

BAH-00652670 IP5-00174663
 Mrs KURRA SHARMILA
 18-06-1994 31 Y 11 M 15 D (F)
 Dr. KIRTI REDDY PATLOLLA



SURGERY DETAILS

Date : 21/6/26

Patient Name: Mrs. Sharmila Date of Birth: 18/6/1994 Age: 31 y

Gender: f Ward : BC UHID No.: BAH-652670

Date of Surgery: 21/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : SVD c Epidural

Time in : 10 pm Time Out : 11 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Kirti Reddy
2. Anaesthetist	Dr. Subhakar
3. Assistant Surgeon	Dr. Lavanya
4. OT Technician
5. Circulating Nurse	Dr. Keerthi
6. Assistant Nurse	Dr. Rajeswar

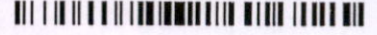
Special Equipment: Laparoscopy Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

Signature of the Surgeon Signature of Circulating Nurse

Order No: 9640071 Order by: Keerthi

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174663 Admit Date : 02-Jun-2026 Admit Time : 08:33 PM UHID : BAH-00652670

Patient Details :

Patient Name : Mrs KURRA SHARMILA Age : 31 Y 11 M 15 D
Guardian : Mr SRIHARSHA VATTIKUTI DOB : 18-06-1994
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : FLAT NO 102, GANDHI RESIDENCY,
ENGINEER'S COLONY Yousufguda Hyderabad Phone No : 9130847965/ 8106109980
Telangana INDIA 500045 E-mail : NOMAIL@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 SRIHARSHA VATTIKUTI Relationship : Husband
Contact Address : FLAT NO 102, GANDHI RESIDENCY,
ENGINEER'S COLONY Yousufguda Hyderabad Phone No : 9130847965
Telangana INDIA 500045

M. Harsha
Signature

Doctor Details :

Doctor Name : Dr. KIRTI REDDY PATLOLLA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIV CARD FOR BILLING

BAH-00652670 IP5-00174663
Mrs KURRA SHARMILA
18-08-1994 31 Y 11 M 15 D (F)
Dr. KIRTI REDDY PATLOLLA

Name : _____
UHID : _____ Consultant: _____ Dept : _____

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3-6-26	3:30am	BB-II	Room	Preena

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Tuheena Sharma (PT)	3/6/26	9641823	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				

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IP A

DR OBSTETRICS

Presenting Complaints

G2 P1 L1 @ 38th wks came @ clo
pain abdomen: 1hr

Obstetric Formula:

Obstetric History:

ML-2023, NEM
I+2024, 39th wks, FTMVD, male

Present Pregnancy Record:

3kg, 49th
PP - SP Conception
Booked at 31+4 wks

RISK FACTORS:

W/O Juy FCM Agm at 35th wks

Height: 162 cm

Weight: 100.9 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Comin Pallor: absent

Icterus: absent Edema: absent

Temp: Axilla PR: 72bc

BP: 120/80 DTR: +

CVS: S1S2+ RS BAE+

Liver/Spleen: non-p Urine Output: adequate

LMP: 1/9/24

EDD: 15/6/26

Corrected EDD: 15/6/24

GA: 38th wks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: Tem

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable:

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: 1/4th Long Partially effaced Effaced

Os: Closed 2F Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G2 P1 L1 @ 38th wks in Early Labor.



<p>Family History:</p> <p>nil</p>	<p>Surgical History:</p> <p>nil</p>
<p>Medical History:</p> <p>nil</p>	<p>Medication History:</p> <p>→ T. Iron - O.D</p> <p>→ T. Calcium - O.D.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> • admission • NIBPM for • Monitor vitals, FHR - 4th • NST - 3rdly • NST - now • Send CBP • Ethena • epidural (80s) • prepare parb • Drug as charted • wlf POL. 	<p>Investigations:</p> <p>Othe</p> <p>Vitals - NR</p> <p><u>11/5/24</u></p> <p>Hb: 9.5</p> <p>PLT: 2.54</p> <p>HPLC: @</p> <p>Genetic testing - @</p> <p><u>29/5/24</u>: 37th wks, Cephalic</p> <p>3-35 wks, (72%), Ac - 63%</p> <p>-AFF: 13-5cm, Placenta - P/H</p> <p>Doppler @</p>

Doctor Name: Dr. Sravathi

Signature: [Signature]

Date & Time: 2/6/24, 8pm

Consultant Name: Dr. Kirti Reddy

Signature: [Signature]

Date & Time: 2/6/24, 8pm

DR. KIRTI REDDY PATLOLLA
Registration No.: 73679



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PND-0 / P2L2	
2/6/26 11 PM	Gc: fair B.P: 100/60 mmHg P.R: 76 bpm SpO ₂ : 100% on RA P/A: Uterus Retracted well soft BS (+) Ph: NAB	1) Soft diet 2) plenty of oral fluids 3) Dng as charted 4) w/ft Phv Bleeding 5) Ambulation 6) FlO charting 7) Iupern sos
u/o: 50 ml B- well		
	Remove Foley's at 6 Am 3/6/26	- Dr. Sravathi Shij
	PND-0 / P2L2 / SVD	
2/6/26 12:30 AM	Gc: fair B.P: 128/80 P.R: 82 SpO ₂ : 100% on RA P/A: Uterus Retracted well soft Ph: NAB	1) soft diet 2) plenty of oral fluids 3) Dng as charted 4) w/ft Phv Bleeding 5) Ambulation 6) FlO charting 7) Iupern sos
u/o: 100 ml euphid		
N/E Shit to room	Remove Foley's at 6 Am. - 3/6/26	- Dr. Sravathi Shij

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 8:00 AM	PND-0 P2L2 SVD cl: mild pain in Abdomen.	
Baby well, ✓ SX f✓	O/E Gc-fair BP- 130/89mmHg PR- 78 bpm SpO2- 98% RA P/A- ut @ well L/E- Bleeding normal limit	Adv 1) Regular diet / High fiber diet 2) Ambulation & Hydration 3) Encourage breastfeeding 4) Monitor vitals 5) w/f bleeding plv 6) Inform us 7) Drugs as charted
		Adv D/D Dr. Dhye.
3/6/26 2:30 PM	PND-0 Pt is stable no cl	
UV EV SX	O/E & Gc-fair vital stable P/A- ut well @ L/E- BURN	Adv Continue same diet Sunder

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 7:30 AM	PND-0 Pt is stable - No c/o O/cr ac-fair BP - 120/74 (80) PR - 84 bpm SpO ₂ - 100% on RA P/A ut well @ Ue - BwNL	Adm ① Soft diet ② Hydrate & Ambulate ③ Drugs as charted ④ Monitor vitals 6 th hr ⑤ w/f bleeding plus Srtb
4/6/26 8:00 AM	PND-1 P2/2 SVD pt comfortable	
Baby well U/E ✓ V ✓ F ✓ S ✓	O/F Gt fair BP - 109/60 mmHg PR - 74 bpm SpO ₂ - 98% RA P/A - ut @ well U/E - BwNL	Adm 2) Hydration & Ambulation 3) Monitor vitals 6th hrly 4) w/f continue bleeding 5) Drugs as charted 6) Inform SUS
plan Discharge U/E ✓		Dr. Oluge

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RESULT SHEET

Date	2/6 18/5/26				
Time	8:39 AM				
Hb	10.7 gm				
PCV	34.1				
RBC	4.46				
WBC	8.51				
N/L					
Platelets	2.30				
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					



MEDICATION RECONCILIATION FORM

Drug Allergies: N/A 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: 3rd floor (2-C)

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	1 tab	PO	o.d	2/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. Calcium	1 tab	PO	o.d	2/6	<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. Sravanthi, B.S.

Date & Time: 2/6/26, 10 PM

Nurse Name & Signature: Kavitha

Date & Time: 2/6/26 @ 10 PM

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DRUG CHART

Date of Admission: 2/6/20 Drug Allergies: None 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. Ward.

DRUG : T. PARACETAMOL				Date Time	3/6	4/6														
Dose	Route	Frequency	Start Date																	
1gm	PO	TID	2/6/26																	
Name & Signature of the Doctor Starting the Drugs:				<p>600 Prath me 2/6/26</p> <p>Dr. Sravathi</p>																
Additional Instructions:				<p>100 Prath 2/6/26</p>																
Daily Doctor's Endorsement by a Sign																				
DRUG : T. PANTOPRAZOLE				Date Time	3/6	4/6														
Dose	Route	Frequency	Start Date																	
40mg	PO	O'D	2/6/26																	
Name & Signature of the Doctor Starting the Drugs:				<p>600 Prath Dr. Sravathi 2/6/26</p> <p>Dr. Sravathi</p>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : T. DICLOFENAC				Date Time	3/6	4/6														
Dose	Route	Frequency	Start Date																	
50mg	PO	TID	2/6/26																	
Name & Signature of the Doctor Starting the Drugs:				<p>300 Prath Dr. Sravathi 2/6/26</p> <p>Dr. Sravathi</p>																
Additional Instructions:				<p>100 Prath 2/6/26</p>																
Daily Doctor's Endorsement by a Sign																				
DRUG : Syp. DUPHALAC				Date Time	3/6															
Dose	Route	Frequency	Start Date																	
15ml	PO	O'D	2/6/26																	
Name & Signature of the Doctor Starting the Drugs:				<p>100 Prath Dr. Sravathi 2/6/26</p> <p>Dr. Sravathi</p>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				



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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
2/6/20	9pm	ENEMA	2 paxu	p/r	Dr.	Keetha Sandhya
2/6	10:50 pm	T. PGE1	400mg	p/r	Dr.	Keetha Sandhya
2/6	10:50 pm	T. DICLOFENAC	100mg	p/r	Dr.	Keetha Sandhya
2/6	11pm	Tg ZOFER	4mg	Tw	Dr.	Keetha Sandhya
2/6	11pm	Tg TRANEXAMA ACID	1gm	Tw	Dr.	Keetha Sandhya
3/6/20	2:25pm	Zi FUROSEMIDE	20mg	iv	Dr.	Keetha Sandhya

Signature

VERIFIED BY: Name



I.V. FLUIDS CHART

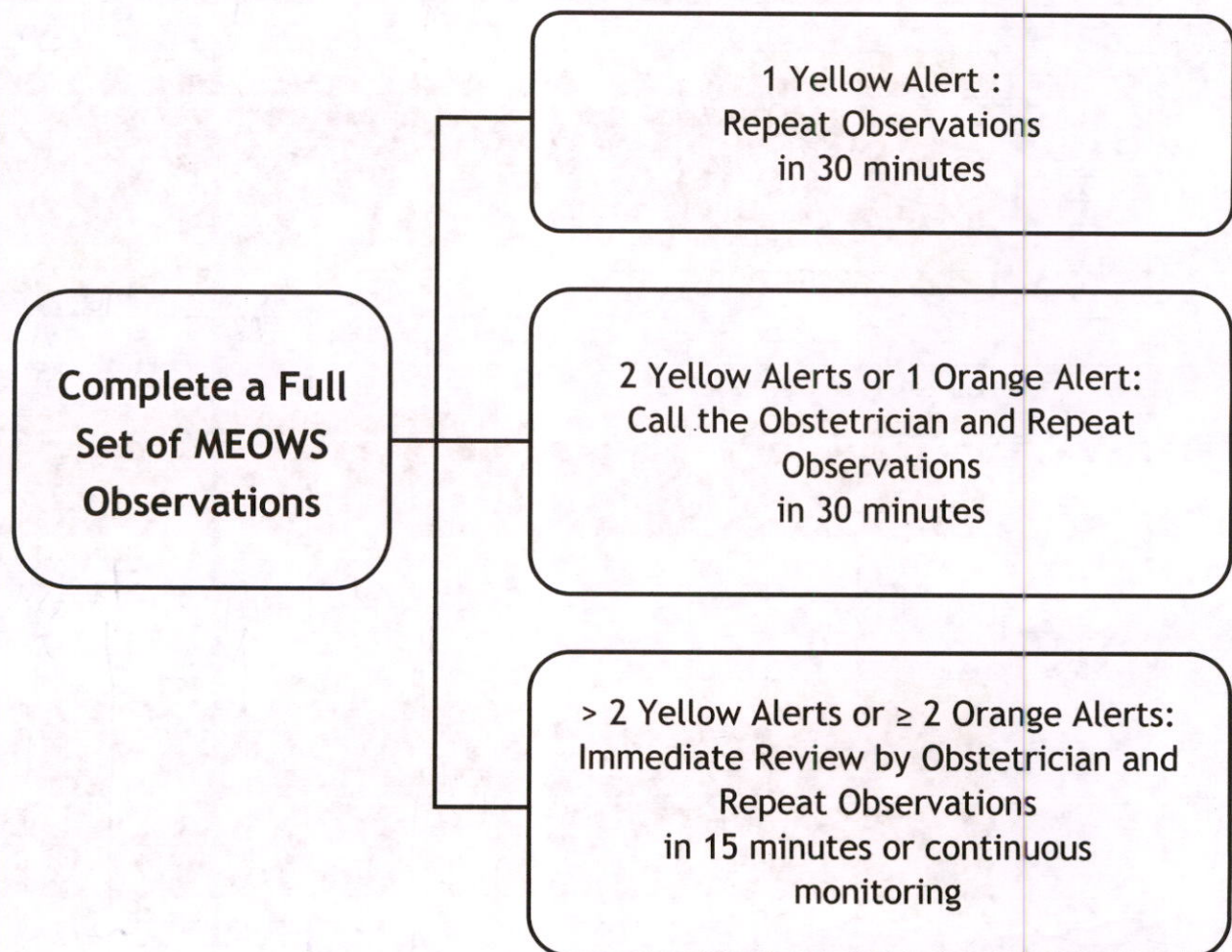
Weight. Ward.

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
2/6/26	9:00pm	Ringer Lactate	Flw	100 ml/hr	Dr	pxema kranthi	2/6/26	Dr	pxema kranthi
2/6/26	10pm	Trij SYN TOCIN 200ml in 100ml NS	Flw	100 ml/hr	Dr	Sandhya kranthi	2/6/26	Dr	Sandhya kranthi
2/6	12:00 am	Ringer Lactate	Flw	100 ml/hr	Dr	Sandhya kranthi	3/6/26	Dr	Sandhya kranthi
2/6	1:00am	Ringer Lactate	Flw	100 ml/hr	Dr	Sandhya kranthi	3/6/26	Dr	Sandhya kranthi
2/6	2:00 am	Ringer Lactate	Flw	100 ml/hr	Dr	Sandhya kranthi	3/6/26	Dr	Sandhya kranthi
2/6	3:00am	Ringer Lactate	Flw	100 ml/hr	Dr	Sandhya kranthi	3/6/26	Dr	Sandhya kranthi

Signature

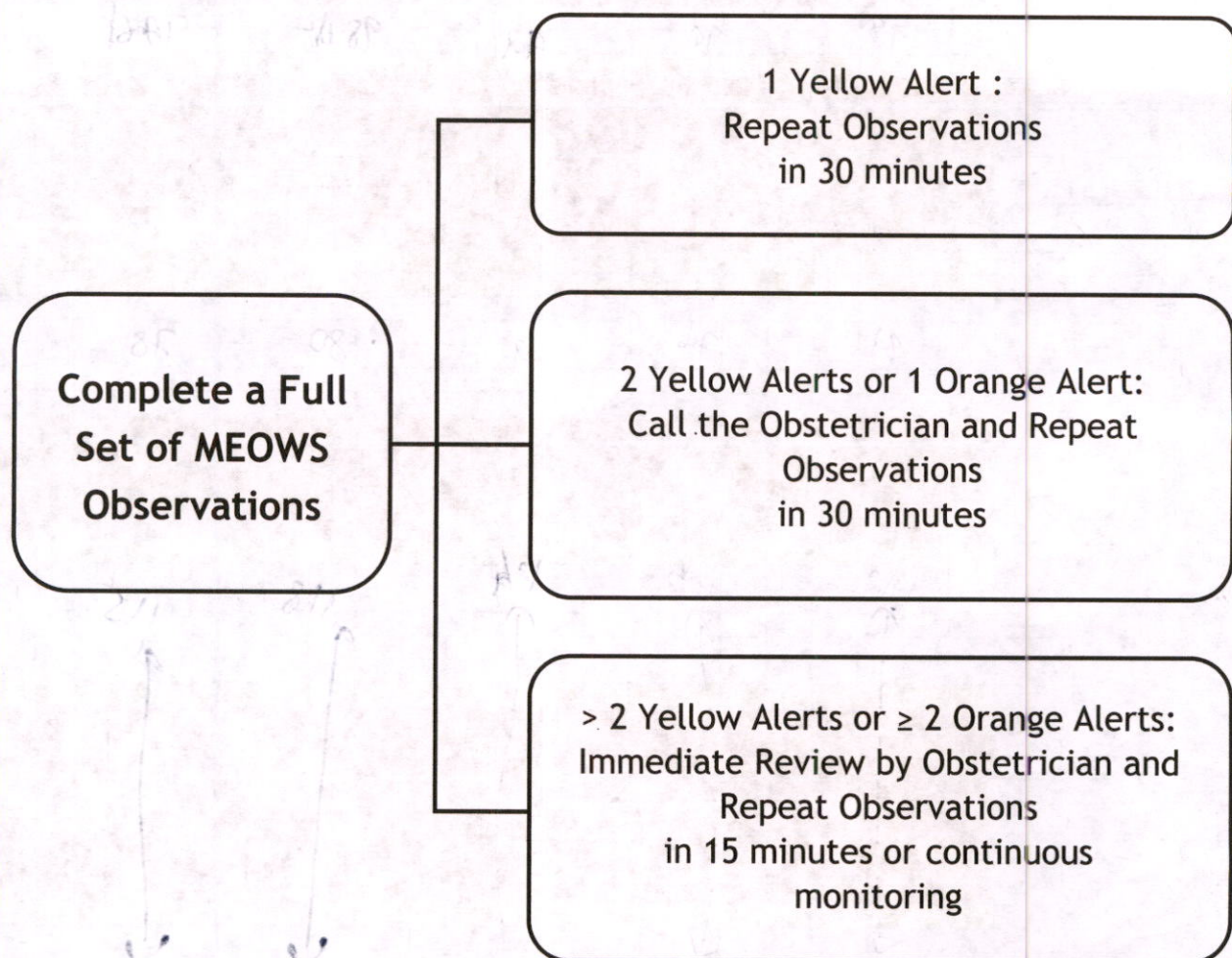
VERIFIED BY : Name

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

3/6/26

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.
- 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							
3/6/26	08:00 am									0		[Signature]
	09:00 am	water							✓	0		
	10:00 am								✓	0		
	11:00 am	water							✓	0		
	12:00 pm								✓	0		
	01:00 pm									0		
Total Intake : taken					Total Output : M-2 U-0							
3/6/26	02:00 pm									0		[Signature]
	03:00 pm	water							✓	0		
	04:00 pm								✓	0		
	05:00 pm	water							✓	0		
	06:00 pm								✓	0		
	07:00 pm									0		
Total Intake : taken					Total Output : U-1 M-0							
	08:00 pm									0		[Signature]
	09:00 pm	water							✓	0		
	10:00 pm						✓		✓	0		
	11:00 pm	water							✓	0		
	12:00 am								✓	0		
	01:00 am								✓	0		
Total Intake : Taken					Total Output : M-1 U-2							
	02:00 am									0		[Signature]
	03:00 am	water								0		
	04:00 am									0		
	05:00 am	water							✓	0		
	06:00 am									0		
	07:00 am									0		
Total Intake : Taken					Total Output : M-0 U-1							

Total 24 hrs. Intake : Taken

Total 24 hrs. Output : M-1 U-6

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331A

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 3/6/26

Time: 9am

Origin: Indian Height: 160cm Weight: 100.9 kg's BMI: 39.4 kg/m²

Food Allergies: No

Diagnosis: PND-1/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 and outside foods

Patient's / Attendant's

Dietician's

Signature:

Signature:

Name: Sharmila Kurra

Name: Saima

Date & Time: 3/6/26 Eg 9am

Date & Time: 3/6/26 Eg 9am

