Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP5-00176681 **Admit Date** : 21-Jul-2026 **Admit Time** : 01:31 AM **UHID** : BAH-00504941

Patient Details :

Patient Name	: Mrs MANISHA CHOUREY	**Age**	: 36 Y 1 M 2 D
Guardian	: Mr SHAILENDRA CHOREY	**DOB**	: 19-06-1990
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO: 2-38,PLOT NO 70,SIVA SAI SRI RAMA COLONY Madhapur Hyderabad Telangana INDIA 500081	**Phone No**	: 8600337231/ 7879695101
		E-mail	: SHAILENDRA.CHOUREY@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 SHAILENDRA CHOREY **Relationship** : Husband

Contact Address : H NO: 2-38,PLOT NO 70,SIVA SAI SRI RAMA COLONY Madhapur Hyderabad Telangana INDIA 500081 **Phone No** : 8600337231 / 7879695101

Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA JANAGAMA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : MEDI ASSIST INSURANCE TPA PVT LTD

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①

ACTIVITY RECORD FOR BILLING

Name :

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

UHID No. : Consultant: Dept :

Date of Adm Date of Discharge : Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/7/26	10am	GRs	Room (3140)	[illegible]

Cross Consultation Visit

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

Docu. No. RCHBH/FRM/GENERAL/145

INVESTIGATIONS

Date	Investigations	Order No.	Signature
21/7	CBP	26772943	Ashwitha
21/7	NST-(1)	26503690	Ashwitha
21/7	NST-(2)	26503689	Ashwitha
21/7	NST-(3)	26503698	Pearly
21/7/26	NST-(4)	26503697	Pearly
			Course Completed.

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
21/7	Cardiac monitor	4:30AM	11AM.	9714334 ✓	Ashwitha
21/7	Epidural pump	4:50AM	11AM.	9714334 ✓	Ashwitha
21/7	Infusion pump	9:30Am	11AM.	9714334 ✓	[illegible]

cross checking done.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/2	IV Cannulation	01	97/3698	Ashwitha.
21/7	~~PAC~~	01	97/4327	Ashwitha.
21/7	Catherization	01	97/4326.	Ashwitha.

Codes checking done.

ANY OTHER INFORMATION

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.....

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

c/o pain, leaking : 1hr

Obstetric Formula: G7P1L4A5 ML2019 NCM

Obstetric Hostory:

1 - 2019 - 5-6 wks
2 - 2020 - 5-6 wks
Present Pregnancy Record: | missed miscarriage - MERPC
2 - 2021 - 7 wks
4 - 2022 - FTNVD, Male, 3kg AEH

RISK FACTORS:

5 - 2023 - 5 wks - TOP - MERPC
6 - 2024 - 5 wks - TOP - SERPC
7 - PP - Sp. conception
Booked @ 6+4
FTS: Downs 1 in 752
NIP - low risk

Height: ..... cm
Weight: 71.4 ..... kg
Allergies: NKDA
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: + Pallor: –
Icterus: – Edema: –
Temp: 97.6°F PR: 90
BP: 100/60 DTR:
CVS: | NAD RS | NAD
Liver/Spleen: Urine Output: Adequate

LMP: 31/10/25 EDD:
Corrected EDD: 2/8/26 GA: 38 f 2
Menstrual History: Regular : ☑ Yes ☐ No

Obstetric Examination

Fundal Height: Term / Lax Abdomen
Ut. Activity: ☐ Relaxed ☑ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: 5/5
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Bed side - cephalic

Per Speculum Examination

Draining: ☑ Present ☐ Absent ☐ Bleeding
Colour of Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination

Cervix: ☐ Long ☑ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 2 cm
Membranes: ☑ Present ☐ Absent
Liquor: ☑ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☑ -3 ☐ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS

G7P1L4A5 38+ - SROM - early labor

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Family History:	Surgical History:
Father HTN	NIL
Medical History:	**Medication History:**
NIL	T Fe/Ca OD
Plan of Care:	**Investigations:**
- w/f S.POL - Vitals FHR hrly - NST 3 hrly - Send CBP - ~~OG~~ Inform SOS - Consent - VD - IV Cannula - - Epidural SOS	O positive HIV | NR HBsAg | NR HCV 15/5/26: Hb 13.1 Plt 2.48 TC 10,300 33+2 | GS | Transverse 1987 (21+) AC (25+) 16.5 cm P/PH Doppler (N)

Doctor Name: Dr. Y. Sneha
Signature: Dr. Y
Date & Time: 21/7/26 1AM

Consultant Name: Dr. Shruthi
Signature:
Date & Time: 21/7/26

DR. SHRUTHI REDDY PODDUTOOR Registration No: 46820

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 3 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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DEFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary + Plan	1+1			
3	Nursing Initial assessment	1			
4	Patient Transfer form	2			
5	In-patient Medical record	1			
6	Doctors progress sheets	2/3			
7	Nursing plan of care and handover sheets				
8	Consultation sheet				
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
12	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	~~LAMA~~ consent labour	1			
16	Consent for special procedure / Sedation				
17	Consent for Formula feed				
18	Consent for ~~MTP~~ Vagina/Birth	1			
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaestesia notes (Pre Anaesthesia& post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	~~Emergency~~ Triage record OBG.	1			
25	Pre operative check list	1			
26	Surgical safety checklist				
27	Operation Theatre notes				
28	Nurses clinical Presentation				
29	TPR & BP chart	2 2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list Billing	1			
40	PICU bed formula Dilution feeds	10			
41	Gastro monitoring chart Others				
42	Rch ED doctors note				
43	BP Monitoring chart Antenatal	1			
44	RBS monitoring chart				
	Total No. of Pages	38			

Doc. No. : RCHBH/ FRM / GENERAL / 126

Signature and Date: 22/07/26

(P.T.O)

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

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 6 AM	post Epidural. P/A: Mild Action (+) P/V: Partially effaced Os 3-4cm PPV$_H$ ↑ -3 Memb (-) clear leak Noted by priya	w/t SPOL Dr. Y Sneha.
21/7/26. 8Am	on Epidural Febrile afebrile PR - 83/min BP - 119/71 mmHg (82). SpO2 - 98% @RA P/A - ut acting FHS (+) P/V - Cx 1/2 inch long 3cm. Vx (-)3. Clear liq., memb (-) Noted by [illegible]	adv (1) NM 3rd hly (2) vitals & FHR 4thly (3) NM Now (4) w/RPOL. [signatures]

Mrs MANISHA CHOUREY (F)
19-06-1990 36 Y 1 M 2 D
Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 11.10AM	PND0 / P2L2A5 / SVD O/E GC - fair, Temp 96.7°F PR - 84bpm BP - 113/71mmHg (69) SPO2 - 98% RA P/A uterus retracted well L/E Bleeding nm U/O - [illegible] emptied Baby well noted by [illegible]	Adv - soft diet, plenty of oral fluids - drugs as per charted - vitals every 15min for 2hrs - S/O charting - W/F active bleeding PV - inform DR [signature]
21/7/2026 1:00pm	PND-0 / P2L2A5 / SVD O/E GC fair BP - 116/73(81) mmHg PR - 87 bpm SPO2 - 98% RA P/A - ut ® well P/V BWNL Temp - 97.6F U/O - 500ml clear. B - well. → foley's removal at 4pm 21/7/2026. Shift to Room noted by [illegible]	Adv ① Soft diet ② Hydration ③ Drugs as charted ④ W/f bleeding p/v ⑤ Monitor vitals 4th hly ⑥ Inform SOS Dr Divya

Docu. No. : RCHBH /FRM / CLINICAL / 088

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/7/26 8:20AM	PND-0 / P2L2A0 / SVD	
	Pt-ambulating, comfortable	
	GC: fair	Rx
	Vitals: stable	1) (R) / soft diet ē plenty of oral fluid
voided	P/A: Ut (R) well	
	soft	2) Ambulation
B-well	BS (+)	3) Drug as charted
	P/V: NAB	4) w/f P/V Bleeding
		5) Monitor vitals
		6) Inform sos
		— Dr Sruthi
22/7/26 9:30AM	PND-1 / P2L2A0 / SVD	
	Ambulatory	Rx
	GC: fair	
Voided	Vitals: stable	1) (R) diet ē plenty of oral fluid
B-well	P/A: Ut (R) well	
	soft	2) Drug as charted
B/B -	BS (+)	3) w/f P/V Bleeding
V/E	P/V: NAD	4) Ambulation
		5) Inform sos
		— Dr Sruthi

Docu. No. : RCHBH /FRM / CLINICAL / 088 (P.T.O)

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-05-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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RESULT SHEET

Date	21/7/26					
Time						
Hb	13.1					
PCV	38.4					
RBC	4.31					
WBC	11.77					
N/L	76.1/15.5					
Platelets	188					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group o+ve						
HIV						
HBSAG	NEG					
HCV						

Culture and Sensitivities : .....

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Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

BAH-00504941 IP5-00176681
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MEDICATION RECONCILIATION FORM

Drug Allergies: ..... ☑ 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: NICU Shifted to: NICU

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T Fe	1 tab	PO	OD	20/7/26	☐ C ☑ DC
2	T Ca	1 tab	PO	OD	20/7/26	☐ C ☑ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Y Dr. Y. Sneha

Date & Time : 21/7/26 2AM

Nurse Name & Signature: Aishwitha

Date & Time : 21/7/26 2 AM

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DRUG CHART

Date of Admission: 21/7/26 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:				

Signa

VERIFIED BY : Name .....

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

REGULAR PRESCRIPTIONS

Weight. ..... Ward. .....

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Date
50mg	po.	BD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr Dilly

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
9AM	Given	Given
9PM	Not given	

VERIFIED

DRUG : T - PANTOPRAZOLE

Dose	Route	Frequency	Start Date
40mg	PO	OD	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Dilly

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
6AM	Given	Given

VERIFIED

DRUG : T. PARACETMOL

Dose	Route	Frequency	Start Date
1gm	PO	TID	21/7/26

Name & Signature of the Doctor Starting the Drugs: Dr. Dilly

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	21/7	22/7
6AM	Not given	
2PM	Given	
10PM	Not given	

VERIFIED

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100mg	PO	TID	21/7/2026

Name & Signature of the Doctor Starting the Drugs: Dr. Dilly

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time	

STOP Dr Samira 21/7/26 @ 11AM

BAH-00504941 IP5-00176661
Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

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Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward B/c

VERIFIED

DRUG : Syp-DUPHALAC				Date ▸ 21/7 Time ▾ 10PM onwards
Dose	Route	Frequency	Start Dt.	
15 ml	PO	HS	21/7/26	
Name & Signature of the Doctor Starting the Drugs: Dr. Divya				
Additional Instructions: at Bedtime				
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 ....

Patient Sticker

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Sheet No: .... **REGULAR PRESCRIPTIONS** Weight .... Ward ....

VERIFIED BY : Name .... Signature ....

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date ▸ / Time ▾

Mrs MANISHA CHOUREY
19-06-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Weight. .... Ward. ....B.1.C.......

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.	

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
21/7	2:00AM	Enema	100ml	PR	[illegible]	Ashwitha / sandhya
21/7	4:20AM	Inj cefotaxime	1gm	IV	[illegible]	Ashwitha / sandhya
21/7		~~T MISO~~	~~25mcg~~	~~PO~~	[illegible]	Not given / Ashwitha
		Inj DROTIN	1amp	IV	[illegible]	Not given
21/7	10:25AM	Inj BUSCOPAN	1amp	IV	[illegible]	[illegible]
21/7	11:05AM	T. MISOPROSM	400mcg	P/A	[illegible]	[illegible]
21/7	11:05AM	Dulco supp	1tab	P/A	[illegible]	[illegible]
21/7	10:59AM	Inj. Methergin	0.25mcg.	IM	[illegible]	[illegible]
21/7	10:50AM	Inj TRANEXA	1gm	IV	[illegible]	[illegible]

VERIFIED BY : Name .... Signature ....

BAH-00504941 IP5-00176681
Mrs MANISHA CHOUREY
19-05-1990 36 Y 1 M 2 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

I.V. FLUIDS CHART

Weight. ..... Ward. B19

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
21/7	2100AM	RINGER LACTATE 500ML	IV	150		Ashwitha / Sudha	21/7		Ashwitha / Sudha
21/7	4100AM	RINGER LACTATE 500ML	IV	150		Ashwitha / Sudha	21/7		Sud
21/7	8AM	RINGER LACTATE 500ML	IV	150		Pinky / Sudha	21/7		Pinky / Sudha
21/7/26	9AM	RINGER LACTATE	IV	150		Pinky / Sheeba	21/7		Pinky / Sudha
21/7/26	11AM	RINGER LACTATE	IV	150		Pinky / Sudha	21/7		Pinky / Sudha

VERIFIED BY : Name ..... Signature .....

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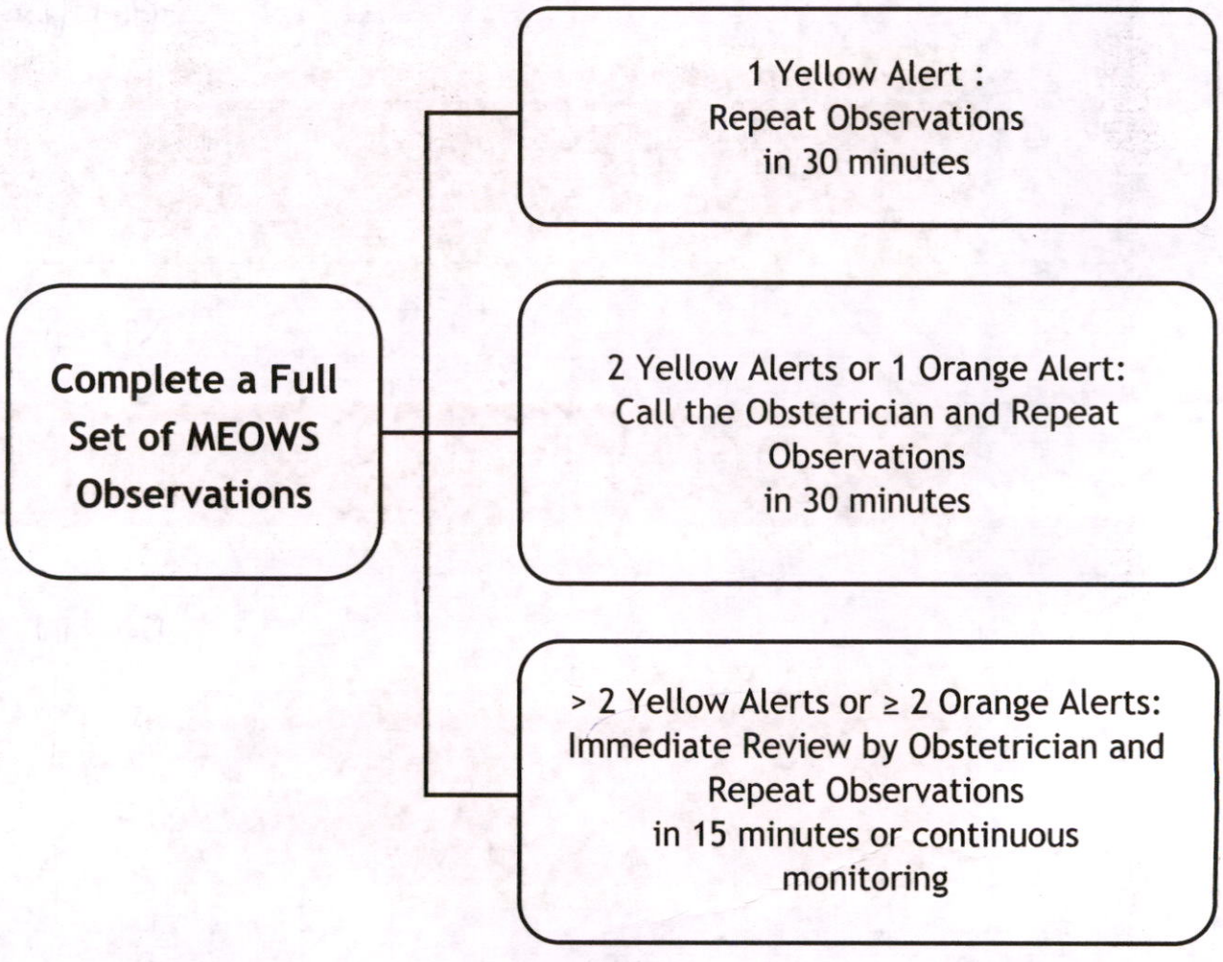
Early Warning Observation Score Chart - Obstetrics

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

		Date																							
21/7/26		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																				20		19		20	19
	0 - 10																									
Saturations	94 - 100 %																				98%		98%		100	98
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°C	40																									
	39																									
	38																									
	37																				97.5 F		97.2 F		97.8 F	97.5 F
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																				89		71		85	70
	60																									
	50																									
	40																									
↑ Systolic Blood Pressue	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																				120		109		121	110
	100																									
	90																									
	80																				(85)		(80)		(75)	(85)
	70																									
	60																									
	50																									
↓ Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																				72		70		66	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																					3		0		3	0
TOTAL ORANGE SCORES																					0		0		0	0
Nurse Initial																					AM		M		MCI	M

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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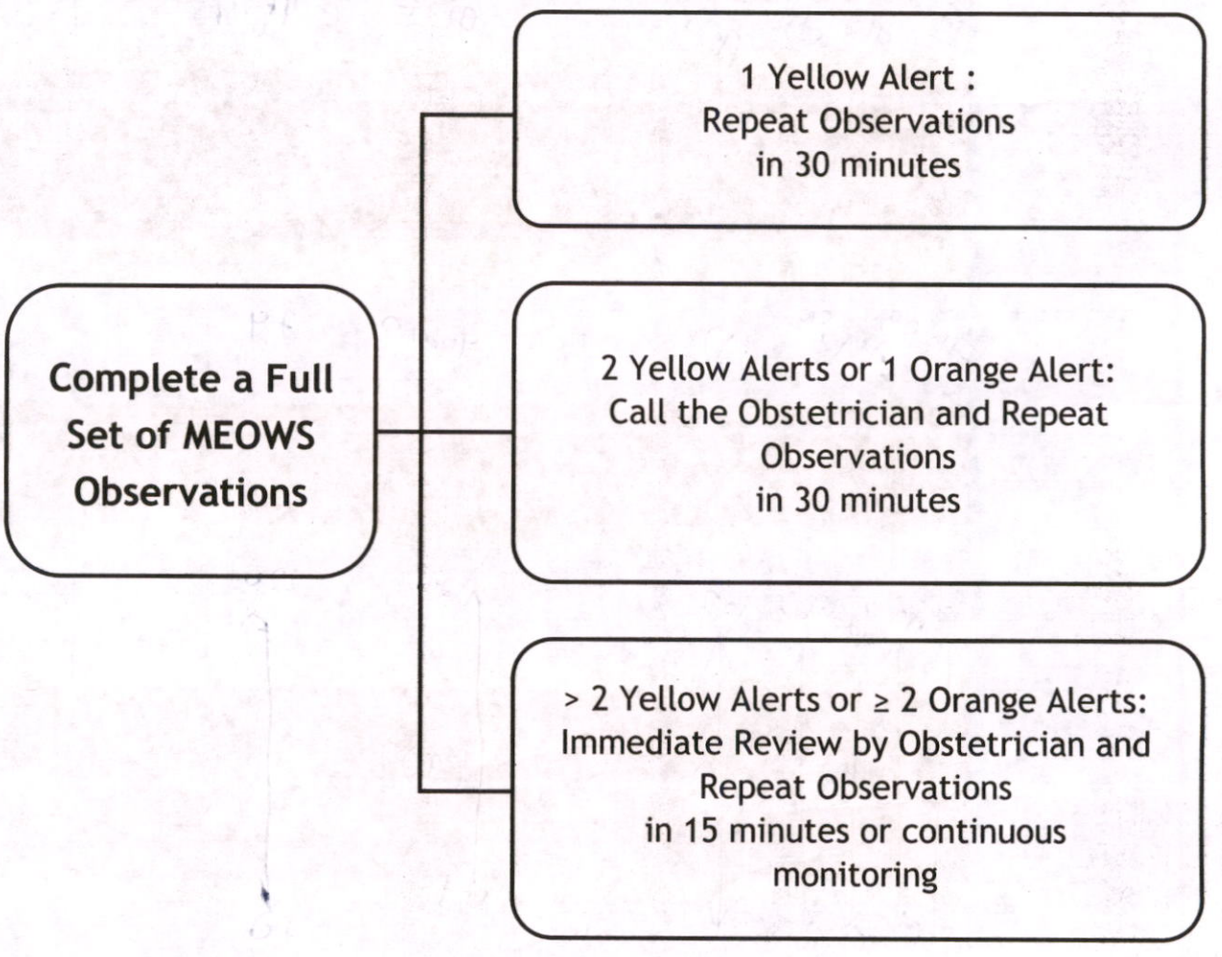
Early Warning Observation Score Chart - Obstetrics

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

21/7/26	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	19	19	19	19		19						19bl/m				19							19	
	0 - 10																								
Saturations	94 - 100 %	100%	99%	100%	99%		99%						97%				99%							99%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36	97.5F		98.4F	98.4F		97.8F						97.9F				98.1F							98.1F	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	71	83	80	80		78						70bl/m				79							76	
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	122	119	113	116		122						142				126							119	
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	69	82	77	80		80						75				70							78	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓		✓						✓				✓							✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓		✓						✓				✓							✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	N	N	N	N		N						—				—							—	
	Heavy / Foul																								
Liquor	Clear / Pink	C	C	C	C		C																		
	Green																								
TOTAL YELLOW SCORES		0	0	0	0		0						0				0							0	
TOTAL ORANGE SCORES		0	0	0	0		0						0				0							0	
Nurse Initial		RM	RM	RM	RM		RM						RM				RM							RM	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am					NA						
	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				NA							
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						**Total Output :**						
	08:00 pm											
	09:00 pm											
	10:00 pm				NA							
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						**Total Output :**						
21/7	02:00 am	RL					✓			✓		
	03:00 am	RL					✓			✓	0	Ashwitha
	04:00 am	RL	H2O								0	Ashwitha
	05:00 am	RL								500ml	0	Ashwitha
	06:00 am	RL	H2O								0	Ashwitha
	07:00 am	RL									0	Ashwitha
Total Intake :		Taken				**Total Output :**	Passed					

Total 24 hrs. Intake		Total 24 hrs. Output	

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FLUID CHART

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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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/7/26												
21/7	08:00 am	RL	H2O	100 ml							0	Sruthi
	09:00 am	RL	H2O	100ml						600ml	0	Sruthi
	10:00 am	RL		100ml			✓				0	Sruthi
	11:00 am	RL	H2O	100 ml							0	Sruthi
	12:00 pm	RL		100ml						400ml	0	Sruthi
	01:00 pm	RL	H2O	100ml						300ml	0	Sruthi
Total Intake : (calculated)						Total Output : passed						
21/7	02:00 pm										0	
	03:00 pm		H2O								0	
	04:00 pm						✓			700ml	0	Revathi
	05:00 pm									✓	0	
	06:00 pm		H2O								0	
	07:00 pm									✓	0	
Total Intake :						Total Output : U2 M2						
	08:00 pm										1	
	09:00 pm		H2O									
	10:00 pm									✓	NA	Satya
	11:00 pm					N1						
	12:00 am		H2O							✓		
	01:00 am											
Total Intake :						Total Output : M-0 U-2						
	02:00 am											
	03:00 am											
	04:00 am		H2O							✓	NA	Sath
	05:00 am											
	06:00 am									✓		
	07:00 am											
Total Intake :						Total Output : M-0 U2						

Total 24 hrs. Intake		Total 24 hrs. Output	M-N 6

U-2000M

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Dr. SHRUTHI REDDY/Dr.LAVANYA

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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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
22/12/2	08:00 am		food							✓		
	09:00 am		d/o									
	10:00 am										NA	Shirish
	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-00504941 IP5-00176681
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19-06-1990 36 Y 1 M 3 D (F)
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FLUID CHART

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Sheet No. : .....

1. All measurements in ml.
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		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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											
	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**	

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 21/7/26 Time: 2pm

Origin: Indian Height: 155cm Weight: 71.4kgs BMI: 30kg/m²

Food Allergies: No

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

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

Diet Advised:

soft High protein diet
Include plenty of oral liquids
Avoid spicy, chilled & outside foods.

Patient's / Attendant's

Signature:

Name: Sheelendra Chourey

Date & Time: 21/7/26 2pm

Dietician's

Signature: Saima

Name: SAIMA

Date & Time: 21/7/26 2pm

DIETARY NOTES

Date	Time	Notes	Sign
22/7/26	11am	patient is stable, oral intake is good	
		continue. Regular diet	Same

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SURGERY DETAILS

Date : 21/7/26

Patient Name: Mrs. Manisha chourey. Date of Birth: 12/6/1990 Age: 36.

Gender: F Ward : LW. UHID No.: BAH – 00504941

Date of Surgery: 21/7/26. ☐ OT -1 ☐ OT -2 ☐ OT -3 ☐ OT -4 ☐ OBG OT-1 ☐ OBG OT-2 BB-III.

Name of the Surgery : EVD & Epidural.

Time in : 10:00Am. Time Out : 11:00Am.

		NAME	AMOUNT
1.	Surgeon	: Dr. Shruthi reddy	
2.	Anaesthetist	: Dr. Sukumaran.	
3.	Assistant Surgeon	: Dr. Sameera.	
4.	OT Technician	:	
5.	Circulating Nurse	: Sis. Swarna.	
6.	Assistant Nurse	: Sis. Pushpa.	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 9714061. Order by: Sis. Swarna.