VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

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ACTI... LING

Name: --

UHID No : --------------- IP No : ----------------- Consultant : ------------------------ Dept : ---------------

Date of Admission : 2/7/26 Time : 8:27pm Date of Discharge : ---------------- Time: ----------

Room / Bed No : 219 Ward : Lw Suggested Billable bed type : ------------------------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	DR. NIVEDITHA	2/7/26		Teja
2.	DR. NIVEDITHA	3/7/26		Teja
3.				
4.	Chom	checked	by	Shrav 3/7/26 @ 11Am
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
2/7/26	GRBS @ 8:20pm - 128mg/dl - ①	V12602223[illegible]	
2/7/26	GRBS @ 11:40pm - 147mg/dl - ②	V12602222[illegible]	
3/7/26	GRBS at :- 7:40AM 122mg/dl	V12602227[illegible]	
3/7/26	RBS at 11:15 AM - 152mg/dl	V12602227[illegible]	
	Cross checked by Ce Shamil		3/7/26 at 11:30 am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060546 **Admit Date** : 02-Jul-2026 **Admit Time** : 08:27 PM **UHID** : VIH-00158464

Patient Details :

Patient Name	: Mrs SHRAVYA UPPALA	**Age**	: 29 Y 3 M 2 D
Guardian	: Mr SAHAY EERLA	**DOB**	: 30-03-1997
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	: Married
Address (H)	: H NO:1-30-487,PRIDENTAIL BANK CONOLOY M C Eme Hyderabad Telangana INDIA 500015	**Phone No**	: 8125525462/ 9550324942
		E-mail	: shravyamadhu1919@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 219 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 219 **Admission Type** : First Visit

Contact Details :

Name : Mr SAHAY EERLA **Relationship** : W/O

Contact Address : H NO:1-30-487,PRIDENTAIL BANK CONOLOY M C Eme Hyderabad Telangana INDIA 500015 **Phone No** : 8125525462

Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : DR.BHAVANA K **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : -10000.00

Payment Mode : Cash **Payor Name** : SELFPAY

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 2/7/26

Baseline Information:

Admission From: ☐ ER ☐ OPD ☑ Admission Desk ☐ Others, specify .....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Chief Complaints: Gastritis For Steroid Coverage

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Greeshma

Time Notified: 8:40 pm

Past Medical History: Obtained From ☐ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	Nil	No

Gynecology Assessment: ☐ Not Applicable

Menstrual History: .....

.....

Onset of Menarche: .....

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 26/10/25

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: Steroid Coverage

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G 2 P 1 L 1 A –

Previous LSCS: No

Current Medication: ☑ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☐ No Abnormalities Detected

☐ Heart Disease ☑ Hypertension ☑ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other Mother – DM, Hypothyroidism, father – DM, HTN

Vital Signs / Measurements: Temp: 96.2°F HR: 80 bpm RR: 20 bpm

BP: WNL Normally Weight: 73.15 kg Height: 157 cm BMI: 33.2

Pain Assessment: **Pain:** ☐ Yes ☑ No (If Yes, complete the Pain Assessment / Reassessment Form)

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Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

PHYSICAL ASSESSMENT

General Appearance: ☐ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☐ No Score ..15.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☐ No Score ..0.. (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☐ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☐ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☐ No **Alcohol Abuse:** ☐ Yes ☐ No **Drug Abuse:** ☐ Yes ☐ No

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☐ Yes ☐ No Waste Disposal Explained: ☐ Yes ☐ No

Infusion Pump : ☐ Yes ☐ No Hand Hygiene Explained: ☐ Yes ☐ No ☐ Others

Above information given to ..MRS. SHRAVYA UPPALA..

Name of Person Orientation was given to: ..MRS. SHRAVYA UPPALA..

Orientation not given Reason: .....

Nurse Signature: ..A..

Nurse Name: ..Bhavana..

Date & Time: ..2/7/26 @ 9:15pm..

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 26/10/25 EDD:

Corrected EDD: 8/8/26 GA: 34+5 weeks.

Obstetric Formula: $G_2P_1L_1$
ML - 3½ yrs, NICM.

Menstrual History: Regular ☑ Yes ☐ No

Obstetric History:
G_1 - Female | 2 yrs 9 months | FTNVD | 3.15 kg | RCH VKP | GDM (M) | Hypothyroid | BF x 1½ year
G_2 - P_1, spontaneous conception

Obstetric Examination

Fundal Height: ~34 wks cerclage for short Cx | AUH.

Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☑ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
(+) 155 bpm

Present Pregnancy Record: Booked to RCH at 5+2 weeks. She was diagnosed ε Hypothyroidism since conception & is on THYROXINE 12.5 mcg OD. Cervical cerclage was done at 13+6 wks H/o Short cervix. She was diagnosed ε Gest. Diabetes

RISK FACTORS: Mellitus at 22 weeks & is on T. METFORMIN 850mg (Post Dinner). Diagnosed ε Obstetric Cholestasis at 33+2 wks & is on T. UDILIV 300mg-TID. Diagnosed ε Gastritis at 33 weeks & is on syrup GAVISCON-OD. Gastroenterologist review done today (2/7/26) at YASHODA Hospital & was advised Bile acids repeat after 1 week to continue T. UDILIV 300mg TDS x 1 week. Diagnosed ε Anemia at 15+6 wks & is on T. LIVOGEN-2 tabs (Night).

Per Speculum Examination Not done

Draining: ☐ Present ☐ Absent ☐ Bleeding

Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination Not done

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

Height: 157 cm

Weight: 73.15 kg

Allergies: NIL

Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: Clear Pallor: (-)

Icterus: (-) Edema: (-)

Temp: Afebrile. PR: 80 bpm

BP: 117/81 mmHg DTR: (+)

CVS: S1 S2 (+) RS BAE (+)

Liver/Spleen: (N) Urine Output: Adequate.

DIAGNOSIS

$G_2P_1L_1$ with 34+5 weeks with Previous NVD with Hypothyroidism with Gestational Diabetes Mellitus (M) with Obstetric Cholestasis with Anemia with Cerclage-in-situ, with Gastritis for Steroid Coverage

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Family History:	Surgical History:
Mother - DM, Hypothyroidism Father - DM, HTN.	NIL
Medical History:	**Medication History:**
NIL	- Hypothyroidism on T THYROXINE 12.5 mcg OD - T METFORMIN 850mg - OD (Post Dinner) - T UDILIV 300mg - TID
Plan of Care: c/I to Dr Bhavana Mam	**Investigations:** BLOOD GROUP - 'B' POSITIVE
- Admission GRBS - 128 mg/dL - Diabetic diet - FHR monitoring - Monitor vitals - Follow drug chart - Inj. Betamethasone 12mg 24 hrs apart IM after checking GRBS - Inform SOS - All sugars to be ~~informed~~ monitored added by Prathyusha @8:40pm 2/7/26	HIV, HbsAg, HCV, VDRL } NR 18/6/26: CBP - 9.5 / 6.62 / 2.28 L TSH - 2.77 30/6/26: SGOT - 39, SGPT - 83, Albumin - 3.5, S. Bile acids - 12.8 Growth Scan (20/6/26): SLIUF, 33 weeks, Cephalic, PI - Ant, High, AFI - 14.8 cm, EFW - 2.129 kg, AC - 54%, Doppler - (N) TIFFA Scan (25/3/26): SLIUF, 20+4 weeks, CL - 27 mm, No anomalies NT Scan (29/1/26): SLIUF, 12+5 weeks, NT - 1.2 mm, Nasal bone (+), CL - 29 mm FTS - low risk

Doctor Name: Dr. Geethima
Signature: [signature]
Date & Time: 2/7/26, 8:40 PM

Consultant Name: Dr. BHAVANA K
Signature:
Date & Time: 2/7/26, 8:40 PM

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/7/26 8:30PM	O/E Pt is c/c/c GC- fair Afebrile BP - 117/81 mmHg PR - 80 bpm C/E - NAD P/A - Utw 34 wks Cephalic Relaxed FHR @ 135 bpm	Adv - Diabetic diet - FHR monitoring - Monitor vitals - Follow drug chart - All sugars to be monitored if >140 Post dinner to inform Dr. Niveditha mam. - Inform SOS
1st dose Inj. Betnesol 12mg Im given @ 8:30 pm	Noted by prathyusha @ 8:30 pm	Dr. Greeshma
2/7/26 8:30PM	C/I to Dr. Niveditha Mam GRBS - 128 mg/dL Vitals stable	Adv - Monitor all pre/post sugars - Inform if >140 post dinner today. - Inform SOS
	Noted by prathyusha @ 8:30 pm	Dr. Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 12:30 AM	O/E Pt is c/c/c GC-fair Afebrile BP- 120/78 mmHg PR- 80 bpm S/E-NAD P/A - Ubw 34 wks Cephalic Relaxed FHR ⊕ 138 bpm noted by Postgrad @ 12:30 Am	Adv - Diabetic diet - FHR monitoring - Monitor vitals - Follow drug chart - All sugars monitoring - Inform SOS Dr Greeshma
GRBS - 147 mg/dL		
3/7/26 4:30 Am	O/E Pt is c/c/c GC-fair Afebrile BP- 117/80 mmHg PR- 79 bpm S/E-NAD P/A- Ut ~ 34 wks Cephalic Relaxed FHR ⊕ 152 bpm noted by Prathyusha @ 4:30 Am	Adv - Diabetic diet - FHR monitoring - Monitor vitals - Follow drug chart - All sugars monitoring - Inform SOS Dr Greeshma

VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I to Dr. Niveditha Mam	
3/7/26 8:10AM	O/E Pt is c/c/c Vitals stable FBS - 122 mg/dl	Adv - Inj. NOVARAPID 5U stat - Check PBBS and inform to Mam - Continue T. METFORMIN 850 mg as advised. - Inform SOS
Noted by Teja	3/7/26 at 8:10AM	[illegible]
3/7/26 8:30Am 2nd dose Inj. Betamethasone 12mg given @ 8:30 Am Inform PBBS	O/E Pt is c/c/c GC - fair Afebrile BP - 144/81 mmHg PR - 80bpm 4E-WAD P/A - Ut ~ 34wks Cephalic Relaxed FHR + 140 bpm	Adv - Diabetic diet - FHR monitoring - Monitor vitals - Follow drug chart - All sugar monitoring - Inform SOS
Noted by Kavali	3/7/26 @ 8:30am	[illegible] Dr. [illegible]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/7/26 9AM	G2P1L1 / 34+6 wks / Hypothyroidism / GDM (M) / obstretic cholestasis / anaemia / cerclage in situ / steroid coverage & Observation	
		Rx:
	pt c/c/c	→ (D) diet
	GC fair, afebrile	→ follow duty chart
	BP - 114/74 mmHg	→ monitor vitals
	2 doses steroid coverage done. PR - 78 bpm	→ FHR monitoring 2nd hrly
	S/E - NAD	
	P/A - ut ~ 34 wks relaxed	→ monitor all pre & post sugars
	FBS - 122	
	Inj. NR 5U s/c stat given FHR (+) 148 bpm	& inform
		→ kick count
	Check & Inform PPBS	→ adq. hydration
		→ Inform SOS
	Noted by [signature] 3/7/26 @ 9AM	
3/7/26 11:20AM	c/I to Dr. Nivedita mam	
	PPBS - 152 mg/dl.	
	vitals - stable	Adv:
	P/t is c/c/c	- pt. can be discharged.
	GC - Fair	
	Noted by [signature] @ 11:20am 3/7/26	Dr. Nivedita

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Dr. BHAVANA K

NURSING CARE RECORD

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Date: 2/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☐ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☐ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning							
Afternoon							
Night	9pm	monitor vitals	9pm	checked vitals	vitals are normal	Patient was Stable	pratyusha @9pm 2/7/26
	6am	maintain fluid Balance	6Am	Encourage to take oral fluids	Provided Oral fluids	Patient was dehydrated	Pratyusha @6Am 3/7/26

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NURSING CARE RECORD

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Date: 3/7/26

Goals

- ☐ Maintain Airway and Oxygenation
- ☐ Maintain Personal Hygiene
- ☐ Identify Potential Complications
- ☐ Relieve Pain & Discomfort
- ☐ Prevent Infection
- ☐ Any Others. Specify.....
- ☑ Maintain Fluid Balance
- ☐ Meet Elimination Needs
- ☐ Improve Activity Tolerance
- ☑ Ensure Safety
- ☐ Maintain Good Nutritional Status
- ☐ Early Ambulation Reduce Anxiety
- ☐ Maintain Skin Integrity
- ☐ Patient & Family Education

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	8 AM	Ensure safety	8 AM	To provied side rails.	To prevent fall	Patient is Good	3/7/26 CellM
	11 AM	Maintain fluid balance	11 AM	Maintained oral fluids.	To Prevent dehydration	Patient is Comfortable	
Afternoon							
Night							

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes		Doctor's Order
	Time	FHR	Contractions
2/7/26			
	8pm	152 b/mt	
	10pm	140 b/mt	Nil
3/7/26	12 Am	139 b/mt	
	2 Am	132 b/mt	
	4 Am	148 b/mt	
	6 Am	136 b/mt	
	8 Am	146 b/mt	
	10 Am	142 b/mt	
	11 AM	140 b/mt	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

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TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SHRAVYA UPPALA**	**Age :**	**29 Y 3 M 2 D**
IP No:	**IP-00060546**	**Sex:**	**Female**
Consultant:	**Dr. BHAVANA K**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 219**

The undersigned patient and I or responsible relative or person hereby consent to and authorize Rainbow Hospitals doctors and medical personnel to perform medical examinations, conduct routine investigations and administer medical treatments, outpatient procedures, minor dressings, vaccinations and immunizations during the course of the patient's care, as in patient.

Patient, be deemed advisable or necessary.

I understand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned consent to the use of health related information/ audiovisuals of the patient for research & training purpose or for insurance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the care of the patient.

In giving my general consent to treatment, I understand that I retain the right to refuse any particular examinations, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by treating doctors. I also understand that the practice of medicine is not an exact science and that no guarantee have been made to me as the results of my evaluation and I or treatment.

I understand that I shall not bring valuables to the Hospitals and that the Hospital will not be responsible for the loss, destruction or theft of my personal belongings. I assume full responsibility for all my personal items and release the Hospital from responsibility and liability for such personal items and valuables.

"I am aware that during the patient care it is inevitable that certain re-useable equipment shall be re-used after sterilization and disinfection. I am informed that the hospital assures maximum level of precaution and care in sterilizing and disinfecting the equipment and monitors the whole process as per evidence based guidelines".

Note:
1 We do not allow use of medication brought from outside by the patient.
2 I have received attendant passes as per my room category. I understand that I have to return it back at the time of final bill insurance. In case of failing the submission, I will pay 200/- Rs.
(Receivers Signature:.....)

3 IP Guide book has been given to me and I have been explained about the Hospitals rules and policies.
4 Financial and billing counseling has been done to me.

Signature of Patient/Relative:

Name:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

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CONOLOY M C Eme Hyderabad
Telangana INDIA 500015

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RANDOM BLOOD SUGAR MONITORING CHART

S. NO	DATE	TIME	SCHEDULE	RESULT	INSULIN	DUTY DOCTOR	ENDOCRYN -OLOGIST	SISTER SIGNATURE
1.	2/7/26	8:20pm	pre-dinner	128 mg/dl	-	Dr. Greeshma	Dr. Niveditha	
2.	2/7/26	11:40pm	Post-dinner	147 mg/dL	-	Dr. Greeshma	"	
3.	3/7/26	7:40Am	Pre BF	122 mg/dl	-	Dr. Greeshma	DR. NIVEDITHA	
4.	3/7/26	11:15Am	Post BF	152 mg/dl		Dr. Nikitha		

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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: G2A1L1 c̄ 34+5weeks c̄ Previous NVD c̄ Hypothyroidism c̄ Gestational (Dm) c̄ Obstetric Cholestasis c̄ Anemia c̄ Cerclage, with Gastritis for Steroid Coverage

Any Infection: ☐ Yes ☐ No ☐ Not Known
If Yes Specify: ....

Surgery / Procedure:
Post OP Day:

Section	Item						
BACKGROUND	Date / Shift	2/7 N	3/7/26 M				
	Medical Condition (Any special condition to be noted):	←	Hypothyroidism GDM				
	Diet:	(D)iet	(D)diet.				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	97.2°F	98.1F				
	Res:	20 b/m	17 b/m				
	SpO_2:	98%	99%				
	Pulse:	82 b/m	86 b/m				
	BP:	110/70 mmHg	110/70 mmHg				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	15	15				
	Pain Score:	0	0				
	Skin Integrity	Intact	Intact				
Recommendations	Safety Needs:	☑ Yes ☐ No	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	—	—				
	Others Specify:	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	←	(D)diet				
	Critical Lab Test / Values:	—	—				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	Dependent				
Post Operative Procedure Special Orders:		←	(D)ischarge today				
Handed Over By Name :		Prathyusha	Kamal				
Signature / ID :		020533	020573				
Date:		3/7/26	3/7/26				
Time:		@8am	@11:30am				
Taken Over By Name :		Kamal					
Signature / ID :		020573					
Date:		3/7/26					
Time:		@8Am					

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:					Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:	
	Surgery / Procedure:					Post OP Day:	
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

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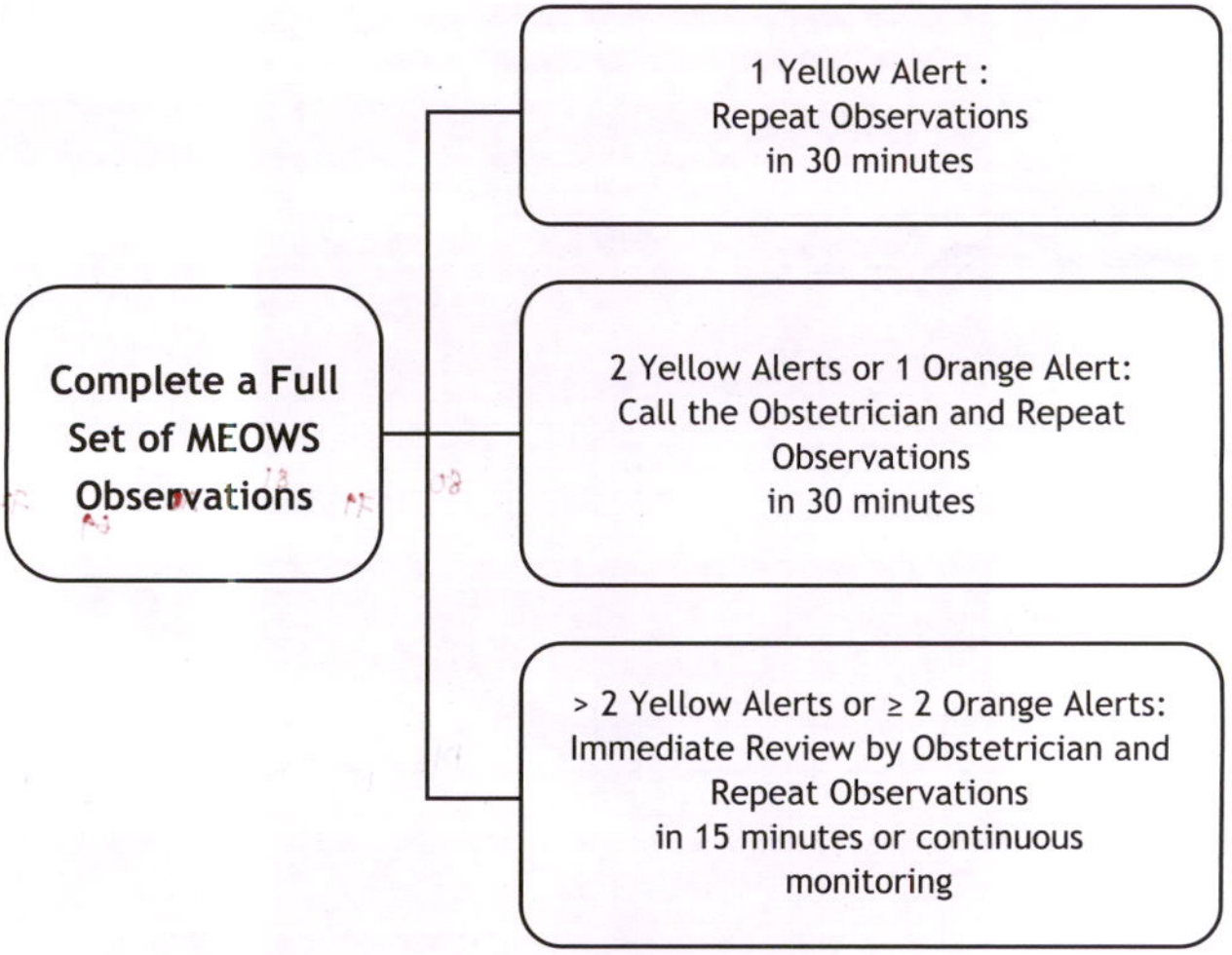
Early Warning Observation Score Chart - Obstetrics

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

2/7/26	Date																								
	Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20													19		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %													99		99		99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36													36°C		37°C		37.2		37°C		37°C		37°C	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80													80				81							
	70															71				70				72	
	60																					69			
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120													121						122					
	110															118		110						115	
	100																					108			
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80													80											
	70															79		70		72		68		70	
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert													✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30													✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal													NA		NA		NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink													NA		NA		NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES														0		0		0		0		0		0	
TOTAL ORANGE SCORES														0		0		0		0		0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
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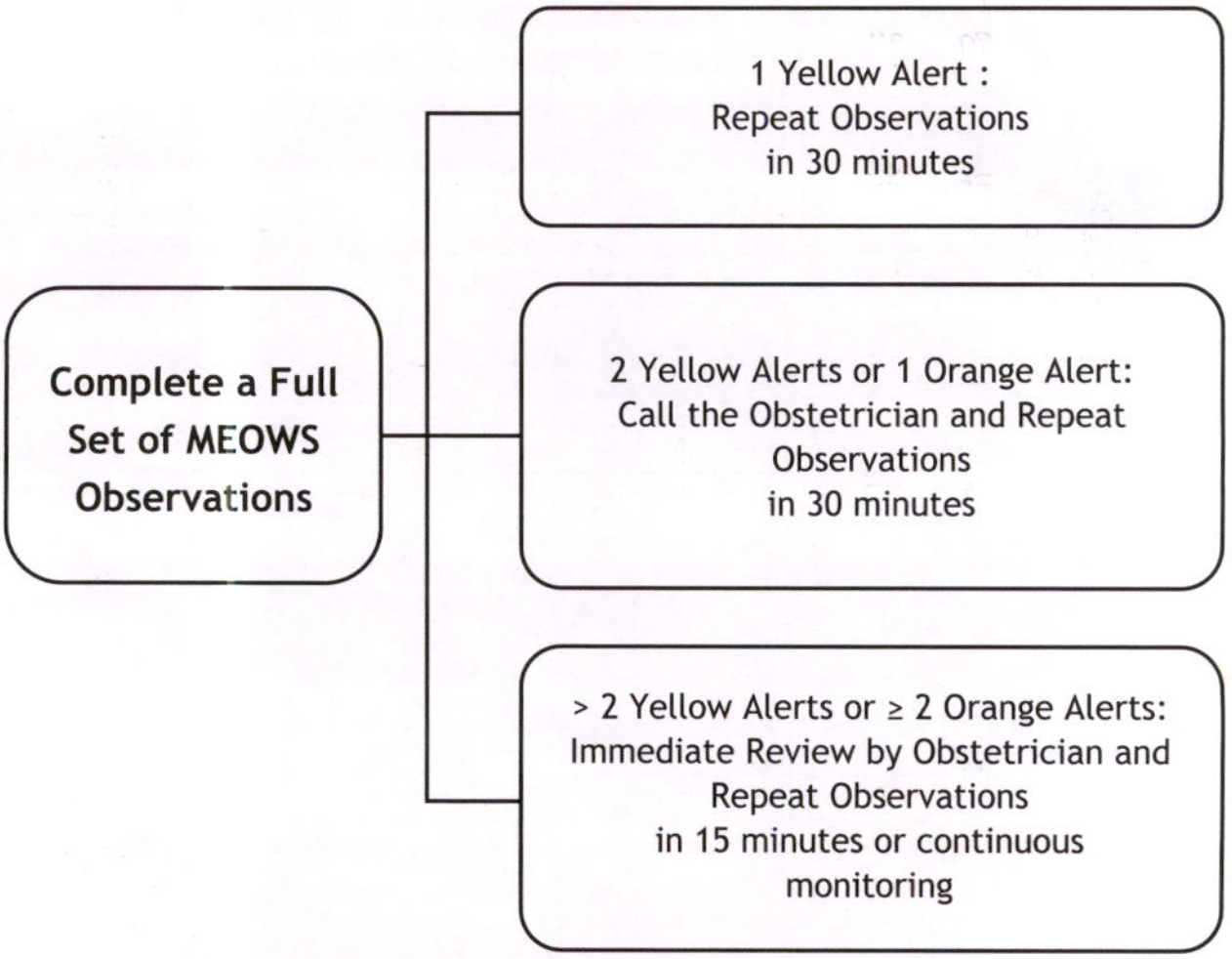
Early Warning Observation Score Chart - Obstetrics

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

		Date																								
3/2/25		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20	19		19																						
	0 - 10																									
Saturations	94 - 100 %	99		99																						
	< 94 %																									
Administered O_2 (L/min.)																										
Temp°c	40																									
	39																									
	38																									
	37	37		37																						
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80	86		88																						
	70																									
	60																									
	50																									
	40																									
Systolic Blood Pressue ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120	100																								
	110			110																						
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80	80																								
	70			75																						
	60																									
	50																									
	40																									
NEURO RESPONSE [✓]	Alert	✓		✓																						
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30	✓		✓																						
	< 30																									
Proteinuria	Protein + +																									
	Protein > + +																									
Lochia	Normal	NA		NA																						
	Heavy / Foul																									
Liquor	Clear / Pink	NA		NA																						
	Green																									
TOTAL YELLOW SCORES		0		0																						
TOTAL ORANGE SCORES		0		0																						
Nurse Initial		K		DK																						

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

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DRUG CHART

Date of Admission: ......2/7/26...... 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 ....

IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 73.15kg. Ward. U/W

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
125mcg	PO	ONCE DAILY	2/7/26

Date ▸ 2/7/26, 3/·

Time ▾ 6AM — PT TAKEN

STOP

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

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign

DRUG : T. METFORMIN

Dose	Route	Frequency	Start Date
850MG	PO	ONCE DAILY	2/7/26

Date ▸ 2/7/26

Time ▾ 9PM

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

Additional Instructions: POST DINNER.

Daily Doctor's Endorsement by a Sign

Chitra 2/7/26

DRUG : T. IRON

Dose	Route	Frequency	Start Date
2TABS	PO	ONCE DAILY	2/7/26

Date ▸ 2/7/26

Time ▾ 10PM

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

Additional Instructions: 2 TABS at Night time.

Daily Doctor's Endorsement by a Sign

As per Dr Bhavani advice. Chithra 2/7/26

DRUG : T. CALCIUM

Dose	Route	Frequency	Start Date
1TAB	PO	ONCE DAILY	2/7/26

Date ▸ 3/7/26

Time ▾ 2PM

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Chitra 2/7/26.

Rainbow Children's Hospital

VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
			LW	73.1 kg

As per doctor Bhavani advice 2/7/26 Chith

REGULAR PRESCRIPTIONS

DRUG : T. URSODEOXYCHOLIC ACID

Dose	Route	Frequency	Start Dt.
300MG	PO	8th hrly	2/7/26

Name & Signature of the Doctor starting the Drugs: Dr. Greeshma

Additional Instructions: T. UDILIV

Daily Doctor's Endorsement by a Sign.

Date / Time	2/7/26	3/7
6AM		Tija
2PM		
10PM	6:00PM	

As per doctor advice 2/7/26 Chith

DRUG : T. FOLIC-ACID

Dose	Route	Frequency	Start Dt.
1TAB	PO	ONCE DAILY	2/7/26

Name & Signature of the Doctor starting the Drugs: Dr. Greeshma

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	2/7/26
10 PM	[illegible]

Chith 2/7/26

DRUG : TAB THYROXINE

Dose	Route	Frequency	Start Dt.
12.5 MCG	PO	ONCE DAILY	2/7/26

Name & Signature of the Doctor starting the Drugs: Dr. MOUNIKA

Additional Instructions: ON EMPTY STOMACH.

Daily Doctor's Endorsement by a Sign.

Date / Time	2/7	3/7
6 AM		Tija

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
				13.5 kg

REGULAR PRESCRIPTIONS

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.	Date ➤ / Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

Weight. 73.15Kg Ward. ICU

	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
2/7/26	8:30 PM	INJ. BETAMETHASONE	12 MG	IM		Tela
3/7/26	8:30 AM	INJ. BETAMETHASONE	12 MG	IM		Shanthi Shanthi
3/7/26	8:50 AM	INJ. NOVARAPID	5U	SC		Shanthi Shanthi

CHH 3/7/26

Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 73·15kg 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

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

VIH-00158464 IP-00060546
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Dr. BHAVANA K

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FLUID CHART

Sheet No. : 1

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	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 :**						
2/7	08:00 pm	H_2O	100ml									
	09:00 pm	H_2O	100ml									
	10:00 pm	H_2O	50ml									
	11:00 pm	H_2O	100ml									
	12:00 am											
	01:00 am	H_2O	100ml									
Total Intake :		450ml				**Total Output :**				Passed		
3/7	02:00 am	H_2O	100ml									
	03:00 am											
	04:00 am	H_2O	150ml									
	05:00 am											
	06:00 am	H_2O	100ml									
	07:00 am	H_2O	100ml.									
Total Intake :		450ml				**Total Output :**				Passed		

Total 24 hrs. Intake	900 ml

Total 24 hrs. Output	Passed

VIH-00158464 IP-00060546
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Dr. BHAVANA K

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FLUID CHART

Sheet No. : .....

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

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
31/7/26	08:00 am	H2O + Soup					✓			✓	0	Akash 31/7/26 @11AM
	09:00 am	H2O + soup									0	
	10:00 am	H2O + Soup								✓	0	
	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**	

VIH-00158464 IP-00060546
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30-03-1997 29 Y 3 M 2 D (F)
Dr. BHAVANA K

(1)

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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: LW Shifted to: —

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. THYROXINE	125 mcg	PO	ONCE DAILY	2/7/26	☑C ☐ DC
2	T. METFORMIN	850 mg	PO	ONCE DAILY	2/7/26	☑C ☐ DC
3	T. UDILIV	300mg	PO	8PM Hdy	2/7/26	☑C ☐ DC
4	T. IRON	2 TABS	PO	ONCE DAILY	2/7/26	☑C ☐ DC
5	T. CALCIUM	1 TAB	PO	ONCE DAILY	2/7/26	☑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. Geetha

Date & Time : 2/7/26, 8:40 pm

Nurse Name & Signature: Prathyusha P

Date & Time : 2/7/26, 8:40pm

VIH-00158464 IP-00060546
Mrs SHRAVYA UPPALA
30-03-1997 29 Y 3 M 2 D (F)
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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 03/7/26 Time: 7am

Origin: Indian Height: 157cm Weight: 73.15kg BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☑ ~30 kg/m²

Food Allergies: -Nil-

Diagnosis: G2 A1 L1 with 34+5 week Previous NVD with hypothyroidism with GDM (in) with Obscure Cholestasis with Cervical incompetence with Gastritis for Steroid Coverage.

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

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: Shravya

Name: Shravya

Date & Time: 03/7/26 8 Am

Dietician's

Signature: Zoh

Name: Zohra

Date & Time: 03/7/26 7Am

DIETARY NOTES

Date	Time	Notes	Sign