



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo leaking PV @ 9pm

LMP: 2-9-25 EDD: 9-6-26

Corrected EDD: 11-6-26 GA: 38+3

Obstetric Formula:

G3 P1 L1 A1

Menstrual History: Regular: Yes No

Obstetric History:

G1 - 2022, PTND, Male, 3.2kg, Alive & healthy
 G2 - 2024, TOP, SWK, MGRPC

Obstetric Examination

Fundal Height: Term

Present Pregnancy Record:

G3 - Present pregnancy spontaneous conception

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 4/5

RISK FACTORS:

Redeel @ 7+6 wks

FHS: Normal Tachy Brady Absent

Per Speculum Examination

not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

1/2 cervix

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 1 finger loose

Height: 154 cm

Weight: 78.6 kg

Membranes: Present Absent

Allergies: NCPA

Breast: Normal Abnormal

Liquor: Clear Meconium Blood Stained

General Examination: Toxic

Presenting Part: Vertex Breech Others

Consciousness: about Pallor: absent

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

Icterus: absent Edema: absent

Pelvis: Adequate Doubtful

Temp: afebrile PR: 90bpm

BP: 101/62 mmHg DTR: Normal

CVS: S1 S2 RS - BL NUBS ⊕

Liver/Spleen: Not palpable Urine Output: Normal, SPA - 99% mls

DIAGNOSIS

G3 P1 L1 A1 | 38+3 wks | SRM in Early labour



<p>Family History:</p> <p>sister - hypothyroid</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>see Medical reconciliation form.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - send CBP & trace - vitals q4hly - NST now flb q4hly - IOL i Tab PGE2 25mg po - concerns ← IOL vaginal birth. - w/ progression of labor - Pain relief as. 	<p>Investigations:</p> <ul style="list-style-type: none"> - Oposilone 20/10 Hb-111, Plt 252, TLC-7.81. Urab-NR 22/10 37th wk, cephalic, 323gm, 65C, AC-32C, AFI-18.8cm. doppler ⊕, MCA-doppler shows cerebral redistribution, ⊕ umbil. artery - TFFA - ⊕ NT scan - ⊕.

Doctor Name: Dr. James
 Signature: [Signature]
 Date & Time: 21/10/20 @ 10pm

Consultant Name: Dr. Shruthi Reddy
 Signature: [Signature]
 Date & Time: [Blank]
 DR. SHRUTHI REDDY, PODEBTOOR
 Registration No: 46820



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	3			
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	1			
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk	2			
14	Consent for Restraint	1			
15	LAMA consent				
16	Consent for special procedure / Sedation	2			
17	Consent for Formula feed				
18	Consent for MTP labour	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	2			
22	Neonatal Admission/Delivery/Physical Exam	1			
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
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)				
32	Investigation Values (result sheet)				
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale	1			
38	Braden Q Scale	1			
39	Bed side check list				
40	PICU bed formula Dilution feeds				
41	Gastro monitoring chart	1			
42	Rch ED doctors note	2			
43	BP Monitoring chart				
44	RBS monitoring chart				
	Total No. of Pages	24			

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



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 1AM	Pt comfortable 2nd dose of Tab. PGE ₂ 20mg given @ 12:30 AM	Adv - w/f PDL - vitals stable - CTG 3rd hely
CBP-10.7 7.40 1.68L	C/O w/f pain, apnea vitals - stable P/A - ut comfortable	- Pain relief AS - w/f s/s Chorioamnionitis
1/6/26 4AM	C/O mild pains 3rd dose of Tab. PGE ₂ 20mg given at 3 AM	Adv - w/f PDL - vitals stable - CTG 3rd hely - Inform AS
noted by Dr. Lavanya (1/6/26)	P/A - ut mild aching P/V - ex finger loose 1/2 inch long clear liquor. Vx - 2/1 liter	Dr. Samudra



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/20		
9:30am	c/o pain	
	c/o uc-fair, afebrile PR - 78 bpm	Adv - Tab P/E 2mg Ponow
NST → Reactive	BP - 110/70 mmHg SpO ₂ 99% on RA	- Pl Encour
	P/A uterus mild active	- Epidural sitting - w/f POD
	P/v - Cx 2cm dilated 40% effaced	- C6 3rd hly - Inform
noted by	clear liquor Vp 2 station	
Srinanma		[Signature]
		Dr. Lavanya
9/6/26	c/o B Dr. Lavanya	
9:30am		
	vitals stable. G - fair	Adv 1) w/f progression of labour
	P/A - uterus mildly active	2) Epidural sitting inside.
	P/v - Cx - 2cm dilated 40% effaced	3) NST 3rd hourly (NOW)
	clear liquor Vertex - 2 station	
		[Signature]
		Dr. Divya
noted by	Anjali	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 12:00	Pt comfortable on epidural. on OXYTOCIN 18ml/hr. 103/74(83); 79bpm; 99% RA P/A: Aching P/V: cu 70-80%. Effaced os 3cm Applying c contraction clear leak (+) PP - 3 ↓ - 2	✓ Sit up. ✓ titrate OXYTOCIN ✓ w/ POE
	U/O: 200ml, clear N&V:	Drysneez.
		Noted by Anjali
1/6/26 2:45 PM	- PND 0; Immediate post delivery. - Pt is stable - O/E: ac - fair BP - 114/63 (74) PR - 90bpm SpO ₂ - 100% on RA P/A - U - well (+) U/O - 300ml, clear & adequate	Admin: ① soft diet ② Drops as charted ③ Monitor vitals & Hb every 15min for 2hrs Ab. hourly for 2hr. ④ w/ hypotension, tachycardia bleedly pt ⑤ Insulin for - (P.T.O)

Sruthi

BAH-00507481 IP5-00174578
 Mrs SONAL PATHANGE 30 Y 4 M 12 D (F)
 20-01-1996
 Dr. SHRUTHI REDDY/Dr. LAVANYA

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 4:40pm	PND-0 / P2 L2 A1 / SVD / Atonic PPH O/E Pt comfortable.	
Baby well.	Cc-fair / Pale	Adv Hydration & Ambulation.
Uo-300ml emptied @ 3:00pm	BP-99/67(87)mmHg PR-88BPM. SPO ₂ -98% RA	① Regular diet ② Drugs as charted
75ml (New)	PIA - ut retracting well	③ w/f active bleeding ④ monitor vitals qthly ⑤ I/O charting
	PIV - Bleeding within normal limit	⑥ foleys removal at 6:00am on 2/6/26 ⑦ Inform sus
Shift to Room	Send CBP Tomorrow	DRD Dr. Divya
2/6/26 9:00 AM	PND-0 Pt is stable No c/o Vitals stable. PIA - ut well Ck - Bw Nc	Adv ① Adequate hydration & ambulation ② Drugs as charted ③ Soft diet ④ Monitor vitals qthly ⑤ w/f bleeding stop
U/V Hb=9.5 PT=1.70L TC=9.6L	can be discharged.	JSR

7481 IP5-00174578
 AL PATHANGE
 30 Y 4 M 11 D (F)
 JITHI REDDY/Dr.LAVANYA



RESULT SHEET

Date	31/05/26				
Time	10.03 pm				
Hb	10.7				
PCV	31.4				
RBC	3.47				
WBC	7.40				
N/L					
Platelets	168				
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					

BAH-00507481 IP5-00174578
 Mrs SONAL PATHANGE
 20-01-1996 30 Y 4 M 11 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



MEDICATION RECONCILIATION FORM

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: 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	Tab. IRON		PO	OD	31/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Tab CALCIUM		PO	OD	31/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Ramesh

Date & Time: 31/5/26 @ 10pm

Nurse Name & Signature: Manna

Date & Time: 31/5/26 @ 10pm



DRUG CHART

Date of Admission: 31.5.26 Drug Allergies: NKDA Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. Ward. *BLE*

DRUG : <i>inj. CEFOTAXIM</i>				Date Time	<i>31/5</i>	<i>1/6</i>				
Dose	Route	Frequency	Start Date	<i>10am</i>	<i>10am</i>	<i>10am</i>				
<i>1gm</i>	<i>IV</i>	<i>BD</i>	<i>31/5</i>							
Name & Signature of the Doctor Starting the Drugs:				<i>Dr. Lavanya</i>						
Additional Instructions:				<i>stop after evening dose</i>						
Daily Doctor's Endorsement by a Sign				<i>Srdh</i>						

DRUG : <i>T. PARACETAMOL</i>				Date Time	<i>1/6</i>	<i>2/6</i>				
Dose	Route	Frequency	Start Date	<i>8am</i>	<i>8am</i>	<i>8am</i>				
<i>1g</i>	<i>PO</i>	<i>TID</i>	<i>1/6/26</i>							
Name & Signature of the Doctor Starting the Drugs:				<i>Dr. Srdh</i>						
Additional Instructions:				<i>10am 7pm</i>						
Daily Doctor's Endorsement by a Sign										

DRUG : <i>T. DICLOFENAC</i>				Date Time						
Dose	Route	Frequency	Start Date							
<i>50mg</i>	<i>PO</i>	<i>BD</i>	<i>1/6/26</i>							
Name & Signature of the Doctor Starting the Drugs:				<i>stop</i>						
Additional Instructions:				<i>Dr. Srdh</i>						
Daily Doctor's Endorsement by a Sign										

DRUG : <i>T. TRAM</i>				Date Time						
Dose	Route	Frequency	Start Date							
Name & Signature of the Doctor Starting the Drugs:										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
31/5/26	10:30pm	Tab. PGE1	25mg	PO	[Signature]	Yamuna, Swapna
1/6/26	12:30AM	Tab. PGE1	25mg	PO	[Signature]	Yamuna, Swapna
1/6/26	3:00AM	Tab. PGE1	25mg	PO	[Signature]	Yamuna, Swapna
1/6/26	6 AM	Tab. PGE1	25mg	PO	[Signature]	Yamuna, Jandini
1/6/26	6:50 AM	PC ENEMA	1 packet	PR	[Signature]	Yamuna, Jandini
1/6/26	11:00 AM	INS DROTIN	1amp	IV	[Signature]	Ajayali, Swarupa
1/6/26	12 pm	INS EPIDOSIN	1amp	IV	[Signature]	Ajayali, Swarupa
1/6/26	1:30pm	INS DROTIN	1amp	IV	[Signature]	Ajayali, Swarupa
1/6/26	2:26pm	INS. METHERGIN	0.2mg	IV	[Signature]	Paalabi, Anjali
1/6/26	2:28pm	INS OXYTOCIN	10U	IM	[Signature]	Paalabi, Anjali

Signature

VERIFIED BY Name



I.V. FLUIDS CHART

Weight. Ward. B/C

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
01/06/26	2:30 Am	RINGER LACTATE	IV	100ml/hr	[Signature]	Yamuna Suvarna	1/6/26	[Signature]	Yamuna Suvarna
01/6/26	6:00 Am	RINGER LACTATE	IV	100ml/hr	[Signature]	Yamuna Nandini	1/6/26	[Signature]	Yamuna Nandini
01/06/26	9:20 Am	RINGER LACTATE.	IV	100ml/hr	[Signature]	Anjali Swarupa	1/6/26	[Signature]	Anjali Swarupa
01/6/26	11:10 Am	RINGER LACTATE	IV	100ml/hr	[Signature]	Anjali Sudha	1/6/26	[Signature]	Anjali Sudha
01/6/26	11:10 Am	SYNTOCIN + RINGER LACTATE	IV	100ml/hr	[Signature]	Anjali Sudha	1/6/26	[Signature]	Anjali Sudha
1/6/26	4:40 pm	RINGER LACTATE 100ml/hr	IV	100ml/hr	[Signature]	Sudha Gayathri	1/6/26	[Signature]	Sudha Gayathri

Signature

VERIFIED BY : Name

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
35/01/26	IV placement	1	9636867	Yamma
01/06/26	PROC	1		Yamma
01/06/26	PAC	1	9637476	Anjali
01/06/26	Catheterization	1	9637475	Anjali

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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BAH-00507481 IP5-00174578
 Mrs SONAL PATHANGE
 20-01-1996 30 Y 4 M 12 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. DILLOFENAC
 Dose: 100mg PO Frequency: TID Start Dt: 1/6/25
 Date/Time: 11/6 2/6
 Name & Signature of the Doctor Starting the Drugs: Dr. Sanku Sanku
 Additional Instructions: 3PM, 11PM, 5AM, 11PM

Daily Doctor's Endorsement by a Sign

DRUG : T. PANTOPLANOL
 Dose: 400mg PO Frequency: BD Start Dt: 1/6/25
 Date/Time: 6AM, 11/6
 Name & Signature of the Doctor Starting the Drugs: Dr. Sanku Sanku
 Additional Instructions: 6AM

Daily Doctor's Endorsement by a Sign

DRUG : CYP DOPHALAC
 Dose: 15ml PO Frequency: OD Start Dt: 1/6/25
 Date/Time: 11/6
 Name & Signature of the Doctor Starting the Drugs: Dr. Sanku Sanku
 Additional Instructions: after dinner, 10PM, 11PM

Daily Doctor's Endorsement by a Sign

DRUG : T. CEFIXIME
 Dose: 200mg PO Frequency: BD Start Dt: 2/6/26
 Date/Time: 2/6/26
 Name & Signature of the Doctor Starting the Drugs: Dr. Sanku Sanku
 Additional Instructions:

Daily Doctor's Endorsement by a Sign

Signature

VERIFIED BY : Name

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG :

Dose Route Frequency Start Dt. Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose Route Frequency Start Dt. Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose Route Frequency Start Dt. Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose Route Frequency Start Dt. Date/Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

CLINICAL / 108

Signature

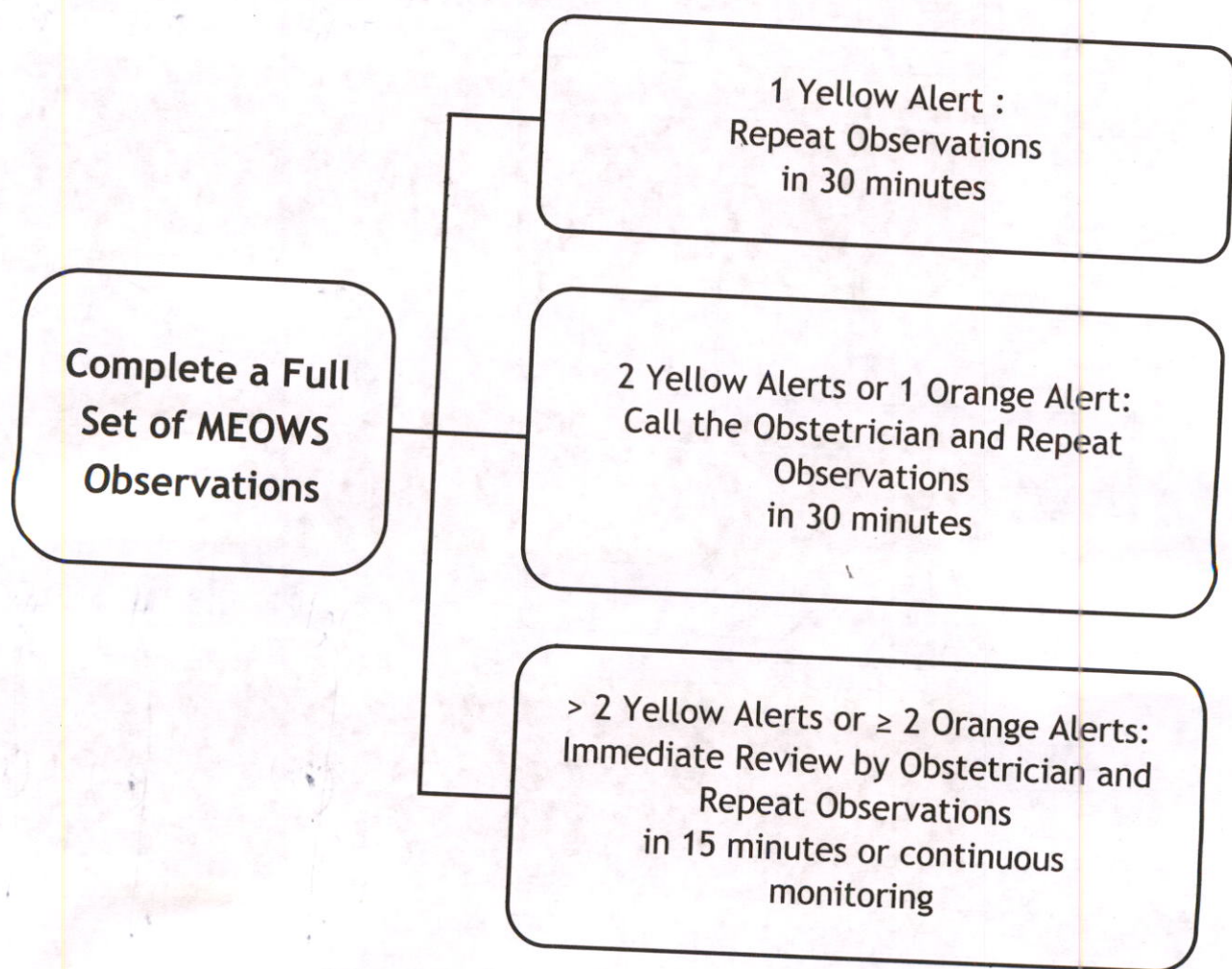
STATE OF CALIFORNIA

County of _____

City of _____



Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

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)

00507481 IP5-00174578
 SONAL PATHANGE 30 Y 4 M 11 D (F)
 1-1996
 SHRUTHI REDDY/Dr.LAVANYA



FLUID CHART

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.

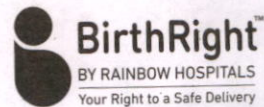
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :													
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :													
	08:00 pm			H ₂ O 100ml									
	09:00 pm												
	10:00 pm			H ₂ O 200ml									
	11:00 pm												
	12:00 am												
	01:00 am			H ₂ O 100ml									
Total Intake :													
	02:00 am												
	03:00 am			H ₂ O 100ml									
	04:00 am												
	05:00 am												
	06:00 am			H ₂ O 300ml									
	07:00 am												
Total Intake :													
Total 24 hrs. Intake			taken										

BAH-00507481 IP5-00174578

Mrs SONAL PATHANGE

20-01-1996 30 Y 4 M 12 D (F)

Dr. SHRUTHI REDDY/Dr.LAVANYA



SURGERY DETAILS

Date : 1/6/26

Patient Name: Mrs. Sonal Pathange Date of Birth: 20/1/1996 Age: 30y

Gender: f Ward: BB-II UHID No.:

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

Name of the Surgery : Normal delivery & Epidural

Time in : 2pm Time Out : 3pm

	NAME	AMOUNT
1. Surgeon	Dr. Lavanya	
2. Anaesthetist	Dr. Sunidara	
3. Assistant Surgeon	Dr. Divya	
4. OT Technician		
5. Circulating Nurse	Ss. Sudha	
6. Assistant Nurse	Ss. Poulabi	

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

Signature of the Surgeon

Sudha
Signature of Circulating Nurse

Order No: 9637884

Order by: Ss. Sudha

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174578 Admit Date : 31-May-2026 Admit Time : 09:50 PM UHID : BAH-00507481

Patient Details :

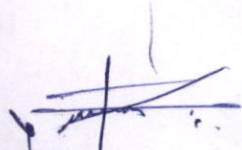
Patient Name : Mrs SONAL PATHANGE Age : 30 Y 4 M 11 D
Guardian : Mr PRASHANTH PATHANGE DOB : 20-01-1996
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : HNO:13-6-436/A/27,PLOT NO;27,LAXMI Phone No : 9000003604/ 8500003604
NAGAR COLONY LANGAROSE GOLCONDA E-mail :
Mehdipatnam Hyderabad Telangana INDIA SONALMALATHKAL201@GMAIL.COM
500028

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 PRASHANTH PATHANGE Relationship : Husband
Contact Address : HNO:13-6-436/A/27,PLOT NO;27,LAXMI Phone No : 9000003604 / 8500003604
NAGAR COLONY LANGAROSE GOLCONDA
Mehdipatnam Hyderabad Telangana INDIA
500028


Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA Specialisation : OBSTETRICS AND GYNECOLOGY
JANAGAMA
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

(1)



ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____ IP No : _____

Date of Admission : _____ Time : _____ Date of Discharge : _____ Time : _____

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

BAH-00507481 IP5-00174578
 Mrs SONAL PATHANGE
 20-01-1996 30 Y 4 M 11 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	8 Am	ORBS	BB-11	Yamuna

Cross Consultation Visit

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

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

BAH-00507481 IP5-00174578
 Mrs SONAL PATHANGE
 20-01-1996 30 Y 4 M 11 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



Name: Sonal Pathange Age: 30y. Sex: F UHID No: BAH-00507481
 Date: 16/2026 Time: 8:10 AM Proposed Operation: Epidural labour analgesia
 Diagnosis: G3P1L1A1 38+3
 B.P / CRT: 101/62 H.R: 90/min Weight: 78.6 kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:
 Hgb: 10.7 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: FBS A: } NR
 WBC: 7400 Creat: Total Bill: HC: }
 Plate: 168 Na: Dir. Bill: Blood sp: 0+ve 2D Echo:
 PT: K: LDH: T3 Stress/Angio:
 PTT: Ca++: Alk phos: T4 Other:
 INR: Mg++: Amylase: TSH
 Cl-: SGOT/SGPT: Allergies: nil

Medical History: CVS: nil significant Diabetes: nil
 RESP:
 CNS:
 Renal:
 Hepatic / GE:
 Others:
 Physical Activity: u

Past Anaesthetic History: NVD & Epidural - V/E

Physical Exam:
 Airway: MP 1 2 3 4 Mouth Opening: 3RB Mentohyoid Distance: 3RB Neck:
 Lungs: BAE @ LW
 Heart: SW @
 CNS: all

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for region: well feel

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

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

Signature: [Signature] Name: Dr. Anish K.
 Docu. No. : RCH / FRM / CLINICAL / 044



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 1/5/26 Time: 9.57 Procedure done by Dr Adeli

CSE / Spinal / Epidural Position: sitting Space: L3-L4 Technique (LOR/LOS) LQS
 Depth: 4 Catheter at Skin: 10 Attempts: (2)

Parasthesia : Yes/No if yes details : Nil

Solution Composition : 0.1 Bupivacaine + 2mg 1cc fentanyl

Any other issues :
 a) _____
 b) _____

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
9.00	8	<u>0.8% (10m)</u>	<u>T6</u>	<u>T6</u>	<u>106/63</u>	<u>93/min</u>	<u>149</u>	Comfortable
10.00	8	-	<u>T8</u>	<u>T8</u>	<u>107/63</u>	<u>93/min</u>	<u>138</u>	
12.00	8	-	<u>T8</u>	<u>T8</u>	<u>110/74</u>	<u>102/min</u>	<u>138</u>	
2.19	10	-	<u>T10</u>	<u>T10</u>	<u>110/72</u>	<u>104/min</u>	<u>128</u>	

Delivery Details : Time : 2.19 APGAR: 9-10 SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : CRTI → Dr Adeli

Patient Satisfaction : Satisfied & pain relief

Signature / Stamping Ordered by
 Signature

BAH-00507481 IP5-00174578
Mrs SONAL PATHANGE
20-01-1996 30 Y 4 M 13 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Origin: Indian Date: 2/6/26 Time: 8:20am
Height: 152cm Weight: 78.6kg BMI: 34.0kg/m²

Food Allergies: No

Diagnosis: PND-0/SVD (spontaneous vaginal delivery)

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

Diet Advised:

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

Dietician's

Signature: Nikisha

Name: Nikisha

Date & Time: 2/6/26 @ 8:20am

(P.T.O)



310

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 2/6/26 Time: 8:20am

Origin: Indian Height: 152cm Weight: 78.6kg's BMI: 34.0kg/m²

Food Allergies: No

Diagnosis: PND-0 / SVD (spontaneous vaginal delivery)

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

Diet Advised:

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

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

Name: Sonal Pathange

Date & Time: 2/6/26 Ep 8:30am

Dietician's
Signature: [Signature]

Name: Nikitha

Date & Time: 2/6/26 Ep 8:20am

