

Patient Sticker

SURGERY DETAILS

Date : 11/5/2026

BCH-00039191 IP5-00173659
Patient Name: Mrs M SINDHUJA 10-12-2002 23 Y 5 M 1 D (F) Date of Birth: Age: 2
Dr. ANNIE PRANUTHA P

Gender: UHID No.:

Date of Surgery: OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : EV. uses ↓ RA

Time in : 9:00am to 10:00am Time Out : 10:00am

	NAME	AMOUNT
1. Surgeon	Dr. Annie pranutha	
2. Anaesthetist	Dr. Shilpa	
3. Assistant Surgeon	Dr. Sneha	
4. OT Technician	Kulsum	
5. Circulating Nurse	Sis Swampa	
6. Assistant Nurse	Sis Srilatha	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 760297 Order by:

BCH-00039191 IP5-00173659
 Mrs M SINDHUJA
 10-12-2002 23 Y 5 M 1 D (F)
 Dr. ANNIE PRANUTHA P



CONSUMABLES OF OT



Circulating staff : Technician : Kulsum Date : 11/5 3340 Time :

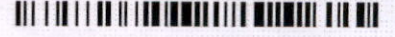
Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>44 drupe</u>	<u>01</u>		Inj Vit.K		<u>01</u>
LMA			Sutures <u>2346</u>	<u>02</u>		Cord Clamp		<u>01</u>
ECG leads <u>(A/P/N)</u>		<u>03</u>	<u>2762</u>	<u>01</u>		Suction Catheter		
HME filter : A/P/N			<u>2364</u>	<u>01</u>		Feeding Tube		
Syringes : 10 cc		<u>02</u>				Vaccum Suction Set		
05 cc		<u>04</u>	Gloves <u>6 1/2</u>	<u>02</u>		Surgical Gloves <u>6 1/2</u>		<u>02</u>
02 cc		<u>04</u>	<u>7</u>	<u>02</u>		Gauze Pack		<u>01</u>
01 cc			<u>6</u>	<u>02</u>		Syringe 1ml / 2ml		<u>01</u>
Cautery plate <u>(A/P/N)</u>		<u>01</u>	Surgical blade <u>NO 22</u>	<u>01</u>		Surgical Blade # 20		<u>01</u>
IV set			NG tube			Koochies (S)		<u>01</u>
RL		<u>03</u>	Cautery pencil	<u>01</u>				
NS : 10ml / 100ml / 500ml / 1000ml		<u>01</u>	Koochies <u>Adult + XL</u>	<u>01</u>				
<u>lox 21-</u>		<u>01</u>	Ointments					
<u>Gphedrine</u>		<u>01</u>	Suction Catheter					
Fentanyl		<u>01</u>	Cap, Mask	<u>10</u>	<u>10</u>			
Morphine			Gauze Pack	<u>01</u>				
Ketamine			Mop Pack	<u>03</u>				
Propofol			Steristrip <u>Amisone</u>	<u>01</u>				
Rocuronium			Underpad	<u>01</u>				
Glycopyrolate		<u>01</u>	Draw sheet <u>Quickshel</u>	<u>01</u>				
Myopyrolate			Abgel	<u>01</u>				
Ondansetron		<u>01</u>	Foleys catheter					
<u>Pencan 25g</u> / Spinal Needle 22		<u>01</u>	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		<u>01</u>	Romodrain bag					
Antibiotics : <u>Atropine</u>		<u>01</u>	Bandage					
<u>Adrenaline</u>		<u>01</u>	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set	<u>01</u>				
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg		<u>02</u>	Betadine Solution	<u>02</u>				
<u>Oxytoch</u>		<u>03</u>	Microshield	<u>01</u>				
<u>glove (6)</u>		<u>01</u>	Cotton Balls	<u>01</u>				
<u>gauze</u>		<u>01</u>	Latex Gloves	<u>20</u>	<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon : Anaesthesiologist : Nurse : OT Technician : Kulsum

Order No. : Ordered by : Gillette
 Doc. No. : RCHB/ FRM / GENERAL / 125

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173659 Admit Date : 11-May-2026 Admit Time : 06:41 AM UHID : BCH-00039191

Patient Details :

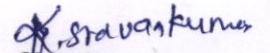
Patient Name : Mrs M SINDHUJA Age : 23 Y 5 M 1 D
Guardian : MR K SRAVAN KUMAR DOB : 10-12-2002
Gender : Female Religion :
Occuration : Martial Status : Married
Address (H) : #7-84/6/4/1/1 ambedkar nagar colony Phone No : 9494270722/ 9912221563
Boduppal Hyderabad Telangana INDIA 500092 E-mail : nomailid@gmail.com

Admission Details :

Bed Type : SHARED WARD Bed No : SW 415 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 415 Admission Type : First Visit

Contact Details :

Name : MR K SRAVAN KUMAR Relationship : Husband
Contact Address : #7-84/6/4/1/1 ambedkar nagar colony Phone No : 9494270722 / 9912221563
Boduppal Hyderabad Telangana INDIA 500092


Signature

Doctor Details :

Doctor Name : Dr. ANNIE PRANUTHA P Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : SELF Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

ACTIVITY RECORD FOR BILL

BCH-00039191 IP5-00173659
Mrs M SINDHUJA
10-12-2002 23 Y 5 M 1 D (F)
Dr. ANNIE PRANUTHA P

Name : _____

UHID No. : _____ IP No : _____ 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
11/5/26	9:30 AM	ORs	OT	Kanna
11/5/26	10:30 AM	OT	ORs	Kanna
11/5/26	3:30 PM	ORs	Room (203)	Kanna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma (PT)	13/5/26	960646/	A/Kanna
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/5/26	IV placement	01	9602280	Sward
11/5/26	Catheterization	01		Sward
11/05/26	PAC	01	9602281	Sward
11/5/26	NHA	①	0606482	Akens

ANY OTHER INFORMATION

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Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *Primi 37+6 wks* LMP: *18/8/25* EDD: *25/5/26*
for EL-15G Corrected EDD: *26/5/26* GA: *37+6 wks*
 Obstetric Formula: *Primi* Menstrual History: Regular: Yes No

Obstetric History: *PP - Spontaneous Conception. Booked at 34+2 wks. Had ANC's at Janani Hospital, Ramasthapur.*
 Present Pregnancy Record: *Consulted in RCHS for persistent SVC - Advised situs solitus levocardia, Concordant.*
RISK FACTORS: *AU-VA, NAGA,*

Obstetric Examination
 Fundal Height: *Teen*
 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
 Draining: Present Absent Bleeding
 Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination
 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

Hypoplastic MV, COA, LSVC to Coronary Sinus.
Fetal Congenital heart disease.
MMC done by Dr. Pradyumn.
Taken Iron injection 1 dose for Anemia.

Height: cm
 Weight: *47.7* kg
 Allergies: *Mil*
 Breast: Normal Abnormal
 General Examination:
 Consciousness: *alert* Pallor: *Absent*
 Icterus: *Absent* Edema: *Absent*
 Temp: *98.2°f* PR: *90/min*
 BP: *-98/60 mmHg* DTR: *-*
 CVS: *S1S2 (+)* RS *BAE (+)*
 Liver/Spleen: *Not Palpable* Urine Output: *- Adequate*

DIAGNOSIS
Primi / 37+6 wks / fetal congenital heart disease for EL-15G

Family History:

Nil

Surgical History:

Nil

Medical History:

Nil

Medication History:

T- Iron OD
 T- Calcium OD

Plan of Care:

- ① Admission
- ② NST
- ③ Send and trace CBP
- ④ Part preparation
- ⑤ Informed and written consent
- ⑥ PAC
- ⑦ Pre-op medications
- ⑧ Inform and shift to OT

Investigations:

B/CT - (B+ve)

HIV
 HbsAg
 HCV
 VDRL } NR.

28/2/26 Hb - 11.6
 WBC - 8.7ur
 Plt - ~~2.87~~ 2.87

1/3/26 3 ut wts, cephalic.
 EFW - 2.035 (12.1.)
 AC - 11.1.
 AFJ - 13.9cms,
 Placenta - Anterior (Rt. lateral)
 high.

DR. ANNIE PRANUTHA P
 Registrar of Nurses

Doctor Name: Dr. Lavanya

Signature: *lv*

Date & Time: 11/5/26 8AM

Consultant Name: Dr. Annie

Signature: *Dr. Annie*

Date & Time: 11/5/26 9AM

BCH-00039191 IP5-00173659

Mrs M SINDHUJA

10-12-2002

23 Y 5 M 1 D

(F)

Dr. ANNE PRANUTHA P



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/2026 10:30 AM	<p>POD - 0 ec-cvcs (P.L)</p> <p>Pt. conscious & coherent</p> <p>PR: 73 bpm</p> <p>BP: 95/60 (73) mmHg</p> <p>SpO₂: 100% RA</p> <p>P/A: URW</p> <p>P/V: BWNL</p> <p>U/O: 300 ml, clear.</p> <p>Baby Nicu</p>	<p>① NBM - 4 hrs</p> <p>② IVF @ 120ml/hr RL</p> <p>③ Drugs as chart</p> <p>④ Vitals 15 mins</p> <p>⑤ I/O hourly</p> <p>⑥ w/f Bleeding PV</p> <p>⑦ Inform SAs</p>
		<p>DR. Y Snehu Adv</p>
11/5/26 2pm	<p>Pt. comfortable</p> <p>O/E AC-fair</p> <p>PR - 85bpm</p> <p>BP - 105/65 mmHg</p> <p>SpO₂ - 99% on RA</p> <p>P/A ut @ well, BS (+)</p> <p>Ue - Bleeding none</p>	<p>- allow sips of water → if tolerating liquids</p> <p>- soft stool from 7pm</p> <p>- vitals ut/hourly</p> <p>- I/O charting</p> <p>- w/f active Bleeding PV</p>
U/O 15ml emptied @ 1:30pm		
Baby in NICU	<p>- Remove Foley's @ 6AM on 12/5/26</p>	<p>- Shift to room</p> <p>- Inform SAs</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>Pod-0 stable</p>	
<p>11/12/26 6:20pm</p>	<p>O/E ac-faci vitab-stable P/A uterine retracted well, BSEP</p>	<p>Adv - soft diet, after 4pm - plenty of oral fluids - drugs as per charted</p>
<p>V/U - some (clear)</p>	<p>U/E - Bleeding m/c</p>	<p>- vitab with hily - 1/2 charted - w/r active bleeding per dependent</p>
<p>Baby in NICU</p>	<p>DR. ANNIE PRANUTHA P Registration No. 51356</p>	<p>noted by Jessi</p>
<p>12/12/26 8:40am</p>	<p>POR / RU / LU O/E ac-faci PR - 90gms BP - 97/81mmHg (MAP 76) SpO2 - 98% on RA P/A uterine retracted well BSEP</p>	<p>Adv - Dulcolax sup 2 now - only liquids till she pass flatus - soft diet after pain/flatus - plenty of oral fluids - vitab steady - ambulate - 4pm for</p>
<p>W X SX</p>	<p>pt comfortable</p>	<p>noted by Dr. Gnanapavan</p>
<p>Baby in NICU</p>	<p>U/E - lochia healthy</p>	<p>noted by Dr. Gnanapavan</p>

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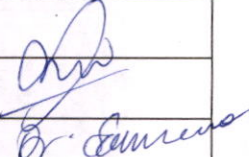
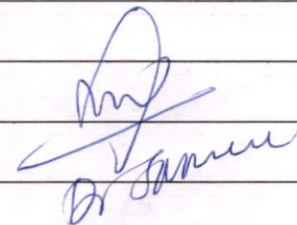


PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
12/12/06 12:00pm	Pt need to NIU	
	will renew water	
		<p><i>[Signature]</i> Dr. Samene</p> <p>noted by Jessie.</p>
12/12/06	POD ₁ / P ₁ / L ₁ / S ₁	
7:00pm.	pt comfortable	
<p>v ✓ f ✓ s ✓</p>	<p>Cec. - fair Bp - 104/70mmHg PR - 60BPM SpO₂ 98% + tRA PLA - Ut @ well PLV - BWNL</p>	<p>Adv</p> <ol style="list-style-type: none"> 1) Soft diet 2) Adequate hydration 3) Ambulation 4) vitals 6th hourly 5) Inform JCS 6) Drugs as charted
Baby - NIU.		
		<p>noted by <i>[Signature]</i></p> <p>Dr. Dings</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/12/06 8:45 AM	POD2 ee USG	
	Pt comfortable O/E	Adv Soft diet. plenty of oral fluids
w tr sv	AC: fair,afebrile PR: 80 bpm BP 109/70 mmHg	- drugs as per charted
Baby in NICU	SpO2 - 99% on RA P/A - uterus retracted	- w/f active Bleeding PV
	well	- vitals stable
S/E O/E	C/E lochia healthy	- Ambulate
	plan for discharge today	- Conform dress
		 Dr. Annie
		Noted by Dr. Rino
13/12/06 3:20 PM	Pt sent to NICU with umbilical	
		 Dr. Annie

BCH-00039191 IP5-00173659
 Mrs M SINDHUJA
 10-12-2002 23 Y 5 M 1 D (F)
 Dr. ANNIE PRANUTHA P




RESULT SHEET

Date	9/5/26				
Time					
Hb	13.5				
PCV	39.1				
RBC	4.29				
WBC	7.28				
N/L					
Platelets	264				
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					
W/L					

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MEDICATION RECONCILIATION FORM

Drug Allergies: Nil 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: 4th floor Shifted to: 3rd floor

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. IRON	1tab	PO	OD	10/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. CALCIUM	1tab	PO	OD	10/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input 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
7						<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. Lavanya

Date & Time: 11/5/26 8 AM

Nurse Name & Signature: Suanda

Date & Time: 11/05/26 2PM

Sheet No: **REGULAR PRESCRIPTIONS** Weight 47.7kg Ward

DRUG : INS-CORICAP 1mg Date/Time 12/5

Dose	Route	Frequency	Start Dt.
<u>100mg</u>	<u>w</u>	<u>BD</u>	<u>11/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: 24 hr follow by OPD.

Daily Doctor's Endorsement by a Sign

100mg small pills

STOP Dr. [Signature] 12/5 @ 4pm

DRUG : Tab CEPRIXIME Date/Time 12/5

Dose	Route	Frequency	Start Dt.
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>11/5</u>

Name & Signature of the Doctor Starting the Drugs: [Signature]

Additional Instructions: [Signature]

Daily Doctor's Endorsement by a Sign

100mg small pills

DRUG : Date/Time

Dose	Route	Frequency	Start Dt.
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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.
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Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY: Signature

Patient Sticker

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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

Signature
Name

BCH-00039191 IP5-00173659
 Mrs M SINDHUJA
 10-12-2002 23 Y 5 M 1 D (F)
 Dr. ANNE PRANUTHA P



DRUG CHART

Date of Admission: 11/5/20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

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

SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name Signature

REGULAR PRESCRIPTIONS

Weight. 47.7kg Ward.

VERIFIED

VERIFIED

VERIFIER

VERIFIED

DRUG : T. PANTOPRAZOLE				Date Time	11/5	12/5	13/5													
Dose	Route	Frequency	Start Date																	
uomy	PO	BD	11/5/26	6AM	X															
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Y. Suresh</p> <p>Additional Instructions: 6AM (10) Jesu... Sang... 12PM (10) Jesu... Sang... 3PM (10) Jesu... Sang...</p>																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB PARACETAMOL				Date Time	11/5	12/5	13/5													
Dose	Route	Frequency	Start Date																	
650mg	PO	qlo	11/5/26	6AM	X															
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Y. Suresh</p> <p>Additional Instructions: 6AM (10) Jesu... Sang... 12PM (10) Jesu... Sang... 3PM (10) Jesu... Sang...</p>																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB DIPHENHYDRAMINE				Date Time	11/5	12/5	13/5													
Dose	Route	Frequency	Start Date																	
50mg	PO	TID	11/5	7AM	X															
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Y. Suresh</p> <p>Additional Instructions: 3PM (10) Jesu... Sang... 11PM (10) Jesu... Sang...</p>																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB TRAMADOL				Date Time	12/5	13/5														
Dose	Route	Frequency	Start Date																	
50mg	PO	TID	11/5	1AM	X															
Name & Signature of the Doctor Starting the Drugs:				<p>Dr. Y. Suresh</p> <p>Additional Instructions: 5PM (10) Jesu... Sang...</p>																
Daily Doctor's Endorsement by a Sign																				

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 10-12-2002 23 Y 5 M 1 D (F)
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Weight Ward



DRUG :

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

VARIABLE DOSE

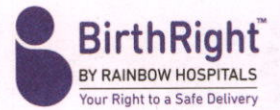
Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Route	Start Date	Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Name & Signature of the Doctor		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		
Additional Instructions: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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
11/05/26	8:00 AM	INS. CEFOTAXIME	1gm	IV	[Signature]	Suanda, Terna
11/05/26	8:10 AM	INS. PANTAPRAZOLE	40mg	IV	[Signature]	Suanda, Terna
11/05/26	8:30 AM	INS. PERINORAN	10mg	IM	[Signature]	Suanda, Terna
11/5	10:30 AM	SUP. ALMOFENAC	100mg	P/R	[Signature]	Sandhya, Kany
11/5	10:30 AM	SUP TRAMADOL	100mg	P/R	[Signature]	Sandhya, Kany
12/05/26	10 AM	DUCOLAX SUP	2	P/R	[Signature]	Hold, Jessie

Signature VERIFIED BY : Name

BCH-00039191 IP5-00173659
 Mrs M SINDHUJA
 10-12-2002 23 Y 5 M 1 D (F)
 Dr. ANNIE PRANUTHA P



Early Warning Observation Score Chart - Obstetrics

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

11/5/26

		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																										
	0 - 10																										
Saturations	94 - 100 %																									19	
	< 94 %																									100	
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert																									
		Voice																									
		Pain																									
Unresponsive																											
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

77.3F

26

102

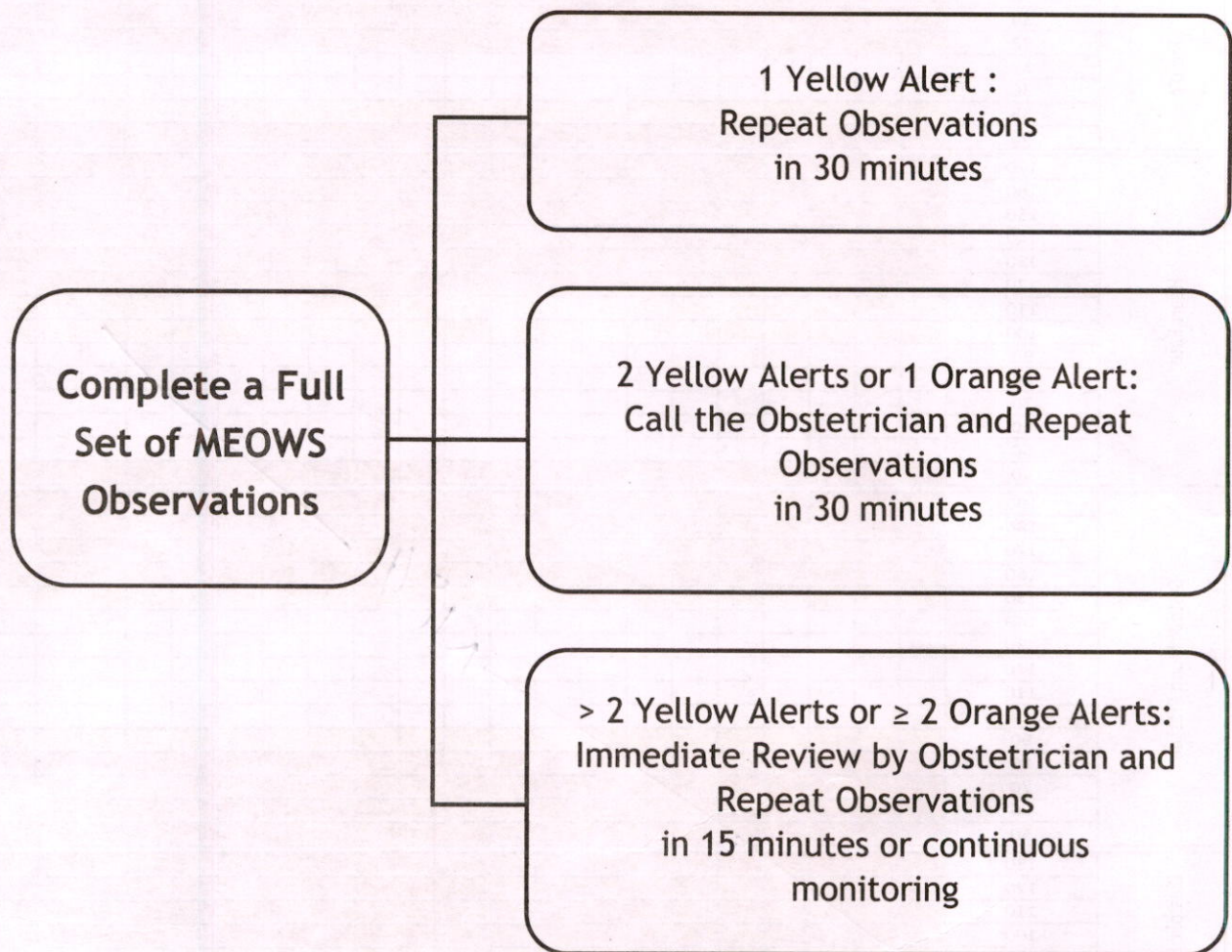
88

69

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11/5/26

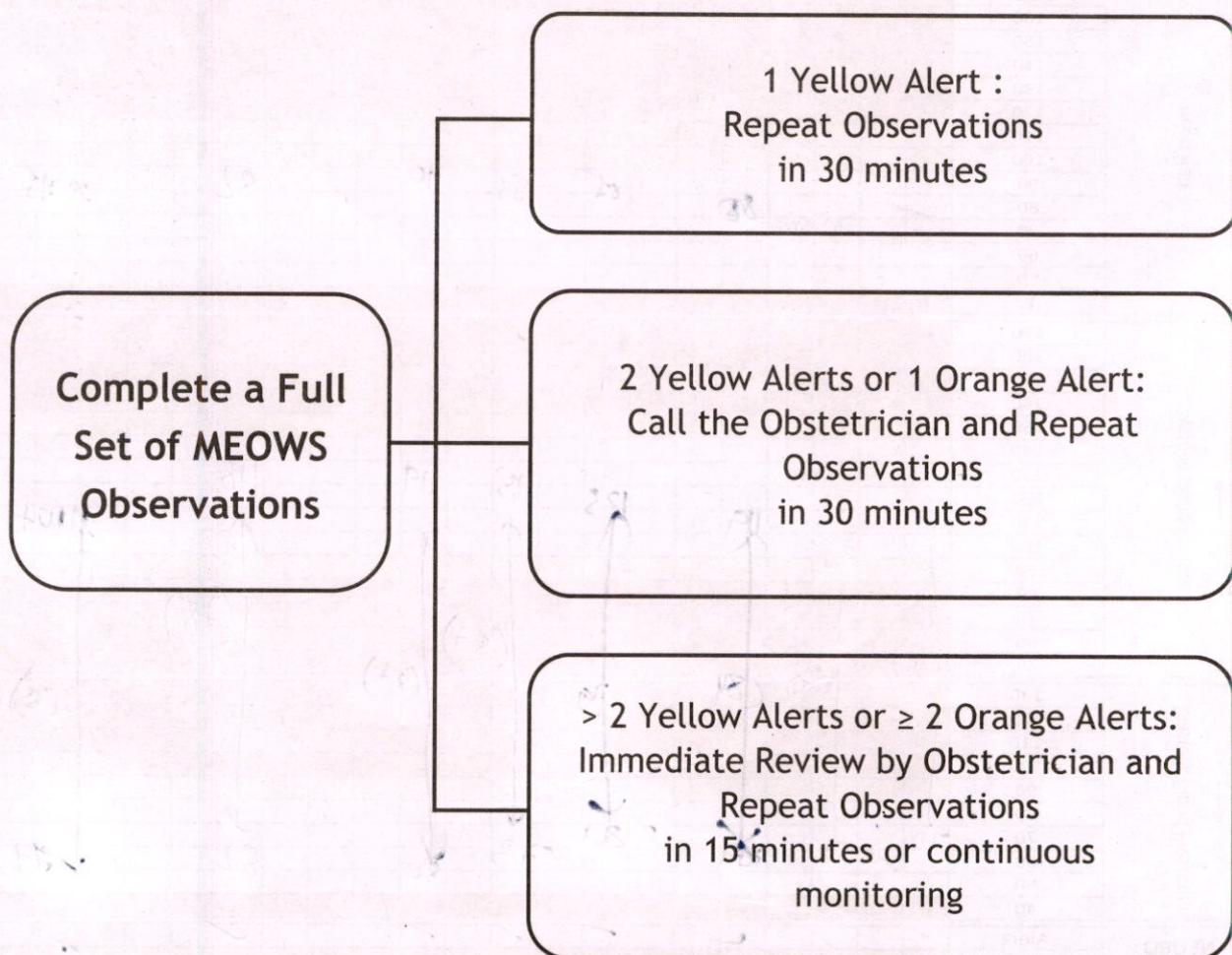
Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

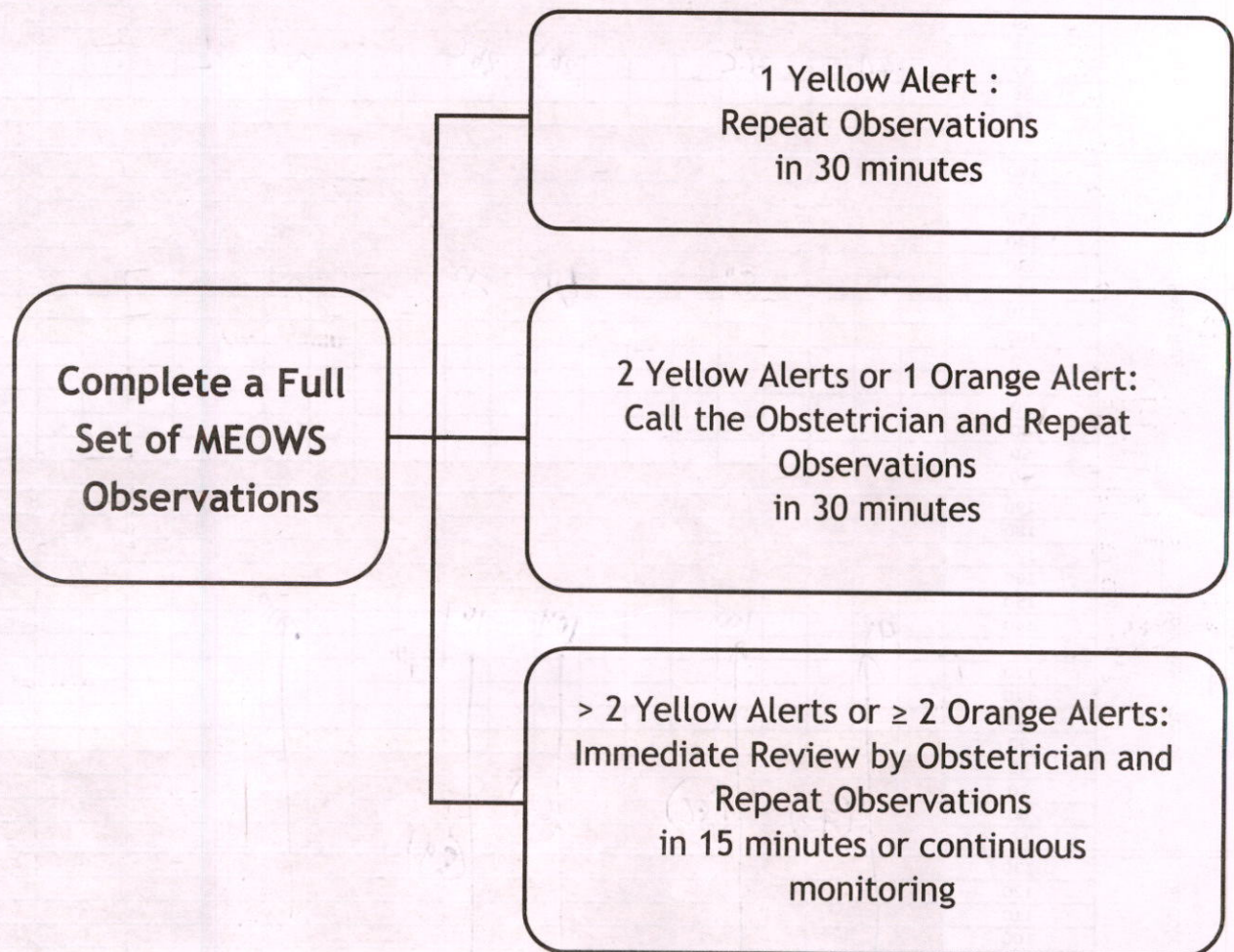
11/2/20

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BCH-00039191 IP5-00173659

Mrs M SINDHUJA

10-12-2002 23 Y 5 M 2 D

Dr. ANNIE PRANUTHA P

(F)



13/5/26



Early Warning Observation Score Chart - Obstetrics

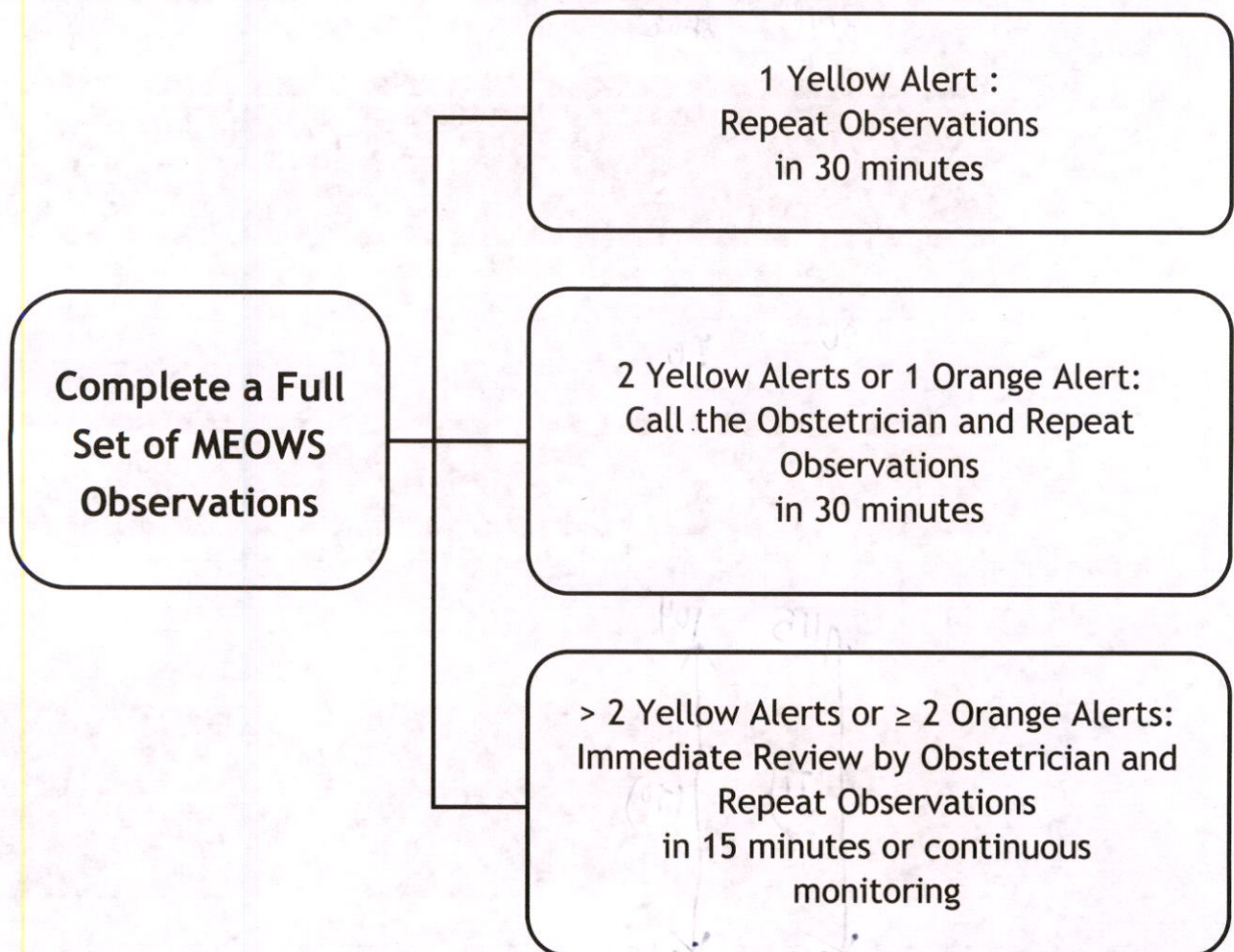
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %																										
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Administered O ₂ (L/min.)																											
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	70																										
	60																										
	50																										
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	NEURO RESPONSE [✓]	Alert																									
		Voice																									
		Pain																									
Unresponsive																											
URINE mls / hour	> 30																										
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Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

115 (FF) ↑
 104 (FO) ↑
 66 ↓
 61 ↓

0
 0
 Nurse Initial: K/M

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



FLUID CHART

Sheet No. :

11/8/26

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		
11/8/26	08:00 am	RL	M	100ml							0	Shobha
	09:00 am	RL	B	100ml					300ml		0	Shobha
	10:00 am	RL	M	100ml							0	Shobha
	11:00 am	RL	M	100ml							0	Kam
	12:00 pm	RL	Nas	100ml							0	Kam
	01:00 pm	RL	ab	100ml					200ml		0	Kam
Total Intake :			Taken	600ml		Total Output :					U-500ml	M-0
	02:00 pm	RL		100ml							0	Kam
	03:00 pm	RL	H ₂ O						100ml		0	Kam
	04:00 pm	RL		100ml							0	Kam
	05:00 pm	RL									0	Jessie
	06:00 pm	RL	H ₂ O	100ml					25ml		0	Jessie
	07:00 pm	RL									0	Jessie
Total Intake :			Taken	300ml		Total Output :					U-125ml	M-0
	08:00 pm										0	Durga
	09:00 pm		H ₂ O						800ml		0	Durga
	10:00 pm										0	Durga
	11:00 pm										0	Durga
	12:00 am	RL	H ₂ O	100ml					1200ml		0	Durga
	01:00 am	RL		100ml							0	Durga
Total Intake :			→	200ml		Total Output :					U-	M-0
	02:00 am	RL		100ml							0	Durga
	03:00 am	RL	H ₂ O	100ml							0	Durga
	04:00 am	RL		100ml							0	Durga
	05:00 am	RL		100ml							0	Durga
	06:00 am		H ₂ O						400ml		0	Durga
	07:00 am										0	Durga
Total Intake :			→	400ml		Total Output :					U-1000ml	M-0
Total 24 hrs. Intake						Total 24 hrs. Output					U-2825ml	M-0


BCH-00039191
 Mrs M SINDHUJA
 10-12-2002 23 Y 5 M 1 D (F)
 Dr. ANNIE PRANUTHA P

FLUID CHART

Sheet No. : 12/5/26

- 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		
	08:00 am									✓	0	Jessie
	09:00 am		H ₂ O								0	Jessie
	10:00 am									✓	0	Jessie
	11:00 am		H ₂ O								0	Jessie
	12:00 pm									✓	0	Jessie
	01:00 pm		H ₂ O							✓	0	Jessie
Total Intake :						Total Output : 0-3 0-1						
	02:00 pm		H ₂ O								0	Jacqueline
	03:00 pm		H ₂ O							✓	0	Jacqueline
	04:00 pm		H ₂ O							✓	0	Jacqueline
	05:00 pm		H ₂ O							✓	0	Jacqueline
	06:00 pm		H ₂ O							✓	0	Jacqueline
	07:00 pm									✓	0	Jacqueline
Total Intake :						Total Output : 0-0 0-5						
	08:00 pm										0	Jyothi
	09:00 pm		H ₂ O							✓	0	Jyothi
	10:00 pm										0	Jyothi
	11:00 pm										0	Jyothi
	12:00 am		H ₂ O								0	Jyothi
	01:00 am									✓	0	Jyothi
Total Intake :						Total Output : 0-0 0-0						
	02:00 am										0	Jyothi
	03:00 am									✓	0	Jyothi
	04:00 am		H ₂ O								0	Jyothi
	05:00 am									✓	0	Jyothi
	06:00 am										0	Jyothi
	07:00 am		H ₂ O							✓	0	Jyothi
Total Intake :						Total Output : 0-3 0-0						
Total 24 hrs. Intake						Total 24 hrs. Output			0-13 0-1			

BCH-00039191
 Mrs M SINDHUJA IP5-00173659
 10-12-2002 23 Y 5 M 2 D (F)
 Dr. ANNIE PRANUTHA P




FLUID CHART

Sheet No. : 9

13/5/26

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										✓	0	Rim
	09:00 am		H2O									0	Rim
	10:00 am	ND					MP				✓	0	Rim
	11:00 am	IVF	H2O									0	Rim
	12:00 pm										✓	0	Rim
	01:00 pm		H2O									0	Rim
Total Intake :						Total Output : U - 3 M ⊕							
	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.

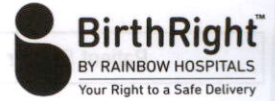
Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
Total Intake :		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

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

BCH-00039191 IP5-00173659
Mrs M SINDHUJA
10-12-2002 23 Y 5 M 1 D (F)
Dr. ANNIE PRANUTHA P



Name: Mrs Sindhuja Age: 23y Sex: F UHID.No: BCH00039191
Date: 11/5/13 Time: 6.45pm Proposed Operation: Elective Lower Segment Cesarean section
Diagnosis: Perinatal growth 37+6 wks Fetal congenital heart disease
B.P / CRT: 98/60 H.R: 90/min Weight: 47.7 ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 13.5 Glucose: Protein: HIV: X-Ray:
PCV: 7.28 Urea: Alb: HBS Ag: ECG:
WBC: Creat: Total Bill: HCV: 2D Echo:
Plate: 2.65 Na: Dir. Bill: Blood group: Stress/Anglo:
PT: K: LDH: T3 Other:
PTT: Ca++: Alk phos: T4
INR: Mg++: Amylase: TSH
Cl-: SGOT/SGPT:

Allergies: No known allergy
Fetal coarctation of aorta, con Hypoplasia
Mitral valve

Medical History: CVS:
RESP: Diabetes:
CNS:
Renal:
Hepatic / GE: Physical Activity: METS > 4
Others:

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: (W) Neck: (W) Teeth: (W)

Lungs: AEBE

Heart: S1S2

CNS: NDD

Pregnant: Yes No NA Venous Access Site: Left IBC Spine Exam for regional: (W)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

- Pre-Operative Instructions:**
- DVT Prophylaxis:
 - Water / ORS 2 Hours
 - Others 6 Hours
 - NIL ORAL
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: CBC

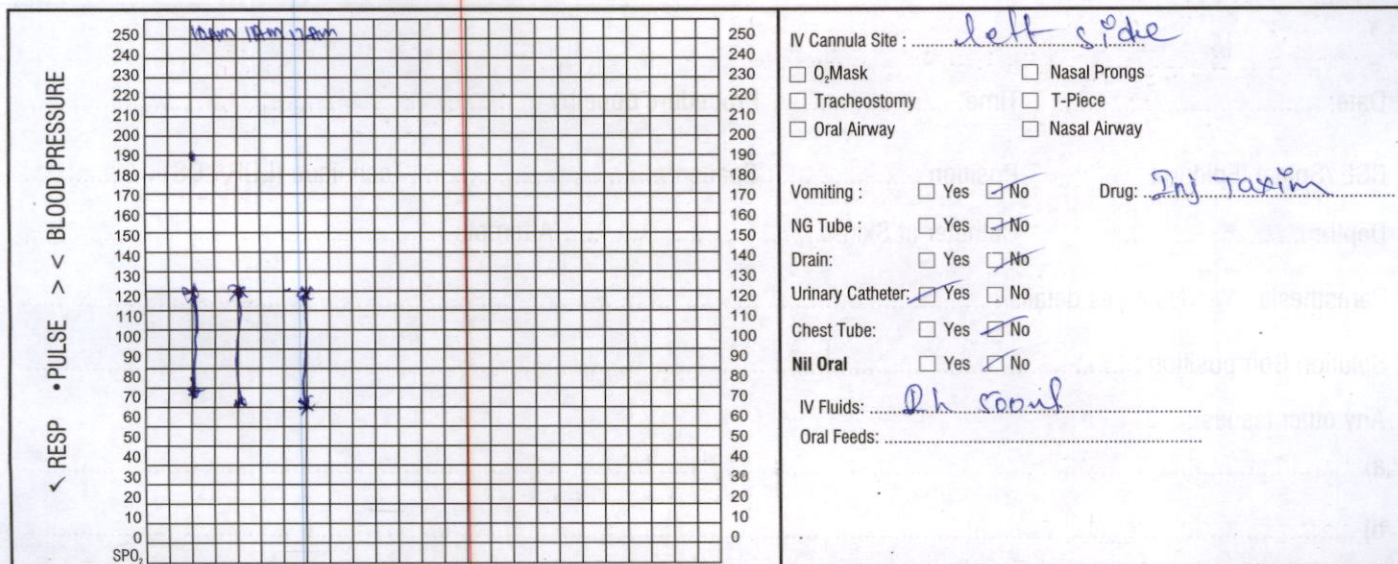
FOOD: 9:30 pm
10/5/13
WATER

Signature: *Acteh* Name: Dr Acteh N



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Dr. Shobha Time Received : 10:15 Am Time Discharged :



IV Cannula Site : left side
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting : Yes No Drug: Inj Taxim
 NG Tube : Yes No
 Drain: Yes No
 Urinary Catheter: Yes No
 Chest Tube: Yes No
 Nil Oral Yes No
 IV Fluids: D.k. coval
 Oral Feeds:

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION	
		30	60	90			
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:	
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	1		2
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2		2
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2		1
TOTAL		9	10	10	9		9

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
11/5	10am	0	NA	Kamy
11/5	1pm	0	NA	Kamy

Pain Tool Used: N PASS FLACC Wong Baker NPS

- Reassessment Frequency:**
- Every eight hours for all hospitalized patients.
 - For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

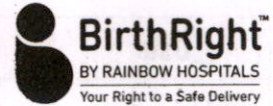
Anaesthesiologist Name : Dr. Ameela
 Anaesthesiologist Signature: [Signature]
 Date & Time: 11/5/20 1M
 PACU Nurse Name : Shobha
 PACU Nurse Signature: [Signature]
 Date & Time: 11/5/20 1M

Transferred to Unit by (PACU): ORE
 Date & Time: 11/5/20 1M

BCH-00039191 IP5-00173659
Mrs M SINDHUJA
10-12-2002 23 Y 5 M 1 D (F)
Dr. ANNIE PRANUTHA P



303



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 11/5/26 Time: 3:40pm

Origin: Indian Height: 155cm Weight: 47.7kg BMI: 19.8Kg/m²

Food Allergies: No

Diagnosis: POD-0 LSCS (lower segment cesarian section)

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

Diet Advised:

liquid diet

soft diet @ 7pm

include plenty of oral liquids.

avoid spicy, chilled and spicy foods.

Patient's / Attendant's

Signature: M Sindhuj

Name: Sindhuj

Date & Time: 11/5/26; 3:40pm

Dietician's

Signature: Saima

Name: Saima

Date & Time: 11/5/26; 3:40pm

