

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173953

Admit Date : 18-May-2026

Admit Time : 07:29 AM UHID : BAH-00606095

Patient Details :

Patient Name : Dr. PALLAVI VISWANADH

Age : 33 Y 8 M 17 D

Guardian : Mr RAVI CHANDRA MUSTI

DOB : 01-09-1992

Gender : Female

Religion :

Occupation :

Marital Status : Married

Address (H) : P.NO.1-115/C-502, FORTUNE TOWERS,
BESIDE IOL PETEROL PUMP, Madhapur
Hyderabad Telangana INDIA 500081

Phone No : 9618124261/ 9987857897

E-mail : RAVI.MUSTI@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

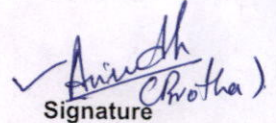
Contact Details :

Name : Mr RAVI CHANDRA MUSTI

Relationship : Husband

Contact Address : P.NO.1-115/C-502, FORTUNE TOWERS,
BESIDE IOL PETEROL PUMP, Madhapur
Hyderabad Telangana INDIA 500081

Phone No : 9618124261 / 9987857897


Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA
JANAGAMA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR. C PADMA

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT
LTD

ACTIVITY RECORD FOR BILLING

BAH-00606095 IP5-00173953
Dr. PALLAVI VISWANADH
01-09-1992 33 Y 8 M 17 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



Name : _____

UHID No. : _____ IP No : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5	9:20 Am	OBS	OBS OT	Karuna
18/5	3:20 pm	OBS	Room (239)	Lavanya (Karuna)

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Anjana	19/5/26	9616291	Dr. Anjana
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
18/5	IV Cannulization	1	9613949	karuna
18/5	PAC	1	9613980	karuna
18/5	Catheterization	1	9613949	karuna

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

P ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G3 P1 A1 L1 @ 37th wks
 for EL. Lms

LMP: 27/8/25

EDD: 31/6/26

Corrected EDD: 31/6/26

GA: 37th wks

Menstrual History: Regular: Yes No

Obstetric Formula:

Obstetric Examination

Obstetric History: ML-2018, NCM

Fundal Height: Term

I - 2022, SP. Conception, SP. Mtbump @ 5 wks

Ut. Activity: Relaxed Mild Mod Severe

II - 2024 SP. Conception, Pre term FT Lms (36th wks)

Liquor: Adequate Oligo Poly

Present Pregnancy Record: FGR, ♂, 2. Deg
 MICU for 5 days → cough pneumonia
 A&H

PP: Cephalic Breech Others _____

RISK FACTORS: PP - SP. Conception, Prior ANC's Mumbai Booked at 35th wks

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Not Judicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Not Judicated

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

SpO₂ - 99% on RA

Height: 158 cm

Weight: 79.8 kg

Allergies: Clonidine

Breast: Normal Abnormal

General Examination:

Consciousness: Coma Pallor: absent

Icterus: absent Edema: absent

Temp: Afebrile PR: 72 bpm

BP: 109/68 DTR: ⊕

CVS: S1S2 ⊕ RS: BAE ⊕

Liver/Spleen: non-palpable Urine Output: adequate

DIAGNOSIS

G3 P1 A1 L1 @ 37th wks @ Prior ⊕ Lms @ MTHFR Mutation for EL. Lms

Cervical stick iusito



<p>Family History: <i>maternal G.M. } → MTHFR mutation recent studies</i> Mother - HTN ↓ MTHFR - mutation +ve</p>	<p>Surgical History: LSES - 2024</p>
<p>Medical History: MTHFR - mutation</p>	<p>Medication History: T. Iron - O.D T. Calc - O.D</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> • admission • NST - now • prepone part • monitor vitals • PAC • stop to oton call • Flv canula • foley's catheterisation • Consent - EL. lvy 	<p>Investigations:</p> <p>B+ve vials - NR.</p> <p>4/14/26 Hb: 13.5 Hct: 0.42 9/5/26 Hb: 10.3 Plt: 2.75</p> <p>NIPT - Low risk Dual Marker - Low risk NT: 1.3mm Fetal Echo: (N)</p> <p>16/4/26: 33⁺ wks, 2052gm Cephalic, AFI: 13cm Placenta → Ant / Upper-Mid segment Doppler: (N). CxL - 2.6cm Scar thickness → 2.6mm.</p> <p>had 4/0: small retro-placental hemorrhage in Lower Uterine Segment (N) 12 wks → flv scan's → Resolved.</p>

Doctor Name: Dr. Sravathi
 Signature: *[Signature]*
 Date & Time: 18/5/26, 6 AM.

Consultant Name: Dr. Shruthi Reddy
 Signature: *[Signature]*
 Registration No: 46820
 Date & Time: 18/5/26, 6 AM.

Patient

BAH-00606095 IP5-00173953
Dr. PALLAVI VISWANADH
01-09-1992 33 Y 8 M 17 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Shrutwi Reddy</i>	Date of Delivery: <i>18/5/26</i>
Assistant Surgeon: <i>Dr. Sneha, Dr. Sneha</i>	Time of Delivery: <i>9:49 AM</i>
Anaesthetist's Name: <i>Dr. Subramanyam</i>	Gender of Baby: <i>female</i>
Type of Anaesthesia: <i>↓ SA</i>	Weight of Baby: <i>2.494 kg</i>
Neonatologist: <i>Dr. Ramya</i>	AGPAR Score: <i>9/10</i>
Scrub Nurse: <i>Sis. Srilatha</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *C13 PLUA, E 3750 E Cervical cerclage. inst E MTHFR note by Ethel.*

- Urgency Elective Emergency Indication: *Prem Lx*
- Immediate Threat to life of woman or fetus
 - Maternal or fetal compromise not immediately life threatening
 - No maternal or fetal compromise but needs early delivery
 - Delivery timed to suit woman and staff

Decision time: Knief to rectus: *2 min*

CTG Description:

If there was a delay give the reasons:

Surgical Procedure: *Elective lower segment Caesarean section, + cervical cerclage removal*

Post Operative Diagnosis: *POD-0 / P2L2A1*

Peri-Operative Complications: *note omental adhesions to posterior rectus sheath - noted & released & ligated.*

• *omental adhesions to right side of anten surface of uterus*

Amount of Blood Loss: *200 ml* Blood Transfused (in ML): *-*

Name and Number of Surgical Specimen sent for examination: *minimal omental Adhesions noted to*
Ⓟ Round ligaments
✓ ~~AS~~ thinned prev scar
cu thinned out
✓ stitch removed

Adhesiolysis done

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other Cervical Dilatation: cm
5th Palpable: Fetal Position:
Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
Caput: + ++ +++ Meconium: None + ++ +++
Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other
Uterine Incision: Lower Segment Classical Inverted T J Incision
Previous Scar: Intact Thinned out Ruptured No Scar
Incision Through Placenta: Yes No
Delivery of head: Manual Forceps
Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
Cord Appearance: Cord around the neck Yes No
Appearance of placenta: Cavity explored Yes No
Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No

omental adhesions to right outer surface of uterus noted

Normal post.

Uterine Closure: One Layer Two Layers *Vicryl 2-0* Suture
Peritoneal Closure: Pelvic Abdominal None *Rapid vicryl 2-0* Suture
Sheath Closure: *Vicryl 1-0* Suture
Fat Closure: Yes No *Rapid vicryl 2-0* Suture
Skin Closure: Subcuticular Mattress *Rapid vicryl 2-0* Suture
Vaginal Evacuated Yes No
Drain: Yes No Remove in days Await instructions
Catheter: Yes No Remove in *24 hrs* days Await instructions
Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

- NBM for 4-6 hrs
- Monitor vitals - q4h
- I/O charting
- Dwg as charted
- w/f Plv Bleeding
- IIV fluids - 100ml/hr
- Tube ser

Doctor Name: *Dr. Sravanthi* Doctor Signature: *(Signature)*
Date & Time: *18/5/26, 11 Am*

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
18/12/20 11:20 AM	PODO -le USUS O/B - ac-fair, afebrile PR - 76 gms BP - 113/64 (mmHg) (MAP 79) SPO ₂ - 100% - RA P/A - uterus retracted well, drooping umbil.	Adv - NBM for 4 hrs - IV fluids RLNs @ 120 ml/hr - drugs as per charted - vitals every 15 min (PR, BP, SPO ₂ - ?)
1/10 - 200ml (emptied) Baby - us	U/E - bleeding w/...	- w/f active bleeding - Inform hr.
18/12/20 1:30 PM	PL comfortable O/B ac-fair PR - 76 BP - 110/70 SPO ₂ - 100% RA P/A - uterus retracted well, BCP	Adv - Allow sips of water + if tolerating liquids - soft diet from 5pm - drugs as per charted - vitals continue
1/10 - 200ml (emptied) 100ml in bag Baby - us	U/E - bleeding w/...	- I/O charting - w/f active Bucky IV - Inform hr
	- Shift to room - Remove Foley's @ 6 AM on 19/12/20	- Inform hr

[Signature]
 Dr. Jamuna

Notes by Dr. Jamuna
 (18/12/20)
 Dr. Jamuna

BAH-00606095 IP5-00173953
 Dr. PALLAVI VISWANADH
 01-09-1992 33 Y 8 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PREGNANT'S NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>19/5/26 8:30 AM</p>	<p>POD-1 EC-154</p> <hr style="border: 1px solid blue;"/> <p>EC: fair.</p> <p>Vitals: stable →</p> <p>P/A: uterus retracted well</p> <p>O/E: NAB</p>	<p><u>Adv</u></p> <p>Soft diet + plenty of oral fluids</p> <p>plenty of oral fluids</p> <p>follow dry chart</p> <p>Monitor vitals 6th hourly</p> <p>Perform sox</p>
<p>✓ ✓ Mx</p>	<p></p>	<p>Dr. G. Sontika NB. Revathi</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 7:00pm.	POD-1/EL-lesu o/f pt comfortable Cec-fam Bp-106/71mmHg PR-85BPM SPO ₂ -98+4RA PLA-soft wt (R) well plv-BWM	Adv 1) Soft Diet 2) Hydration & Ambulation 3) Drugs as charted 4) Monitor vital 5) w/f active Bleeding 6) Inform SAs
wants to go tomorrow afternoon		
S/E - due D/E - due		DRD Dr. Durgu
20/5/26 8:00am	POD-2/ELces pt comfortable o/f Cec-fam vital stable PLA - wt (R) well plv - BWM	Adv 1) (R) Diet 2) Hydration & Ambulation 3) Drugs as charted 4) Monitor vital 5) w/f active Bleeding 6) Inform SAs
S/E } due D/E } due Plan discharge to day		DRD Dr. Durgu

M-B Annamayi
200533

BAH-00606095 IP5-00173953
 Dr. PALLAVI VISWANADH
 01-09-1992 33 Y 8 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



RESULT SHEET

Date	9/5/26				
Time					
Hb	10.3				
PCV					
RBC	3.59				
WBC	13.5				
N/L					
Platelets	225				
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					

060609 IP5-00173953
 ALLAVI VISWANADH
 9-1992 33 Y 8 M 17 D (F)
 SHRUTHI REDDY/Dr.LAVANYA



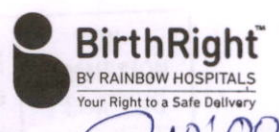
MEDICATION RECONCILIATION FORM

Drug Allergies: Keppa Cleoxane 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.

BAH-00606095 IP5-00173953
 Dr. PALLAVI VISWANADH
 01-09-1992 33 Y 8 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA

ELSY



CONSUMABLES OF OT

Technician: Kulsum Date: 18/03/2023 Time: @ 10:00 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSLS</u>	<u>01</u>		Inj Vit.K	<u>02</u>	
LMA			Sutures <u>2346</u>	<u>02</u>		Cord Clamp	<u>01</u>	
ECG leads : A / P / N		<u>02</u>	<u>2364</u>	<u>01</u>		Suction Catheter <u>89</u>	<u>00</u>	
HME filter : A / P / N		<u>02</u>	<u>2762</u>	<u>02</u>		Feeding Tube		
Syringes : 10 cc		<u>00</u>				Vaccum Suction Set	<u>01</u>	
05 cc		<u>02</u>	Gloves <u>642</u>	<u>05</u>		Surgical Gloves <u>640</u>	<u>02</u>	
02 cc		<u>02</u>				Gauze Pack <u>N</u>	<u>01</u>	
01 cc		<u>02</u>	<u>PF7</u>	<u>01</u>		Syringe 1ml / 2ml	<u>02</u>	
Cautery plate : A / P / N		<u>01</u>	Surgical blade <u>22</u>	<u>01</u>		Surgical Blade # 20	<u>01</u>	
IV set			NG tube			Koochies (S) <u>15</u>	<u>01</u>	
RL		<u>02</u>	Cautery pencil	<u>01</u>		Euf-Hepaxion	<u>01</u>	
NS (10ml / 100ml / 500ml / 1000ml)		<u>01</u>	Koochies <u>XL</u>	<u>01</u>		<u>02 MASK</u>	<u>01</u>	
<u>Mind spice</u>		<u>01</u>	Ointments					
Fentanyl		<u>01</u>	Suction Catheter					
Morphine			Cap, Mask	<u>10</u>				
Ketamine			Gauze Pack <u>NR</u>	<u>1</u>				
Propofol			Mop Pack	<u>03</u>				
Rocuronium			Steristrip <u>sterizone</u>	<u>01</u>				
Glycopyrolate		<u>01</u>	Underpad	<u>01</u>				
Myopyrolate			Draw sheet <u>ouicacuit</u>	<u>01</u>				
Ondansetron		<u>01</u>	Abgel	<u>01</u>				
Pencan 25g/ Spinal Needle 22		<u>01</u>	Foleys catheter <u>16F</u>	<u>01</u>				
Bupivacaine 0.25%		<u>01</u>	Urobag	<u>01</u>				
Bupivacaine 0.25%(Heavy)		<u>01</u>	Chest Drainage Catheter					
Antibiotics			Romodrain bag					
Suppositories			Bandage					
Anamol : 80mg / 250mg / 170 mg			Tegaderm					
Supridol (100mg)		<u>01</u>	loban					
Justin : 12.5 mg / 25mg / (100mg)		<u>01</u>	Double J Stent					
Tab. Misoprost : 200mg		<u>02</u>	Vaccum Suction set	<u>01</u>				
<u>Ony to in</u>		<u>02</u>	Plastic Bed Sheet					
<u>transca</u>		<u>02</u>	Betadine Solution	<u>02</u>				
<u>gauge + gloves</u>		<u>02</u>	Microshield	<u>01</u>				
<u>ephedrine</u>		<u>01</u>	Cotton Balls	<u>01</u>				
			Latex Gloves	<u>20</u>				
			Ramdione Scrub					
			Sara	<u>02</u>				

Surgeon: _____ Anaesthesiologist: _____ Nurse: _____ OT Technician: _____
 Order No.: 9615984/985/986 Ordered by: S.S.R.N.
 Doc. No.: RCHB/FRM/GENERAL/125

Pallavi

DRUG CHART

Date of Admission: 18/07/20 Drug Allergies: None Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

Clexane

- 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 : T PARACETAMOL				Date Time	18/5
Dose 1gm	Route PO	Frequency Q5D	Start Date 18/5/24	1200 AM	X
Name & Signature of the Doctor Starting the Drugs: Dr Aditi N Adeti				6 AM	X
Additional Instructions: Start at 10.30 AM				12 PM	12 PM
Daily Doctor's Endorsement by a Sign				7:30 PM	18/5/26
DRUG : T. DICLOFENAC				Date Time	
Dose 50mg	Route PO	Frequency TID	Start Date 18/5/24		
Name & Signature of the Doctor Starting the Drugs: Dr Aditi N Adeti					
Additional Instructions: Start at 9 PM					
Daily Doctor's Endorsement by a Sign					
DRUG : T TRAMADOL				Date Time	18/5
Dose 100mg	Route PO	Frequency TID	Start Date 18/5/24	8 AM	X
Name & Signature of the Doctor Starting the Drugs: Dr Aditi N Adeti				4 PM	3 PM
Additional Instructions: Start at 3 PM				11 PM	
Daily Doctor's Endorsement by a Sign					
DRUG : T. PANTOPRAZOLE				Date Time	18/5 2015
Dose 40mg	Route PO	Frequency BD	Start Date 18/5	6 AM	12 PM
Name & Signature of the Doctor Starting the Drugs: Dr Smiti				6 PM	12 PM
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



Sheet No: REGULAR PRESCRIPTIONS Weight Ward

DRUG :				Date																	
Dose	Route	Frequency	Start Dt.	Time																	
INJ PARACETA MOL				18/5/19	8:30 AM																
1gm	IV	QID	18/5/20	2 AM																	
Name & Signature of the Doctor Starting the Drugs:				6 AM		7:30 AM		STOP													
Additional Instructions:				12 PM		7:30 AM		STOP													
Pol 26 hrs.				6 PM		7:30 AM		STOP													
Daily Doctor's Endorsement by a Sign				7 PM		7:30 AM		STOP													
Tij TRAMADOL				18/5/19	10:30 AM																
100mg	IV	TID	18/5/20	1 AM																	
Name & Signature of the Doctor Starting the Drugs:				10:30 AM		STOP															
Additional Instructions:				5 PM		STOP															
100mg in 100ml NS for 2 hrs.				5 PM		STOP															
Daily Doctor's Endorsement by a Sign				5 PM		STOP															
T-TRAMADOL				19/5	10:30 AM																
100mg	PO	BD	19/5/20	10:30 AM																	
Name & Signature of the Doctor Starting the Drugs:				10:30 AM																	
Additional Instructions:				11 AM																	
Daily Doctor's Endorsement by a Sign				11 AM																	
T-DICLOFENAC				19/5	9:30 AM																
50mg	PO	BD	19/5	9:30 AM																	
Name & Signature of the Doctor Starting the Drugs:				9:30 AM																	
Additional Instructions:				9:30 AM																	
Daily Doctor's Endorsement by a Sign				9:30 AM																	

Signature
VERIFIED BY : Narr

BAH-00606095
 Dr. PALLAVI VISWANADH
 01-09-1992 33 Y 8 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. PARACETMOL				Date Time																
Dose	Route	Frequency	Start Dt.																	
1gm	PO	PO	TID																	
Name & Signature of the Doctor Starting the Drugs:																				
Dr. D. D. Reddy Dr. D. Reddy																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : T. PARACETMOL				Date Time																	
Dose	Route	Frequency	Start Dt.																		
1gm	PO	TID	20/5/20																		
Name & Signature of the Doctor Starting the Drugs:																					
Dr. D. D. Reddy Dr. D. Reddy																					
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.	
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	Dose		Dose		Dose		Dose	
Start Date	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

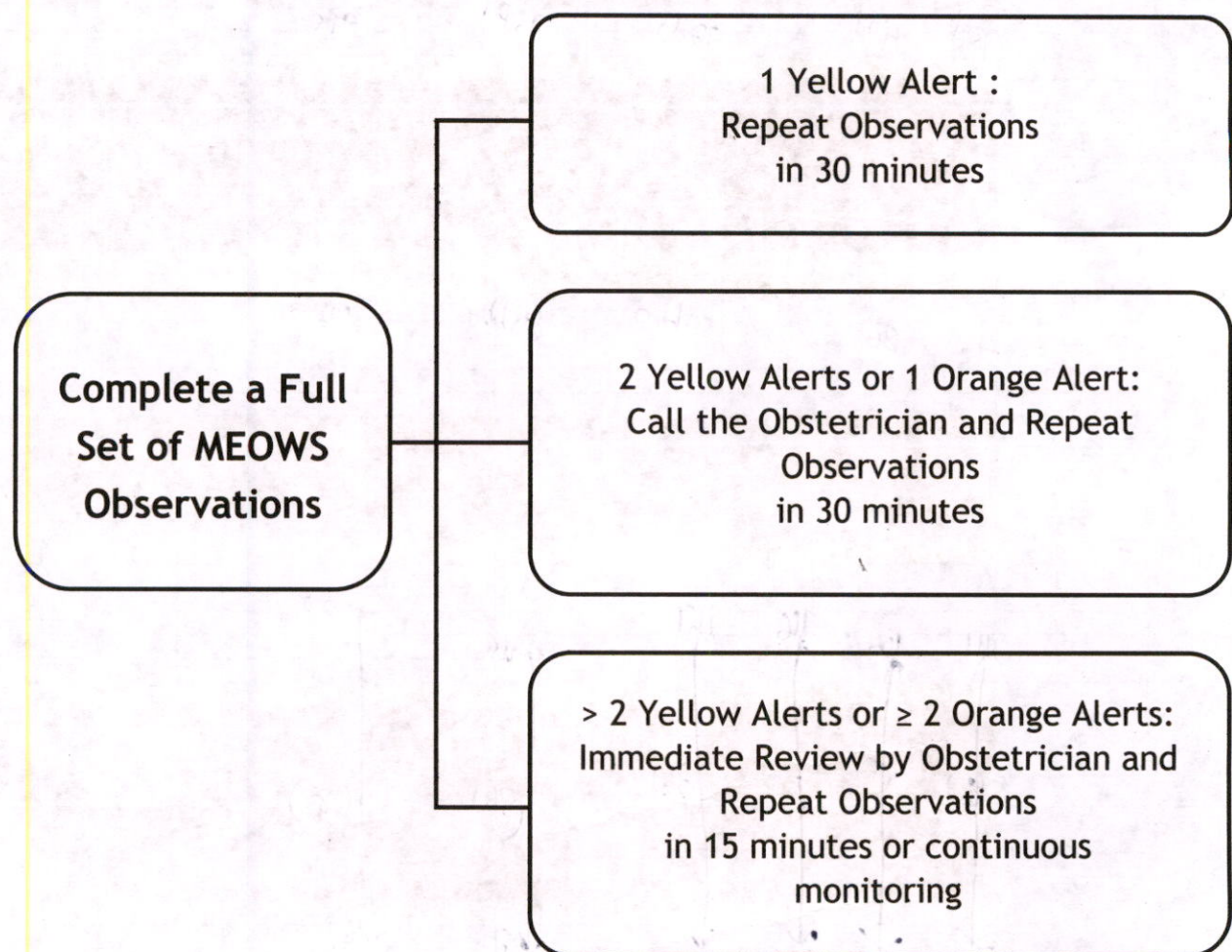
STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/5	7:55 AM	Ty CEFOTAXIME	1gm	Flw	[Signature]	Swara Rajeeva
18/5	8:5 AM	Ty PANTOPRAZOLE	40mg	Flw	[Signature]	Rupam Rajeevi
18/5	8 AM	Ty PERINORM	10mg	Flw	[Signature]	Rupam Ravi
18/5/24	10:30 AM	Supp Diclofenac	100 mg	PR	[Signature]	Anjali Srilatha
18/5/24	10:30 AM	Supp TRAMADOL	100 mg	PR	[Signature]	Anjali Srilatha
18/5	10:30 AM	F.P4E	400 mg	Plk	[Signature]	Anjali Srilatha
18/5	1 PM	INJ: PARACETAMOL	1gm	IV	[Signature]	Kama Srilatha
18/5	5 PM	INS: TRAMADOL	100mg in 100ml NS	IV	[Signature]	Rupam Rajeevi

Signature

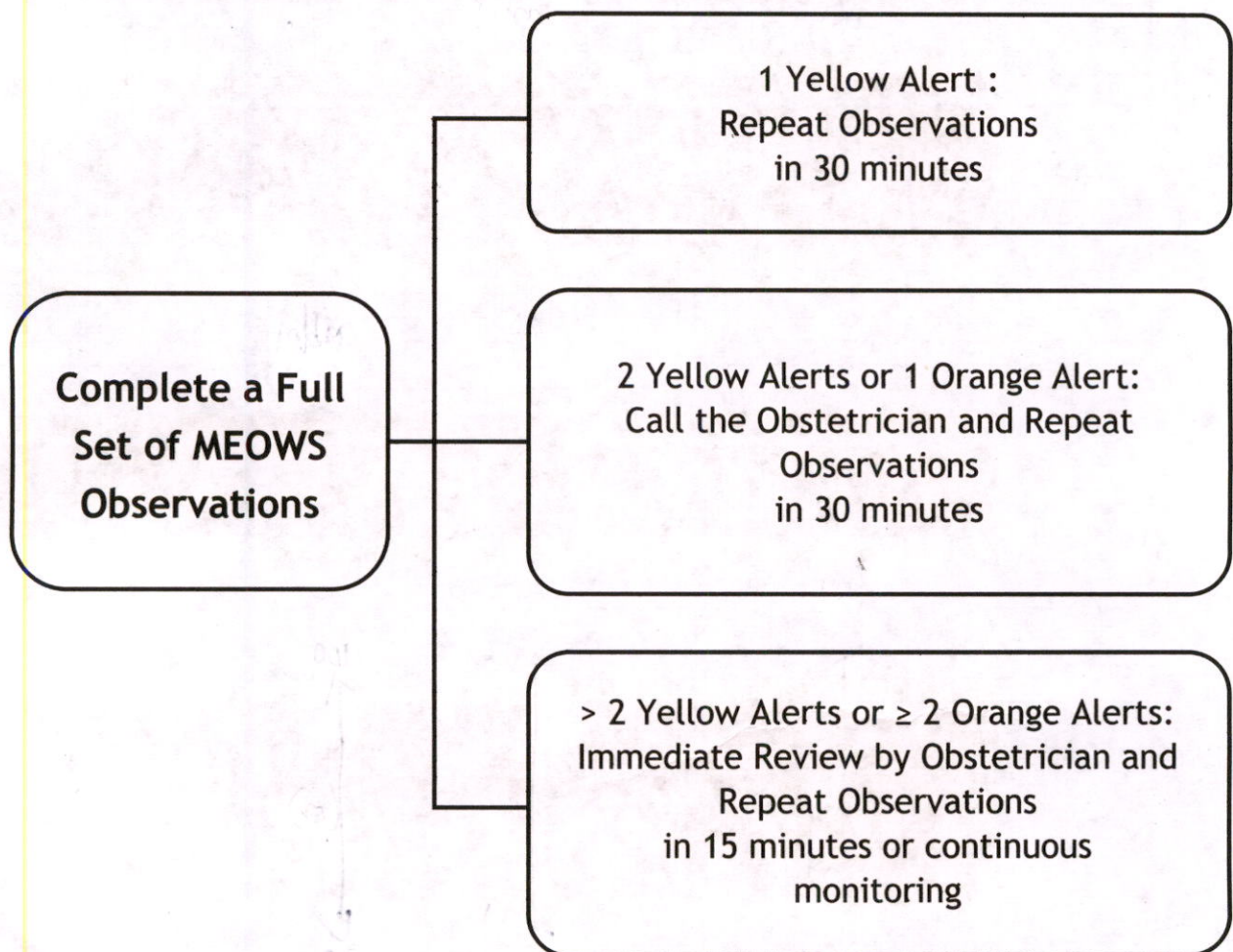
VERIFIED BY : Name

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

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)

BAH-0606095 IP5-00173953
 Dr. PALLAVI VISWANADH
 01-09-1992 33 Y 8 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

18/5/26



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 Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
18/5	08:00 am	RC		100ml						0	Kam	
	09:00 am	RC	N	100ml						0	Kam	
	10:00 am	RC	B	100ml						0	Kam	
	11:00 am	RC		100ml		NP			300ml	0	Kam	
	12:00 pm	RC		100ml						0	Kam	
	01:00 pm	RC		100ml					400ml	0	Kam	
Total Intake : taken					Total Output : passed							
18/5	02:00 pm	RC	H ₂ O	100ml					200ml	0	Santhya	
	03:00 pm	RC	H ₂ O	100ml						0		
	04:00 pm	RC		100ml						0		
	05:00 pm			100ml		NP				0	Pragna	
	06:00 pm								1000ml	0		
	07:00 pm	RC		100ml						0		
Total Intake :					Total Output : m-o-u-passed							
18/5	08:00 pm			100ml						0		
	09:00 pm			100ml						0		
	10:00 pm	RC	H ₂ O	100ml					800ml	0	Kavathi	
	11:00 pm			100ml		NP				0		
	12:00 am			100ml						0		
	01:00 am			100ml					200ml	0		
Total Intake :					Total Output :							
18/5	02:00 am		H ₂ O	-						0		
	03:00 am		H ₂ O	-						0		
	04:00 am	RC		100ml						0	Kavathi	
	05:00 am	RC	H ₂ O	100ml		NP				0		
	06:00 am		H ₂ O	100ml					1100ml	0		
	07:00 am			-						0		
Intake :					Total Output :							
24 hrs. Intake		RC = 1,900ml			Total 24 hrs. Output		U = 3,800ml M = 0					



FLUID CHART

Sheet No. :

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		
19/5/26	08:00 am										0	Jadhav
	09:00 am										0	
	10:00 am	NO IVP	H ₂ O								0	
	11:00 am										0	
	12:00 pm										0	
	01:00 pm										0	
Total Intake :						Total Output : M-4 U-4						
19/5/26	02:00 pm		Food								0	Dharg
	03:00 pm										0	
	04:00 pm	NO IVP	H ₂ O								0	
	05:00 pm										0	
	06:00 pm										0	
	07:00 pm										0	
Total Intake :						Total Output : M-7 U-3						
	08:00 pm		Food								0	Aravind
	09:00 pm		H ₂ O								0	
	10:00 pm										0	
	11:00 pm		H ₂ O								0	
	12:00 am										0	
	01:00 am										0	
Total Intake :						Total Output : M-2 U-2						
	02:00 am		H ₂ O								0	Aravind
	03:00 am										0	
	04:00 am		H ₂ O								0	
	05:00 am										0	
	06:00 am		H ₂ O								0	
	07:00 am										2	
Total Intake :						Total Output : M-1 U-7						
Total 24 hrs. Intake						Total 24 hrs. Output						

M-8 U-8

BAH-00606995 IP5-00173953
 Dr. PALLAV VISWANADH
 01-09-1992 33 Y 8 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART

Sheet No. : 201

- 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		
	09:00 am										0		
	10:00 am	H ₂ O									0		
	11:00 am												
	12:00 pm	H ₂ O											
	01:00 pm												
Total Intake :						Total Output : M - 0 U - ✓							
	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-00606095 IP5-00173953
 Dr. PALLAVI VISWANADH
 01-09-1992 33 Y 8 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART



Sheet No. :

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



339

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 18/5/26 Time: 2:35pm

Origin: Indian Height: 158 cm Weight: 79.8 Kg's BMI: 27.32 kg/m²

Food Allergies: No

Diagnosis: POD-0 / EL-LSCS - Lower segment Caesarian Section

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

Diet Advised:

liquid diet

soft diet @ 5pm

include plenty of oral liquids.

avoid spicy, chilled and outside foods.

Patient's / Attendant's

Signature: M. Suddha

Name: pallavi

Date & Time: 18/5/26 @ 2:35pm

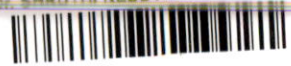
Dietician's

Signature: Nikitha

Name: Ni.Kitha

Date & Time: 18/5/26 ; 2:35pm

01-09-1992 33 Y 8 M 17 D (F)
 VISWANADH
 SMRITHI REDDY/Dr.LAVANYA



MULTI-DISCIPLINARY PLAN OF CARE FORM

Rainbow Children's Hospital
 It takes a lot to treat the little.

BIRTH BY RAINBOW HOSPITAL
 Your Right to a Safe Delivery.

Diagnosis: C13 PILIAT 2 37th us 2 pmw Lsus 2 MTHFR mutation for 6/26

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
16/6/26 11 AM	<input checked="" 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	C13 PILIAT 2 37 th us 2 pmw Lsus 2 MTHFR mutation.	Safe Feeding	Electrolyte Lsus	[Signature]	<input type="checkbox"/> Nursing <input type="checkbox"/> Others:
18/5/26 10 AM	<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 having fear and Anxiety	Reduce the fear and Anxiety	Provide Psychological Support	[Signature]	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
18/5/26 3:40 pm	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: dietitian	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	POD-0 ETLSCS	liquid diet	soft diet	Nikitha	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" 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:

Y PATIENT / FAMILY EDUCATION RECORD



Elvgo / Elvgo

Patient / Learner Literacy : Read Write Speak Willingness to Learn : Yes No Healthcare Literacy : Yes No

Identified Education Needs :

- | | | | |
|----------------------------|--|--|---|
| 1. Diagnosis | 5. Medication / Terapy (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 Barries	Teaching Tools	Mechanism/s to overcome barrier/s	Understanding		
18/06/16	6 AM	1, 2, 3, 4	Δ, R, careplan, painmnet Informed consent	PT	1	0	1	1	nil	<i>Elvgo</i>
18/6	8 AM	7	Infectio Control Measures	PT	1	0	1	1	nil	<i>Elvgo</i>
18/6/16	3:40 pm	9	lactation diet	PT,	1	0	1	1	-	<i>Wikitika</i>

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 Barries	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)
	3. Emotional Barries	6. Desire / Motivate to Learn	9. Cultural Difference	12. Impaired Vision / or Hearing						
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.....						
	2. Obtain translator	4. Teach Family / others	6. Respect Cultural / Religion Preference							
Understanding :	1. Verbalizes Understanding	2. Demonstrates Understanding	3. Needs Review							



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/5/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify Chester

Chief Complaints: Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Samreen
 Time Notified: 7:10 AM

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>All</u>	<u>All LSCS - 2024</u>	<u>NA</u>

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>regular</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period:</p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
--	--	--

Obstetric History: G 3 P 1 L 1 A 1

Previous LSCS:

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

- Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
- Liver disease Other

Vital Signs / Measurements: Temp: 97.8 HR: 84 b/m RR: 19 b/m
 BP: 117/69 Weight: 78.8 kg Height: 158 cm BMI:

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)

PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 35 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 20 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

Cultural & Spiritual Needs: Yes No if Yes specify Inform consultant for positive criteria.

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
 Infusion Pump : Yes No Hand Hygiene Explained: Yes No Others

Above information given to patient

Name of Person Orientation was given to: Mrs. Pallavi

Orientation not given Reason: n/a

Nurse Signature: [Signature]

Nurse Name: kanna

Date & Time: 18/5/2024 9AM

BAH-00606095 IP5-00173953
Dr. PALLAVI VISWANADH
01-09-1992 33 Y 8 M 17 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



SURGERY DETAILS

Date : 13/5/20

Patient Name: Dr. Pallavi Date of Birth: 1-09-1992 Age: 33 yrs

Gender: female Ward: UHID No: BAH-00606095

Date of Surgery: 13/5/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Elective lower segment Cesarean Section
↓ SA

Time in: 9:35 Am

Time Out: 10:35 Am

	NAME	AMOUNT
1. Surgeon	Dr. Shukti Reddy	
2. Anaesthetist	Dr. Subramanyam	
3. Assistant Surgeon	Dr. Sneha, Dr. Sravanthi	
4. OT Technician	Kulsum	
5. Circulating Nurse	Sis. Kranthi	
6. Assistant Nurse	Sis. Soilatha	

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

Signature of the Surgeon
Dr. Shukti Reddy

Signature of Circulating Nurse
Kranthi

Order No: 9615872

Order by: