



Rainbow Children's Hospital - Banjara Hills
8-2-120/103/1,2,3,4 and 5,Road No: 2, Banjara Hills, Telangana, Hyderabad, INDIA Banjara Hills ,Hyderabad
,Telangana, India ,500034.
TEL NO :+91-40-4466 5555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173632 Admit Date : 09-May-2026 Admit Time : 11:03 PM UHID : BAH-00634929

Patient Details :

Patient Name : Mrs SANJANA BALMURI Age : 28 Y 7 M 10 D
Guardian : Mr ARVIND KETHIREDDY DOB : 29-09-1997
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : PLOT NO -189a, road no - 76, Filmnagar,
Jubilee Hills Hyderabad Telangana INDIA 500033 Phone No : 9676496417/ 9676496417
E-mail : bsg.sanjana@gmail.com

Admission Details :

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

Contact Details :

Name : Mr ARVIND KETHIREDDY Relationship : Husband
Contact Address : PLOT NO -189a, road no - 76, Filmnagar,
Jubilee Hills Hyderabad Telangana INDIA 500033 Phone No : 9676496417

Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA 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 Admission: _____ Date of Discharge : _____ Time: _____

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

BAH-00634929 IP5-00173632
Mrs SANJANA BALMURI
29-09-1997 28 Y 7 M 10 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	N/A H	11/5/26		Shreya
2	Dr. Shreya	11/5/26	9605099	Sona
3	Dr. Tubene Sharma (PT)	12/5/26	9605099	Sarupa
4	Dr. Bhandari	11/5/26	9605099	Sarupa
5				
6				
7				
8				
9				
10				

3AH-00634929 IP5-00173632
Mrs SANJANA BALMURI
19-09-1997 28 Y 7 M 12 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

CROSS REFERENCE FORM

11/05

Doctor Name : Shreya Pradulini Date : 8.43 Time : 8

Diagnosis :

Hospital :

Type of Referral :

- Emergency
- Urgent
- Non Urgent

Referred for : Opinion Co-Management Transfer of care

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

[Signature]
Signature:

Findings and Recommendations :

Breastfeeding amenment done

Consultant :

Name : Shreya Signature : [Signature] Date & Time : 11/05



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

IOL

Obstetric Formula:

Prim

Obstetric History:

1 C - PP
 Sp. Comp L
 Booked at 24th

Present Pregnancy Record:

LMP: 17/8/25

EDD:

Corrected EDD: 24/5/26

GA: 37⁺⁵

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 2cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

RISK FACTORS:

Height: cm

Weight: 68 kg

Allergies: NSI

Breast: Normal Abnormal

General Examination:

Consciousness: FCB

Pallor: (f)

Icterus: (f)

Edema: (f)

Temp: (f)

PR: 82/60

BP: 110/70

DTR: (f)

CVS: S1S2 (+)

RS: BAE (f)

Liver/Spleen:

Urine Output:

DIAGNOSIS

Prim at 37⁺⁵ wks for IOL



<p>Family History:</p> <p>Raku - H2O</p>	<p>Surgical History:</p> <p>Tonsillectomy at 9 yrs age. Cervical rib excision - 2016</p>
<p>Medical History:</p> <p>PCOD: 2018</p>	<p>Medication History:</p> <p>AKDA</p>
<p>Plan of Care:</p> <p>Alexis Crest Pank Repli Blood reservoir - 10 PRBC NS7 32h P42 / Vihk 4h 2/2 POL</p>	<p>Investigations:</p> <p><u>B+ve</u> H10 Hb 9.6 PL 2.39 7/5/26 2/4/26 32h Cephalix 1.8h (25%) AL - 14% AIZ - 14.7u PL - AH Dopph 2</p>

Doctor Name: Dr. (KRS)
 Signature:
 Date & Time: 9/5/26, 10PM

Consultant Name:
 Signature:
 Date & Time:

BAH-00634929 IP5-00 73
 Mrs SANJANA BALMURI
 28-09-1997 28 Y 7 M 1 D (1)
 Dr. SHRUTHI REDDY/Dr. LA' ANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/5/26 11PM	<p>USAP, C-folgy + HOC NS kept :- sig</p> <p>NSP - Leecher.</p> <p>PA - UA rel</p> <p>ARR good</p> <p>UA - G + h</p> <p>2-3</p> <p>Uo - L</p>	
	<p>Rec-1: - 7 PUE, 25µ Blo sst ✓</p> <p><i>[Signature]</i></p>	
9/5/26 6:30 AM	<p>Rec-1: - 7 PUE, 25µ Blo sst ✓</p> <p><i>[Signature]</i></p>	<p>Rec-1: - 7 PUE, 25µ Blo sst ✓</p> <p><i>[Signature]</i></p>
	<p>Rec-1: - 7 PUE, 25µ Blo sst ✓</p> <p><i>[Signature]</i></p>	<p>Rec-1: - 7 PUE, 25µ Blo sst ✓</p> <p><i>[Signature]</i></p>

PROGRESS NOTES AND DOCTOR'S ORDER

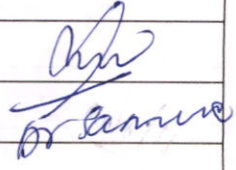
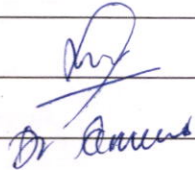
Date & Time	Progress Notes	Doctor's Order
10/5/26	<u>PND - of Pilsos</u>	
1 PM	Pt - stable G-c-fair Atebride	<u>Adv:-</u> ① Regular diet ② oral hydration ③ Ambulation
Baby - Mother side	PR - 80/min BP - 110/70 mmHg PIA - ut @ well	④ Drugs as charted ⑤ Monitor vitals ut &
U.O - 200ml clear	LLE - NAB	⑥ Infom sos by (Dr. Jany)
AB Gurbha		
10/5/26	<u>PND - o</u>	
9 PM	Pt - stable G-c-fair Atebride	<u>Adv:-</u> ① Regular diet ② oral hydration ③ Drugs as charted
Baby - Mother side	vitals - stable PIA - ut @ well	④ Infom sos by (Dr. Jany)
U ✓	LLE - NAB	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26		<u>PRO-IL Pilsud</u>
9 AM	Pt ab - burning micturition.	Adv:-
Baby - Mother Side	Ac-fair Afebrile vitals - stable	<ol style="list-style-type: none"> ① Regular diet ② oral hydr etc ③ Analgesia.
J	PIA - ut @ well <u>UE - NAB</u>	<ol style="list-style-type: none"> ④ Drugs as charted ⑤ Monitor vitals etc ⑥ Intake SOS
if persists plan urology.	- sup. Citralka 10ml ingress of water TID	(Dr. Lavanya)
11/5/26		
2:40 PM	Pt getting massage done will urinate later	
11/5/26	Pt comfortable	
1:30 PM	O/E ac-fair vitals - stable PIA - ut @ well UE - Bleeding am	Adv by Dr. Lavanya - Request plenty of oral fluids - drugs as per charted
✓ tv m		- R/F active
Baby - m.		- Bleeding PV
		- vitals stable
		- upon m

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26		
8pm	Pt comfortable Burping meconium ↓	<u>Adv</u> - drugs as per charted
	O/E - GC fair vitals - stable	- vitals & trends
W	P/A uterine	- soft diet ✓
8p	I/G - lochia	plenty of
Baby - m	healthy	oral fluids
		- w/ active bleed
		PV
		- dipm w
12/5/26		
8.45 AM	Pt sleeping	
	does not want to get	
	disturbed	
		

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/1/2016 10:30 AM	PND2 / BLI / STD	Adv
Pt comfortable	O/E ac-fair	- soft diet
VV N SV	vitals - stable	- plenty of oral fluids
Baby - ms	P/A - ut @ well	- drugs as per charted
	UG - lochia	- healthy
		- vials stnily
		- w/f active Bleeding PV
		- Ambulate
		- Inform SOS
		<i>Dr. Smeethi</i>
12/1/2016 1 PM	S/B Dr. Smeethi	Adv
Pt comfortable	O/E	- soft diet, plenty of oral fluids
VV N SV	G-C-fair	- drugs as per charted
Baby - ms	vitals - stable	- vials stnily
	P/A - ut @ well	- Ambulate
	UG - lochia	- w/f active Bleeding PV
		- healthy
		- Inform SOS
		<i>Dr. Smeethi</i>

3AH-00634929 IP5-00173632
 Mrs SANJANA BALMURI
 19-09-1997 28 Y 7 M 11 D (F)
 Jr. SHRUTHI REDDY/Dr.LAVANYA



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : SYP - DOPHALAC				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:				Stop 10/5/26 Dr. (Lavanya)																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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

DRUG : SYP - Citralba				Date Time																
Dose	Route	Frequency	Start Dt.																	
Stop				Stop 11/5/26 Dr. (Lavanya)																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : SYP - Citralba				Date Time	11/5	12/5														
Dose	Route	Frequency	Start Dt.																	
10ml	PO	TID	11/5/26	(Dr. Lavanya) 11/5/26 12/5/26																
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:				in glass of water																
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name

BAH-00634929 IP5-00173632
 Mrs SANJANA BALMURI
 29-09-1997 28 Y 7 M 10 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



DRUG CHART

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

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : TAB. CERIZANOLAM				Date Time
Dose	Route	Frequency	Start Date	
6	PO	BD	10/5	11 AM
Name & Signature of the Doctor Starting the Drugs: <i>(Signature)</i>				11 PM
Additional Instructions:				Stop 10/5/26 <i>(Dr. Lavany)</i>
Daily Doctor's Endorsement by a Sign				
DRUG : TAB. PARACETAMOL				Date Time
Dose	Route	Frequency	Start Date	
1gm	PO	TID	10/5/26	10/5
Name & Signature of the Doctor Starting the Drugs: <i>(Dr. Lavany)</i>				11/5
Additional Instructions:				12/5
Daily Doctor's Endorsement by a Sign				
DRUG : TAB. DICLOFENAC				Date Time
Dose	Route	Frequency	Start Date	
50mg	PO	TID	10/5/26	10/5
Name & Signature of the Doctor Starting the Drugs: <i>(Dr. Lavany)</i>				11/5
Additional Instructions:				12/5
Daily Doctor's Endorsement by a Sign				
DRUG : TAB. PANTAPRAZOLE				Date Time
Dose	Route	Frequency	Start Date	
40mg	PO	BD	10/5/26	10/5
Name & Signature of the Doctor Starting the Drugs: <i>(Dr. Lavany)</i>				11/5
Additional Instructions:				12/5
Daily Doctor's Endorsement by a Sign				



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

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	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
9/5/26	11 PM	T. PGE ₁	250µ	PO	K	priya sona
10/5/26	3 AM	T. PGE ₁	250µ	PO	K	priya sona
10/5/26	12:35 AM	INS- OCTALIN	100	IM	W	priya sona
10/5/26	1 PM	TAB. PGE ₁	400µg	PIR	W	Sudhe Kishan
10/5/26	1:05 PM	JUSTIN SOPASITOLIN	100µg	PIR	W	Sudhe Kishan
10/5	12 AM	PC ENEMA	1	PIR	S	Sudhe Kishan
11/5	12 PM	hy PGM	1gm	IV Enema	R	Sudhe Kishan

VERIFIED BY: Name Signature

11:10
3:05
12:35
1:10
1:15

I.V. FLUIDS CHART

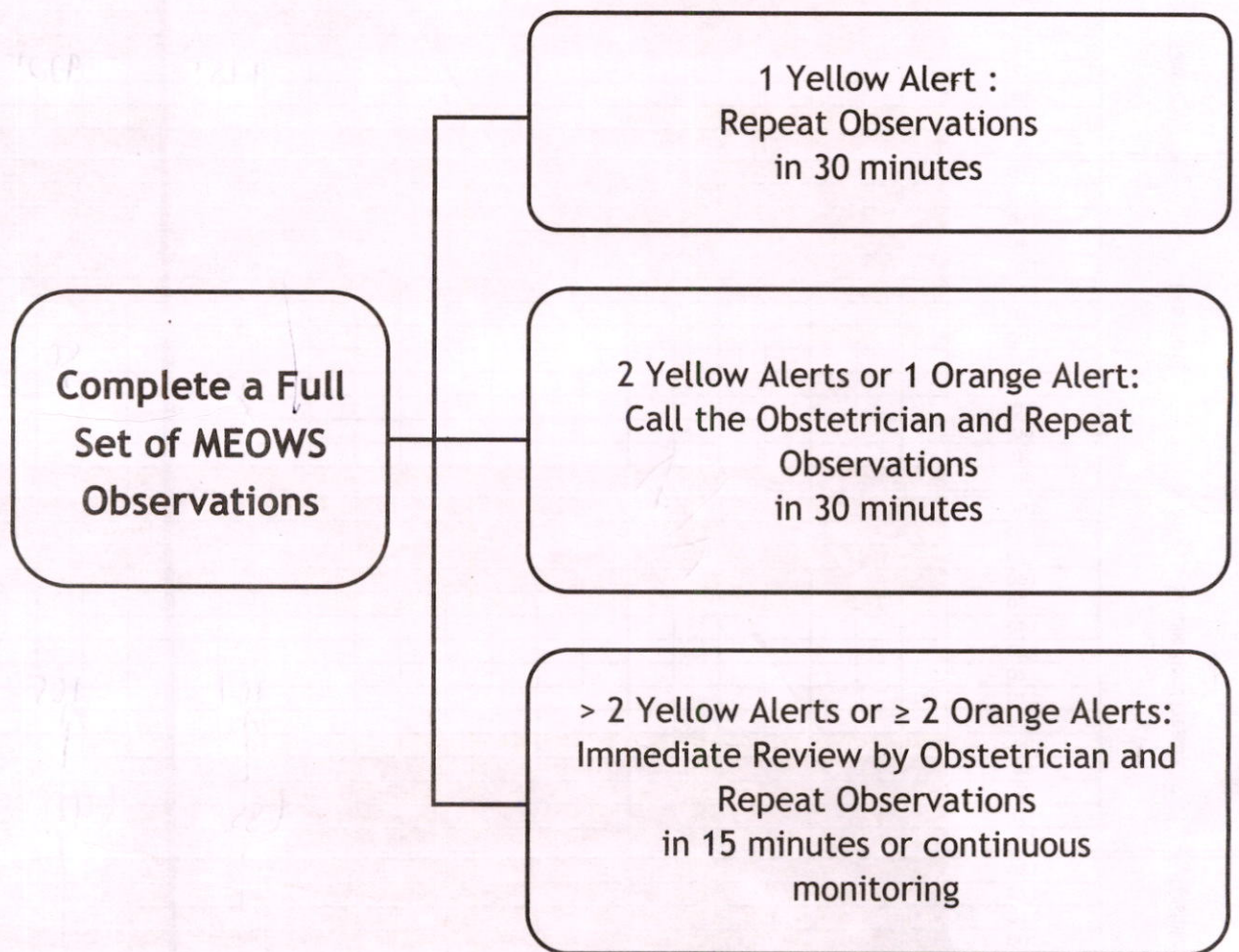
Weight. Ward. **BPP**



Time	Rate	n 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
10/5/24	7 AM	RINGER LACTATE	IV	100ml/hr	✓	[Signature]	10/5/24	✓	[Signature]
10/5/24	11 AM	RINGER LACTATE	IV	100ml/hr	✓	[Signature]	10/5/24	✓	[Signature]
10/5	12 PM	RINGER LACTATE	IV	100ml/hr	✓	[Signature]	10/5/24	✓	[Signature]

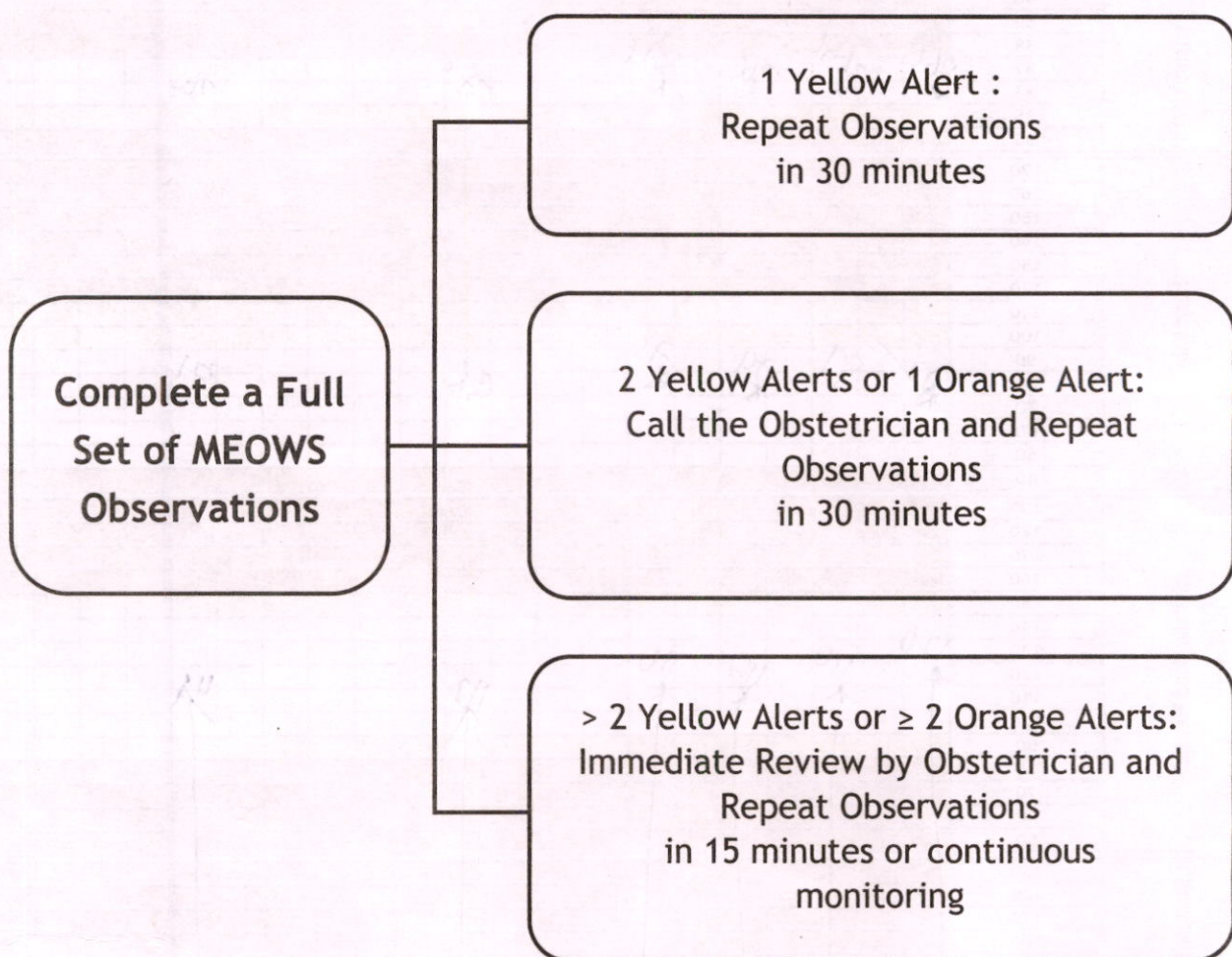
VERIFIED BY: Name Signature

Obstetrics and Gynaecology Early Warning Signs



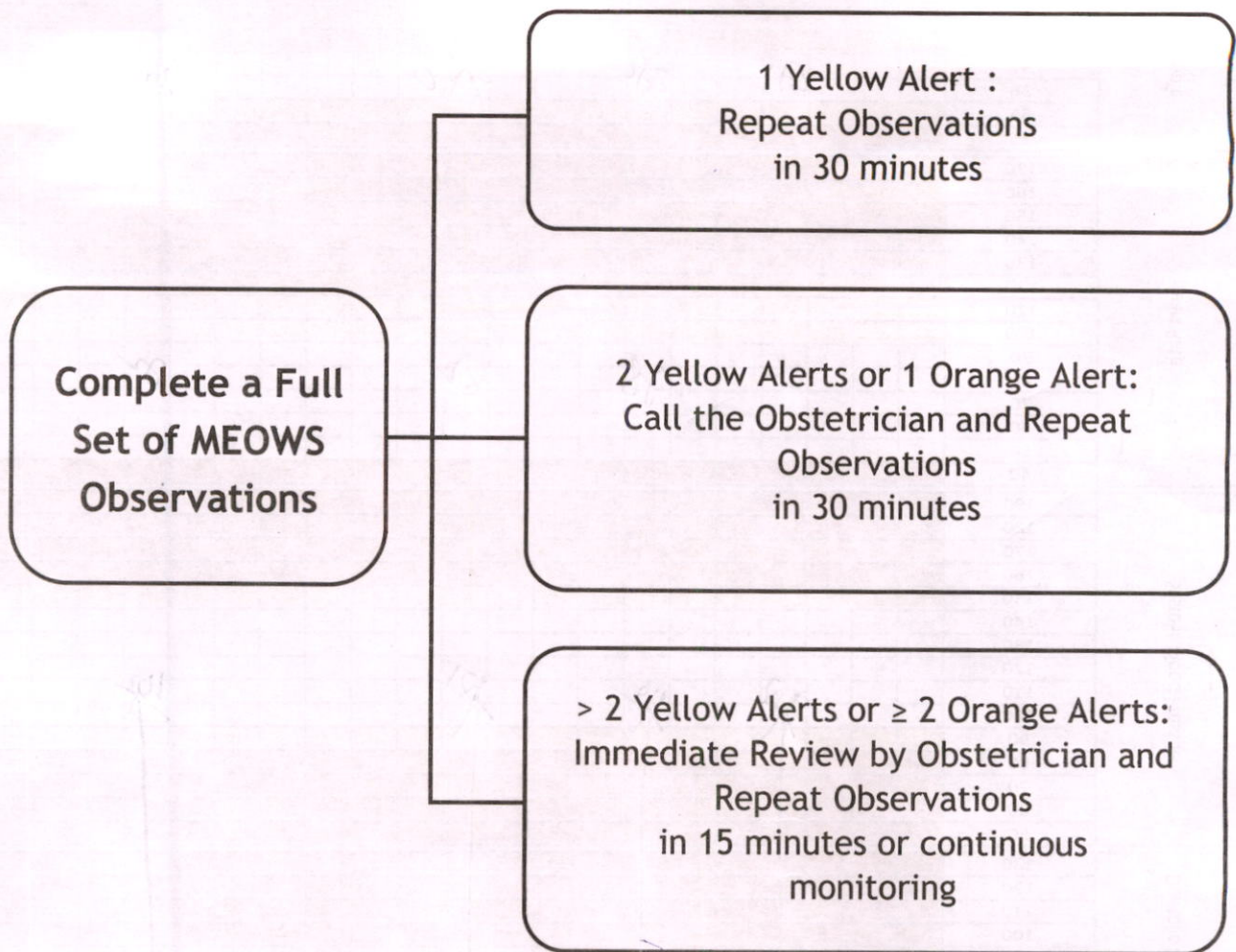
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



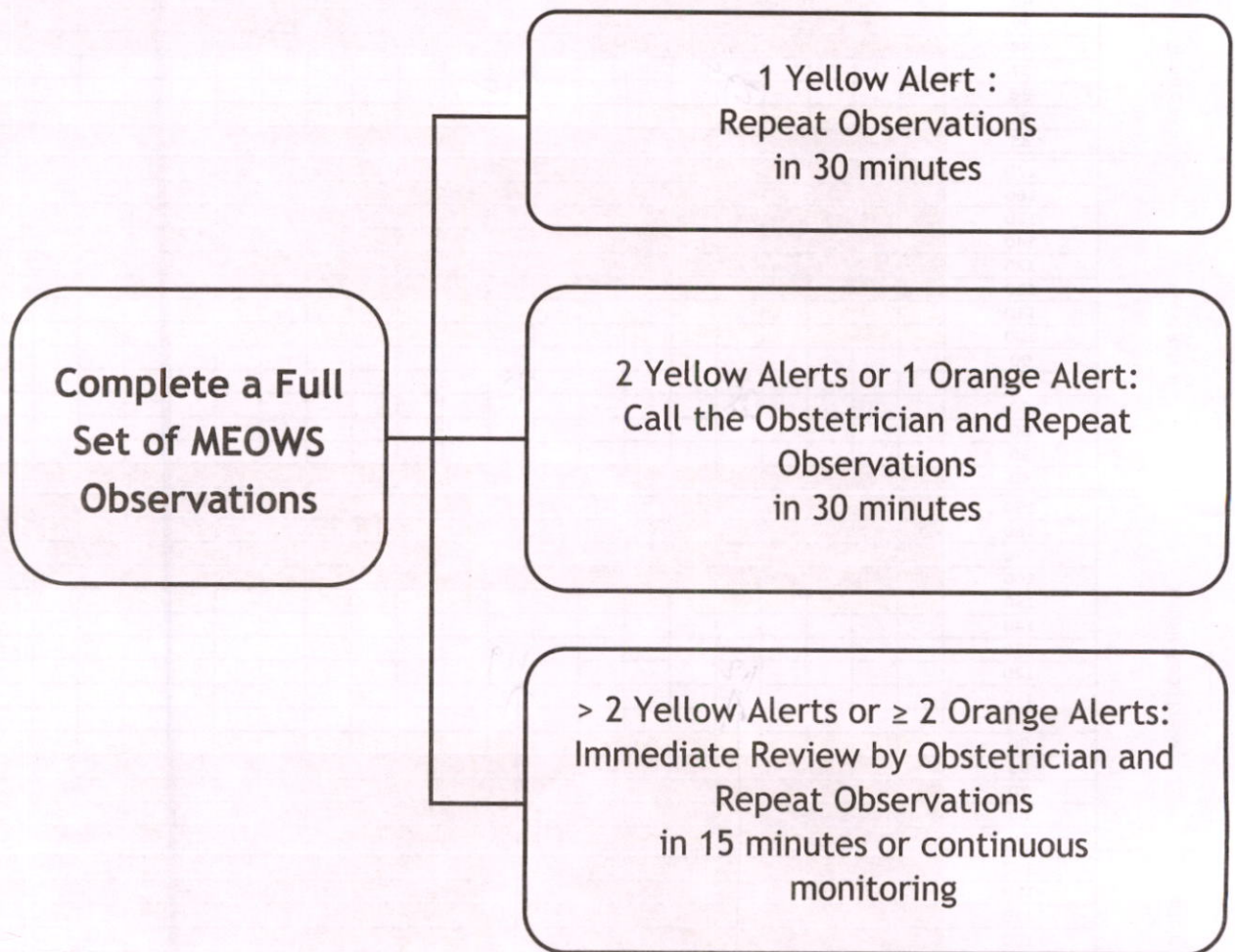
* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



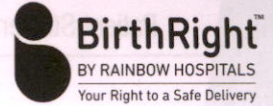
* The Modified Early Warning Score (MEOWS)

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

BAH-00634929 IP5-0017363
 Mrs SANJANA BALMURI
 29-09-1997 28 Y 7 M 10 D
 Dr. SHRUTHI REDDY/Dr.LAVANYA



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.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :					Total Output :							
	08:00 pm											
	09:00 pm											
	10:00 pm		H ₂ O						✓	0		} urine passed
	11:00 pm									0		
	12:00 am									0		
	01:00 am		H ₂ O						✓	0		
Total Intake : taken					Total Output : passed							
	02:00 am	RL		100ml						0		} urine passed
	03:00 am	RL		100ml						0		
	04:00 am	RL	H ₂ O	100ml					✓	0		
	05:00 am	RL		100ml						0		
	06:00 am	RL								0		
	07:00 am	RL	Def H ₂ O						✓	0		
Total Intake : taken					Total Output : passed							
Total 24 hrs. Intake												
Total 24 hrs. Output			(U-4) (m-0)									

BAH-00634929 IP5-
 Mrs SANJANA BALMURI 28 Y 7 M 1
 28-09-1997
 Dr. SHRUTHI REDDY/Dr. LAV

FLUID CHART



Sheet No. : 2

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 Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
10/5/20	08:00 am	PL		100ml									Sita
	09:00 am			100ml					200ml				
	10:00 am			100ml			NP						
	11:00 am	PL		100ml						200ml			
	12:00 pm		H2O										
	01:00 pm									200ml			
Total Intake :			800ml + H2O			Total Output : U=600ml m=1							
10/5	02:00 pm												Suresh
	03:00 pm		H2O										
	04:00 pm						✓						
	05:00 pm												
	06:00 pm		H2O										
	07:00 pm												
Total Intake :			Tablet			Total Output : Passed							
10/5	08:00 pm										0		800
	09:00 pm		H2O								✓	0	800
	10:00 pm											0	800
	11:00 pm		H2O				NP				✓	0	800
	12:00 am											0	800
	01:00 am		H2O									0	800
Total Intake :			Tablet			Total Output : passed							
11/5	02:00 am										✓	0	800
	03:00 am		H2O									0	800
	04:00 am											0	800
	05:00 am		H2O				NP				✓	0	800
	06:00 am											0	800
	07:00 am		H2O									0	800
Total Intake :			Tablet			Total Output : passed U=800ml m=1							

3AH-00655940 IP5-00173647
 Baby Of SANJANA BALMURI
 D-05-2026 0 Y 0 M 0 D 1 H (F)
 Jr. KAPIL BHAGWATRAO SACHANE



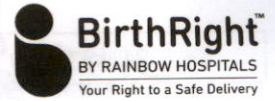
FLUID CHART

Sheet No. : **(3)**

- 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	
				Route		NG	Diarrhoea	Vomit	Drainage	Urine			
11/5	08:00 am		Mouth	I.V	N.G								
	09:00 am	H ₂ O								✓			
	10:00 am						NP						Suralkhe
	11:00 am									✓			
	12:00 pm	H ₂ O											
	01:00 pm												
Total Intake :			Taken			Total Output :					Passed		
11/5	02:00 pm												
	03:00 pm	H ₂ O								✓			
	04:00 pm						NP						Suralkhe
	05:00 pm												
	06:00 pm	H ₂ O								✓			
	07:00 pm												
Total Intake :			Taken			Total Output :					Passed		
11/5	08:00 pm												
	09:00 pm	H ₂ O					✓			✓			
	10:00 pm												
	11:00 pm	H ₂ O											
	12:00 am									✓			
	01:00 am	H ₂ O											
Total Intake :			Taken			Total Output :					Passed		
12/5	02:00 am												
	03:00 am	H ₂ O											
	04:00 am						NP			✓			
	05:00 am	H ₂ O											
	06:00 am									✓			
	07:00 am	H ₂ O											
Total Intake :			Taken			Total Output :					Passed		
Total 24 hrs. Intake						Total 24 hrs. Output							

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**



Name: Mrs. Sanjana Balmuri Age: 28 Y. Sex: F UHID.No: BAH-00634929
 Date: 9/05/2026 Time: 11:58 PM Proposed Operation: Labour Epidural
 Diagnosis: Primi 37⁺5 wks
 B.P / CRT: H.R: Weight: 68kgs • ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 9.6 Glucose: Protein: HIV: ? X-Ray:
 PCV: Urea: Alb: HBS Ag: JNR ECG:
 WBC: Creat: Total Bill: HCV: 2D Echo:
 Plate: 2.39 Na: Dir. Bill: Blood group: B+ve Stress/Angio:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: SGOT/SGPT:

Allergies: AKDA

Medical History: CVS
 RESP: Diabetes:
 CNS: NOT significant
 Renal:
 Hepatic / GE: Physical Activity: Active
 Others:

Past Anaesthetic History: n/p chemical rib excision in 2017 + GA successful

Physical Exam: (N)
 Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: 3FB Neck: (N) Teeth:
 Lungs: BAE (+) clear
 Heart: S1h (+)
 CNS: AMT (+)

Pregnant: Yes No NA Venous Access Site: 18G R UL Spine Exam for regional: (N)

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 $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions:

Signature: [Signature] Name: Dr. Gejashini

IAH-00634929 IP5-00173632
 Mrs SANJANA BALMURI
 19-09-1997 28 Y 7 M 11 D (F)
 Jr. SHRUTHI REDDY/Dr. LAVANYA



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 10/05/2026 Time: 1 AM Procedure done by Dr. Tejaswini
 CSE /Spinal /Epidural Position: Sitting Space: L3-4 Technique (LOR/LOS)
 Depth: 4cm Catheter at Skin: 9cm Attempts: 1
 Parasthesia: Yes/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		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
7:35 AM		8 ml 0.8% 10% EADR	T8	T10	107/74	78/min	140/min	comfortable
7:40 AM	8 ml of prepared solution		T8	T10	117/70	90/min		comfortable
8:15 AM	8 ml/hr	5 ml of prepared soly	T10	T10	97/64	67/min	141	partially effel
10:30		1% 10%	T10	T12	98/70	82/min	143	partially effel

Delivery Details: Time: _____ APGAR: _____ SVD / Instrumental / LSCS (if LSCS Details)
 Catheter Removed by and Tip Inspected: Dr. Aditya
 Patient Satisfaction: _____
 Discharge / Shifting ordered by _____
 Doctor Signature: Dr. Aditya
 Doctor Name: Dr. Aditya NO
 Date and Time: _____

BAH-00634929 IP5-00173632

Mrs SANJANA BALMURI

29-09-1997 28 Y 7 M 12 D (F)

Dr. SHRUTHI REDDY/Dr. LAVANYA



DIETARY NOTES



ps-I

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/5/26 Time: 10 am

Origin: Indian Height: 155cm Weight: 68kg BMI: 28.30kg/m²

Food Allergies: No

Diagnosis: pms-1 / post normal delivery

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

Diet Advised:

Normal high protein diet
with plenty of oral fluids
→ Avoid Spicy, Chilled & outside foods

Patient's / Attendant's

Signature: Geethaji

Name: Sanjana

Date & Time: 11/5/26 10 am

Dietician's

Signature: Rama

Name: Rama

Date & Time: 11/5/26 10 am

Name

Date 11/5/26

Room: PS-I

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

Planned menu

Instructions Home Canteen

7am Milk or Barley water
Galact Supplement 1 tsp

Milk Barley water 200ml
 No sugar

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

Egg - Boiled Omelet
 Panner 50g
 Tofu 50g

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

Vegetable
 Chicken

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

^{Bhurji}
 Egg - Boiled Omelet
 Paneer 50g
 Tofu 50g
 Chicken 100g

4pm Milk or Barley water
Galact Supplement 1 tsp

Milk Barley water 200ml
 No sugar

6pm Soup and Garlic Nan

Vegetable
 Chicken

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

^{Bhurji}
 Egg - Boiled Omelet
 Paneer 50g
 Tofu 50g
 Chicken 100g

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

Milk Barley water 200ml
 No sugar

[NOBals, Coconut water, pineapple]

bitter
lime