Ref. No. F/OT/05

SURGERY DETAILS

Date : 28/5/21

Sl.No.

Patient Name : ....Age :......................Sex : ....

UHID No. : ....IP No. : ....

Date of Surgery : 28/5/21 ....OT : ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : Cervical Cerclage

Time in : 11:12 Am ....

Time Out : 11:45 Am

NAME	AMOUNT
1. Surgeon : Dr Lakshmi Devi	....
2. Anaesthetist : Dr Himabindu	....
3. Asst. Surgeon : Dr Vasavi	....
4. OT Technician : Sr Harsha	....
5. Circulating Nurse : Sr Tinky	....
6. Asst. Nurse : Sr Bindu	....

Special Equipment : ☐ Laproscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C- ARM ☐ Cystoscopy

Signature of the Surgeon [signature]

Signature of the Circulating Nurse [signature]

Order No. : 941190 | 941191 ....**Order by :** [signature]

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

Cervical cerclage.

CONSUMABLES OF OT

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Circulating staff : Sr. [illegible] Technician : Sr. Harsha Date : 28/5/26 Time : 11:12 AM to 11:45 AM

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03	Trubond 1-0		01	Suction Catheter		
HME filter : A / P / N						Feeding Tube		
Syringes : 10 cc						Vaccum Suction Set		
05 cc		02	Gloves PFSH 6½	3	3	Surgical Gloves		
02 cc		02				Gauze Pack		
01 cc		02				Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			leggin		01
			Ointments					
			Suction Catheter			Nelton NO.10		01
Fentanyl			Cap, Mask	10	10			
Morphine			Gauze Pack		02			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad Allis		01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
10% 2-1		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		0·			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		03			
Tab. Misoprost : 200mg			Betadine Solution					
phenpru		01	Microshield					
			Cotton Balls		02			
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Anaesthesiologist Nurse OT Technician

Order No. : .... Ordered by : ....

Doc. No. : RCH / FRM / GENERAL / 125

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28/5/26
(1)

ACTIVITY RECORD FOR BILLING

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

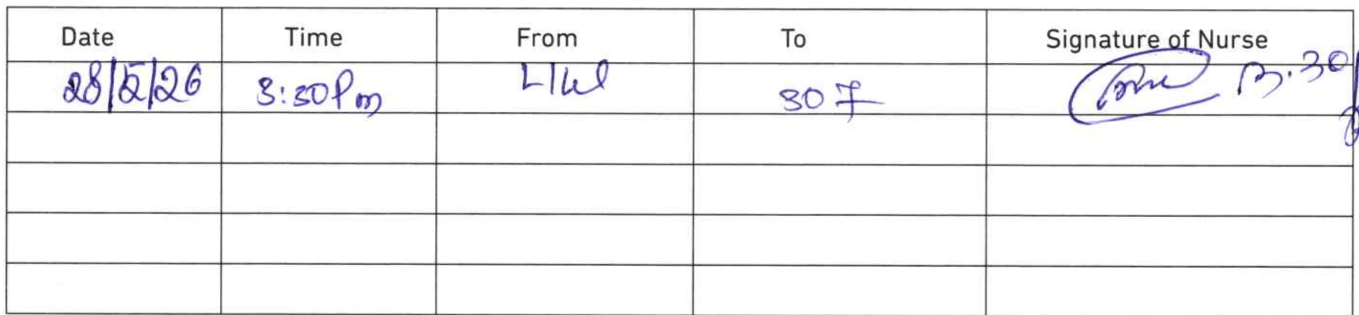
Name: ---------------------

UHID No : --------------- IP ... ltant : ------------------------ Dept : -----------------

Date of Admission : ------ ... Date of Discharge : ---------------- Time: -----------

Room / Bed No : --------------- Ward : L/W ----- Suggested Billable bed type : ------------------------

WARD TRANSFERS



Date	Time	From	To	Signature of Nurse
28/5/26	3:30 Pm	L/W	307	[signature] 3.30 pm

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
28/5/26	CBP - (1)	26007342	[illegible]
	Cross Checked done by sis. Nirmala 28/5/26 @ 2:30pm		
	Re-checked done By. Sis. Sreshma 28/5/26 @ 11pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/5/26	Cardiac Monitor	11:45Am	3PM	941132	[illegible]
	Cross Checked done by S/S. Nirmala 28/5/26 @ 3PM				
	Re-Checked done By Sushma 28/5/26 @ 11pm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/5/26	Iv Placement	1	941133	[signature]
28/5/26	PAC	1	941131	
28/5/26	Cervical Cerclage done	1	941190	
28/5/26	USA DR: Lakshmi Devi	1	941191	
Cross checked done by		sis: Nirmala		28/5/26 @ 3 pm
28/05/26	N.A.A		941327	[signature]
Cross	checked done by.	sis -	Sreshma	28/5/26 @ 11 pm

ANY OTHER INFORMATION

OP file given By Pt attender ✓
[signature]

Date : 28/5/26 Time : 3:30 Pm Prepared By : Pinku

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
sis: Pinku	L/W to 307 [signature]		

MAH-00388919 IP2-00056407
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 28/5/26 Time of Admission : 28/5/26

Allergies: Nil ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

G2G1 with 15wks with unicornuate uterus
for prophylactic cerclage

NT scan (14/5/26) – SLIUF, 12+6 wks, NT – 2.1 mm,
CL – 32mm, NB (+), Dopp (N)
(Lt) unicornuate uterus., FTS – Negative

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 1Yr, NCM	Parity : G1 – (Rt) rupture tubal ectopic preg / (Rt) salpingectomy
Previous Periods :	Mode of Delivery : + D & C done
LMP : 3/2/26	Last Child Birth : G2 – PP, sp. concept?
Contraception : EDD – 10/11/26	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY.
Nil Had single (Lt) kidney	(Rt) salpingectomy (Jan 2026) D&C

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

FAMILY HISTORY:	MEDICATION HISTORY:
father - HTN, DM	Nil

INITIAL ASSESSMENT :

	Breasts	Local/Speculum Examination
Date 28/5/26 Ht. ______ Wt. 65.1 kg BMI ______ B.P 112/64 mmHg, PR - 85 bpm Pallor ______ CVR ______ Respiratory System ______ Thyroid ______	NAD **Abdominal Examination** Ut N 12 wks relaxed FHR ⊕ 148 bpm	not done **Bimanual Pelvic Examination** not done

PROVISIONAL DIAGNOSIS : G2P1 c̄ 15 wks c̄ unicornuate uterus (Lt) c̄ maternal single kidney for prophylactic cervical cerclage

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
BGT - 'B' POSITIVE HIV HbsAg HCV VDRL } NR → send CBP	→ NBM → part preparation → follow drug chart → monitor vitals → PAC → FHR monitoring → consents → send CBP → Inform SOS

Name of the Doctor : Dr. Lakshmi Devi

Signature of Doctor ______

Date & Time : 28/5/26

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

28/5/26
(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 11:45AM	POD-0 PTLC c/o pain afebrile BP = 114/51 PR = 75 SpO_2 = 99% P/A - ut ↓ just palpable FP ⊝ V/E - NAB	Adv - NBM x2 hrs - monitor vitals - w/f bleeding p/v - drugs as charted - encourage to pass urine - Inform sos
	Noted By s/s: Pinu	
28/5/26 2pm USG FHR ⊕	POD-0 PTLC c/o pain afebrile BP = 120/67 PR = 80 P/A - ut ↓ just palpable V/E - NAB	Adv - allow oral sips - monitor vitals - w/f bleeding p/v - drugs as charted - soft diet at 4pm - shift to room - encourage to pass urine
	Noted By S/s: Pinu	

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

(2)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 8PM	Pt stable vitals (N) PA - ut just palpable soft 4E - NAB Adv - Monitor vitals - Soft diet - Drugs as charted - Pad for observation - w/f PV bleed - Inform SOS [signature]	
	Noted By - Sushma 28/5/26 @ 8PM	
29/5/26 7:45am	Pt stable vitals (N) PA - soft, non tender 4E - NAB Adv - Monitor vitals - (N) diet - Drugs as charted - w/f pain, PV bleed - Inform SOS [signature]	
	Noted by Sushma 29/5/26	

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

28/5/26
(1)

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: LLW Shifted to: 309

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						☐C ☐DC
2						☐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. Vasavi, Dr.

Date & Time : 28/5/26 @ 10Am

Nurse Name & Signature: Tinku

Date & Time : 28/5/26 @ 10Am

Docu. No. : RCH / FRM / GENERAL / 090

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI (F)
10-05-2003 23 Y
Dr. LAKSHMI DEVI APPASANI

28/5/26
(1)

DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: NIL ☐ 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 / 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 ....

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

REGULAR PRESCRIPTIONS

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

DRUG : Inj. TAXIM-O

Dose	Route	Frequency	Start Date
1gm	IV	BD	28/5/24

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date: 28/05 — Time: 10 PM — Sreelina

DRUG : T. TAXIM-O

Dose	Route	Frequency	Start Date
200mg	PO	BD	29/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. Pantop

Dose	Route	Frequency	Start Date
40mg	PO	OD	28/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date: 29/05 — Time: 6 AM — Sreelina

DRUG : T. Calpol

Dose	Route	Frequency	Start Date
1gm	PO	SOS	28/5

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date: 28/05

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

(5)

Weight. — Ward. L/W

	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
28/5/26	9:50 AM	Inj - TAXIM	1gm	IV	[signature]	[signature]
28/5/26	9:20 AM	Inj - Pantop	40mg	IV	[signature]	[signature]
26/5/26	9:30 AM	Inj - Proluton	500mg	IM	[signature]	[signature]

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

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

(6)

I.V. FLUIDS CHART

Weight. .... Ward. L/W

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
28/5/26	9:20AM	1 ① RL	IV	100/h	[signature]	[signature]	28/5/26	[signature]	[signature]
28/5/26	11:20AM	1 ① RL	IV	100/h	[signature]	[signature]	28/5/26	[signature]	[signature]
28/5/26	1PM	1 ① RL	IV	100/h	[signature]	[signature]	28/5/26	[signature]	[signature]

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

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OPERATION THEATER NOTES

Patient's Name : Mrs. shreya Sai Age : 23 Gender : F

UHID.: MAH-00388919 I.P.No.: 56407 Weight : –

Surgeon : Dr. Lakshmikiran	Asst. Surgeon : Dr. Vasani
Anesthetist : Dr. Himabindu	OT Nurse : Sr. Bidya

Surgical Procedure : cervical encirclage

Indications for Surgery : unicornuate uterus.

Date : 28/5/26	Start Time : 11 AM	End Time : 12pm.

PRE-OPERATIVE PREPARATION :
NBM
consent
parts preparation, pre opmedication
shift to on call.

OPERATION NOTES :

USAP, USA, pt in lithotomy position, parts painted as drapped.
- Anterior and posterior vaginal wall retracted with sims speculum.
- Anterior and posterior lip of cervix held with sponge holding forceps.
- Mcdonald's stich taken and knot tied posteriorly
- Haemostasis checked.
- pt withstood the procedure well.

POST-OPERATIVE ORDERS :

- NBM x 2 hrs
- c/o/f bleeding
- drugs as charted
- Inform cos.

Dr. Lakshmi devi

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 28/5/26 Time : 12 pm

SURGICAL SAFETY CHECKLIST

Surgeon : DR: Lakshmi Devi
Asst. Surgeon : DR: Vasari
Anaesthetist : DR: Swathi
Scrub Nurse : Sis: Bidiya

Patient Name : MRS: S. Shreya Sai Age : 23 Gender : Female
UHID No. : MAH-CO 888919 Surgery Name : cervical cerclage
Date : 28/5/26 In-time : 11:12 Am Out-time : 11:45 Am

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Before Induction of Anaesthesia ➢ ➢

SIGN IN Time: 11:12 Am

Patient Has Confirmed
- Identity ☐ Yes ☐ No
- Site ☐ Yes ☐ No
- Procedure ☐ Yes ☐ No
- Consent ☐ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☐ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☐ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☐ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☐ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☐ Yes ☐ No ☐ NA
- Blood Units Reserved ☐ Yes ☐ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☐ Yes ☐ No ☐ NA

Signature : [signature]
Name : Dr. Kiran Bandro

Before Skin Incision ➢ ➢

TIME OUT Time: 11:20 Am

Confirm all team members have introduced themselves by Name and Role yes ☐ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☐ Yes ☐ No
- Correct Site ☐ Yes ☐ No
- Correct Procedure ☐ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews:
- What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Nothing, 30 min - 1 hours ☐ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:
- Are There Any Patient-specific Concerns? ☐ Yes ☐ No ☐ NA

Nursing Team Reviews:
- Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? Nothing ☐ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : Pinki Nayak
Name : Pinki Nayak

Before Patient Leaves Operating Room

SIGN OUT Time: 11:45 Am

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☐ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☐ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:
- What are the key concerns for recovery and management of this patient? ☐ Yes ☐ No

Signature : [signature]
Name : Dr. Vasari

28/5/26
①

RESULT SHEET

Date	28/5/26					
Time	9:30Am					
Hb	12.1					
PCV	35.7					
RBC	4.37					
WBC	11.82					
N/L						
Platelets	222					
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	[signature]					

Date						
Time						
CUE-Alb						
CUE-Sugar						
CUE - Ketones						
CUE-PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA/Cyst						
Occult Blood						
Blood grouping - B+ve						
HIV						
HBSAG NR						
HCV						

Culture and Sensitivities : ....

....

....

....

Radiology: USG : ....

X-Ray: ....

ECHO: ....

CT: ....

MRI ....

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

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

28/5/26
(1)

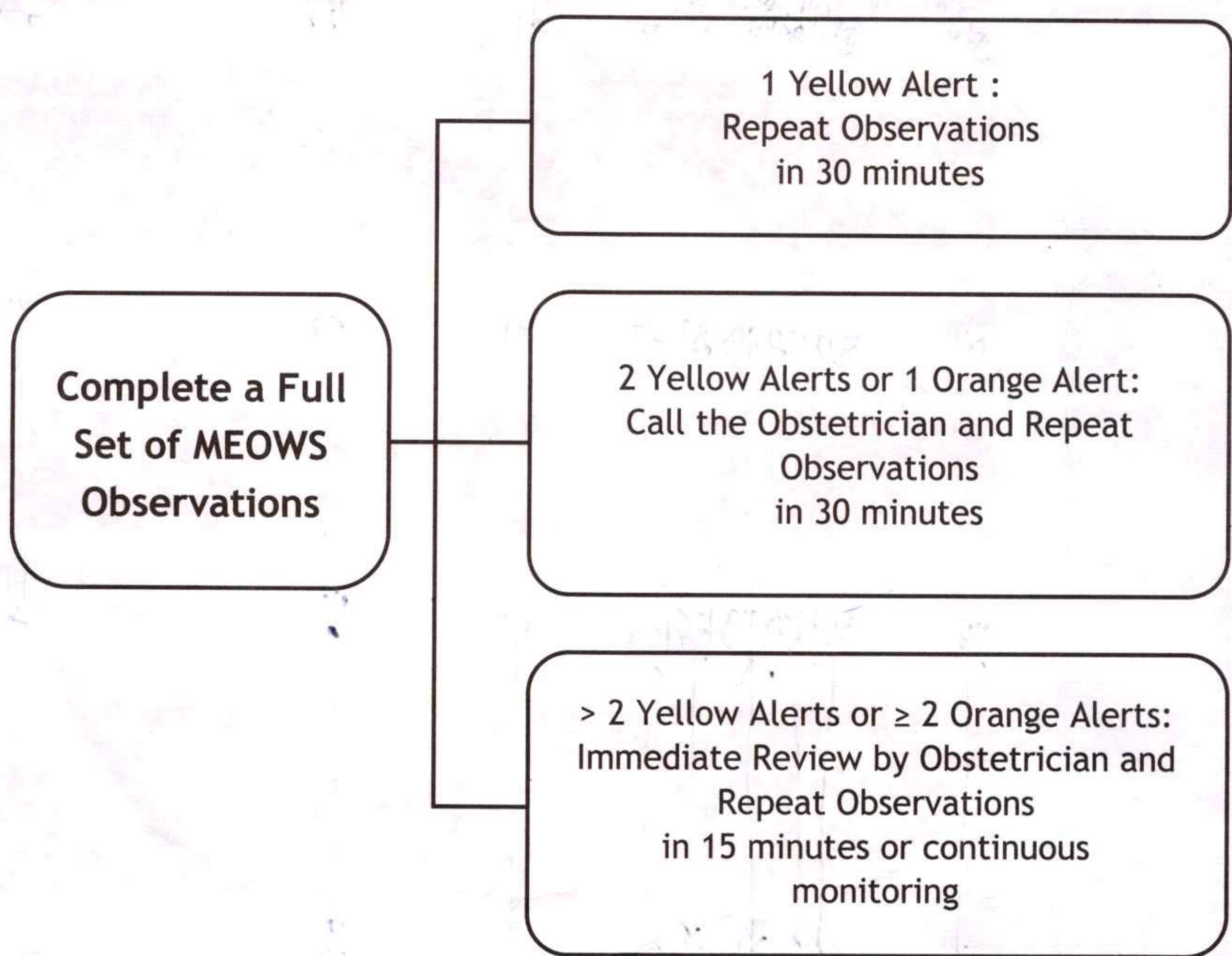
Early Warning Observation Score Chart - Obstetrics

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

	Date																								
	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	20	20			20				19							20		
	0 - 10																								
Saturations	94 - 100 %	100%			100%	100%	100%	100%	98%			100%				99%							100%		
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37	97.8°F			97.8°F	97.8°F	97°F	97°F	98°F			98°F				98°F							97°F		
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	82			75	72	79	85	77			81				82							80		
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	112			114	108	119	120	107			110				113							119		
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80								80			76													
	70																								
	60	64			57	65	67	67								72							73		
	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		0			0	0	0	0	0			0				0							0		
TOTAL ORANGE SCORES		0			0	0	0	0				0				0							0		
Nurse Initial		[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]				[illegible]							[illegible]		

Date	Time	FHR
28/5/26	9 AM	157 b/m
	1 PM	150 b/m

Obstetrics and Gynaecology Early Warning Signs



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

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

28/5/26 (1)

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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.

Date	Time	Intake: Nature of Fluid	Route: Mouth	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
28/5/26	08:00 am		M	RL 500ml						✓	0	[signature]
	09:00 am										0	
	10:00 am		B								0	
	11:00 am		M	RL 500ml							0	[signature]
	12:00 pm			RL 500ml							0	
	01:00 pm			RL 500ml							0	[signature]
Total Intake :	1500 ml					**Total Output :**	U-1/1m					
	02:00 pm		H2O 200ml, soup 200ml								0	[signature]
	03:00 pm						I			I		
	04:00 pm		Idly								0	
	05:00 pm		H2O				✓			✓		
	06:00 pm										0	[signature]
	07:00 pm											
Total Intake :	Idly + H2O + Soup.					**Total Output :**	U-01 M-01					
	08:00 pm		Khichdi								0	
	09:00 pm		H2O				I				0	
	10:00 pm		Soup							✓	0	
	11:00 pm										0	8
	12:00 am						I				0	
	01:00 am											
Total Intake :	Khichdi, H2O, soup.					**Total Output :**	U-1 M-0					
	02:00 am										0	
	03:00 am		H2O				I			✓	0	
	04:00 am											
	05:00 am						✓				0	8
	06:00 am		Soup							✓		
	07:00 am										0	
Total Intake :	H2O, soup					**Total Output :**	U-2 M-0					

Total 24 hrs. Intake	Idly + Soup + H2O Khichdi	Total 24 hrs. Output	U-5 M-1

Docu. No. : RCH /FRM / CLINICAL / 092

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

29/5/26

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.	Intake: Nature of Fluid	Route: Mouth	I.V	N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	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	

Docu. No. : RCH /FRM / CLINICAL / 092

MAH-00388919 IP2-00056407
Mrs S SHREYA SRI
10-05-2003 23 Y (F)
Dr. LAKSHMI DEVI APPASANI

28/5/26
(1)

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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Dr. lakshmi pew Department: L/W Date of Admission: 28/5/26

SITUATION	Diagnosis: G2 E1 ē 12 wks ē unicornuate Uterus (Lt) Maternal single kidney for Prophylactic cervical cerclage			Any Infection: ☐ Yes ☐ No ☑ Not Known If Yes Specify:			
BACKGROUND	Area / Shift Time	L/W 8Am	8pm	BT2 N			
	Medical Condition (Any special condition to be noted):	—	—	—			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97°F	98.6	97°F			
	Res:	20	20	20			
	SpO_2:	100%	99%	100%			
	Pulse:	80	76	80			
	BP:	117/72	120/80	118/79			
	Fall Risk Score:	0	—	—			
	Pain Score:	0	—	—			
Recommendations	Safety Needs:	Yes	yes	yes			
	Physiotherapy	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:	—	—	—			
	Special Diet:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:	Taxim Pantop.	Inj Taxim Pantop	—			
Post Operative Procedure Special Orders:		PV Bleed output FHR	PV bleeding	—			
Handed Over By Name :		Pinky	MANJU	Seema			
Signature :		[signature]	Manju	S			
Date:		28/5/26	28/5/26	29/5			
Time:		2Pm	8pm	8Am			
Taken Over By Name :		Manju	Seema	Laxmi			
Signature :		Manju	S	[signature]			
Date:		28/5/26	28/5/26	29/5			
Time:		2pm	8Pm	8am			

Docu. No. : RCH/FRM/CLINICAL/097

Patient Sticker

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BirthRight™
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NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: .... Department: .... Date of Admission: ....

SITUATION	Diagnosis:	Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:					
BACKGROUND	Area / Shift Time						
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	Fall Risk Score:						
	Pain Score:						
Recommendations	Safety Needs:						
	Physiotherapy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Others Specify:						
	Special Diet:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Other Special Orders / Medications:						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature :							
Date:							
Time:							
Taken Over By Name :							
Signature :							
Date:							
Time:							