

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174606 Admit Date : 01-Jun-2026 Admit Time : 03:04 PM UHID : BAH-00422367

Patient Details :

Patient Name : Mrs FATIMA BASHMAIL Age : 27 Y 10 M 26 D
Guardian : MR SHAIK ABDUL RASHEED DOB : 06-07-1998
Gender : Female Religion : Muslim
Occupation : Martial Status : Married
Address (H) : H NO 9-4-132/6, MEHBOOB GARDEN Phone No : 9959939950/ 9392004989
COLONY, Kakatiya Nagar Hyderabad E-mail : fatimabashmail06@gmail.com
Telangana INDIA 500008

Admission Details :

Bed Type : DAY CARE Bed No : BC DC 418 Ward Name : 4F-BIRTHING CENTRE
Room No : BC DC 418 Admission Type : First Visit

Contact Details :

Name : MR SHAIK ABDUL RASHEED Relationship : Husband
Contact Address : H NO 9-4-132/6, MEHBOOB GARDEN Phone No :
COLONY, Kakatiya Nagar Hyderabad Telangana
INDIA 500008


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

①

ACTIVITY RECORD FOR BILLING


Name : _____

BAH-00422367 IP5-00174606

UHID No: 06-07-1998 27 Y 10 M 26 D (F) _____ Consultant: _____ Dept : _____

Mrs FATIMA BASHMAIL

Dr. ANNIE PRANUTHA P

Date of  : _____ 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				

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1993 27 Y 10 M 26 D (F)
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26 3:30pm	History reviewed.	
	Had leaky m at 10:30 Am today	
	later bleed per vagin.	
	No pain No fever	
	Refer	
	afekulo temp - PR - 74W HR - 104/637 (80)	Spec - 99% - Normal
	P/A - ut. bleed.	Spec -> No acti leak.
	REST Reached:-	No acti bleed New
	Counselled couple	Adv - CRP sent -> Do trace
	- need for close monitor of fetus	- U/S, CBC, urine C., CRP - If abortion done w/ RD - Mark temp, PR, RD - Run 4th hrs
	- steroids for fetal lung maturity.	- REST 8th hrs - pad for observation
	- will consider delivery in case of maternal fever / any clinical sign of infection	[Signature]

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1993 27 Y 10 M 26 D (F)
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>3:30 PM <u>1/6/26</u></p>	<p><u>Central Coumply:</u> In view of central placat praeni will need deliv by c-section need for blood & blood product explaind.</p>	<p style="text-align: center;"><u>midwife</u></p>
<p><u>1/6/26</u> 5:30 PM</p>	<p>CRp- 8 mg/d/L Hb- 10.2 WBC- 9.90 PLT- 1.88 L Temp 98.0 F</p>	<p>DD DD Dr. Dr. Dr. Dr.</p>
<p><u>1/6/2026</u> 8:30 PM</p>	<p>Comfortable vitals - stable P/A - views relaxed PUP good VVE - No Bleeding</p>	<p style="text-align: center;"><u>Advice</u></p> <ul style="list-style-type: none"> ✓ Continue same treatment ✓ Nst - after dinner ✓ Monitor vitals / PUP ✓ pad for observation ✓ Inform SOS
<p>Trace HWS <u>Urine c/s</u></p>		<p style="text-align: center;">by <u>Ch Deepika</u></p>

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1998 27 Y 10 M 26 D (F)
 Dr. ANNIE PRANUTHA P

Patie



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/2026	NST - Reactive	Advice
11:30PM	VIEWS Relaxed VVE - NO Bleeding Vitals - BP - 90/54 (82) PR - 97bpm SpO ₂ - 100% on RA	✓ Continue same treatment ✓ Monitor vitals PRP
1st dose steroid ✓	2nd dose Betasol → 3:10PM (2/6/2026)	✓ 2nd dose Betasol → 3:10PM (2/6/2026) ✓ Pad for observation ✓ Inform SLS
(CWE) - pvc cells - 2-3 Epi cells - 8-10. Hemolyzed Blood present RBCs - 1-2		by (Dr Deepika)
2/6/2026	Comfortable	
8:30AM	Sleeping	
	Does not wish to be disturbed	
		by (Dr Deepika)
2/6/2026	hypotonia 33wks central placenta - previa comfortable	Advice
6:30AM	Vitals - stable P/A - VIEWS Relaxed PRP good VV/E - NO Bleeding	✓ NST x TTD ✓ Cst. ✓ 2nd dose steroid - 8PM ✓ Pad for observation ✓ Monitor vitals PRP ✓ Inform SLS
Trace FWS urine c/s		by (Dr Deepika)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9:30 AM	Gup 2 L2 A1 / 33 weeks / Complete placenta previa NO Bleeding / leaking since yesterday evening	
1st dose steroid ✓ 2nd dose due at 3 pm	O/F C.c. fair Bp - 104/44 mmHg (12) PR - 82 bpm SpO2 - 98% RA PIA - ut ~ 32 weeks LIE - only	Adv ① IVF @ 100ml/hr @ RL only 10. ② Monitor vitals 2nd hourly ③ FHR 4th hourly ④ Drugs as charted ⑤ pad for observation ⑥ Monitor Inform IDS ⑦ IHH active bleeding
NST # on going.		
		DAD DSD/Diyya
2/6/26 10 AM	Doing well No active leak / bleeding	
	PIA - ut. Riled KUN - 148 bpm	Counselled Mrs Fatima
	pad - Dry	
	- Hon 2 @ dose Believed today - to trace NRS / units ch	
	✓ <u>Washy</u>	

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1993 27 Y 10 M 27 D (F)
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>2/6/26 11:00pm</p> <p>2 doses steroid</p> <p>2nd dose @ 3pm due.</p> <p>NST-reactive</p>	<p>- Pt is stable</p> <p>- No clots</p> <p>- ok. ac-fau</p> <p>BP - 90/50 [60]</p> <p>PR - 80bpm</p> <p>SpO₂ - 100% on RA</p> <p>P/A - ut ~ 32 weeks relaxed</p> <p>FHR ⊕</p> <p>LE - pad dry.</p>	<p>Advice</p> <ol style="list-style-type: none"> 1) Soft diet 2) Monitor vitals 4th hly & FHR 3) NST TID. 4) Drugs as charted 5) Pad for observation 6) w/lf bleedig p/w 7) Trace HVS & urine culture <p>Swifter</p>
<p>2/6/26 4:00pm</p> <p>2 doses steroid ✓</p> <p>NST-reactive @ 4:00pm</p>	<p>Pt stable</p> <p>No complaints</p> <p>O/E G & A</p> <p>BP - 95/68 mmHg</p> <p>PR - 80 Bpm.</p> <p>SpO₂ - 98% RA</p> <p>P/A - ut ~ 32 weeks FHR ⊕ / relaxed</p> <p>LE - Dry.</p>	<p>Advice</p> <ol style="list-style-type: none"> 1) Soft diet 2) Monitor vitals 4th hly 3) FHR 4th hly 4) Drugs as charted 5) Pad for observation 6) Trace HVS & urine culture <p>Dr. Divya</p>

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1993 27 Y 10 M 27 D (F)
 Dr. ANNIE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 9pm	G4P2L2A1 33 wks Complete placenta previa	1) pre NVD
	No complaints	&
Steroids ✓	Gc: fair B.p - 95/56 (70) P.R - 90 bpm SpO2 - 100% on RA	1) Soft diet 2) Monitor vitals - 4ty 3) W/H P/V Bleedy/Leaking
	PlAs Uterus 32-34w relaxed	4) Pad per observation 5) Drug as charted
	P/V: No active Leaking	6) FHR - 4ty 7) NST TID 8) Infused 800
NIB sample	Trace - HVS uterine c	Dr. Sravathi (S)
3/6/26 11am	G4P2L2A1 35th wks Complete placenta previa	1) pre NVD
	NO complaints, rest good	&
Steroids ✓	B.p - 100/56 (70) P.R - 85 bpm SpO2 - 100% on RA	1) Soft diet 2) Monitor vitals - 4ty 3) W/H P/V Bleedy
NST - include @ 11pm	PlAs UT - 32-34w relaxed	4) Analgesia 5) Drug as charted
Trace HVS uterine c	P/V: No active Leaking	6) FHR - 4ty 7) NST - TID 8) Infused 800



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
8/16/26 3 AM	G4 P2 L2 A1 33 ⁺ w Pt - sleeping Steroids - NST trace @ 11 PM Trace hrs & min	Pre NVD Complete placenta previa. R 1) Soft diet 2) Plenty of oral fluid 3) Drug as charted 4) w/f Plv Bleeding / Leaking Plv. 5) Pad for observation 6) NST - TID 7) Monitor vitals - q4h, FHR q4h 8) Tube sos - Dr. Sravanti
3/16/26 6 AM	G4 P2 L2 A1 33 ⁺ w NO complaints GC: per B.P: 100/61 mmHg P.R: 90 bpm SPo2: 100% on RA P/A: Ut - 32 wks relat Trace hrs & min → AFI + Doppler - today Plan Discharge after scan	Pre NVD Complete placenta previa. R 1) Soft diet & plenty of oral fluid 2) Monitor vitals & FHR - q4h 3) Drug as charted 4) w/f Plv Bleeding / Leaking Plv 5) Pad for observation 6) NST - TID 7) Tube sos N/B Sunitha Dr. Sravanti Dr.



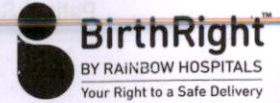
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/20	G2P14 33 rd wks prev. MVD complete placenta previa	
10AM	O/E	Adv
Stomach ✓	AC - fair, ap/soft PR - 0.8 gm (MAP 91)	- Regular diet plenty of oral fluids
Trachea - HRS No growth	BP - 88/60 mmHg SpO ₂ - 98% on RA P/A ut relaxed	- drugs on per checked
on D ₃ cytotaxim 1gm IV		- NST - TID - vitab ut/brly - HR by doppler ct/brly - dx on 10
3/6/20	scan today - 33 rd wks, cephalic AFI - 22.1 cm placenta - posterior low lying free os extending anteriorly - central placenta funda doppler	Dr Annee
		plan for discharge today - Tab tranexa strong tid 15 days
		- Trace HRS - Infuse 80
		Dr Annee

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1993 27 Y 10 M 26 D (F)
 Dr. ANNIE PRANUTHA P



INTERDISCIPLINARY PATIENT / FAMILY EDUCATION RECORD



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

Identified Education Needs:

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

Part - II

Date	Time	Need Identified	Information Taught	Use codes from the list in part III					Comments	Designation / Signature
				Person Taught	Learning Barriers	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
1/6/26	3:00 PM	1, 2, 8	Diagnosis, treatment concept, Rx	PT/S	1	0	1	1		Dr. Dinye
1/6/26	3 PM	7	Infection Control Measure	PT	1	0	1	1		Lucy

Part - III: CODES

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

Learning Barriers:
 1. No Learning Barriers 4. Language Barrier 7. Impaired Thought Process/Cognitive limitations 10. Financial Difficulties 13. Cultural/Religion Practice
 2. Physical Impairment 5. Educational Level 8. Responsibilities at Home 11. Beliefs and Values 14. Others (Specify)

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

Mechanism/s to overcome barrier/s:
 1. None 3. Reassurance & Support 5. Respect values & beliefs 7. Other, Specify

Understanding: 1. Verbalizes Understanding 2. Demonstrates Understanding 3. Needs Review

BAH-00422367
 Mrs FATIMA BASHMAIL
 06-07-1998 27 Y 10 M 26 D (F)
 Dr. ANNE PRANUTHA P

IP5-00174606



MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: G4 P2 L2 A1 / 32+6 wks / Hypothyroid / central placenta previa

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
1/6/26 2:10pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	G4 P2 L2 A1 / 32+6 wks / Hypothyroid / Central placenta previa	→ to stop bleeding	→ observation → conservative management.	<i>[Signature]</i>	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
1/6/26 2:10pm	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	patient came for surgery	→ To Reduce fear & Anxiety	→ To Educate the patient	<i>[Signature]</i>	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

BAH-00422367 IP5-00174606

Patient

Mrs FATIMA BASHMAIL
06-07-1993 27 Y 10 M 26 D (F)
Dr. ANNIE PRANUTHA P



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: ICU Shifted to: ICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
	T. THYRONORM	25mcg	PO	OD	16/20	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. C PINK	1 TAB	PO	OD	31/5/20	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. C - DENSE	1 TAB	PO	OD	31/6/20	<input type="checkbox"/> C <input checked="" 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
						<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. Divya

Date & Time: 16/6/2020

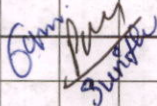
Nurse Name & Signature: [Signature]

Date & Time: 16/6/2020

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1998 27 Y 10 M 27 D (F)
 Dr. ANNIE PRANUTHA P



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : T. PANTOPRAZOLE				Date Time	26																
Dose	Route	Frequency	Start Dt.																		
40mg	P/O	O.D	26																		
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:																					
Doctor's Endorsement by a Sign																					



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																			

VERIFIED BY : Name Signature



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.	

VARIABLE DOSE		Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
			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
1/6/26	3:10pm	INJ. BETNESOL	12mg	IM	<i>[Signature]</i>	Pushpa Sudha
1/6/26	12:30pm	INJ-20FER	5mg	IV	<i>[Signature]</i>	Deepa Sudha
2/6/26	3:10pm	INS. BETNESOL	12mg	IM	<i>[Signature]</i>	Arvitha Swarna

Signature
VERIFIED BY: Name

367 IP5-00174606
 MA BASHMAIL
 193 27 Y 10 M 26 D (F)
 NIE PRANUTHA P



RESULT SHEET

Date	1/6/16				
Time	3:58 PM				
Hb	10.2				
PCV	31.4				
RBC	3.50				
WBC	9.90				
N/L					
Platelets	188				
CRP	8.0				
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 Blue } DP Bxys						
HIV, HBsAg NR } DP Bxys						
VDRL }						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

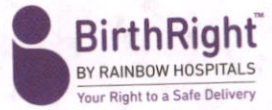
 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1998 27 Y 10 M 26 D (F)
 Dr. ANNIE PRANUTHA P



Observation Score Chart - Obstetrics

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

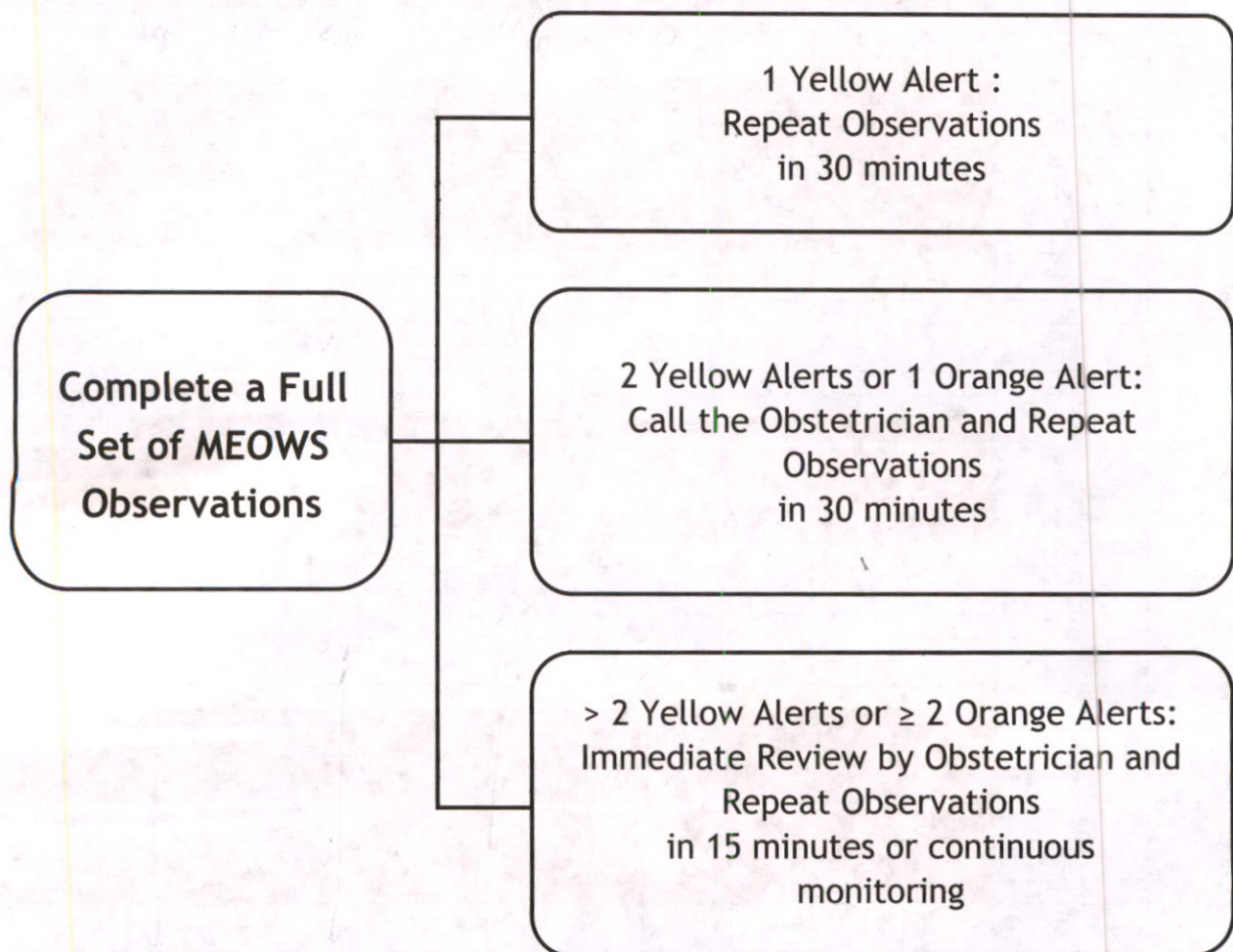
		Date																							
		Time																							
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20																								
	0 - 10																								
	94 - 100 %																								
Saturations	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
40																									
Systolic 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																									

1/6/08

Handwritten data entries on the chart grid:

- RESP:** 19, 19, 20, 19, 20
- Saturations:** 99%, 100%, 99%, 100%, 99%
- Temp °C:** 36.5, 36.5, 36.5, 36.5, 36.5
- Heart Rate:** 82, 86, 85, 81, 80
- Systolic Blood Pressure:** 104, 117, 110, 100, 115
- Diastolic Blood Pressure:** 63, 82, 70, 60, 75
- NEURO RESPONSE:** Alert, Voice, Pain (checked)
- URINE:** > 30 (checked)
- Proteinuria:** Normal
- Lochia:** Normal
- Liquor:** Clear / Pink
- TOTAL YELLOW SCORES:** 0, 0, 0, 0, 0
- TOTAL ORANGE SCORES:** 0, 0, 0, 0, 0
- Nurse Initial:** [Handwritten initials]

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1998 27 Y 10 M 26 D (F)
 Dr. ANNIE PRANUTHA P

2/6/26

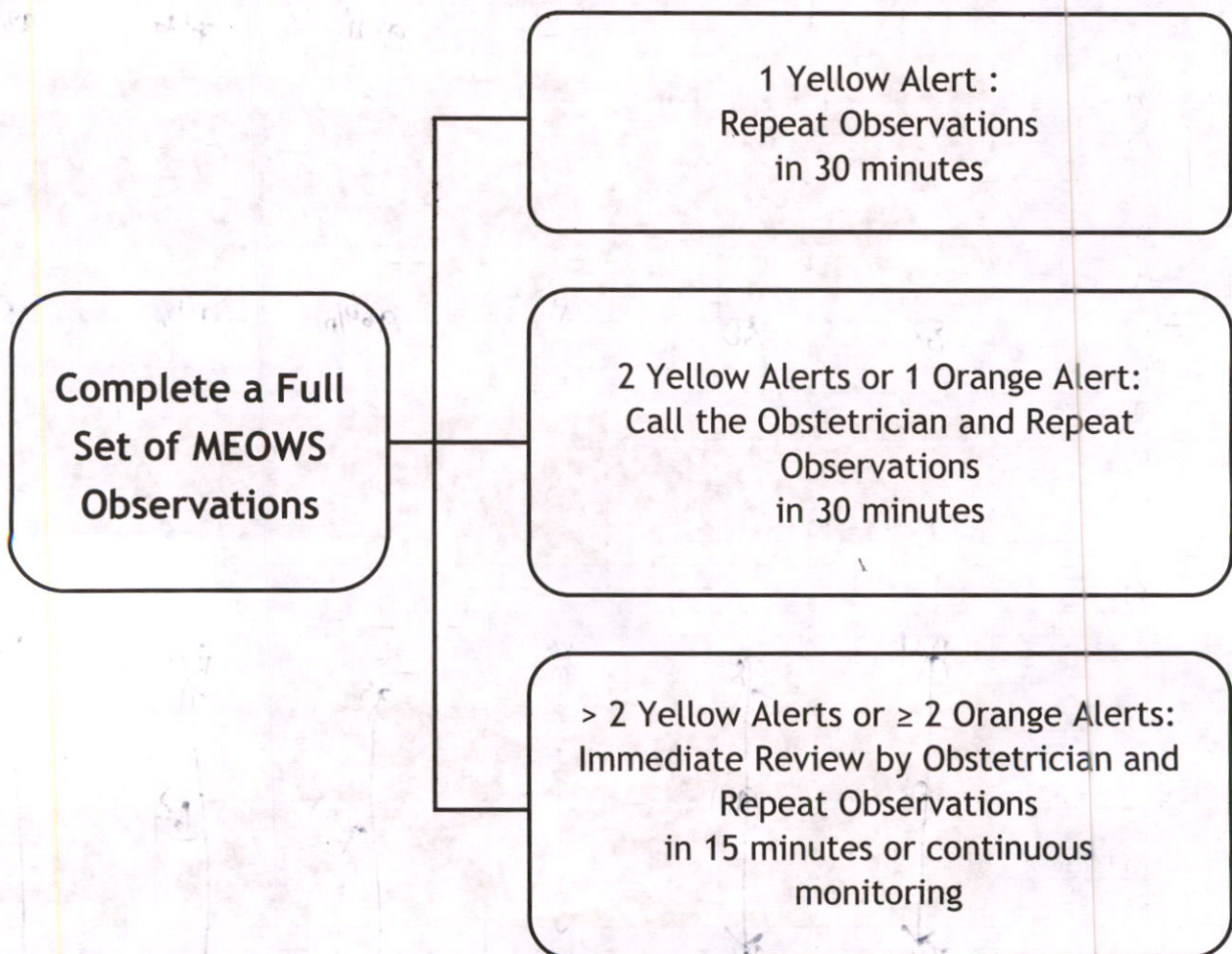


Early warning Observation Score Chart - Obstetrics

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

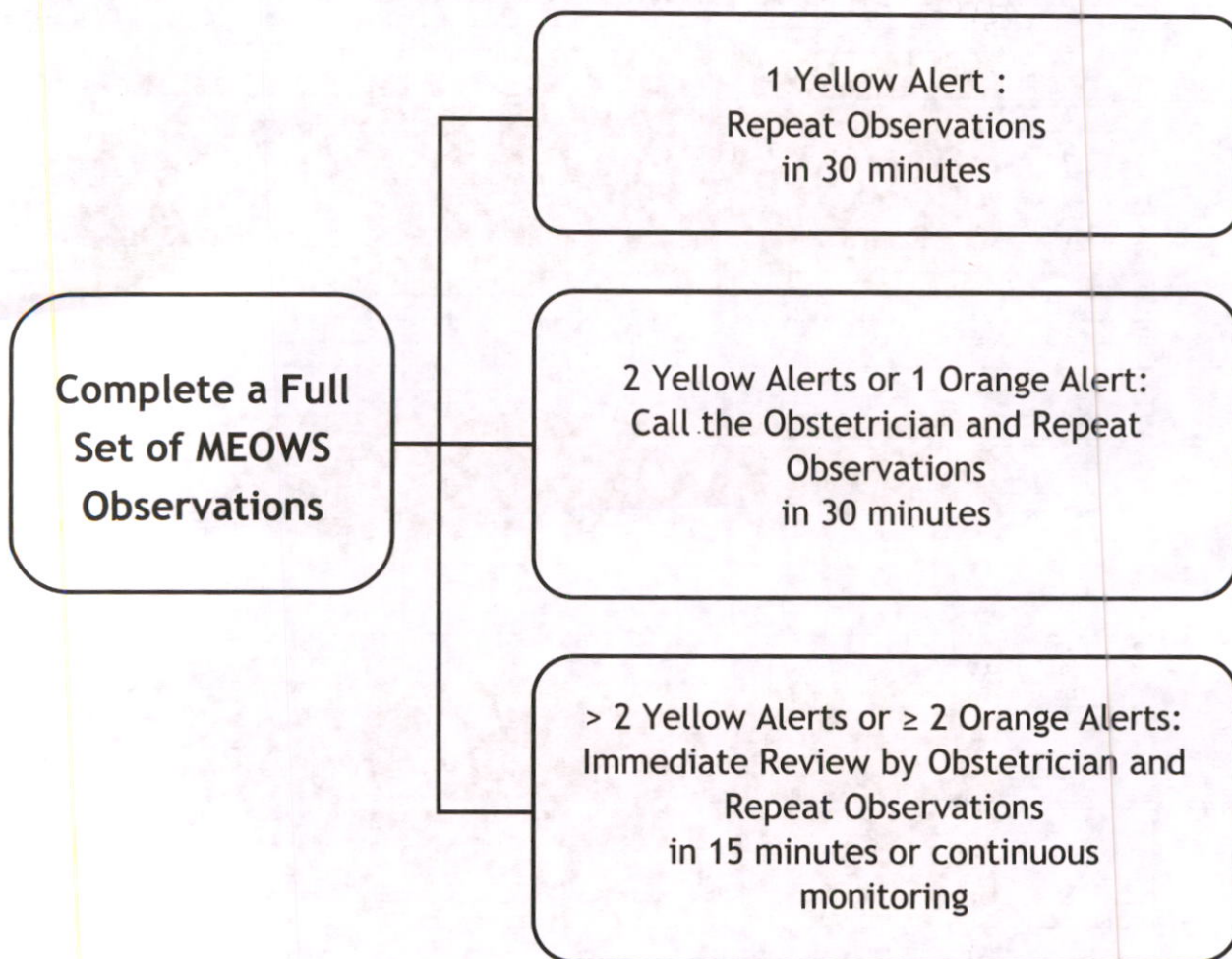
		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
		Time																										
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20		15				15					20												20				
	0 - 10																									20		
Saturations	94 - 100 %		98				99					100												99				
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp ^c	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90		82					80				91																
	80																										96b/m	
	70																										91b/m	
	60																											95b/m
	50																											
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100		104					95				108																
90																												
80																												
70																												
60																												
50																												
40																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
90																												
80																												
70																												
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert		✓					A				A																
	Voice		✓					✓				✓																
Unresponsive	Pain																											
	Unresponsive																											
URINE mls / hour	> 30		✓																									
	< 30							✓																				
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											
Liquor	Clear / Pink																											
	Green																											
TOTAL YELLOW SCORES			0				0					0												0				
TOTAL ORANGE SCORES			0				0					0												0				
Nurse Initial			AP				AP					AP											AP					

**Obstetrics and Gynaecology
Early Warning Signs**



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. : ①

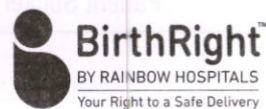
1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

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												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00422367 IP5-00174606
 Mrs FATIMA BASHMAIL
 06-07-1993 27 Y 10 M 26 D (F)
 Dr. ANNIE PRANUTHA P



FLUID CHART

Sheet No. : 07

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	08:00 am	H ₂ O									0	Swarna Swarna Swarna Swarna Swarna Swarna
	09:00 am										0	
	10:00 am	RL H ₂ O	FF								0	
	11:00 am	RL	FF						✓		0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake : Taken			Total Output : U- M-									
2/6	02:00 pm										0	Ashwin
	03:00 pm	H ₂ O									0	Ashwin
	04:00 pm										0	Ashwin
	05:00 pm	H ₂ O							✓		0	Ashwin
	06:00 pm	H ₂ O									0	Ashwin
	07:00 pm									✓		0
Total Intake : Taken			Total Output : Passed									
2/6	08:00 pm	H ₂ O									0	Swathi
	09:00 pm										0	Swathi
	10:00 pm	H ₂ O							✓		0	Swathi
	11:00 pm	H ₂ O									0	Swathi
	12:00 am										0	Swathi
	01:00 am	H ₂ O								✓		0
Total Intake : taken			Total Output : U-passed									
3/6	02:00 am	H ₂ O							✓		0	Swathi
	03:00 am										0	Swathi
	04:00 am	H ₂ O							✓		0	Swathi
	05:00 am										0	Swathi
	06:00 am	H ₂ O									0	Swathi
	07:00 am	H ₂ O								✓		0
Total Intake :			Total Output :									

Total 24 hrs. Intake

Total 24 hrs. Output