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ACTIVITY RECORD FOR BILLING

VIH-00206853 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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

UHID N ---------- Consultant : ---------- Dept : ----------

Date of Admission : 13/4/000 Time : 10:36 AM Date of Discharge : ---------- Time: ----------

Room / Bed No : 4W 219 Ward : 4th ---------- Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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
15/7	CBP – (1)	V126023843	Rani
16/7/26	RPOC Scan.	R26-01463	Rani
	Cross checked Checked by Rani 16/7/26 @ 12:30pm.		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
[illegible]	[illegible]	[illegible]			

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
15/7	IV placement	(1)	3102025	[signature]

ANY OTHER INFORMATION

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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SURGERY DETAILS

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 27 D (F)
Dr. BHAVANA K

Sl.No. Date : 16/7/26

Patient Name ..... Age : 30Y Sex: F

UHID No. : 206953 IP No: 60716

Date of Surgery : 16/7/26 OT : ☐ OT 1 ☐ OT 2 ☐ OT 3

Name of the Surgery : TOP

Time in : 8AM Time Out : 9AM

	NAME	AMOUNT
1. Surgeon	: DR. Bhavana. k	.....
2. Anaesthetist	:	.....
3. Asst. Surgeon	:	.....
4. OT Technician	:	.....
5. Circulating Nurse	: manga	.....
6. Asst. Nurse	:	.....

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

Dr. Asst.
Signature of the Surgeon

Signature of Circulating Nurse

Order No. : 3102162 Ordered by : .....

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

ADMISSION SHEET

Registration Details :

Admission No : IP-00060716 **Admit Date** : 15-Jul-2026 **Admit Time** : 10:36 AM **UHID** : VIH-00206953

Patient Details :

Patient Name	: Mrs IP-00040	**Age**	: 30 Y 2 M 26 D
Guardian	: Mr PATHIPAKA SAI SHIVA TEJA	**DOB**	: 19-04-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO 108,B BLOCK,CONCRETE PALAZZO, RAGHAVENDRA NAGAR,NACHARAM, HYDERABAD Nacharam Hyderabad Telangana INDIA 500076	**Phone No**	: 9573157946/ 9052453679
		E-mail	: NA@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 PATHIPAKA SAI SHIVA TEJA	**Relationship**	: Husband
Contact Address	: FLAT NO 108,B BLOCK,CONCRETE PALAZZO,RAGHAVENDRA NAGAR,NACHARAM,HYDERABAD Nacharam Hyderabad Telangana INDIA 500076	**Phone No**	: 9573157946

Signature

Doctor Details :

Doctor Name	: Dr. BHAVANA K	**Specialisation**	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	**Deposit Amount**	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00206853 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 3/2/2026 EDD:

Corrected EDD: 10/11/2026 GA: 22+6 weeks

Obstetric Formula: Primigravida
ML - 3½yr NCM

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric History:
G1- PP, spontaneous conception
Booked to RCH since 11+4 weeks
Previous ANCs at Srishti women's clinic, Diagnosed ? Hypothyroidism since conception on Tab Thyroxine 25 MCG OD. AFI Doppler scan done at 22+6 wk showed B/L kidney enlarged B/L Renal pelvis severe dilatation s/o B/L severe Renal pelvistasis & hydronephrosis ? posterior urethral valve.

Present Pregnancy Record:

RISK FACTORS:

Patient & attender explained regarding Renal anomalies Need for Termination of pregnancy & they opted for Termination of pregnancy After taking informed consent for Termination of pregnancy T. Mifepristone 600mg give PO on 13/7/2026.

Hypothyroidism (25)
Renal anomalies in fetus.

Obstetric Examination

Fundal Height: 22 wks

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

Liquor: ☑ Adequate ☐ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination Not done

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

Height: 152 cm
Weight: 54.55 kg
Allergies: photosensitivity
Breast: ☑ Normal ☐ Abnormal

General Examination:

Consciousness: c/c/c Pallor: ⊖
Icterus: ⊖ Edema: ⊖
Temp: ⊖ PR: 90 bpm
BP: 111/76 mmHg DTR: ⊕
CVS: S_1S_2 ⊕ RS BAE ⊕
Liver/Spleen: Normal Urine Output: Adequate

DIAGNOSIS

Primigravida with 22+6 weeks with Hypothyroidism (25) with Renal anomalies

for Termination of pregnancy

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

Family History:

Father - HTN
Mother - prediabetic

Surgical History:

Nil

Medical History:

Hypothyroidism since ~~feb~~ 2024

Medication History:

Tab Thyroxine 25 mcg OD.

Plan of Care: C/I to DR Bhavana mam

- Admission
- Normal diet
- Monitor vitals
- part preparation
- consent
- Follow drug chart
- send CBP
- Tab Misoprostol 600 mcg PV stat ~~f/b~~ 400 mcg PO 3 hrly
- Inform SOS
- W/F expulsion.

noted by Rani

Investigations: BG- 'O' POSITIVE

26/3/26
HIV, HBsAg, HCV, VDRL } NR
CBP -
HPLC - (N)

11/7/2026
AFI/Doppler scan
22+4 wks SLIUF
AFI - largest pool 4.2cm
PI - Ant High Doppler (A)
Both kidneys enlarged
Both Renal pelvis right - 8.3 mm & left - 9.6 mm & thin echogenic Renal parenchymal texture (Renal cortex thickness 2.8 mm) & severe dilatation of pelvicalyceal system s/o severe Bilateral renal pelviectasis & Hydronephrosis fetal bladder enlarged 49.6 mm & keyhole appearance s/o posterior urethral valves.

27/06/26
TIFFA
20+4 wk
CL - 29 mm
perimembranous VSD (2mm)
B/L Renal pelviectasis & hydronephrosis involving posterior urethral valve

29/4/26
NT scan
12+1 wk
NT - 1.7 mm
CL - 30 mm
FTS - Low Risk
fetal ECHO (N)

Doctor Name: DR. YOGESHWARI
Signature:
Date & Time: 15/07/2026 10 AM

Consultant Name: DR Bhavana K
Signature:
Date & Time: 15/7/2026

VIH-00206853 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 10:15AM	O/E	
	Pt is c/c/c	Adv
	Gc fair	- Normal diet
	Afebrile	- Monitor vitals
	BP-111/76mmHg	- W/F expulsion
T. Misoprostol 600mcg given PV at 10:15AM	PR-90bpm	- Follow drug chart
	S/E NAD	- Inform SOS
	P/A-Ut- 22wk	- Adequate hydration.
	Relaxed	
	noted by Rani @10:20AM	Dr yogeshwari
15/7/26 1:15PM	O/E	
	Vitals stable.	
	P/A- Relaxed.	
	Tab. Misoprostol 400mcg Per orally given at 1:15PM.	
	noted by Rani @1:20PM	Dr yogeshwari

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Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 2:15 PM	O/E Pt is c/c/c Uc fair Afebrile BP-115/78 mmHg PR-92 bpm S/E - NAD P/A - Ut - 22wk Relaxed	Adv - Normal diet - W/F expulsion - Monitor vitals - Follow drug chart - Adequate hydration - Inform SOS
CBP - 11.2/8360/ 2.6L	noted by Rani PR @ 15/7/26 @ 2:18 PM	Dr Yogeshwari
15/7/26 4:15 PM.	O/E Pt is c/c/c Uc - fair Afebrile BP - 116/79 mmHg PR - 88 bpm S/E - NAD P/A - Ut ~ 22 wks Relaxed	Adv - (NT) diet - W/F Expulsion - Monitor vitals - Follow drug chart - Adequate hydration - Inform SOS
T. MISOPROSTOL 400 mcg given PO @ 4:15 PM		Dr Greeshma
Noted by Pradyusha @ 4:15 pm		

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/7/26 8:15pm	O/E pt c/c/c	Ado
	c/o pain	- (N) diet
	a febrile	- W/F sp expulsion
	BP - 115/67 mmg	
	PR - 89 bpm	- monitor vitals
	S/E NAD	- follow drug chart
T. misoprostol 600 mcg PV,	P/A Ut ~22 wk	
	3c/20s/10 min	- adq. hydration
T. misoprostol 400 mc PV 3 doses over ed	PV - Cx - long 3/4th inn.	- inform sos
	O/S - 1 finger	
	100%	A/Dr Ashwini
Noted by Meghna 15/7/26 8:15pm		
16/7/26 12:15am	O/E pt c/c/c	Ado
	c/o pain	- (N) diet
	a febrile	- W/F sp expulsion
	BP - 115/72 mmg	
	PR - 86 bpm	- monitor vitals
noted by Suhasini 16/7/26 12:15am	S/E NAD	- follow drug chart
	P/A Ut ~22 wk	- ad hydration
	irritable	inform sos,
	(Dr. Bhavana)	
		A/Dr. Ashwini

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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..OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 4:10am	O/E pt conc ccfair afebrile BP-100/70 mmg PR - 86bpm S1S2 NAD P/A uterus irritable	Adv - (N) diet - W/F bleeding P/V POL - monitor vitals - follow drug chart - inform SOS f/Dr. Ashwini
	Noted by Meghna 16/7/26 @ 4:15am	
16/7/26 7:15am	CI to Dr. Bhavana mam P/A irritable PV - Cx 70% effaced OS - 3cm BOM (+).	Adv - Inj oxytocin sulcits - foleys catheterisation
	Noted by Meghna 16/7/26 @ 7:15am	f/Dr. Ashwini
16/7/26 7:40am	P/A 3c/25s/10min PV - Cx fully dilated OS effaced fully BOM (+)	f/Dr. Ashwini

Docu. No. : RCH /FRM / CLINICAL / 088

H-00206953 IP-00060716
IP-00040
30 Y 2 M 26 D (F)
-04-1996
BHAVANA K

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7/26 8:05am	Patient expelled a male dead fetus of weight 693 gm at 7:58am & placenta of weight 334 gm at 8:02 am. No active bleeding	Ado - RPOC scan at 9 am - Inj OXYTOCIN 10 units IOM & IV - T. MISOPROSTOL 400mcg PR A/Dr. Ashu
16/7/26 8:30am	Oriented Afebrile BP - 115/72 mmHg PR - 85 bpm HENAD PA - soft NT PV - NAB RPOC scan today	Ado - NBM - W/F bleeding PV - monitor vitals - follow drug chart - inform SOS A/Dr. Ashu

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/7 11 AM	D: No RPOC	
	2) can be discharged now	
	3) (N) diet	
	Dr Bhavana.	

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

NURSING CARE RECORD

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Date: 15/7/26

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	11 AM	Ensure safety	11AM	provided side rails	To prevent from fall	patient is safe.	15/7/26 @ 1pm
	1pm	Maintain fluid balance.	1pm	provided fluids	To prevent dehydration	patient is hydrated	
Afternoon	6pm	Maintain personal hygiene	6pm	provided hygiene practices	To prevent infections	patient is safe.	15/7/26 @ 6pm
Night	8 pm	Maintain fluid Balance	8 pm	Encourage to take oral liquids	prevent dehydration	patient well hydrated.	16/7/26 6am
	6 am	Relieve pain	6 am	Analgesic given	pain relief	patient calm	

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Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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NURSING CARE RECORD

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Date: 16/7/26

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
- ☑ Ensure Safety
- ☐ Improve Activity Tolerance
- ☐ 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	8am	Ensure safety	8am	provided safe care	To prevent fall	patient is safe.	16/8/26 @8am
	12pm	Maintain fluid balance	12pm	provided fluids	To prevent dehydration	patient is hydrated	16/8/26 12pm
Afternoon							
Night							

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TEL NO :040-42462200, Ext 2000,2001,2002
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GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs IP-00040**	**Age :**	**30 Y 2 M 26 D**
IP No:	**IP-00060716**	**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 also 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 clearance. 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:

FLAT NO 108,B BLOCK,CONCRETE PALAZZO,RAGHAVENDRA NAGAR, NACHARAM,HYDERABAD Nacharam Hyderabad Telangana INDIA 500076

CONSENT FOR SPECIAL PROCEDURES

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Patient Name : MRS. SHRUTHIMA GOWDA Gender: ☐ Male ☑ Female

UHID No : VIH-00204403 IP-60716 Department : OBGY Date : 15/07/2026

I MRS. SHRUTHIMA GOWDA S / D / W / O

Here by give consent for procedure of : TERMINATION OF PREGNANCY

For my patient, Named : MRS. SHRUTHIMA GOWDA

The doctors have clearly explained to me that the procedure has following possible complications:

BLEEDING, INFECTION, RETAINED PRODUCTS OF CONCEPTION

The doctor have explained to me about the alternatives, risks and benefits for this procedure that :

SURGICAL EVACUATION OF RETAINED PRODUCTS OF CONCEPTION

I have understood the matter mentioned above in language known to me and give consent for the procedure.

Name of the Doctor performing the procedure: DR. BHAVANA K.

Patient Attendant :

Signature : G. Shruthima

Name : SHRUTHIMA

Relationship with Patient: SELF

Date & Time : 15/07/2026 10 AM

Witness :

Signature : P. Sai Shiva Teja

Name : P. SAI SHIVA TEJA (HUSBAND)

Date & Time : 15/07/2026 10AM

Doctor (who is taking the consent) :

Signature :

Name : Dr. Ashwini

Date & Time : 15/7/26 10AM

ప్రత్యేక విధానాలకు సమ్మతి

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రోగి పేరు ..... లింగం ☐ పురుషుడు ☐ స్త్రీ

యు.హెచ్.ఐ.డి ..... విభాగం ..... తేదీ .....

నేను ..... S/D/W/O .....

ప్రత్యేక విధానాలకు సమ్మతి ఇవ్వడం ద్వారా .....

నా రోగికి, పేరు : ....

ఈ ప్రక్రియ కోసం ప్రత్యామ్నాయాలు, నష్టాలు మరియు ప్రయోజనాలు గురించి డాక్టర్ నాకు తెలిసిన భాషలో వివరించా

.....

.....

.....

నాకు తెలిసిన భాషలో పైన పేర్కొన్న విషయాన్ని నేను అర్థం చేసుకున్నాను మరియు ప్రక్రియకు సమ్మతిని తెలియజేస్తున్నాను.

ప్రక్రియ చేస్తున్న వైద్యుని పేరు : .....

సహాయకుడు(అటెండెంట్)

సంతకము .....

పేరు .....

వైద్యుడు (ఎవరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము .....

పేరు .....

సాక్షి

సంతకము .....

పేరు .....

తేదీ మరియు సమయము .....

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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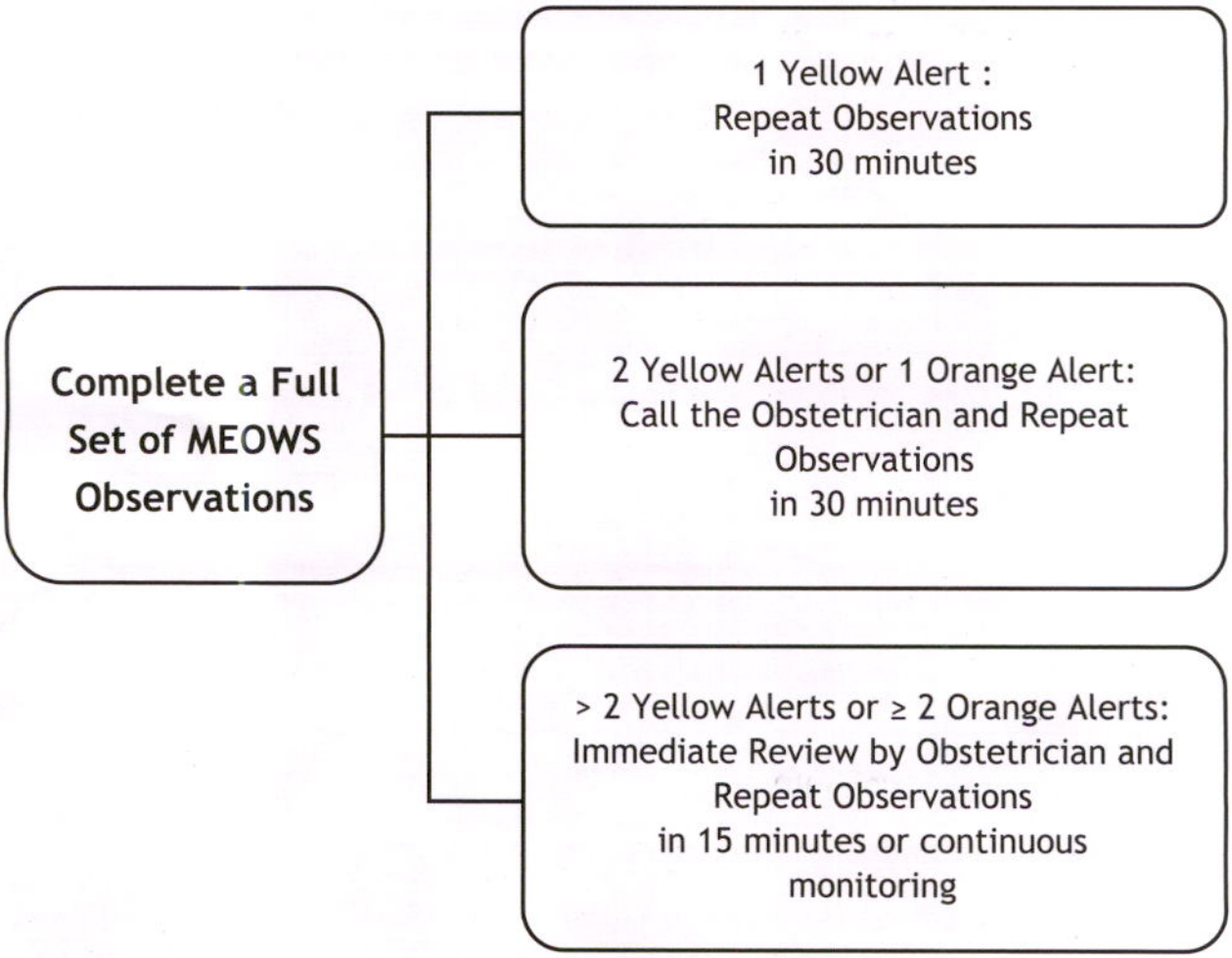
2

Early Warning Observation Score Chart - Obstetrics

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

16/7/26																									
	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																			
	0 - 10																								
Saturations	94 - 100 %	99		99		99																			
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	37		37.2		37°																			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	98		99		90																			
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110			110		110																			
	100	103																							
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70		80																			
	60	69																							
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓																			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓		✓																			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NT		NT																					
	Heavy / Foul																								
Liquor	Clear / Pink	NT		NT																					
	Green																								
TOTAL YELLOW SCORES		0		0																					
TOTAL ORANGE SCORES		0		0																					
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

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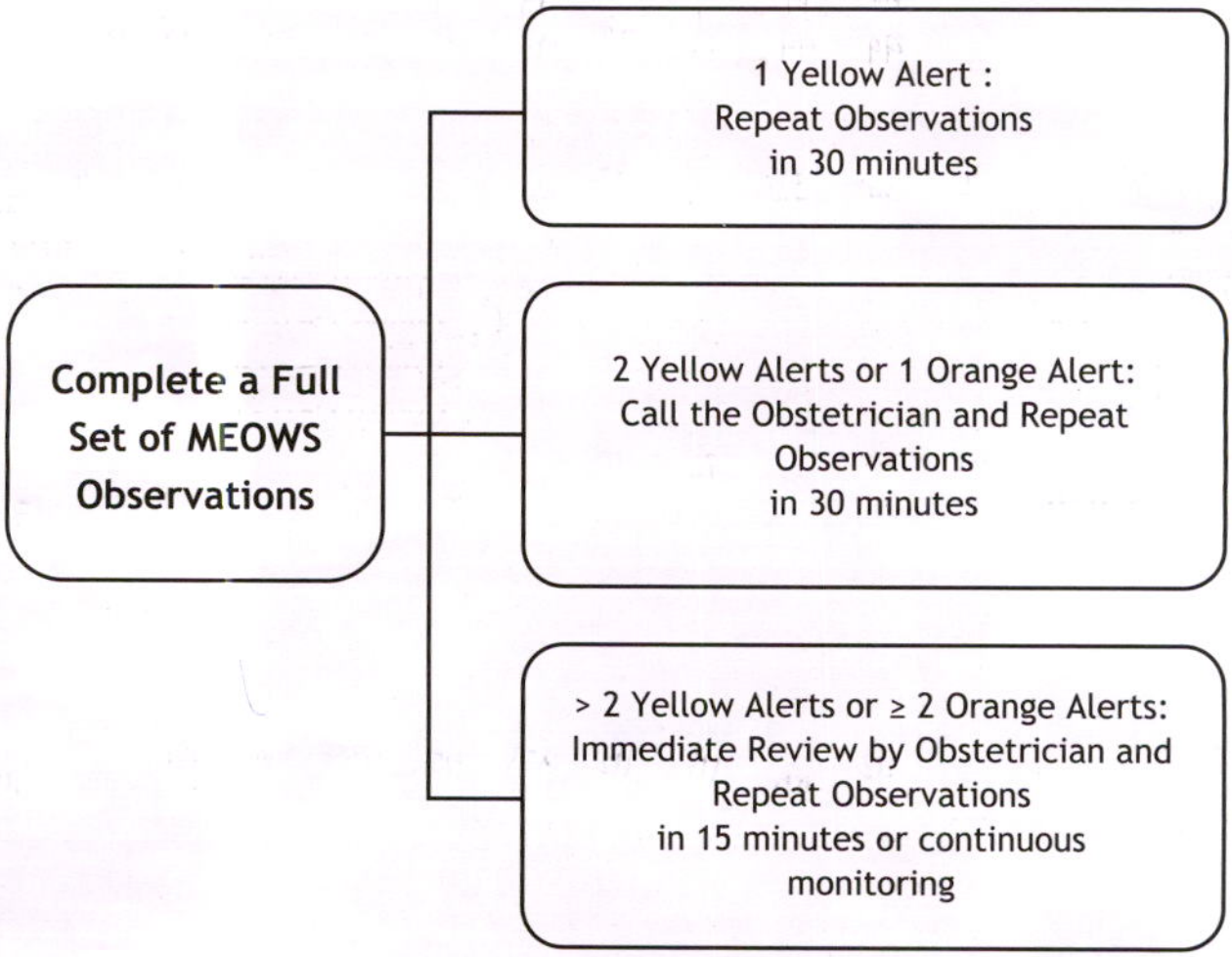
Early Warning Observation Score Chart - Obstetrics

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

15/7/26	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		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %			99		99		99		99		99		99		99		99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37			37°		37°		37°		37°		37°		36.2		36.4		36.2		36.2		36.4		36.4	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90			90				92		90															
	80					86						82		80		83		84		82		84		74	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120			112				115		112		121		112		110		121		121					
	110					110																110		114	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			78		70		78		82		70		70		73		69		74		70		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		NA		NA		NA		NA		NA	
	Heavy / Foul																								
Liquor	Clear / Pink			NA		NA		NA		NA		NA		NA		NA		NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES				0		0		0		0		0		0		0		0		0		0		0	
TOTAL ORANGE SCORES				0		0		0		0		0		0		0		0		0		0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
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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							
15/7/26	08:00 am											
	09:00 am											
	10:00 am	H_2O + 50ml										
	11:00 am	H_2O + 100ml								✓	0	Devi @ 1pm 15/7/26
	12:00 pm	H_2O + 50ml										
	01:00 pm	H_2O + 100ml								✓	0	
Total Intake : 300ml						Total Output : Passed						
15/7/26	02:00 pm	H_2O + 50ml									0	Pradipta @ 4pm 15/7/26
	03:00 pm	H_2O + 100ml									0	
	04:00 pm	H_2O + 50ml								✓	0	
	05:00 pm	H_2O 100ml									0	
	06:00 pm	H_2O 100ml								—	0	
	07:00 pm	H_2O 100 ml									0	
Total Intake : 500ml						Total Output : Passed						
15/7/26	08:00 pm	H_2O	100ml							✓	0	
	09:00 pm	H_2O	100ml								0	
	10:00 pm	H_2O	50ml								0	15/7/26
	11:00 pm	H_2O	50ml							✓	0	
	12:00 am	H_2O	100ml								0	1Am
	01:00 am	H_2O	100ml							✓	0	
Total Intake : 500ml						Total Output : passed.						
16/7/26	02:00 am	H_2O	50ml								0	
	03:00 am	H_2O	50ml								0	
	04:00 am	H_2O	100ml				✓			✓	0	Manoj 16/7/26 @7Am
	05:00 am	H_2O	100ml								0	
	06:00 am	H_2O	100ml + RL 100ml							✓	0	
	07:00 am	H_2O	100ml + RL 100ml									
Total Intake : 800ml						Total Output : passed						

Total 24 hrs. Intake	2100ml

Total 24 hrs. Output	passed

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FLUID CHART

Sheet No. : 5

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							
16/7/26	08:00 am	H2O+Coml									0	
	09:00 am	H2O+50ml									0	
	10:00 am	H2O+100ml								2	0	
	11:00 am	H2O+50ml									0	
	12:00 pm	H2O+100ml									0	
	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	

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DRUG CHART

Date of Admission: 15/7/2026 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 ....

Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

REGULAR PRESCRIPTIONS

Weight. 54.55kg Ward. 4W

15/7/26 Verified Dr. Rishika Clinical Pharmacologist

DRUG : T. THYROXINE

Dose	Route	Frequency	Start Date
25MCG	PO	ONCE DAILY	15/7/26

Name & Signature of the Doctor Starting the Drugs: DR YOGESHWARI

Additional Instructions: ON EMPTY STOMACH

Daily Doctor's Endorsement by a Sign

Date/Time: 16/7 6 AM

16/7/26 Verified Dr. Rishika Clinical Pharmacologist

DRUG : INJ CEFOTAXIME

Dose	Route	Frequency	Start Date
1GM	IV	ONCE 12TH HOURLY	16/7

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

Additional Instructions: AFTER TEST DOSE

Daily Doctor's Endorsement by a Sign

Date/Time: 16/7 9 AM 8 PM

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date/Time:

VIH-00206953 IP-00060716
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STAT / ONCE ONLY DRUGS

Name: Shruthima

Weight: ..... kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
16/7	7:56Am	INJ OXYTOCIN	10 UNITS	IM			
16/7	8:05Am	T MISOPROSTOL	400MCG	PR			
16/7	8:05Am	DICLOFENAC SUPPOSITORY	100MG	PR			
16/7	9:35 PM	T CABERGOLINE	0.5MG	PO			

Verified
DR Bhavana

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

Weight. 54.55kg Ward. 4cu

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
15/7/26	10:15AM	T. MISOPROSTOL	600MCG	PV		
15/7	1:15 PM	T. MISOPROSTOL	400MCG	PO		
15/7	4:15PM	T. MISOPROSTOL	400 MCG	PO		
15/7	7:15PM	T. MISOPROSTOL	400 MCG	PO		
15/7	9pm	INT ONDENSETRON	4MG	IV		
15/7	10pm	INJ PARACETAMOL	1 GM	IV		
16/7	4:20 AM	INJ PANTOPRAZOLE	40MG	IV		
16/7	4:20 AM	INJ TRAMADOL IN 100ML NS	100MG	IV		
16/7	4:20 AM	INJ ONDENSETRON	4MG	IV		

15/7/26 Verified Dr. Rishika Clinical Pharmacologist
16/7/26 Verified Dr. Rishika Clinical Pharmacologist

VERIFIED BY / Name / Signature

VIH-00206953 IP-00060716
Mrs IP-00040
19-04-1996 30 Y 2 M 26 D (F)
Dr. BHAVANA K

I.V. FLUIDS CHART

Weight. 54.55kg Ward. LW

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
16/7	7:23 AM	INJ RINGER LACTATE + INJ OXYTOCIN 5UNITS	IV	5ML/HR	[signature]	[signature]	16/7		[signature]
16/7	7:23 AM	RINGER LACTATE	IV	100 ML/HR	[signature]	[signature]	16/7		[signature]
16/7	7:58 AM	RINGER LACTATE + INJ OXYTOCIN IV 1SU		FF	[signature]	[signature]	16/7		[signature]

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

VIH-00206953 IP-00060716
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19-04-1996 30 Y 2 M 26 D (F)
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(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: HW 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	25 MCG	PO	ONCE DAILY	15/7/26	☑ C ☐ DC
2	T. IRON	1 TAB	PO	ONCE DAILY	15/7/26	☐ C ☑ DC
3	T. CALCIUM	1 TAB	PO	ONCE DAILY	14/7/26	☐ C ☑ DC
4	T. FOLIC ACID	1 TAB	PO	ONCE DAILY	14/7/26	☐ C ☑ DC
5	T. MIFEPRISTONE	600 MG	PO	ONCE	13/7/26	☐ 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 YOUESHWARI

Date & Time : 15/7/2026 10:30AM

Nurse Name & Signature: Prathyusha

Date & Time : 15/7/26 @10:30am

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