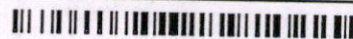


ADMISSION SHEET

Registration Details :



Admission No : IP5-00174385 Admit Date : 27-May-2026 Admit Time : 12:34 PM UHID : BAH-00440452

Patient Details :

Patient Name	: Mrs POOJA TEJAWATH	Age	: 32 Y 2 M 21 D
Guardian	: Mr RAVINDER K	DOB	: 06-03-1994
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: HNO 8-2-293/65/9,SV NAGAR,ROAD NO 14, Banjara Hills Hyderabad Telangana INDIA 500034	Phone No	: 8464088626/ 9177620547
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

Bed Type : MICU Bed No : MICU 426 Ward Name : 4F-BIRTHING CENTRE
 Room No : MICU 426 Admission Type : First Visit

Contact Details :

Name : Mr RAVINDER K Relationship : Husband
 Contact Address : HNO 8-2-293/65/9,SV NAGAR,ROAD NO 14,
Banjara Hills Hyderabad Telangana INDIA Phone No : 8464088626 / 8978157143
 500034

Pooja
Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
 Payor Name : FAMILY HEALTH PLAN INSURANCE TPA LTD

ACTIVITY RECORD FOR BILLING

Name : _____

UHID No. : _____

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

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

BAH-00440452 IP5-00174385
Mrs POOJA TEJAWATH
06-03-1994 32 Y 2 M 21 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/21	1:15 pm	Room 110	Room 324	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Keene Sharma	28/5/21	Swetha	9631032
2				
3				
4				
5				
6				
7				
8				
9				
10				



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

C/O Abdominal pain a yesterday.

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

Corrected EDD: 12/6/26 GA: 37+5 wks

Obstetric Formula:

G₃P₂L₄D₁

Obstetric History: MLC-2017; Ncm.

I - 2020 - IUFD @ 27+3 wks - abruptio. 10L done - Female - 822gms (no reduced fetal movements on routine ANC, diagnosed IUFD).

Present Pregnancy Record:

II - Spontaneous conception. SUD. (2024) Female; 2.97kg [GDM medic].

III - 2025 - Spontaneous miscarriage @ 7-8 wks - MRPK done

RISK FACTORS:

IV Present pregnancy - Spontaneous Conception. Booked @ 9+4 wks;

H/o Acl IgM / B2 glycoprotein IgM positive in 2023

Height: 149 cm

Weight: 87.9 kg

Allergies: N/A

Breast: Normal Abnormal

General Examination:

Consciousness: Conscious Pallor: absent

Icterus: absent Edema: absent

Temp: 97.5 PR: 80 bpm

BP: 110/70 mmHg DTR: normal

CVS: normal RS normal

Liver/Spleen: not palpable. Urine Output: clear.

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: U7 w term.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable:

FHS: Normal Tachy Brady Absent

Per Speculum Examination - not indicated.

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed Dilated 2 finger loose - soft, mid position

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G₃P₂L₄D₁ @ 37+5 wks | i hypothyroid in early labor for labor augmentation.

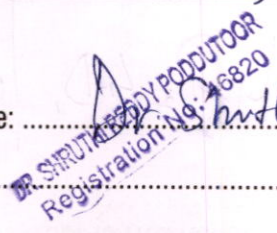
Pati



<p>Family History:</p> <p>Father ← type II DM.</p>	<p>Surgical History:</p> <p>Diagnostic Laparoscopy + Ovarian cystectomy + diagnostic hysteroscopy + endometrial biopsy - March 2022.</p>
<p>Medical History:</p> <p>- keto hypothyroid x 2023 [FT Thyrom. 75ug] - Baseline raised prolactin - Used Cabergolin 0.25 mg twice a week</p>	<p>Medication History:</p> <p>See reconciliation form.</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1 Admission. 2 CTG - 3rd hely. 3 Drugs as charted. 4 Prepare parts 5 Monitor vitals & FHR 1hly. 6 Informed consent for vaginal delivery 7 Send CBSP & trace. 8 FOL = T.PEG - 25mg p/o 4th hely. 	<p>Investigations:</p> <ul style="list-style-type: none"> → O positive. → vitals - NR → FTS - 60mks. → T1FFA - (N) <p>⇒ 13/5/20 35+5wks.</p> <p>Cephalic / AI - Anterior / AFI = 11</p> <p>EFW = 2407 [17y.] AC - 34.</p> <p>MCA - cerebral redistribution. normal blood flow - in UA & DV.</p>

Doctor Name: Dr. Shruti Reddy
 Signature: [Signature]
 Date & Time: 23/5/20, 10:00 PM.

Consultant Name: Dr. Shruti Reddy
 Signature: [Signature]
 Date & Time: [Blank]



BAH-00440452 IP5-00174385
 Mrs POOJA TEJAWATH
 06-03-1994 32 Y 2 M 21 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

Patient Sticker



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 3:45 PM	BP- 115/62 [79] PR- 88bpm. SpO ₂ - 100% on RA. PLA- Ut a term. relaxed. FNS ⊕	Advice: - NST- 3rd hrly. - Continue doses Plv. - Monitor vitals & FKS hrly.
NST- reactive		Sritha
27/5/26 5:30 PM	PLA: Active Plv: Cn 1/2" 3cm PP high up ARM done - controlled clear leak	- NST now - IV Cefotaxime 1gm stat - Enema - shift to BS Dr. Y. Sneha.
✓ NST now ✓ w/ POL.	c/d/w Dr. Sneha	
		Dr Y Sneha

BAH-00440452 IP5-00174385
 Mrs POOJA TEJAWATH
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
9PM	<p>P/A: Acting P/V: Cu 60% effaced OS 3cm PPV_n - 2 Clear leak</p>	<p>- Start OXYTOCIN - cont FHR - w/lt POL</p>
	NST @ 8PM Reactive	
		Dr Y
		Dr Y sneher
27/5/26		
11PM	PND - 0 SVD	
	Pt comfortable	① Reg. diet
	PR: 86	② Drugs as chart
	BP: 121/66/88	③ vitals 15mins
	SpO ₂ : 99% RA	④ w/lt Bleeding TV
	P/A: URW	⑤ Encourage Voiding
	P/V: BWNL	
	Baby well	
		Dr Y
		Dr Y sneher

BAH-00440452 IP5-00174385
 Mrs POOJA TEJAWATH
 06-03-1994 32 Y 2 M 21 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

9



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 1 AM	PR: 70 BP: 110/60 (93) SPO ₂ : 100% RA P/A: URW P/V: BWNL U✓ shift to room	- Reg diet - Drugs as chart - vitals 4 hourly - Inform SAs
28/5/26 8:30 AM	GC: fair vitals: stable P/A: uterus retracted well Bowel sounds ⊕ P/V: NAB	Noted by Aswini 1.07 AM PND-1 / SVD / P3 L2 D1 / Hypotensoid & 1) Monitor vitals 2) Drugs as charted 3) w/t P/V Bleeding 4) Soft diet

Dr. Y
Dr. Y Suresh

plan discharge today

BAH-00440452 IP5-00174385
 Mrs POOJA TEJAWATH 32 Y 2 M 21 D (F)
 06-03-1994
 Dr. SHRUTHI REDDY/Dr. LAVANYA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/16		
2:30pm	PDD-1 / SUP / P ₃ L ₂ D ₁ / hypotens	
B-ent	4c/giv	
V ✓	Vitals: stable	R
V/E ✓	PLA: Ovaries rechecked well	1) Monitor vitals q4h
V/E - we	Bowels sounds ⊕	2) Drug as charted
	P/V: N AB	3) w/t flv bleeding
	Plan - discharge	4) Analgesia
		5) Soft diet + plenty of oral fluids
		6) Infusions
		- Dr. Sravanti

Patient:

BAH-004/0452 IP5-00174385
 Mrs POOJA TEJAWATH 32 Y 2 M 21 D (F)
 06-03-1994
 Dr. SHRUTHI REDDY/Dr.LAVANYA

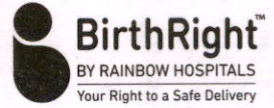


RESULT SHEET

Date	27/5			
Time				
Hb	9.3			
PCV	29.8			
RBC	4.0			
WBC	14.86			
N/L				
Platelets	347			
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				

Patient Sticker

BAH-00440452 IP5-00174385
Mrs POOJA TEJAWATH
06-03-1994 32 Y 2 M 21 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



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: OBG

Shifted to: 224-(A)

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. ZINOVAN-2		PO	OD	27/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. SUCRALAC-XT		PO	OD		<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. THYRONORM	100mcg	PO	OD		<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. Suthi, Suthi

Date & Time: 27/5/26, 1:00pm

Nurse Name & Signature: Rajani Lakshmi

Date & Time: 27/5/26 @ 8:05pm

BAH-00440452 IP5-00174385
 Mrs POOJA TEJAWATH
 06-03-1994 32 Y 2 M 21 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA

Patient Sticker



DRUG CHART

Date of Admission: 23.12.24 Drug Allergies: N.K.D.A Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight 46.5 Ward BC
1m

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>T. PARACETAMOL</u>				Date <u>27/5/26</u>
				Time
Dose <u>1gm</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>27/5/26</u>	<u>6AM</u> <u>12PM</u> <u>6PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Y. Sneha</u>				<u>2PM</u> <u>8PM</u>
Additional Instructions: <u>10PM</u>				
Daily Doctor's Endorsement by a Sign				<u>Dr</u>

DRUG : <u>T. DICLOFENAC</u>				Date <u>27/5/26</u>
				Time
Dose <u>50mg</u>	Route <u>PO</u>	Frequency <u>TID</u>	Start Date <u>27/5/26</u>	<u>7AM</u> <u>12PM</u> <u>6PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Y. Sneha</u>				<u>3PM</u> <u>8PM</u>
Additional Instructions: <u>11PM</u>				
Daily Doctor's Endorsement by a Sign				<u>Dr</u>

DRUG : <u>T. PANTOPRAZOLE</u>				Date <u>28/5/26</u>
				Time
Dose <u>40mg</u>	Route <u>PO</u>	Frequency <u>BD</u>	Start Date <u>27/5/26</u>	<u>6AM</u> <u>12PM</u> <u>6PM</u>
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Y. Sneha</u>				<u>6PM</u>
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				<u>Dr</u>

DRUG : <u>Syp Duphalac</u>				Date <u>28/5/26</u>
				Time
Dose <u>15ml</u>	Route <u>PO</u>	Frequency <u>OD</u>	Start Date <u>27/5/26</u>	
Name & Signature of the Doctor Starting the Drugs: <u>Dr. Y. Sneha</u>				<u>10PM</u>
Additional Instructions: <u>10PM</u>				
Daily Doctor's Endorsement by a Sign				<u>Dr</u>



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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
27/5/26	2:45 PM	T. PGE ₁	25mg	PO	Smt.	Swaraj Keerthi
27/5/26	5:45 PM	T. PGE ₁	25mg	PO	Smt.	Keerthi Swaraj
27/5/26	7:00 PM	Inj cetotaxime	1gm	IV	Dr. Y	Rishi Swaraj
27/5/26	6 PM	Enema	100ml	PR	Dr. Y	Swaraj Kranthi
27/5/26	6:50 PM	Inj PANTOP	40mg	IV	Dr. Y	Rashmi Swaraj
27/5/26	7:55 PM	Inj ONDENSETRON	4mg	IV	Dr. Y	Rashmi Swaraj
27/5/26	7:30 PM	Inj DROTIN	1amp	IV	Dr. Y	Rishi Poulabi
27/5/26	9:30 PM	Inj EPIDOSIN	1amp	IV	Dr. Y	Rishi Poulabi
27/5/26	9 PM	Inj BOSOPAN	1amp	IV	Dr. Y	Rishi Shakti

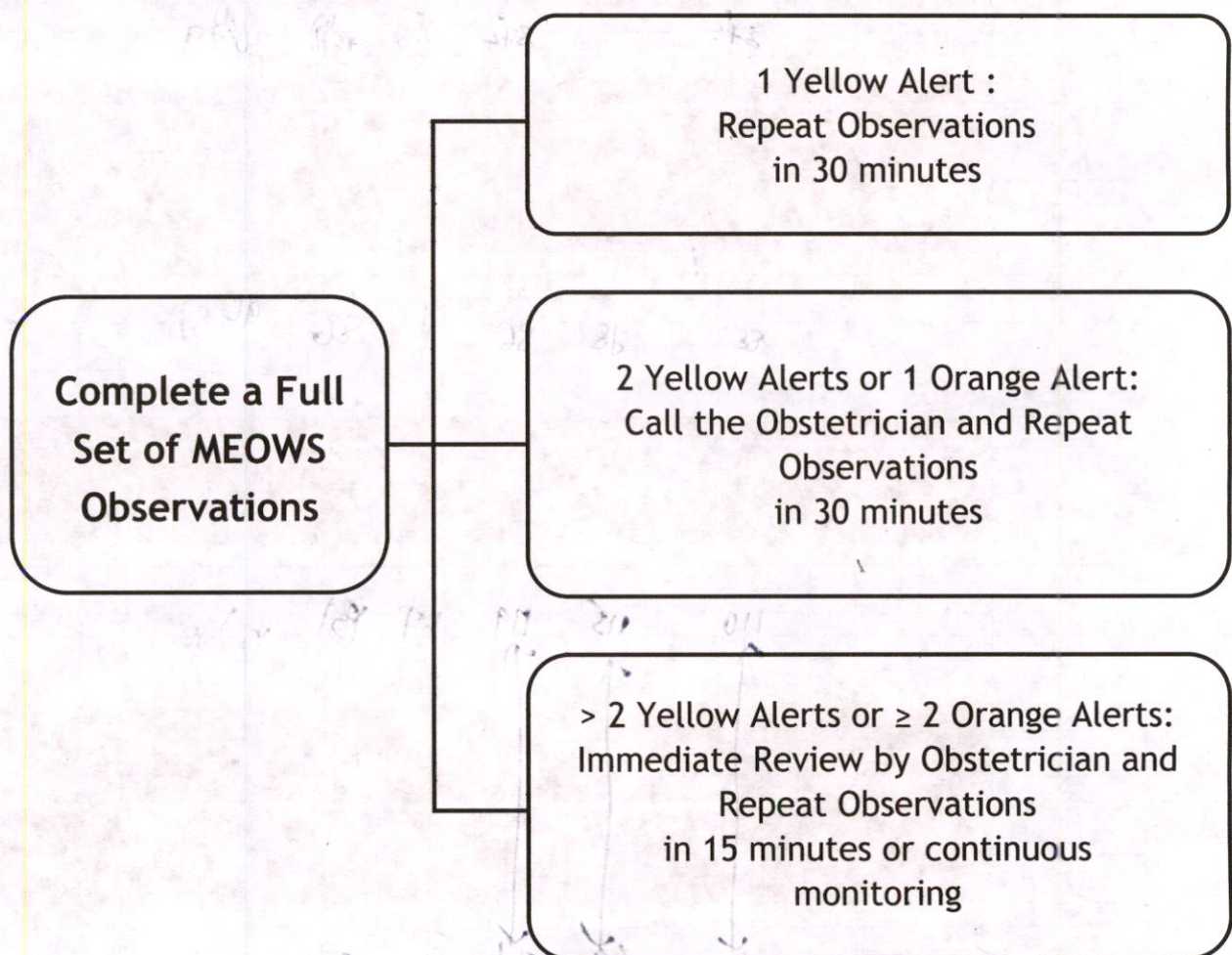
Signature

VERIFIED BY: Name

VERIFIED

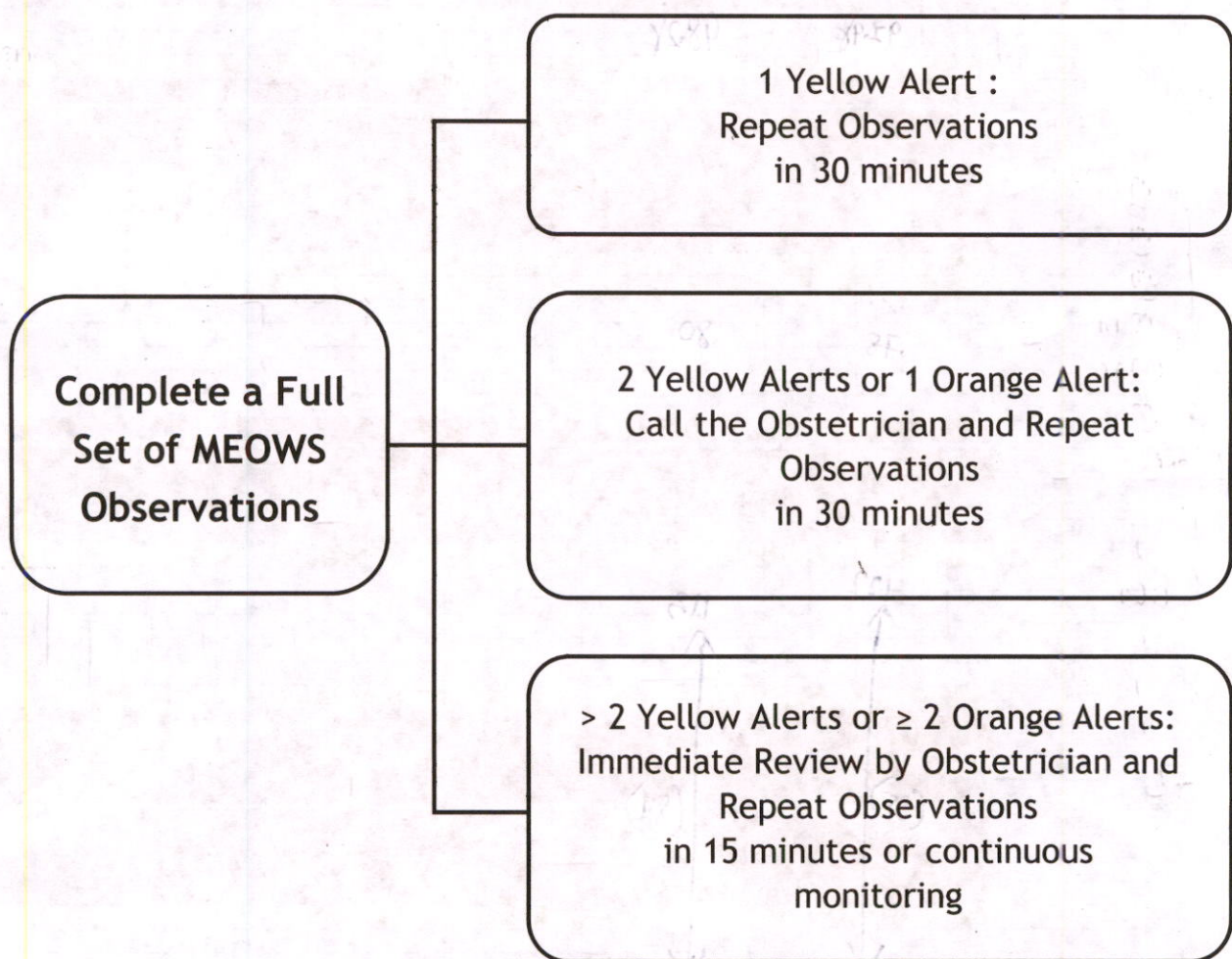
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Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Mrs POOJA TEJAWATH
06-03-1994 32 Y 2 M 21 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Sheet No. : 0

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

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
	02:00 pm	water								0	Swamy	
	03:00 pm	100ml							✓	0	Swamy	
	04:00 pm									0	Swamy	
	05:00 pm	water							✓	0	Swamy	
	06:00 pm	100ml								0	Swamy	
	07:00 pm	water								0	Swamy	
Total Intake : taken					Total Output : passed.							
	08:00 pm									0		
	09:00 pm	H ₂ O							✓	0	Reddy	
	10:00 pm	Josic								0	Reddy	
	11:00 pm	syringe								0	Reddy	
	12:00 am	100ml								0	Reddy	
	01:00 am								✓	0	Reddy	
Total Intake : taken					Total Output : m-0							
	02:00 am									0		
	03:00 am	water							✓	0	Ashwin	
	04:00 am									0	Ashwin	
	05:00 am									0	Ashwin	
	06:00 am	water							✓	0	Ashwin	
	07:00 am									0	Ashwin	
Total Intake : taken					Total Output : u-2 m-0							

Total 24 hrs. Intake Taken

Total 24 hrs. Output u-2 m-0



FLUID CHART

Sheet No. : ②

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
20/5/20	08:00 am									✓	0	Latha	
	09:00 am	Water									0		
	10:00 am						NP				0		
	11:00 am	Barley 100ml								✓	NO		
	12:00 pm										IV 0		
	01:00 pm	Water									0		
Total Intake : Taken						Total Output : M-0 U-2							
20/5/20	02:00 pm									✓	1	Latha	
	03:00 pm	Water									NO		
	04:00 pm										IV		
	05:00 pm										1		
	06:00 pm										1		
	07:00 pm										1		
Total Intake : Taken						Total Output : M-10 U-							
20/5/20	08:00 pm											Latha	
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
20/5/20	02:00 am											Latha	
	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							

Patient Sticker

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						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							

Patient Sticker

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			
	08:00 am												
	09:00 am												
	10:00 am												
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Total Intake :						Total Output :							
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Total Intake :						Total Output :							
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	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name : Pooja TEJAWATH UHID No : BAN-00440452
Gender: Male Female Date : 27/5/20 Time : 1:00 PM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: DR. SURVINI REDDY

Consentee :
Signature : Pooja

Name : Tejwath Pooja

Date & Time : 27/5/20, 1pm

Witness :
Signature : [Signature]

Name : Reddy

Date & Time : 27/5/20, 1pm

Patient Attendant :
Signature : [Signature]

Name : Ravindhan

Relationship with Patient:

Date & Time : 27/5/20, 1pm

Doctor (who is taking the consent) :
Signature : [Signature]

Name : Dr. Survini

Date & Time : 27/5/20, 1:00pm

సహజ ప్రసవం కొరకు

సమ్మతి పత్రము

రోగి పేరు : వయస్సు లింగం పు స్త్రీ

యు.హెచ్.ఐ.డి. విభాగము

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ పద్ధతిలో వివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
- గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
- ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం బిడ్డను సహజమయిన పద్ధతిలో ప్రసవించటం

సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం.

వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎపిసియొటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్), సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.

సహజ ప్రసవం విజయవంతం కాకపోతే, తగిన అనస్థీషియా ఇచ్చి పాత్రికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్సెప్స్ లేదా వాక్యూమ్ సహాయంతో బిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు; అంటువ్యాదులు, అల్సర్లు, మచ్చలు, రక్త నష్టం, రక్త మార్పిడి అవసరం పడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (లేసరేషన్, హెమటోమా, పుర్రె గాయం ఆయె అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా బిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు బిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ వివరించిన లేదా సూచించిన విధానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సాక్షి

సంతకము

సంతకము

పేరు

పేరు

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

తేదీ మరియు సమయము

సంతకము

పేరు

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26 Time: 9:30am

Origin: Indian Height: 149cm Weight: 87.9kg's BMI: 31.2 kg/m²

Food Allergies: No

Diagnosis: PND-1/SVD

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

Diet Advised:

Normal diet

include plenty of oral liquids

avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: Pooja

Name: Pooja

Date & Time: 28/5/26 @ 9:40am

Dietician's

Signature: Nikitha

Name: Nikitha

Date & Time: 28/5/26 @ 9:30am

