IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

Ref. No. : F/OT/05

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SURGERY DETAILS

Sl.No. Date : 3/8/26

Patient Name : Mrs. Subhalaxmi Age : 40 y Sex: f

UHID No. VIH - 00202459 IP No: .....

Date of Surgery : 3/8/26 OT : BB-I ☐OT 1 ☐OT 2 ☐OT 3

Name of the Surgery : Normal delivery (IUFD)

Time in : 10 Am Time Out : 11 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Srilata Patnaik	.....
2. Anaesthetist	:	.....
3. Asst. Surgeon	:	.....
4. OT Technician	:	.....
5. Circulating Nurse	: Subashini	.....
6. Asst. Nurse	:	.....

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

+ [signature]
Signature of the Surgeon

Subashini
Signature of Circulating Nurse

Order No. : 3110102 Ordered by : .....

(1)

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IH-00202459 IP-00060961
Mrs SUBHALAXMI DEVI
5-07-1986 40 Y
Dr. SRILATA PATNAIK (F)

ACTIVITY

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

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

Date of Admission : 1/8/26 Time : 4:30pm Date of Discharge : ---------- Time: ----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/8/26		LW		

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Sridevi PATNALA	2/8/26.	3110064 ✓	
2.	DR. SRIDEVI PATNALA	3/8/26	3110065 ✓	
3.	DR. SRIDEVI PATNALA	4/8/26	3110564 ✓	
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
1/8/26	CBP, CUE, urine cs, LFT,	V126026096	
1/8/26	LDH, urea, uric acid,		
1/8/26	creatinine, electrolytes,		
1/8/26	PT/APTT		
1/8/26	1) URBS - 263 mg/dl @ 4:30 pm	V126026140	
1/8/26	2) URBS at: 8:40pm 226 mg/dl	V126026142	
2/8/26	3) URBS at: 12:10am 212 mg/dl	V126026143	
1/8/26	CT, BT	V126026112	
2/8/26	1) GRBS @ 8:10am - 209 mg/dl	V126026197	
2/8/26	2) GRBS at 11:40pm 245 mg/dl	V126026198	
2/8/26	3) GRBS at 133 mg/dl 1:45pm	V126026199	
2/8/26	4) URBS at: 7:10pm (139 mg/dl	V126026200	
2/8/26	5) GRBS at: 10:00pm 208 mg/dl	V126026211	
3/8/26	6) GRBS @ 6:30am 115 mg/dl	V126026246	
3/8/26	7) GRBS 01:50am 118 mg/dl	V126026411	
3/8/26	8) GRBS @ 8pm - 68 mg/dl	V126026412	
3/8/26	9) GRBS at: 11:30pm 246 mg/dl	V126026413	
4/8/26	10) GRBS at: 7:00am 154 mg/dl	V126026414	
crossed	Checked by	4/8/26 at:	7:28am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
1/8/26	Cardiac monitor	4:40pm	3/8/26 12:00PM	3109684	Tyu
3/8/26	Infusion Pump	9:40AM	12:00PM	3110531	Ty
crossed	checked	by Teja	7/8/	26 at: 7:28	AM

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
1/8/26	IV placement	(1)	3109538	
	Cross checked by manga 4/8/26 @ 10:12 AM			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

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IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

Patient Name :

IP.No: 00060961

Ward:

DOA: 1/8/26

Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	1			
2	Discharge Summary	1			
3	Nursing Initial assessment form	1			
4	Patient Trasfer Forms	~~1~~			
5	In-patient Medical Record	1			
6	Doctors Progress Sheets	10			
7	Nurses Progress notes	3			
8	Consultation Sheets	~~1~~			
9	General Consent for Treatment	1			
10	~~Conset for Surgery~~ Trail of labor/Repeat Cesarean	1			
11	Consent for ~~Blood Transfusion~~	–			
12	Consent forChemotherapy	–			
13	Consent for High Risk	–			
14	~~Consent for Restraint~~ Induction of labor Consent	1			
15	~~DAMA Consent~~ Informed Consent for vaginal birth	1			
16	Consent for Special Procedure	–			
17	Consent for Radiological Investigations	–			
18	Consent for HIV Test	–			
19	Anaesthesia consent form	–			
20	Anaesthesia notes(Pre Anaesthesia & Post)	–			
21	Pre Operative checklist	1			
22	Surgical safety Checklist	–			
23	Operation Theatre notes	–			
24	Nurses Clinical Presentation	1			
25	TPR & BP chart	4			
26	Intake and Output chart (fluid Chart)	2			
27	Drug Chart (Regular prescription)	5			
28	Daily Investigation sheet	–			
29	Investigation Values (Result Sheet)	1			
30	Nebulization Chart				
31	~~Diabetic chart~~ Obstetric Chart	~~1~~			
32	Nutritional Review chart	1			
33	MLC form (in case of MLC)	–			
34	Patient Educatlon Form	–			
35	B/o progress note	1			
36	Neonatal form	1			
37	medication Reconciliation	1			
38	Thrombophlebitis	1			
39	pain assessment	3			
40	Braden Q	2			
41	morse fall	1			
	Total No. of Pages	5			
42	Billing Policy				
43	Blood sugar monitoring	1			

Signature and Date : ~~HS~~ mangr 4/8/26 @ 10:30AM

(53)

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

Name	Mrs SUBHALAXMI DEVI	**UHID**	VIH-00202459
Father/Guardian	Mr SRIKANTA MISHRA	**Age/Gender**	40 Y /Female
Address	FLAT NO-109,LOTUS HOMES,1ST FLOOR ,B BLOCK, Keesara, Hyderabad, Telangana, INDIA, 501301		
IP No	IP-00060961	**Admission Date**	01-08-2026
Ref Doctor	Self	**Discharge Date**	

DISCHARGE SUMMARY

Consultant: Dr. SRILATA PATNAIK,

Diagnosis: G2P1L1 with 32+5 weeks with previous LSCS with Type 2 Diabetes mellitus (on Insulin) with Chronic Hypertension with Intrauterine fetal demise with Breech presentation for Delivery.

Spontaneous Vaginal Delivery done on 03.08.2026.

History:
LMP: 15.12.2025
Obstetric formula: G2P1L1
EDD: 21.09.2026
Gestation at admission: 32+5 weeks

Obstetric History:
G1 - Male/ 10years/ FTLSCS/ 2.9kg/ Uneventful/ Orissa/ A&H/ BFx8 months/ Autisim .
G2 - Present pregnancy, Spontaneous conception.

Medical History: Type 2 DM since 2 years
Family History: Father - HTN
Mother - DM

Name	Mrs SUBHALAXMI DEVI	UHID	VIH-00202459

Surgical History: Previous LSCS 10 years back
Allergies: Nil

Antenatal Details: Mrs SUBHALAXMI DEVI was booked to Rainbow hospital at 10+2 weeks of gestation. She had regular antenatal checkups and investigations as advised. She was on Tab Ecospirin 150mg since 16 weeks. Pediatric neurologist, genetist review done & genetic counselling done at 16 weeks. She had h/o raised BP readings with no imminent signs of eclampsia at 28+5 weeks, admission was advised but patient denied. H/o decreased fetal movements since 3 days at 32+5 weeks. Growth scan done on 01.08.2026 showed IUFD. She was admitted at 32+5 weeks with previous LSCS with Type 2 Diabetes mellitus (Insulin) with Chronic Hypertension with Intrauterine fetal demise with Breech presentation for Delivery.

Investigations: Enclosed.
Blood group: 'O' POSITIVE

Management: <u>Course in hospital and Delivery Details:</u>
At admission on clinical examination, her vitals were BP - 168/79mmHg, PR - 108 bpm, uterus was relaxed, cervix was long and os closed. CBP, CUE, LFT, LDH, Blood urea, Urine c/s, PT, APTT, INR, Serum creatinine, Serum uric acid, Serum electrolytes were sent. BT & CT were done. Urine albumin test was done which showed sugars 2+. She was started on conservative managed with IV antibiotics and Anti hypertensive management. Informed consents were taken for induction of labour and vaginal delivery. Foley's bulb induction was done with 30ml of distilled water instillation & got expelled at 2cm dilatation. Labour induced with 6 doses of PGE1. All Pre & Post sugar monitoring was done and Insulin was given according to Sliding scale as advised by diabetologist. Regular BP monitoring was done and managed conservatively. Repeat Foley's induction was done with 60 ml of distilled water instillation. Foley's expelled at 3 cm dilatation. Further augmentation was done by oxytocin infusion. She progressed to full dilatation at 10.00 am.

Passive descent was allowed for 30 min post full dilatation. She was put into position for vaginal birth. Parts painted with betadine solution and draped to ensure full asepsis. She was encouraged to bear down. Episiotomy was given under local anesthesia (10 ml of 2 % xylocaine solution). A dead female Baby of 1.486kg was delivered by assisted vaginal breech delivery at 10:26 am, Placenta and membranes of weight 0.309kg delivered completely at 10:30 am. Prophylactic syntocinon given. Episiotomy inspected. No extensions or additional vaginal tears found. Episiotomy sutured in layers. Instrument and swab count checked. 400 mcg of misoprostol given per rectally as prophylaxis against post partum hemorrhage. Vagina cleaned with betadine solution.

Delivery Details:

Date: 03.08.2026
Time of Delivery: 10:26 AM
Type of Labour: Induced
Type of Delivery: Assisted Vaginal Breech Delivery

Baby Details:

Date: 03.08.2026
Time: 10:26 AM
Sex: Female
Weight: 1.486 kg
Gestational Age: 32+5 weeks

Post-Operative Notes:

She was closely monitored for post partum hemorrhage. Tab Cabergoline 0.5mg stat given. Vitals were stable; patient ambulated and was shifted to room. Patient was encouraged for spontaneous voiding. BP and sugar monitoring were done. Dietary advice given. Her postpartum period following that was uneventful. On second postpartum day episiotomy wound was healthy and intact. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to

patient supplemented by written information.

Advice:

1. Tab. Augmentin 625mg twice daily till 09.08.2026 (9am-9pm) after food.
2. Tab. Calpol 500mg (2tabs) (Paracetamol 500mg) thrice daily till 09.08.2026 (9am-2pm-9pm) after food.
3. Tab. Metronidazole 400mg twice daily till 09.08.2026 after food.
4. Tab. Livogen (Elemental Iron - 50mg, folic acid 1.5mg) once daily (7am) for three months before breakfast.
5. Tab. Shelcal (Elemental Calcium 500mg, Vitamin D3 250 IU) once daily (2pm) till further orders.
6. Tab. Pantoprazole 40 mg once daily till 09.08.2026 (7am) before food.
7. Tab. Labetalol 100mg thrice daily (6am-2pm-10pm) till further orders.
8. Tab. Nicardia retard 10mg thrice daily (10am-6pm - 11pm) till further orders.
9. Betadine ointment and lotion for local application.
10. Syp. Duphalac 15 ml at bedtime for one week.
11. Home BP monitoring.
12. Review SOS if BP > 140/90 mmhg, nausea, vomiting, headache, blurring of vision, epigastric pain, decreased urine output.
13. Home sugar monitoring.
14. Review with diabetologist on
15. HPV vaccine after 6 weeks of delivery.

Review after one week on 10.08.2026 at postnatal clinic with prior appointment (This consultation will be charged).

To take appointment for OPD consultation at Rainbow Children's Hospital, just dial one number 1800-2122 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in

In case of emergency like bleeding, fever - kindly contact 040-42462200.

Name	Mrs SUBHALAXMI DEVI	UHID	VIH-00202459

Extension 2220 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor .....in the language that I understand and I have understood the same.

Name: Subhalaxmi Devi Signature:

Relationship: Self

This summary was explained by:

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Dr. SRILATA PATNAIK
MBBS MD

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03.08.2026

TO WHOM SOEVER IT MAY CONCERN

Mrs. Subhalaxmi Devi (IP-00060961) W/o. Mr. Srikanta Mishra of age 40years UHID VIH - 00202459 IP- 00060961 with diagnosis G2P1L1 with 32+5 weeks with previous LSCS with Type 2 diabetes mellitus (I) with Chronic Hypertension with Breech presentation with Intrauterine fetal demise for Delivery . Patient delivered a dead female fetus at 10:26 Am on 03.08.2026 of weight 1.486kg followed by expulsion of placenta of weight 0.309kg at 10:30 Am. Patient and attenders agreed for self disposal of baby and placenta.

Nurse Signature: K. Sukanya
Date: 3/8/26
Time: 2pm

Doctor Signature: Dr Geetha
Date: 3/8/26
Time: 2PM

1. Patient Signature: Subhalaxmi Devi
2. Husband Signature : Srikanta Mishra
3. Witness Signature : K Sreeja
Date: 3/8/26
Time: 2pm

SECUNDERABAD RAINBOW CHILDRENS MEDICARE LIMITED
Ravi
Security officer Sign

Rainbow Children's Hospital - Secunderabad
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP-00060961 **Admit Date** : 01-Aug-2026 **Admit Time** : 04:30 PM **UHID** : VIH-00202459

Patient Details :

Patient Name	: Mrs SUBHALAXMI DEVI	**Age**	: 40 Y
Guardian	: Mr SRIKANTA MISHRA	**DOB**	: 15-07-1986
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: FLAT NO-109,LOTUS HOMES,1ST FLOOR ,B BLOCK Keesara Hyderabad Telangana INDIA 501301	**Phone No**	: 8897677668/ 8688682610
		E-mail	: NA@gmail.com

Admission Details :

Bed Type : MICU **Bed No** : LW 222 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 222 **Admission Type** : First Visit

Contact Details :

Name : Mr SRIKANTA MISHRA **Relationship** : W/O

Contact Address : FLAT NO-109,LOTUS HOMES,1ST FLOOR ,B BLOCK Keesara Hyderabad Telangana INDIA 501301 **Phone No** : 8897677668 / 8688682610

Srikanta mishra

Signature

Doctor Details :

Doctor Name : Dr. SRILATA PATNAIK **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

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

IP-00202459 IP-00060961
re SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 1/8/26

Baseline Information:

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

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: Admitted at materine fetal demise ns delivery

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: DR. Nikitha

Time Notified: 5:40pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
post LSCS / KO Type-II DM since 2 years	post LSCS 10 years back	yes

Gynecology Assessment: ☑ Not Applicable

Menstrual History:

Onset of Menarche:

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 15/12/2025

Gynecology Surgical History:

Caesarean Section: ☐ No ☑ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others:

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: yes

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, father HTN

Vital Signs / Measurements: Temp: 98.4 F HR: 90 b/m RR: 19 b/m

BP: 154/90 mmHg Weight: 62.4 kg Height: 148 cm BMI: 28.5 kg/m² (overweight)

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

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PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score 40 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score 28 (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. subhalaxmi devi .....

Name of Person Orientation was given to: ..... mrs. subhalaxmi devi .....

Orientation not given Reason: ..... - .....

Nurse Signature: .....

Nurse Name: ..... Mangu Devi .....

Date & Time: ..... 1.8.16 @ 5:45pm .....

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 1/8/26 Time of Arrival: 4pm Time Seen by Nurse: 4pm

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☐ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☑ Other Reason: Intrauterine fetal demise for deliver

3) **Vital Signs:** Temperature: 96.2 F Pulse: Sable RR: Nil SpO_2: 96 % BP: 68/79 mmHg Weight: 62.4 Kg

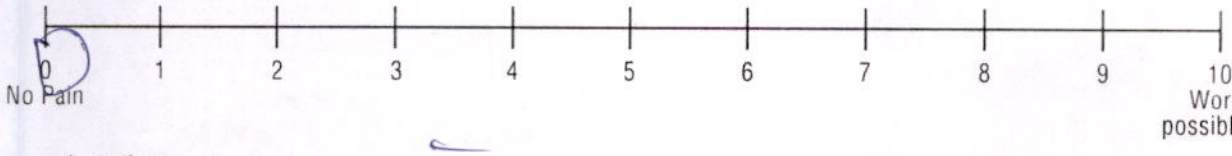
4) **Gestational Criteria:**

Gravida:	G 2	P 1	L 1	A –

LMP: 15/12/25 EDD: 21/9/26 Gestational Age: 32+5 weeks

Uterine Contraction	☐ Yes	☐ No	☐ NA	Onset	Time	Frequency.
Membrane Rupture	☐ Yes	☐ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☐ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☐ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☐ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**



- Location: .....
- Duration: ..... Days / Weeks/ Months (Strike out which is not applicable)
- Character: .....
- Frequency: .....
- Interventions: .....

.....

6) **Past History:**

a) Surgeries: Prev LSCS

b) Medical: Type 2 DM : 24 yrs

7) **Allergy:** ☐ Yes ☐ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☐ None ☐ Others: .....

9) **Prenatal Medical History:**

☐ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☐ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	**Immediate**	**≤ 15 minutes**	**≤ 30 minutes**	**≤ 60 minutes**	**≤ 120 minutes (2 Hours)**
Re-Assessment	**Continuous Nursing Care**	**Every 15 Minutes**	**Every 15 Minutes**	**Every 30 Minutes**	**Every 60 Minutes**
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 5:40pm

Nurse Name : Mangadevi Nurse Signature: M

Date: 19/8/26 Time: 4:20pm

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 15/12/2025 EDD:

Corrected EDD: 21/09/2026 GA: 32+5 wks.

Obstetric Formula: G12P1L1

ML - 13 yrs. NCM.

Menstrual History: Regular : ☑ Yes ☐ No

Obstetric History:

G11 - FTLSCS | Male | 10 years | 2.9 kg. | A & H | uneventful | BF - 8 months | odisa.

G12 - Present pregnancy | sp. conception.

Obstetric Examination

Fundal Height:

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

Liquor: ☐ Adequate ☑ Oligo ☐ Poly

PP: ☐ Cephalic ☐ Breech Others _____

Head Fifths Palpable: _____

FHS: ☐ Normal ☐ Tachy ☐ Brady ☑ Absent

Present Pregnancy Record: Booked to CH at 10+2 wks. Tab. Ecospin 150 mg since 16 wks. pediatric neurologist, geneticist review done & genetic counselling done.

RISK FACTORS: at 16 wks. H/o raised BP readings with no imminent signs of eclampsia at 28+5 wks, admission advised but pt. denied. H/o decreased fetal movements since 3 days at 32+5 wks, Growth scan done - IUFD.

- ~~Pregestational~~ Type 2 DM.
- PGHTN - Breech

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: 148 cm

Weight: 62.4 kg

Allergies: Nil

Breast: ☑ Normal ☐ Abnormal

General Examination: pt is c/c/c

Consciousness: ⊕ Pallor: ⊖

Icterus: ⊖ Edema: ⊖

Temp: Afeb. PR: 107 bpm

BP: 168/79 mmHg DTR: ⊕

CVS: S1S2 ⊕ RS BAE ⊕

Liver/Spleen: NAD. Urine Output: Adeq.

& previous USGs. &

DIAGNOSIS

G2P1L1 with 32+5 wks with type 2 diabetes mellitus (I) with ~~pregestational~~ chronic hypertension with intrauterine fetal demise for delivery. & Breech presentation

IH-00202459 IP-00060961
re SUBHALAXMI DEVI
3-07-1986 40 Y (F)
r. SRILATA PATNAIK

Family History:
Mother - DM.
Father - HTN.

Surgical History:
prev. LSCS 10 years back.

Medical History:
Type 2 DM. since 2 years.

Medication History:
Insulin. Insugen - R 8U-8U-6U
Insulin Lantus 12 U once at 10 pm.
Tab. Lobet 200 mg TID.
Tab. Nifedipine 10 mg 2-1-2

Plan of Care:
GRBS - 264.
c/I to Dr. Srilata mam
- Admission
- Diabetic diet
- part preparation.
- monitor vitals.
-
- Send PE profile (CBP, CUE, LFT, LDH, Blood urea, urine c/s, PT, APTT, INR, Sr. creat, Sr. uric acid, Sr. electrolytes)
- Follow drug chart
- Inform SOS.
- BT, CT.
- Pre dinner sugar.
- Inj. piptaz, metrogyl.

noted by manga 1/8/26 @ 5pm

Investigations:
BG: O POSITIVE

HIV, HBsAg, HCV, VDRL } NR

Urine albumin → 1+
sugar +2

Growth scan -
1/8/2026
SLIUF
32+5 w/s.
AFI - 7.5cm.
AC - 4%.
EFW - 1418 gm.
Fetal cardiac activity not seen.
fetal movements not seen.
S/o intrauterine fetal demise.

• NT scan -
13/3/2026
SLIUF
NT - 2mm.
Intermediate risk for Down's syndrome.

• TIFFA scan -
6/5/2026
SLIUF
20+2 w/s.
PL - post. high.
fibroid uterus
24mm x 26mm.
post wall intramural in lower ut. seen
CL - 37.9 mm.
No anomalies

NIPS - low risk.

Doctor Name: Dr. Nikhita.
Signature:
Date & Time: 1/8/2026. 5:40 PM.

Consultant Name: Dr. Srilata mam.
Signature:
Date & Time: 1/8/2026.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/2026 5:30 pm.	O/E - pt is c/c/c	Adv:
	GC - Fair.	- Diabetic diet
	Afebrile.	- Adeq. Hydration
	BP - 155/74 mmHg	- monitor vitals
Tab. miso 100mcg kept PV at 5:30pm	PR - 116 bpm.	- BP charting 2nd hourly
	S/E - NAD.	- Continuous PR monitoring.
CBP-13.1/15960/s20L	P/A - wt ~ 32 wks.	- w/F expulsion
	Cephalic.	- Follow drug chart
	relaxed.	- Inform SOS.
	V/E - Cx - 1cm	Dr. Nikhita
	os - closed.	
	noted by manga 1/8/26 @ 5:30pm	
1/8/2026 7:40 pm.	C/I to Dr. Srilata mam	
	LFT - (N)	
	Electrolytes - Na+ / K+ / Cl- - 141 / 4.5 / 103	
	PT / APTT / INR - 14 / 29 / 1	
	Creat - 0.7	
	Uric acid - 6.4 (↑)	
	Urea - 20.8	
	noted by manga 1/8/26 @ 7:40pm.	Dr. Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/2026 8:50pm	c/s/B Dr. Srilata mam Foleys. induction notes - under strict aseptic conditions, patient placed in lithotomy position, posts painted & draped. - Anterior & posterior vaginal walls retracted with sims speculum. - Ant lip of cervix held with spouge holding forceps. - Foleys inserted into cervix & bulb inflated with 30 ml of distilled water. - patient stable	Dr. Nikuita.
1/8/2026 9pm.	CI I to AROM GRBS - 226 mg/dl.	Adv: - Insulin Novarapid 8 IU SC.
	Notes by Tejas 1/8/26 at 8:50pm	Dr. Nikuita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/8/2026 9:30 pm		Adv:
	O/E- pt is c/c/c	- Diabetic diet
	GC- Fair	- Adeq. Hydration
	Afebrile.	- Ambulation
	BP - 143/94 mmHg.	- monitor vitals.
	PR - 100 bpm.	- Follow drug chart
	S/E- NAD.	- Inform SAS.
	P/A- wt ~ 32 w/cs	- Continuous PR monitoring.
	cephalic ~~presentation~~.	
	irritable.	
	V/E- foleys in situ.	Dr. Nikhita
	Noted by Prathyusha	@ 9:30 pm
1/8/2026 12 Am.		
	GRBS - 212 mg/dl	
	Noted by Tejo 1/8/26 at: 12:00 Am	Dr. Nikhita
2/8/2026 1:30 Am.	O/E- pt is c/c/c	Adv:
	GC- Fair	- Diabetic diet
	Afebrile.	- Adeq. Hydration
	BP - 134/93 mmHg	- Ambulation
	PR - 112 bpm.	- monitor vitals
	S/E- NAD.	- Follow drug chart
	P/A- wt ~ 32 w/cs	- Inform SAS.
	Cephalic.	- Continuous PR monitoring.
	2c/ 20 sec/ 10 min.	
	V/E- foleys in situ	Dr. Nikhita
	Noted by Prathyusha	@ 1:30 Am

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 6:30am		
	O/E pt c/c/c	Adv
	afeb	- Soft diabetic
	afebrile	diet
T. Miso 50 mcg	BP - 138/90 mmHg	- Inform all
kept PV	PR - 105 bpm	pre & post
	S/CVS NAD	sugar
	P/A - Ut ~ 30wk	- W/F expulsion
BT - 2:15 min	irritable	- Monitor vitals
CT - 4 min 30 sec	PV - Jelly in	- follow drug
LDH 211	situ	chart
		- Inform SOS
		Dr. Ashwini
	Noted by prathyusha	@ 6:30Am
2/8/26 8:43AM	C/I to Dr. Sumidhara mam	
	pt had one episode of vomiting	
	BP - 153/96 mmHg	
	FBS - 209 mg/dl	
for all orders		Adv
		- Add tab. Isolazine
Noted by Saharsini 8:45AM 2/8/26		TID
		- Insugen R - 12U
		before breakfast
		Dr. Ashwini

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 9:30 AM	c/I to Dr. Srilata mam	
	CUE – slightly turbid.	
	sediment – present.	
	protein +	
	Glucose ++++	
	Leucocytes +++	
	pus cells 25–30	
	Epithelial cells 18–20	
		R Dr. Nikita
Noted by Subasini 9:30 AM 2/8/26	Noted by Subasini @ 9:30 Am	
	C/I/B Dr. Srilata Mam	
2/8/26 10:30 AM	O/E Pt is c/c	
	GC – fair	– Soft diabetic diet
Foley's expelled	Afebrile	– W/F Expulsion
GRBS – 245 mg/dl	BP – 102/67 mmHg	– Pre and Post
	PR – 107 bpm	Sugars to be
Tab misoprostol 50 mg kept PV @ 10 AM.	S/E – NAD	monitored
	P/A – Utn 30 wks	– Monitor vitals
	Irritable	– Following chart
	P/V – Cx-long	– Inform Res
	Os – [illegible] Ext.Os 2 F loose	
		[signature]
	Noted by Subasini @ 10:30 pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/8/26 12PM	C/S/B Dr. Srilata Mam	
	O/E Pt is c/o/c	Adv
	GC- fair	- Soft diabetic diet
	Afebrile	- I/O/F Explained
	BP- 102/67 mmHg	- Pre & Post sugars to be informed.
GRBS - 245 gm/dL	PR- 102 bpm	- Monitor vitals
	S/E- NAD	- Follow drug chart
Trace Urine c/s.	P/A- Uterus 30 wks	- Inform SOS.
	Suitable	
	P/V - Cx-long	
	External os - 2F loose.	
noted by Subha 12PM 21/8/26		Dr. Greeshma.
21/8/26 12PM.	C/E to Dr. Sunidhara Mam	
	PBBS (GRBS)- 245 gm/dL	
	BP- 102/67 mmHg	
	PR- 102 bpm	Adv
noted by Subha 1PM 21/8/26		- 20 U Inj. INSULIN-R in 100 ml of NS over 1 hour.
		- Check GRBS after infusion & inform
		Dr. Greeshma

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Foley's Induction → C/S By Dr Srilata Patnaik Maam	
2/8/26 12:30PM	Under strict aseptic conditions, patient placed in lithotomy position. Anterior & posterior vaginal wall retracted with sims speculum. foleys catheter no. 14 placed intracervically & bulb inflated with 60ml of Distill water.	
		Dr. Farooq
2/8/26 4:45pm	C/I to Dr. Sunidhara Mam	
	GRBS – 133 g/dL BP – 116/68 mmHg PR – 107 bpm	
	Noted by Ravi 2/8/26 [illegible]	Adv – T. LABETALOL 100mg stat – INSULIN-R 14U–14U–14U – Inform SOS
		Dr. Greeshma

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Date & Time	Progress Notes	Doctor's Order
2/8/26 2:30pm	O/E Pt is c/c/c	
	GC - fair	Adv
	Afebrile	- Soft diabetic diet
	BP - 116/62 mmHg	- W/F Expulsion
3rd dose	PR - 102 bpm	- Inform Pre & Post Sugars
T. MISOPROSTOL	S/E - NAD.	- Monitor vitals
50mcg kept	P/A - Ut ≈ 30 wks	- Follow drug chart
PV @ 2:30 pm	3c/30sec/10min	- Inform SOS
	4E - Cx 100% effaced	
	Os : 3cm	
	Foleys - In - situ.	Dr. Greeshma
Noted by Ravi 2/8/26 @ 2:30pm		
	C/I to Dr. Sridevi Mam	
2/8/26 4PM	(Pre lunch) GRBS - 133 gm/dL	
		Adv
noted. by Subhashini 2/8/26 4pm		- Inform Pre-Dinner Sugars
		Dr. Greeshma

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26 6:30 PM	O/E Pt is c/c/c	
	GC - fair	Adv
	Temp - 100 F	- Soft diabetic diet
	BP - 116/84 mmHg	- W/F Expulsion
Foley's expelled	PR - 97 bpm	- Inform Pre Dinner
	S/E - NAD	Sugars to Dr. Siddavi Mam
	P/A - Ut ~ 30 wks	
	3c/30sec/10min	- Monitor vitals
	Cx - 1 inch long	- Follow dry chart
	Os - 3cm	- Inform SOS
	PP - Breech (-2).	
		Dr Farmer
	Noted by pooja 2/8/26 @ 6:20pm	
2/8/26 7PM	P/A - Ut ~ 30 weeks	Adv
Tab misoprostol 50mcg kept @ 7pm	3c/30sec/10min	- W/F POL
	Cx - 1 inch long	- Inform pre dinner.
	Os - 3cm	
	PP - Breech (-2).	- Inform SOS
		- W/F expulsion
noted by Suhasini 7pm 2/8/26		Dr Farmer

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OGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I to Dr. Sridevi Mam	
2/8/26 7:10pm	GRBS (Pre-Dinner) - 139 gm/dl	
		Adv.
noted by Sahasini 2/8/26 7:10PM		- INSULIN Regular - 16 U Post Dinner.
		- Inform Pre n Post Sugars.
		Dr. Greeshma
2/8/26 10 PM	C/I Dr. Sridevi Mam	
	GRBS (Post-Dinner) - 208 gm/dl.	
		Adv
		- INSUGEN-R 16U given
		- Inform Pre n Post sugars
		Dr. Greeshma
	noted by prathyusha @ 10pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/8/26		
10 PM	O/E Pt is c/c/c	Adv
	GC - fair	- Soft diabetic diet
	Afebrile	- W/F Expulsion
	BP - 131/90 mmHg	- Inform Pre n Post
	PR - 92 bpm	Sugars.
	S/E - NAD	- Monitor vitals.
	P/A - Ut ≈ 30 weeks	- Follow day chart
	3c/25-30sec/10min	- Inform PGs
	Ext	
		Dr. Geeta
	noted by pratyush @ 10pm	
2/8/26	O/E Pt is c/c/c	
10:30 PM	GC - fair	
	Vitals stable	Adv
Smsure	P/A - Ut ≈ 30 weeks	- Diabetic soft diet
TAMSOPROSOL	3c/25-30sec/10min	- W/F Expulsion
poured kept	V/E - Cx - 3/4th inch long	- Inform Pre n Post
PV @ 10:30 PM	Os - 3cm	Sugars
	PPV x 1-2	- Monitor vitals
	Breech	- Follow day chart
		- Inform PGs
		Dr. Geeta
	noted by pratyush @ 10:30 pm	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 2:30AM	O/E Pt is c/c/c	Adv
	GC- fair	- Diabetic soft diet
	Afebrile	- W/F Expulsion
	BP- 146/80 mmHg	- Inform Pre & Post
	PR- 90 bpm	Sugars
	S/E-NAD	- Monitor vitals
	P/A- Utr 30 weeks	- Follow drug chart
	4c/30 sec/10 min	- Inform SOS.
	V/E - 3/4th Inch long	
	Os - 3-4 cm	
	PPV x 1-2	
	Breech.	Given Dr Gunarthnam
Notes by	Teja 3/8/26 at 3/8/26 at 2:30AM	
3/8/26 6:30am	O/E Pt is c/c/c	
	GC- fair	Adv
	Afebrile	- Diabetic soft diet
	BP- 140/82 mmHg.	- W/F Expulsion
FBS-115g/dL	PR- 92 bpm	- Inform Pre & Post
	S/E-NAD	Sugars
	P/A- Utr 30 weeks.	- Monitor vitals
	4c/30sec/10 min	- Follow drug chart
	V/E - ~~3/4th Inch long~~	- Inform SOS
	Cx - 60-70% effaced, Os - 3to4cm	
	PPV x 1-2	
	Breech-	Given Dr Gunarthnam
Notes	by Teja 3/8/26 at 6:30AM	

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

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	C/I to Dr Srilata Mam	
3/8/26 7:45 Am	Vitals stable.	Adv
	P/A - Ut ≈ 30 weeks.	- Diabetic soft diet.
	4C | 30sec | 10min	- W/F Expulsion
	V/E - Cx 80% effaced.	- Inform Pre & Post
	Os - 4cm	Sugars
	RPVx 1-2)	- Monitor vitals.
	Breech	- Follow duty chart
		- Inform Drs
		[signature]
	Notd by prathyusha @7:45am	
3/8/26 8:30Am	C/I to Dr Sridevi Mam	
	FBS - 115 g/dL	
		Adv
noted by [illegible] 8:30am 3/8/26.		- INSULIN - R 8U stat
		- Inform Post Breakfast sugars.
		[signature]

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 9:30AM	O/E	
	Pt is c/c/c	Adv
	GC-fair	- Diabetic soft diet
	Afebrile	- W/F expulsion
	BP-168/110 mmHg	- Inform pre & post sugars
	PR-108 bpm.	- Monitor Vitals
	S/E-NAD	- Bp charting
	P/A- Ut- 30wk	- Follow drug chart
	4C/30 sec/10 min	- Inform SOS
Noted by Subhashree 3/8/26 9:30pm.		Dr Yogeshwaran.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Delivery Notes	
3/8/26 10:30 Am		Dr. Sulata Patnaik Dr. Faiyaz Sis Suhasini
	Under strict aseptic conditions, perineum painted and draped. At the peak of contraction, RMLE given under 2% lignocaine. A Dead female fetus of weight 1.486 kg and placenta of weight 0.309 kg delivered at 10:26 AM and 10:30 AM respectively through Assisted Vaginal Breech delivery on 03/08/26. Episiotomy sutured in layers. No perineal tears or extensions noted. Hemostasis secured. PR done - NAD Female | 1.486 kg 10:26 AM | 3/8/26	Dr. Geetha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	PND-0	
3/8/26 11 Am	O/E Pt is c/c/c GC- fair Afebrile BP- 140/89 mmHg PR- 100 bpm S/E- NAD P/A- Utn w/R Soft, NT H/E- WNL GRBS @ 1:50 pm - 118 mg/dl. Noted by Suhasini 3/8/26 11 Am	Rx - Diabetic soft diet - Adequate hydration - Monitor vitals - Follow drug chart - Inform SOS - Tab Cabergoline 0.5 mg stat Dr Sreeshma
3/8/26 3 PM	PND-0 O/E Pt is c/c/c GC- fair Afebrile BP- 97/49 mmHg. PR- 98 bpm. S/E- NAD P/A- Utn w/R Soft, NT H/E- WNL Noted by Meghna 3/8/26 3pm	Rx - Diabetic soft diet - Adequate hydration - Monitor vitals - Follow drug chart - Inform SOS. Dr. Nikhita

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 3pm	c/F to Dr. sridevi mam.	
	PBBS - 118 mg/dl.	Adv:
		- Insulin Insugen R 6 IV
		Dr. Nikhita
	Noted by Meghna 3/8/26 3pm	
3/8/26 6pm	C/S/B Dr Srilata mam	
	O/E Pt is c/c/c	Adv
	Ucteir	- stop piptaz & metrogyl
	Afebrile	- tomorrow morning
	BP- 131/83mmHg	- start oral augmentin
	PR- 90bpm	& metrogyl BD tomorrow
	S/E - NAD	- T. Labet 100mg TID
	P/A - Ut~WR	- T Nicardia 10mg TID
	soft	- monitor sugars
	L/E - NAB	- monitor BP.
		- Follow drug chart
		- Inform SOS
	Noted by Meghna 3/8/26 6pm	Dr. yogeshwari

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 8pm	pre dinner sugars - 68 mg/dl Noted by Meghna 3/8/26 8pm	Adv → Diabetic diet → check post dinner sugars & Inform → Inform sos Dr
3/8/26 10 pm check post dinner sugars	O/E pt is c/c/c Gcfair Afebrile BP- 115/79 mmHg PR 82 bpm S/E - NAD P/A - Ut - wR soft CVS - NAB RS ab noted by prathyusha	Adv - Diabetic diet - Monitor vitals - Follow drug chart - Adequate hydrate - Do prep post sugars - BP charting - Inform SOS Dr yogeshwara @OP

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

(10)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/8/26 11:30pm	C/I to Dr. Sridevi mam Post dinner sugar - 246 mg/dl	Adv - Diabetic diet - Do FBS tomorrow - Inform SOS Dr yogeshwari Noted by Prathyusha @ 11:30pm
4/8/26 2pm Check FBS & inform	O/E Pt is c/c/c Cec-fair Afebrile BP- 130/70 mmHg PR- 86 bpm S/E- NAD P/A - Ut ~ WR soft L/E- NAD	Adv - Diabetic diet - Monitor vitals - Follow drug chart - Adequate hydration - Ambulation - BP charting - Inform SOS Dr yogeshwari Noted by prathyusha @ 2pm

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/8/26 6AM	O/E	
	pt i/s c/c/c	Adv
	Cc fever	- Diabetic diet
	Afebrile	- w/f bleeding PV
	BP- 124/84mmHg	- Monitor vitals
check FBS & inform	PR- 88bpm	- Follow drug chart
	S/E- NAD	- Adequate hydration
	P/A- Ut-wR soft	- Ambulation
		- BP charting
	L/E- NAB	- Inform SOS
		Dr yogeshwari
	Noted by postgyn @6am	
4/8/26 8:30AM	C/I to DR SRIDEVI mam	
	FBS- 154	Adv
		- Insulin Insugen R 6 IU
		Dr yogeshwari

VIH-00202459 IP-00060961
Mrs SUBHALAXMI DEVI
15-07-1986 40 Y (F)
Dr. SRILATA PATNAIK

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/8/26	O/E -	Adv:
9AM.	Pt is c/c/c	- Diabetic diet
	GC - fair	- W/F bleeding PV
	Afebrile.	- monitor vitals
urine passed	BP - 128/69 mmHg.	- Follow drug chart
Motion passed	PR - 87 bpm.	- Ambulation
	S/E - NAD.	- Inform SOS.
pt. can be discharged	P/A - wt ~ H/R.	
	soft.	
	L/E - NAB.	Dr. Niklita.

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

(P.T.O)

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

(1)

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2P1L1 c̄ 32+5 wks Type-2 DM (c) c̄ pregestational Hypertension	Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure: c̄ RUFD for Delivery	Post OP Day:

		1/8/26 Evening	2/8/26 N	2/8/26 M	2/8/26 E	2/8/26 N	3/8/26 M
BACKGROUND	Date / Shift	1/8/26 Evening	2/8/26 N	2/8/26 M	2/8/26 E	2/8/26 N	3/8/26 M
	Medical Condition (Any special condition to be noted):	HTN, DM (2)	HTN, DM (2)			–	–
	Diet:	D diet	D diet	D-Diet	D diet	D diet	D diet
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	98.4 F	97.1°F	98.4°F	98.6F	98°F	98.6F
	Res:	19b/min	20b/m	19b/m	1ab/m	19b/m	19b/m
	SpO2:	99%	98%	96%	99%	99%	99%
	Pulse:	122b/m	90b/mt	96b/mt		98b/mt	82b/m
	BP:	157/89mmhg	160/90mmHg	153/97mmHg		128/85mmHg	117/72mmHg
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	40	40	40	15	40	40
	Pain Score:	1 score	1 score	1 score	score	15	0
	Skin Integrity	intact	intact	intact	intact	intact	intact
Recommendations	Safety Needs:	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☑ Yes ☐ No
	Physiotherapy:	Nil	–	–	–	–	–
	Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	D diet	D diet	D-Diet	D diet	D diet	D diet
	Critical Lab Test / Values:	Nil	Nil	Nil	Nil	–	
	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	dependent	dependent	dependent	dependent
Post Operative Procedure Special Orders:		w/f PDL		w/f FHS	If the BP ≥ 160/90 mmHg continue all BP tablets		w/f bleeding
Handed Over By Name :		manga	prathyusha	Neetha	pooja	prathyusha	Subasini
Signature / ID :		015020	020533	607896	9050150	020533	020477
Date:		1/8/26	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26
Time:		@8pm	@8am	@2pm	@8pm	@8pm	2pm
Taken Over By Name :		prathyusha	Subasini	K.Subasini	prathyusha	K.Subasini	Meghna
Signature / ID :		020533	020477	020477	020533	020477	020232
Date:		1/8/26	2/8/26	2/8/26	2/8/26	3/8/26	3/8/26
Time:		@8pm	8am	2pm	@8pm	8am	2pm

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rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: G2P1L1 c̄ 32+5wks c̄ Previous LSCS c̄ Chronic Hypertension c̄ Intrauterine fetal		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
	Surgery / Procedure: demise for delivery		Post OP Day:

BACKGROUND	Date / Shift	3/8/26 E	3/8/26 N	4/8/26 M			
	Medical Condition (Any special condition to be noted):						
	Diet:	D diet	d diet	D Diet			
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°F	96.2°F	98.6°F			
	Res:	19 br/mt	20 b/m	18 bt/min			
	SpO_2:	99%	96%	97%			
	Pulse:	96 b/mt	88 b/mt	98 bt/mt			
	BP:	118/72 mmHg	121/80 mmHg	115/75 mmhg			
	LOC:	Conscious	conscious	Conscious			
	Fall Risk Score:	15	15	15			
	Pain Score:	0	0	0			
	Skin Integrity	Intact	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	d 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	Dependent			
	Post Operative Procedure Special Orders:						
	Handed Over By Name :	Meghna	Prathyusha	Amulia			
	Signature / ID :	020282	020533	022067	ERROR		
	Date:	3/8/26	4/8/26	4/8/26			
	Time:	8pm	@8Am	@10:30			
	Taken Over By Name :	prathyusha	Amulia	/			
	Signature / ID :	020533	022067				
	Date:	3/8/26	4/8/26				
	Time:	@8pm	@8Am				

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI (F)
5-07-1986 40 Y
r. SRILATA PATNAIK

NURSING CARE RECORD

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Date: 1/8/26

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	6pm	⇒ Ensure safety	6:10 pm	⇒ provided side rails	⇒ patient safety	⇒ Patient safe & Comfortable	Mangh 1/8/26 @ 7pm
Night	11pm	maintain fluid Balance	11pm	Encourage to take oral fluids	Provide oral fluids	Patient was dehydrated	Pradipti @ 4pm 1/8/26
	6am	monitor vitals	6am	checked Vitals are normal	vitals are normal	Patient was Stable	Pradipti @ 6am 2/8/26

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 2/8/26

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	8Am.	Ensure Safety	8Am	provide side rails.	prevent falls from bed side	patient was Safe	2/8/26
	11Am.	Maintain fluid Balance		Encourage to take oral Fluids	provide oral Fluids	patient was dehydrated	
Afternoon	2pm	Ensure Safety		provide side rails	prevent falls from bed side	patient is safe	pooja 2/8/26 2:5pm
	4pm	prevent Infection		maintain hand hygine	prevent patient	patient was Safe	
Night	1AM	Monitor vitals	1AM	checked vitals	vitals are stable	patient is good	Sk 3/8/26 @3am
	3AM	Monitor fluid balance	3AM	provided fluids	to prevent dehydration	patient is hydrated	

IH-00202459 IP-00000961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

NURSING CARE RECORD

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Date: 3/8/26

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	maintain fluid balance	8 AM	Encourage to take moraoral liquids	Prevent dehydated - ors	patient well hyd - rated	3/8/26 10AM
	12 PM	Relieve pain & discomfort	12 PM	change the position	Pain relife	Patient calm & Comfort	
Afternoon	2pm	Maintain fluid Balance	2pm	Rs of fluids Administered as per doctor order	To prevent dehydrations	patient is well hydrated	Meghna 3/8/26 8pm
	6pm	Monitor vitals signs	6pm	Monitored vital signs	To know the Baseline data	patient is stable	
Night	10pm	Quick Safety	10pm	provide side rails	To prevent fall from bedside	Patient was Safe	Prathyusha @ 10pm 3/8/26
	6am	monitor vitals	6a	checked vitals	vitals are normal	patient was stable	Prathyusha @ 6am 4/8/26

Patient Sticker

NURSING CARE RECORD

Rainbow® Children's Hospital
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Date: 4/8/24

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	8Am	Ensure safety. Maintance of fluid balance. prevent infection	8:30 Am	- provided side rails - Encourage to take oral fluid and water - maintain hand hygiene.	- prevent falls from bed side. - provides oral fluids - prevent infections	patient was and is safe. patient was dehydrated	Akulia 022067
Afternoon							
Night							

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H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,Kakaguda, Karkhana ,Hyderabad ,Telangana, INDIA ,500009.
TEL NO :040-42462200, Ext 2000,2001,2002
WEB : https://rainbowhospitals.in

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs SUBHALAXMI DEVI**	**Age :**	**40 Y**
IP No:	**IP-00060961**	**Sex:**	**Female**
Consultant:	**Dr. SRILATA PATNAIK**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 222**

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.

ıderstand that the confidentiality of all medical records shall be protected to the full extent of the Law. The undersigned ɔ 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:.....) L Srikanta mishra

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: L Srikanta mishra

Name: SRIKANTA MISHRA

Relationship: Husband

Date: 01/08/26 Time: 04.30 P.M

Witness Name:

Witness Signature:

Patient Address:

FLAT NO-109,LOTUS HOMES,1ST FLOOR ,B BLOCK Keesara Hyderabad Telangana INDIA 501301

Ref. No. F/GYNIC/05

BirthRight Rainbow

Consent form for Trail of Labor / Repeat Cesarean Section

Patient Name : MRS. SUBHALAXMI DEVI Date of Birth : 15/07/1986

Husband's Name : MR. SRIKANTA MISHRA.

You have had a previous cesarean section although "once a cesarean always a cesarean section" used to be the rule; some women may choose to attempt a "Trial of Labor" for Vaginal Birth after Cesarian section (VBAC)

Your doctor will review the records of your cesarean section to determine whether or not you may attempt labor.

Suitability for trial of labor for VBAC is assessed based on factors like :

- When was the last caesarean done
- What is the type of scar on the uterus (Transverse / Vertical)
- Any complications during / after previous caesarean
- Where was it done
- Interval between pregnancies
- The course of your current pregnancy

You will have an opportunity to discuss this in details with your doctor. Large studies have found a success rate of vaginal deliveries in 50 to 60% for women who have a trail of labor. The alternative to trail of labor is to have a repeat cesarean section with out labor.

If you qualify for a vaginal delivery after cesarean section, you need to understand the benefits and risks of a trial of labor. This will enable you to make an informed choice to either plan a trail of labor or a repeat cesarean section.

BENEFITS AND RISKS OR TRAIL OF LABOR FOR VBAC :

Benefits :

- Vaginal delivery after cesarian section include a shorter hospital stay and recovery period for you.
- A vaginal delivery is considered safer then a cesarean section for the mother, with less blood loss and less risk of infection.
- The baby may benefit from vaginal birth by less remaining lung fluid after the first breath.

Risk :

- May require a cesarean section during labor with a higher risk of infection.
- There is a small (<1.2%) risk of the uterus opening in the area of the old incision. If this happens, it should cause distress, permanent injure or death to your baby, excessive bleeding and rarely may require a hysterectomy (removal of the uterus).

BENEFITS AND RISKS WITH PLANNED LSCS :

Benefits :

- No risks of uterine rupture in women undergoing LSCS
- Less risk of birth - related asphyxia for baby when compared with VBAC

Risks :

- Longer hospital stay and recovery period
- Increased risk of neonatal respiratory morbidity (TTN)
- Increase the risk of serious complications in future pregnancies like adherent placenta, injury to bladder, bowel or ureter, hysterectomy; blood transfusion.

The risk of anesthetic complications in extremely low, irrespective of whether you opt for planned VBAC or planner LSCS

Your doctor will answer any further question that you may have.

Please initial here that :

I have read and understand the risk and benefits of each procedure. I have had the opportunity to have my questions answered and I elect for :

[ ] A trial of Labor for ABAC

[ ] A repeat cesarean section

Signature & Date

Dr. NIKHITA

Signature of Doctor & Date 1/8/2026.

Srikanta mishra

Witness signature & Date

INFORMED CONSENT FOR VAGINAL BIRTH

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Patient Name : MRS. SUBHALAXMI DEVI UHID No : VIH-00202459

Gender: ☐ Male ☑ Female Date : 1/8/2026 Time : 5:20 PM.

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction.,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: DR. SRILATA PATNAIK.

Consentee :

Signature : Subhalaxmi Devi

Name :

Date & Time : 1/8/2026 5:20 PM.

Patient Attendant :

Signature : Srikanta mishra

Name : Srikanta mishra

Relationship with Patient: HUS

Date & Time : 1/8/2026 5:20 PM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature :

Name : DR. NEKHITA.

Date & Time : 1/8/2026 5:20 PM.

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INDUCTION OF LABOR CONSENT

Name: Mrs. SUBHALAXMI DEVI Age: 40Y Gender: Male ☐ Female ☑

UHID.No : VIH-00202459 Date: 01/08/2026

You are scheduled for an induction of labor on 1/8/2026. (date) at 32+5 (weeks of gestation).

The reason for your induction is INTRAUTERINE FETAL DEMISE.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient
Signature: Subhalaxmi Devi
Name: Mrs. SUBHALAXMI DEVI
Date & Time: 1/8/2026 5:20 PM.

Patient Attendant:
Signature: Srikanta Mishra
Name: Srikanta Mishra
Relationship with Patient: HUSB
Date & Time: 1/8/2026 5:20 PM

Doctor:
Signature:
Name: DR. NIKHITA.
Date & Time: 1/08/2026 5:20 PM

Witness
Signature:
Name:
Date & Time:

IH-00202459 IP-00060961
Mrs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
Dr. SRILATA PATNAIK

(1)

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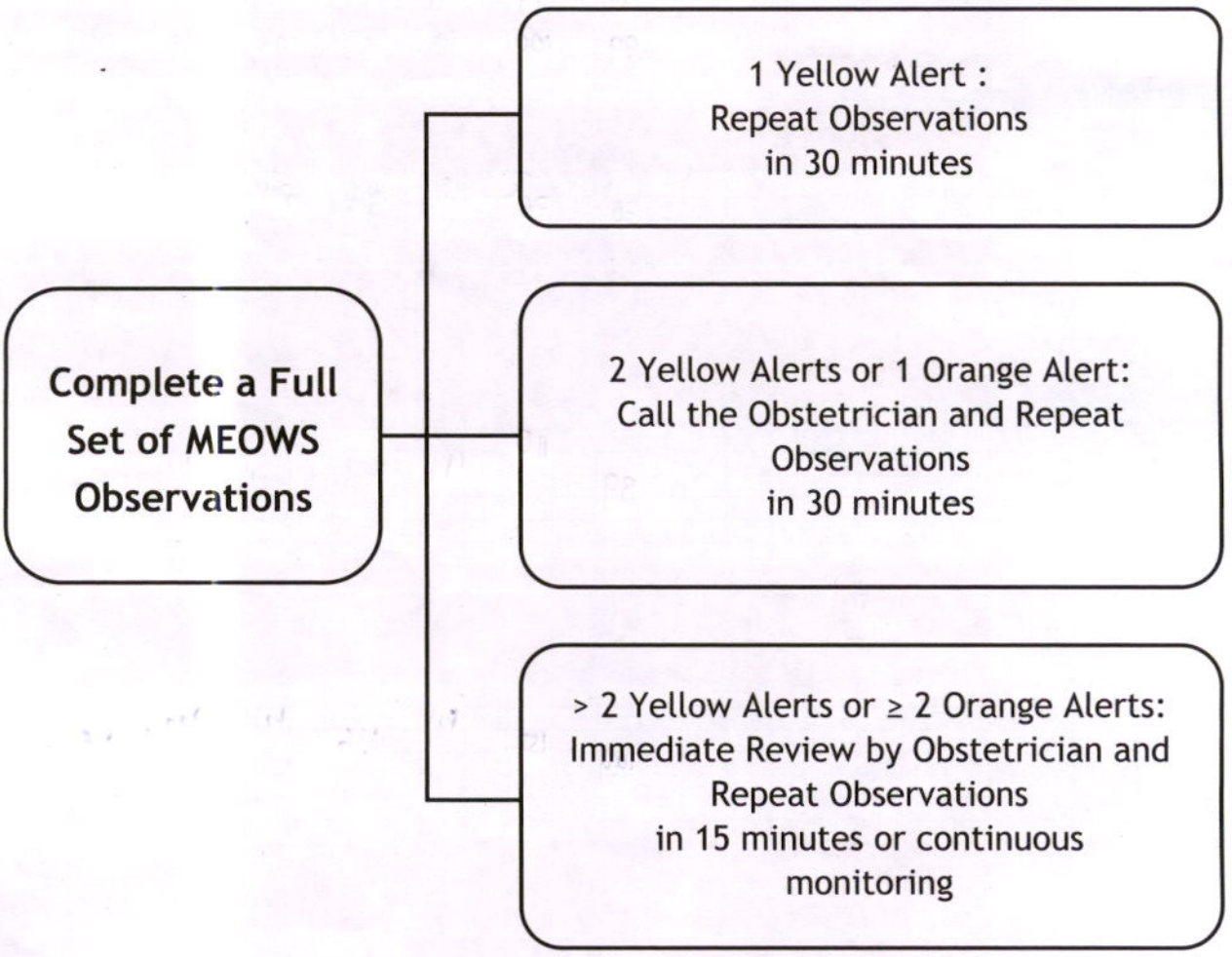
Your Right to a Safe Delivery

Early Warning Observation Score Chart - Obstetrics

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

1/8/26	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	
	0 - 10																								
Saturations	94 - 100 %									99		100		99		99		98		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37									37°C		37°C		37°C		37°C		37°C		37°C		37.2°C			
	36									36°C		36°C												36.2°C	
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100											110													
	90													99				98		90					
	80									89						80						86			
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140													141				142		146					
	130											157				136						135		130	
	120									144															
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90													90				91						90	
	80									89		83				82				80	80	80			
	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	
	Heavy / Foul																								
Liquor	Clear / Pink									NA		NA		NA		NA		NA		NA		NA		NA	
	Green																								
TOTAL YELLOW SCORES										0		0		0		1		0		1		0		0	
TOTAL ORANGE SCORES										0		0		0		0		0		0		0		0	
Nurse Initial										M		M		M		M		M		M		M		M	

Obstetrics and Gynaecology Early Warning Signs



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

IH-00202459 IP-00060961
Irs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

(2)

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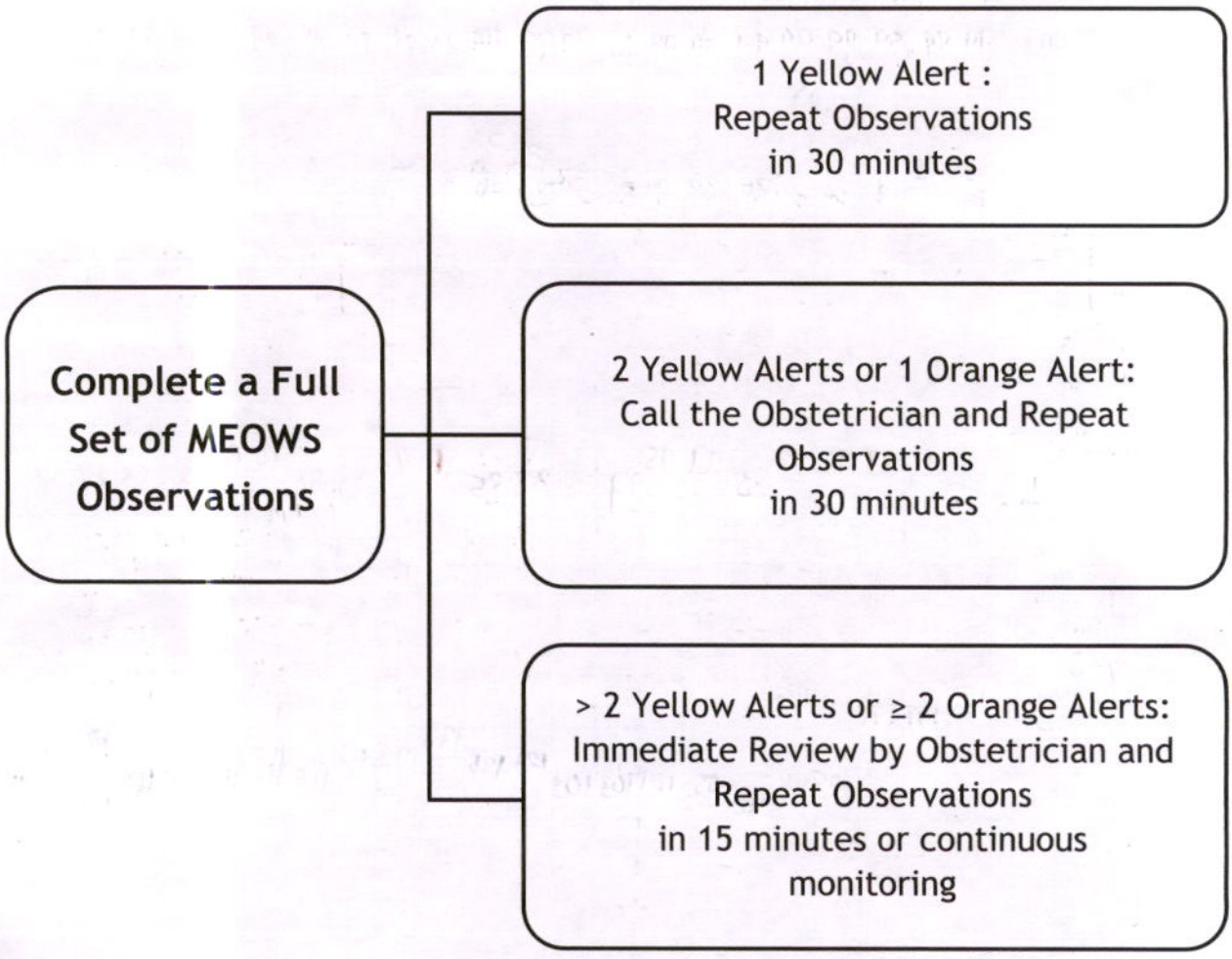
Early Warning Observation Score Chart - Obstetrics

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

2/8/26	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	19	19	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	99	99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %																								
Administered O, (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	36	36	36	36	36	36	36	36	36	36	38	38	37	37	37	37	37	37	37	37	37	37	37	37
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90		91	99	96	98		91	95					90	92			90	92					90	
	80	86					85			82	84	83	85			88	88			86	88	84	86		88
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150	153				153																			
	140		147	144																					
	130																								
	120																								
	110				105	102		105	109	103	103														
	100						100					127	128	138	128	126	110	115	118	108	118	104	126	113	121
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90					97																			
	80	89	88																					80	82
	70				77		71	72	75			81	80	84	82	86	70	72	74	65	80	61	78		
	60									60	64													8	
	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	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	NA	NA	NA	NA	NA				
	Green																								
TOTAL YELLOW SCORES		0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	1	1
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

3

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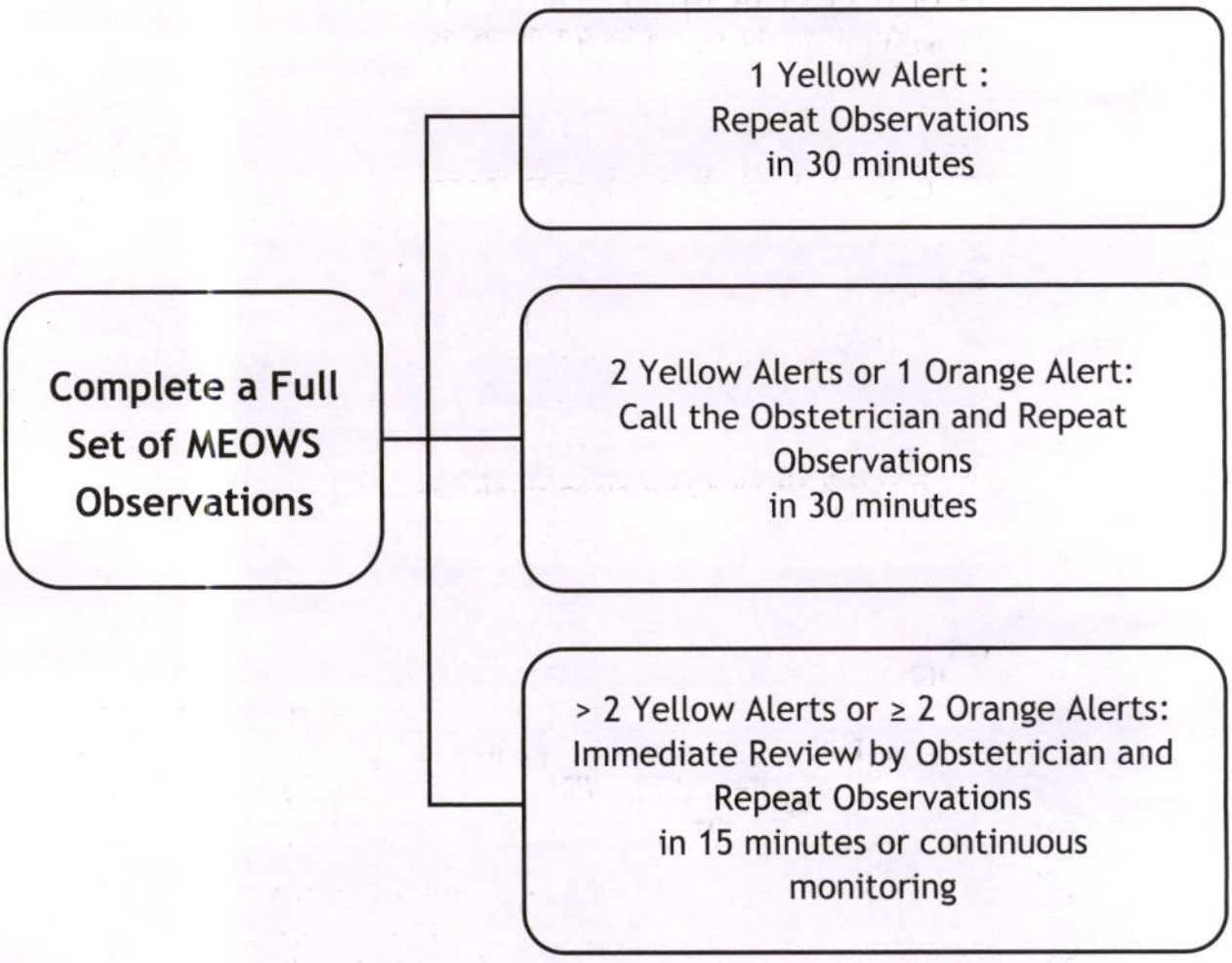
Early Warning Observation Score Chart - Obstetrics

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

3/8/26	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	19	19		19		19		19		19		19	
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	98	99	98	99	99	99	99	99	99		99		99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	90	92	80	83	84	84	83	84	80	83	84	86	82		80		79		86		88		81	
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170	170																							
	160		168																						
	150																								
	140																								
	130																								
	120			127	138																				
	110					100	117		117		123	118	120	118	115	120		113				126		121	
	100							99												109					
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110	100	110																						
	100																								
	90																								
	80			70	84																	91			
	70						72	73		79	73	71	76	79		78		70						80	
	60					66			61											61					
	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	NA	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	0	0		0		0		1		0		0	
TOTAL ORANGE SCORES		2	2	0	0	0	0	0	0	0	0	0	0	0		0		0		0		0		0	
Nurse Initial																									

Docu. No. : RCHBH /FRM / CLINICAL / 053

Obstetrics and Gynaecology Early Warning Signs



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

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

Rainbow® Children's Hospital
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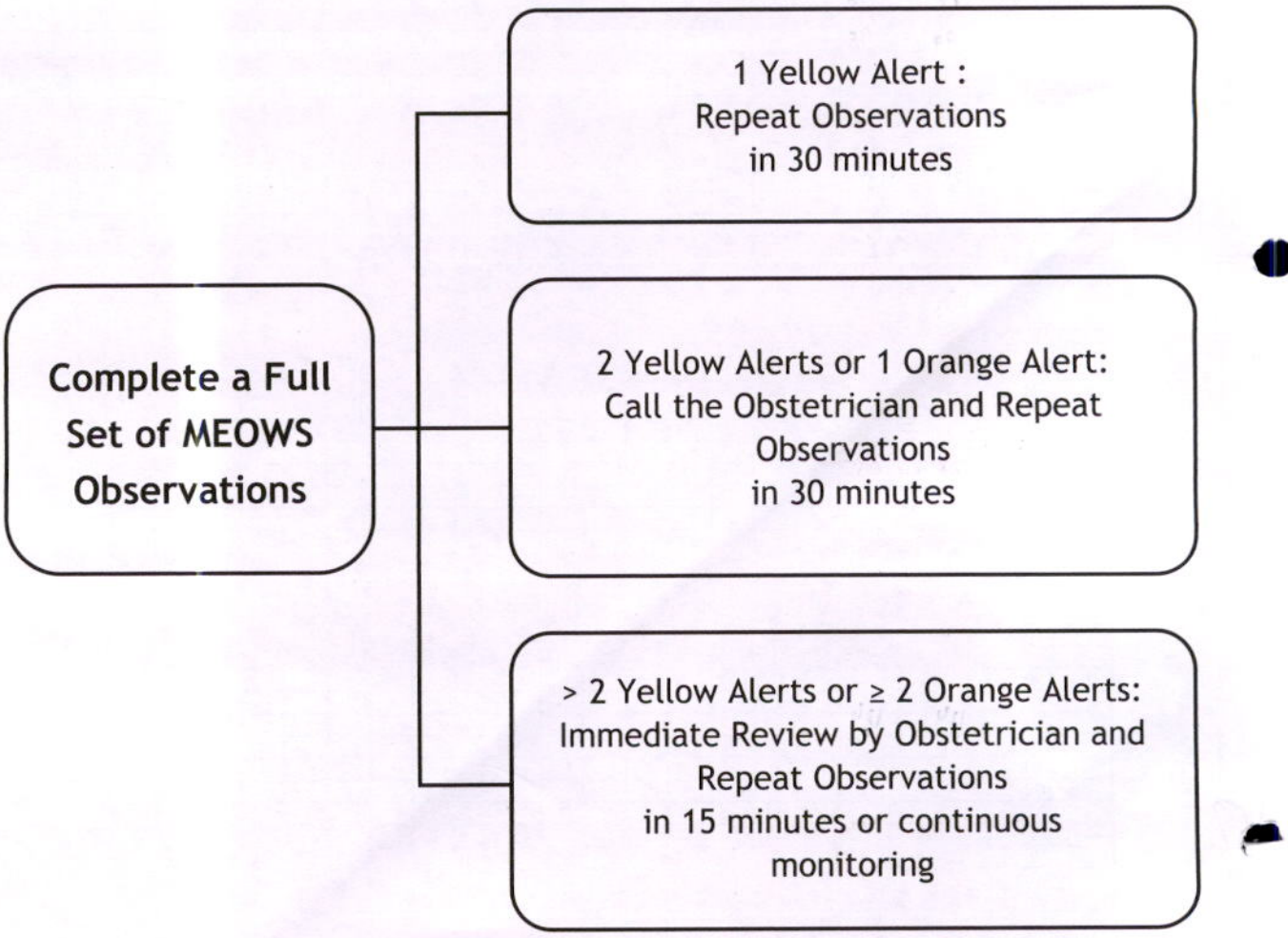
Early Warning Observation Score Chart - Obstetrics

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

4/8/26	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		16																					
	0 - 10																								
Saturations	94 - 100 %	99		98																					
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	36.8		36.6																					
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	88		86																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	114		126																					
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	80		70																					
	70																								
	60																								
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓																					
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓		✓																					
	< 30																								
Proteinuria	Protein + +	NA		—																					
	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		AR		SK																					

Obstetrics and Gynaecology Early Warning Signs



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

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

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BirthRight™ BY RAINBOW HOSPITALS
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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					IV Site Thrombo-phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am					NIL ✓						
	12:00 pm				✓							
	01:00 pm											
Total Intake :						**Total Output :**						
	02:00 pm											
	03:00 pm											
	04:00 pm	H20 100ml										
1/8/26	05:00 pm	H20 100ml								✓	0	@ mango 1/8/26 @7pm
	06:00 pm	H20 100ml									0	
	07:00 pm	H20 100ml + enj'-meto 100ml								✓	0	
Total Intake :		500ml				**Total Output :**				passed		
	08:00 pm	H_2O 100ml									0	
	09:00 pm	H_2O 100ml								—	0	pradhan @1.0m 2/8/26
1/8/26	10:00 pm	H_2O 100ml									0	
	11:00 pm	H_2O 100ml								—	0	
	12:00 am	H_2O 100ml									0	
	01:00 am	H_2O 100ml									0	
Total Intake :		600ml				**Total Output :**				Passed		
	02:00 am	H_2O 50ml									0	
	03:00 am									—	0	pradhan @7am 2/8/26
2/8/26	04:00 am	H_2O 100ml									0	
	05:00 am									—	0	
	06:00 am	H_2O 100ml									0	
	07:00 am	H_2O 100ml								—	0	
Total Intake :		350 ml				**Total Output :**				Passed		

Total 24 hrs. Intake	950ml	Total 24 hrs. Output	Passed

IH-00202459 IP-00060961
re SUBHALAXMI DEVI (F)
5-07-1986 40 Y
r. SRILATA PATNAIK

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
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FLUID CHART

Sheet No. : 2

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	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
21/8/26	08:00 am	H2O + 50 ml								✓	0	
	09:00 am	H2O + 150 ml									0	
	10:00 am	H2O + 100 ml								✓	0	
	11:00 am	H2O + 50 ml									0	
	12:00 pm	H2O + 150 ml									0	
	01:00 pm	H2O + 50 ml										
Total Intake :		450 ml				**Total Output :**				passed		
21/8/26	02:00 pm	H2O + 50 ml									0	
	03:00 pm	H2O + 20 ml Inj. pepcinzole 100 ml									0	
	04:00 pm	H2O 100 ml + Inj. metrogel 100 ml								✓	0	
	05:00 pm	H2O 100 ml									0	
	06:00 pm	H2O 100 ml + Inj. pcm 100 ml									0	
	07:00 pm	H2O 50 ml										
Total Intake :		450 ml				**Total Output :**				Passed		
21/8/26	08:00 pm	H2O + 100 ml									0	
	09:00 pm	H2O + 100 ml									0	
	10:00 pm	H2O + 50 ml + Metrogyl 100 ml								✓	0	
	11:00 pm	H2O + 100 ml + Injplasig 100 ml									0	
	12:00 am	H2O + 50 ml								✓	0	
	01:00 am	H2O + 50 ml									0	
Total Intake :		650 ml				**Total Output :**				Passed		
21/8/26	02:00 am	H2O 100 ml									0	
	03:00 am									✓	0	
	04:00 am	H2O 100 ml									0	
	05:00 am									✓	0	
	06:00 am	H2O 100 ml									0	
	07:00 am	H2O 100 ml								✓	0	
Total Intake :		400 ml				**Total Output :**				Passed		

Total 24 hrs. Intake	1900 ml	Total 24 hrs. Output	Passed

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

[partial]459 IP-00060961
[partial]ALAXMI DEVI
5-07-1986 40 Y (F)
Dr. SRILATA PATNAIK

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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	Route: I.V	Route: N.G	Output: NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
3/8/26	08:00 am	H2O 100ml										
	09:00 am	H2O 100ml + ~~RL 500ml~~ / RL 500ml									0	[signature] 3/8/26 10 AM
	10:00 am	H2O 100ml + Inj oxytocin 10ml/hr								✓	0	
	11:00 am	H2O 100ml + RL 500ml									0	
	12:00 pm	H2O 100ml + oxytocin 5ml/hr								✓	0	[signature] 3/8/26 1pm
	01:00 pm	H2O 100ml + oxytosin 5ml/hr									0	
Total Intake :		1600ml				**Total Output :**	Passed.					
3/8/26	02:00 pm	H2O 100ml + Inj. metrogyl 100ml/hr						✓			0	[signature] 3/8/26 8pm
	03:00 pm	H2O 50ml + Inj. piptaz 100ml + RL 100ml/hr								✓	0	
	04:00 pm	H2O 50ml + RL 100ml/hr						✓			0	
	05:00 pm	RL 100ml/hr.						✓			0	
	06:00 pm	H2O 100ml + RL 100ml									0	
	07:00 pm	H2O 50ml + RL 100ml									0	
Total Intake :		1050				**Total Output :**	passed					
	08:00 pm	H2O 50ml + RL 100ml									.	[signature] @ 7am 4/8/26
	09:00 pm	H2O 100ml + RL 100ml								✓	0	
	10:00 pm	H2O 50ml + RL 100ml										
	11:00 pm	H2O 50ml + RL 100ml										
	12:00 am	H2O 50ml + RL 100ml								✓	L	
	01:00 am	H2O 50ml + RL 100ml										
Total Intake :		950ml				**Total Output :**	Passed					
	02:00 am	RL 100ml/hr										[signature] @ 7am 4/8/26
	03:00 am	RL 100ml/hr								✓	0	
	04:00 am	RL 100ml/hr									0	
	05:00 am	H2O 50ml + RL 100ml/hr								✓	-	
	06:00 am	H2O 50ml + RL 100ml									-	
	07:00 am	H2O 50ml + RL 100ml								✓	-	
Total Intake :		750ml				**Total Output :**	Passed					

Total 24 hrs. Intake	4050ml	Total 24 hrs. Output	Passed

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

Patient Sticker

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 4

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					✓	0	
4/8/26	08:00 am	H_2O	100ml								0	[signature]
	09:00 am	H_2O	50ml							✓	0	002017
	10:00 am	Water	100ml								0	
	11:00 am	H_2O	100ml							✓	0	@8Am
	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**	

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

IH-00202459 IP-00060961
Mrs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
Dr. SRILATA PATNAIK

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1	CU	62 kg

REGULAR PRESCRIPTIONS

DRUG : INJ. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
500 MG	IV	8TH HOURLY	1/8

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	1/8	2/8	3/8
6 AM		P Tija	P Tija
2 PM		P	P
10 PM	P Tija	P	P Tija

STOP.

Neha 1/8/26

DRUG : T. NICARDIA (NIFEDIPINE SUSTAINED)

Dose	Route	Frequency	Start Dt.
20 MG	PO	12TH HOURLY	1/8

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	1/8/26
11 PM	
11 PM	P Tija

STOP

Dr. Nikhita 2/8 11 AM

Chith 1/8/26

DRUG : T. NICARDIA (NIFEDIPINE SUSTAINED)

Dose	Route	Frequency	Start Dt.
10 MG	PO	ONCE DAILY	1/8

Name & Signature of the Doctor starting the Drugs: DR. NIKHITA.

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	2/8/26
3 PM	

STOP

Dr. Nikhita 2/8 11 AM

1/8/26

DRUG : T. ISOSORBIDE DINITRATE + HYDRALAZINE

Dose	Route	Frequency	Start Dt.
20 MG + 37.5 MG	PO	8TH HOURLY	2/8

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

Additional Instructions: T. ISOLAZINE 20 + 37.5 MG

Daily Doctor's Endorsement by a Sign.

Date	2/8/26	3/8/26
3 AM	HOLD	
9 AM		Stop
6 AM	HOLD	

Dr. Ashwini 31/8/26

8 may bowel 2/8/26

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H-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
		1		62 kg

REGULAR PRESCRIPTIONS

DRUG : T-PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
40 MG	PO	ONCE DAILY	2/8

Name & Signature of the Doctor starting the Drugs: DR-NIKHITA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	2/8/26	3/8	4/8
Time			
6 AM			
	MD	Teja	Teja

S. magdhamad 2/8/26

DRUG : TAB NIFEDIPINE SUSTAIN RELEASE

Dose	Route	Frequency	Start Dt.
20 MG	PO	12 TH HOURLY	2/8

Name & Signature of the Doctor starting the Drugs: Dr Farheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	2/8	3/8
Time		
12 AM		Teja
12 PM	MD	Raj

Stop
Dr. Rajani
3/8/26

S. magdhamad 2/8/26

DRUG : TAB NICARDIA NIFEDIPINE SUSTAIN RELEASE

Dose	Route	Frequency	Start Dt.
10 MG	PO	ONCE DAILY	2/8

Name & Signature of the Doctor starting the Drugs: Dr Farheen

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	2/8	3/8
Time		
4 AM		Raj
PM	Dr	

Stop
Raj
3/8/26

S. magdhamad 2/8/26

DRUG : SYRUP CRANBERRY, D-MANNOS & POTASSIUM MAGNESIUM CITRATE

Dose	Route	Frequency	Start Dt.
5 ML	PO	8 TH HOURLY	2/8

Name & Signature of the Doctor starting the Drugs: Dr Farheen

Additional Instructions: IN 1 GLASS OF WATER
CITAL - UTI

Daily Doctor's Endorsement by a Sign.

Date	2/8	3/8	4/8
Time			
7 AM		JM	Raj
3 PM	MD	HOLD	
11 PM	JM	Raj	Teja

S. magdhamad 2/8/26

Rainbow Children's Hospital — BirthRight by Rainbow Hospitals

IH-00202459 IP-00060961
Mrs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
Dr. SRILATA PATNAIK

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

Patient Name: Mrs Subhalaxmi	I.P. No.	Sheet No. (2)	Wards LW	Weight (kg) 62kg

REGULAR PRESCRIPTIONS

DRUG: T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1GM	PO	6th hrly	3/8

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

Additional Instructions:

STOP 3/8/26

Daily Doctor's Endorsement by a Sign.

DRUG: T. PARACETAMOL

Dose	Route	Frequency	Start Dt.
1GM	PO	6th hrly	3/8

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

Additional Instructions:

Time	3/8	4/8
12 AM		Teja
6 AM		Teja
12 PM	[illegible]	
6 PM	[illegible]	

Daily Doctor's Endorsement by a Sign.

DRUG: T. LABETALOL

Dose	Route	Frequency	Start Dt.
100MG	PO	8th HOURLY	3/8

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

Additional Instructions:

Time	4/8
6 AM	Teja
2 PM	
10 PM	

Daily Doctor's Endorsement by a Sign.

DRUG: T. NIFEDIPINE SUSTAIN RELEASE

Dose	Route	Frequency	Start Dt.
10 MG	PO	8th HOURLY	3/8

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

Additional Instructions:

Time	4/8
10 AM	[illegible]
2 AM	Teja
6 PM	

Daily Doctor's Endorsement by a Sign.

Verified 3/8/26 Dr. Rishika Clinical Pharmacologist

As per Dr. Srilata 3/8/26

As per Dr. Srilata advice 3/8/26

CIN: U85110 TG1998 PTC029914 www.rainbowhospitals.in

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Your Right to a Safe Delivery

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

REGULAR PRESCRIPTIONS

DRUG : T. AMOXYCILLIN + CLAVULANATE

Dose	Route	Frequency	Start Dt.
625mg	PO	12TH HOURLY	4/8/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG : T-METRONIDAZOLE

Dose	Route	Frequency	Start Dt.
400mg	PO	12TH HOURLY	4/8/26

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

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STAT / ONCE ONLY DRUGS

Name: Mrs. Subhalaxmi Weight: 62 kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
3/8	12:30 pm	TRAMADOL INF	0.5MG	PO			
3/8	4pm	INSULIN INSUGEN REGULAR	6 UNITS	S/C			
3/8	5pm	INJ. ONDANSETRON	4MG	IV			
4/8/26	8:30AM	INSULIN INSUGEN REGULAR	6 UNITS	S/C			1:30 pm

31/8/26
verified
Dr. Rishika
Clinical Pharmacologist

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

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STAT / ONCE ONLY DRUGS

Name: .....

Weight: 62kg kgs

Sheet No: 1

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
2/8	10AM	TAB MISOPROSTOL	50 MCG	PV			
2/8	12:45 pm	INSULIN-R	20U IN 100ml NS	IV			
2/8	1pm	INJ DROTAVERINE	40MG	IM			
2/8	2:10pm	TAB ATENOLOL	100MG	PO			
2/8	2:30pm	TAB MISOPROSTOL	50mcg	PV			
2/8	6pm	INJ PARACETAMOL	1GM	IV			
2/8	7pm	Tab misoprostol	50 MCG	PV			
2/8	10:10 PM	INSULIN-R	16U	SC			Teja
2/8	10:30 pm	TAB MISOPROSTOL	50mcg	PV			Teja
2/8	11:00 PM	INJ DROTAVERINE	40MG	IM			Teja
3/8	6:40 AM	INJ DROTAVERINE	40MG	IV			Teja
3/8	7:10 AM	INJ VALETHAMATE BROMIDE	8MG	IV			Teja
3/8	7:40 AM	INJ DROTAVERINE	40MG	IV			Teja
3/8	8:10 AM	INJ VALETHAMATE BROMIDE	8MG	IV			Teja
3/8	8:40 AM	INJ DROTAVERINE	40MG	IV			Teja
3/8	8:40 AM	INSULIN-R	8U	SC			Teja
3/8	9:10 AM	INJ VALETHAMIDE BROMIDE	8MG	IV			
3/8	9:40 AM	INJ VALETHAMIDE BROMIDE	8MG	IV			
3/8/26	10:10 AM	INJ DROTAVERINE	40MG	IV			
3/8/26	11:26 AM	TAB MISOPROSTOL	400mcg	PR			
3/8/26	11:26 AM	INJ OXYTOCIN 10U	10U	IM			

Dr. Rishika
Clinical Pharmacologist
Verified

Docu. No. : RCH /FRM / CLINICAL / 136

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

(1)

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DRUG CHART

Date of Admission: 1/8/2026 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 *I* through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES
- Nurses must follow strictly the FIVE RIGHTS before administration of medication.
  1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
- AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As required Medication)

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

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

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

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

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

I.V. FLUIDS CHART

Weight. 62.4 Ward. Ward

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
3/8	8:10 am	RINGER LACTATE	IV	100ml/hr		Teja	3/8/26		
3/8	9:00 AM	INJ OXYTOCIN 5 UNITS IN RINGER LACTATE	IV	5ML/HR			3/8/26		
3/8	10:00 AM	INJ OXYTOCIN 10U IN RINGER LACTATE	IV	10ml/hr			3/8/		
3/8	2:50 pm	RINGER LACTATE	IV	100ML/HR			4/8		

Signature

VERIFIED BY : Name

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

Weight. 62.4K Ward. Lw

DRUG : BETADINE OINTMENT		Date ▸ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL	Start Date: 3/8/26		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: (Dr. Rajani)			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 : BETADINE LOTION			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route: LOCAL	Start Date: 3/8/26		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor: (Dr. Rajani)			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
1/8	5:30PM	T. MISOPROSTOL	100 MCG	PU	[signature]	[signature]
1/8/26	6pm	L				HOLD
1/8/26	10:30PM	T. MISOPROSTOL	50 MCG	PU	[signature]	[signature]
1/8	9:45PM	INSULIN ASPART (NOVORAPID)	8 IU	SC	[signature]	[signature]
1/8		INSULIN LANTUS	12 U	SC	[signature]	HOLD
1/8	11:50PM	INSULIN GLARGINE	15U	SC	[signature]	Teja
		(BASALOG)				
1/8	9:00AM	INSULIN INSUGEN R	12U	SC	[signature]	[signature]
2/8	11:30AM	TAB ISOSORBIDE DINITRATE + HYDRALAZINE	20MG + 37.5MG	PO	[signature]	[signature]

Neha 1/8/26

Neha 1/8

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

IH-00202459 IP-00060961
rs SUBHALAXMI DEVI
5-07-1986 40 Y (F)
r. SRILATA PATNAIK

REGULAR PRESCRIPTIONS Weight. 62.4kg Ward. L/W

DRUG : T. NICARDIA.

Dose	Route	Frequency	Start Date
10 MG	PO	8TH HOURLY	1/8

Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA.

Additional Instructions: 2 - 1 - 2 TAB.

As per doctor order 1/8/26

Date/Time: 1/8/26 — 7AM, 3PM, 11PM

STOP Dr. Nikhita 1/8/2026.

Daily Doctor's Endorsement by a Sign

DRUG : T. LABETALOL.

Dose	Route	Frequency	Start Date
200 MG	PO	8TH HOURLY	1/8

Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA.

Additional Instructions:

Neha 1/8/26

Date/Time: 1/8/26 — 2/8 — 3/8

6 AM — A — A

2PM — Tab — Tab

10PM — HOLD — HOLD

Stop 3/8/26, 6pm.

Daily Doctor's Endorsement by a Sign

DRUG : INSUL

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Date/Time:

Daily Doctor's Endorsement by a Sign

DRUG : INJ. PIPERACILLIN + TAZOBACTAM.

Dose	Route	Frequency	Start Date
4.5 GM	IV	8TH HOURLY	1/8

Name & Signature of the Doctor Starting the Drugs: DR. NIKHITA.

Additional Instructions: AFTER TEST DOSE.

Neha 1/8/26

Date/Time: 1/8/26 — 2/8 — 3/8 — 4/8

6AM — A — A

2PM — Tab — Tab — HOLD

10PM — Tab — Tab

STOP

Daily Doctor's Endorsement by a Sign