VSA U/E

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: 3FB Mentohyoid Distance: 3FB Neck: (N) Teeth: (N)

Lungs: B.A.E ⊕ chr

Heart: lhr ⊕

CNS: cdde

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: well felt

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- NIL ORAL: Water / ORS 2 Hours Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. Akhila K



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP • PULSE > < BLOOD PRESSURE	250					250	IV Cannula Site : <input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs <input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece <input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway Vomiting : <input type="checkbox"/> Yes <input type="checkbox"/> No Drug: NG Tube : <input type="checkbox"/> Yes <input type="checkbox"/> No Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No Urinary Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No Chest Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No Nil Oral <input type="checkbox"/> Yes <input type="checkbox"/> No IV Fluids: Oral Feeds:
	240					240	
	230					230	
	220					220	
	210					210	
	200					200	
	190					190	
	180					180	
	170					170	
	160					160	
	150					150	
	140					140	
	130					130	
	120					120	
	110					110	
	100					100	
	90					90	
	80					80	
	70					70	
	60					60	
50					50		
40					40		
30					30		
20					20		
10					10		
0					0		

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 2 ACTIVITY						A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0 RESPIRATION						
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0 CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Nil responding = 0 CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0 COLOR						
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

- Reassessment Frequency:**
- Every eight hours for all hospitalized patients.
 - For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

Transferred to Unit by (PACU):

Date & Time:



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 27/5/26 Time: 12:10 AM Procedure done by Dr. Achillew-K

CSE / Spinal / Epidural Position: sitting Space: L3/4 Technique: (LOR/LOS)

Depth: 5cm Catheter at Skin: 10cm Attempts: 1

Parasthesia: Yes/No (No) if yes details:

Solution Composition: 0.1% Bupivacaine + 2mcg/ml Fentanyl

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left	Level Right	Maternal BP and Pulse	FHR	Comments
12:10 AM	8 ml/hr	-	-	-	88 103/54	156	comfortable
1:10 AM	8 ml/hr	10 ml of 0.1% Bupivacaine	T6	T6	87 111/76	148	comfortable
5:30 AM	8 ml/hr	10 ml of 0.1% Bupivacaine	T6	T6	81 114/73	146	clonidine-comfortable after bolus
7:30 AM	8 ml/hr	-	T6	T6	84 121/70	139	comfortable
9:30 AM	8 ml/hr	-	T6	T6	84 122/70	140	comfortable

Delivery Details : Time : 10:00 APGAR: 10/10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : YES by Dr. Achillew-K

Patient Satisfaction : comfortable

Discharge / Shifting ordered by
 Doctor Signature: [Signature]

Doctor Name: Dr. Achillew-K

Date and Time : 27/5/26 2:23 pm



CONSENT FOR LABOUR ANALGESIA

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

• I have been made aware by the doctors in language known to me the details of the procedure as follows:

Epidural Analgesia Intravenous Analgesia (Remifentanyl)

• I have been made aware of the possible complications from the procedures as follows:

For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.

For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.

• I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.

• I have been clearly explained about the benefits, risk, and alternative of the procedures.

• I authorize Dr. Akhila-K and his / her team to perform the above procedure(s) upon the patient / myself.

• I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Khansa Aiman

Name: Khansa Aiman

Relationship with patient: Self

Date & Time: 26/5/26 11:20pm

Witness:

Signature: TM

Name: Thy

Date & Time: 26/5/26 @ 11:20 pm

Doctor (who is taking consent):

Signature: @mj Name: Dr. Akhila-K

Date: 26/5/26 Time: 11:20pm

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ఎపిడ్యూరల్ అనాల్జీసియా
 శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

• ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్వల్పలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్లీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సాకార్యవంతంగా చేయడం, నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వేచ్ఛగా చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00461018
Mrs KHANSA AAMAN
14-09-1996
29 Y 8 M 12 D (F)
Dr. K BHARGAVI REDDY

IP5-00174352



Right
HOSPITALS
Safe Delivery

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : KHANSA AAMAN UHID No : BAH-00461018

Gender: Male Female Date : 26/5/26 Time : 6:10 PM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: DR. BHARGAVI REDDY

Consentee :
Signature : Khansa Aaman

Name : Mrs. Khansa Aaman

Date & Time : 26/5/26 : 9:00 pm

Witness :
Signature : TM

Name : PUNJ

Date & Time : 26/5/26 @ 9 pm.

Docu. No. RCHBH/FRM / CLINICAL / 028

Patient Attendant :
Signature : Nagar
Name : Mohammed Hajeemul Hasan

Relationship with Patient : Husband

Date & Time : 26/5/26 : 9:05 pm

Doctor (who is taking the consent) :
Signature : Dr. Sride

Name : Dr. Sride

Date & Time : 26/5/26; 6:10 PM

సహజ ప్రసవం కొరకు

సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.బి.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను అమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికీ సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జిడ్డును సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్). సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోరెప్పే లేదా వాక్యూమ్ సహాయంతో జిడ్డును ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాదులు, అలెర్జీ, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా జిడ్డుకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జిడ్డు ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు

సాక్షి

సంతకము

పేరు

తేదీ మరియు సమయము



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 27/5/26

Time: 3:45pm

Origin: Indian Height: 163cm Weight: 59kg's BMI: 22.2kg/m²

Food Allergies: No

Diagnosis: PND-0/SVD - spontaneous vaginal 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: Nayn

Name: Khansa Aiman

Date & Time: 27/5/26

Dietician's

Signature: Saima

Name: Saima

Date & Time: 27/5/26 E.g. 3:45pm

