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D/w FILE
BirthRight™ BY RAINBOW HOSPITALS
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ACTIVIT G

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

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

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

Date of Admission : 28/6/26 Time : 1:27pm Date of Discharge : ---------- Time: ----------

Room / Bed No : 220 Ward : Lw Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
29/6/26	RPOC scan	R26-0010369	
	CXR checked by manga 29/6/26 @ 1:30pm		

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/6/26	Infusion pump	3:40PM	8:30pm	3095485	Riya
	Crop Checked by manga 29/6/26 @ 1:3 lm				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
28/6/26	IV placement	(1)	3095486	[signature]
28/6/26	MERPC	(1)	3095610	[signature]
	Cross checked by manager 29/6/26 @ 1:30pm			

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

DEFICIENCY CHECK LIST OF MEDICAL CASE SHEET

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

Patient Name :

Ward: L/W

IP.No: 60506

DOA: 28/6/26

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Sl.No	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission Sheet	01			
2	Discharge Summary	01			
3	Nursing Initial assessment form	01			
4	Patient Trasfer Forms	–			
5	In-patient Medical Record	–			
6	Doctors Progress Sheets	03			
7	Nurses Progress notes	03			
8	Consultation Sheets	–			
9	General Consent for Treatment	01			
10	Conset for ~~Surgery~~ special proced	01			
11	Consent ~~for Blood Transfusion~~ form-1	01			
12	Consent ~~for~~ Chemotherapy form-C	01			
13	Consent for High Risk	–			
14	Consent for Restraint	–			
15	DAMA Consent	–			
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	01			
22	Surgical safety Checklist	–			
23	Operation Theatre notes	–			
24	Nurses Clinical Presentation	–			
25	TPR & BP chart	02			
26	Intake and Output chart (fluid Chart)	02			
27	Drug Chart (Regular prescription)	01			
28	Daily Investigation sheet	–			
29	Investigation Values (Result Sheet)	01			
30	~~Nebulization Char~~ medication n	01			
31	~~Diabetic chart~~ Checklist th	01			
32	~~Nutritional Review chart~~ Braden	01			
33	~~MLC form (in case of MLC~~ pain Ass	01			
34	~~Patient Educatlon Form~~ Nurse	01			
	Belting & other	05			
		30			
	Total No. of Pages				

Signature and Date : Manoj 29/6/26 @ 1:25pm

ERROR LOG

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

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

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-00060506 **Admit Date** : 28-Jun-2026 **Admit Time** : 01:27 PM **UHID** : VIH-00206337

Patient Details :

Patient Name	: Mrs KOTERU GEETIKA	**Age**	: 34 Y 1 M 5 D
Guardian	: Mr KOTERU PRUTHVI GOPAL REDDY	**DOB**	: 23-05-1992
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: KOMPALLY VILLA NO 131 THERIGH BORHOOD Hankimpet Hyderabad Telangana INDIA 500014	**Phone No**	: 8050080002/ 9205267018
		E-mail	: NA@GMAIL.COM

Admission Details :

Bed Type : MICU **Bed No** : LW 220 **Ward Name** : N 2F-LABOUR WARD

Room No : LW 220 **Admission Type** : First Visit

Contact Details :

Name : Mr KOTERU PRUTHVI GOPAL REDDY **Relationship** : Husband

Contact Address : KOMPALLY VILLA NO 131 THERIGH BORHOOD Hankimpet Hyderabad Telangana INDIA 500014 **Phone No** : 8050080002

Signature

Doctor Details :

Doctor Name : Dr. KAPPAGANTULA APARNA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : ELECTRONIC CORPORATION OF INDIA

VIN-2226837 ID-00060506
M/s KOTERU GEETHA
Pa 25-05-1992 34Y 1M 3D (F)
Dr. KAPPAGANTULA APARNA

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/6/26 Time of Arrival: 1:30pm Time Seen by Nurse: 1:00pm

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: pv leaking for observation

3) **Vital Signs:** Temperature: 96.2°F Pulse: 80b/m RR: 20b/m SpO_2: 96% BP: 114/64 mmHg Weight: 77.6kg

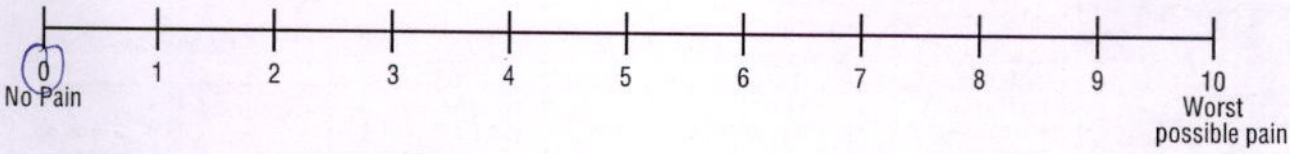
4) **Gestational Criteria:**

Gravida:	G primi	P –	L –	A –

LMP: 4/4/26 EDD: 9/1/27 Gestational Age: 12+1 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: H/o craniotomy – 2019 in view of accident, had feeding jejunostomy.

b) Medical: Nil

VIH-00206331
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

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: ....1:30 pm.....

Nurse Name : ....Prathyusha..... Nurse Signature: .....

Date: ....28/6/26..... Time: ..1:05 pm..

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/6/26

Baseline Information:

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

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

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

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

Allergies: ☐ Yes ☐ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: –

If yes, identify –

Chief Complaints: Came from routine ANC – c/s severe oligohydramnios

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Faruaz

Time Notified: 1:30 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
Nil	H/o craniotomy - 2019 in view of accident, Lead feeding jejunostomy	Yes

Gynecology Assessment: ☐ Not Applicable

Menstrual History: –

Onset of Menarche: –

Menstrual Cycle: ☐ Regular ☐ Irregular

Last Menstrual Period: 4/4/26

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: PV leaking for observation

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☑ Primi ☐ Secondary

Obstetric History: G primi P – L – A –

Previous LSCS: No

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

Family History: ☑ No Abnormalities Detected

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

☐ Liver disease ☐ Other –

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

BP: 114/64mmHg Weight: 77.6kg Height: 156cm BMI: 30.2

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

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Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

PHYSICAL ASSESSMENT

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

Fall Assessment: ☐ Yes ☑ No Score ..0.. (complete the Morse Fall Risk Assessment Sheet)

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

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

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☐ No Abnormality Detected

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

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

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

Social History: Lives With ..Family..

Orientation has been given regarding the following aspects:

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

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

Above information given to ..Mrs: KOTERU GEETIKA..

Name of Person Orientation was given to: ..Mrs: KOTERU GEETIKA..

Orientation not given Reason: ..-..

Nurse Signature: ..A..

Nurse Name: ..Prathyusha..

Date & Time: ..28/6/26 @ 1:45pm..

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23-05-1992 34 Y 1 M 5 D (F)
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
Conc for scanty liquor ANC - c severe oligohydramnios
Actim prom test - positive - on OPD basis
Obstetric Formula: Primi
MS - 4 months NCM.
Obstetric Hostory:
G1 - PP - spont conception

Present Pregnancy Record: Bln booked to RCH.
- Uneventful T1
- No H/O PV bleeding / pain in abdomen

RISK FACTORS:
- PPROM

Height: 156 cm
Weight: 77.6 kg
Allergies: -
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: c/c/c Pallor: (-)
Icterus: (-) Edema: (-)
Temp: Afebrile PR: ~ 90 b pm
BP: 111/68 mmHg DTR: (+)
CVS: S1 S2 (+) RS BAE (+)
Liver/Spleen: NAD Urine Output: Adequate

LMP: 4/4/26. EDD:
Corrected EDD: 9/1/27 GA: 12 + 1 weeks
Menstrual History: Regular ☑ Yes ☐ No

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
138 bpm

Per Speculum Examination Actim PROM test - positive
Draining: ☐ Present ☑ Absent ☐ Bleeding
Colour of Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination NO PV bleeding (Active leaking (+)
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

DIAGNOSIS
Primi with 12 + 1 weeks with PV leaking for observation

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

Family History:

Nil

Surgical History:

H/O craniotomy - 2019 in view of accident, had feeding jejunostomy.

Medical History:

Nil

Medication History:

Tab folic acid OD.

Plan of Care: C/I to Dr Aparna Macam

- Admission
- NPO diet
- W/f pad fr. observation
- Bed rest
- Inj Taxim 1gm IV - 12th Hourly
- Plan for NT scan / viability scan tomorrow
- IV fluids - 10 RL.
- monitor vitals
- Inform SOS
- Trace CBP, CRP

Noted by Prathyusha 27/6/26 @ 2pm

Investigations: BG - 'O' POSITIVE

HIV, VDRL, Hep B, HCV } NAR.

28/6/26
CRP - 46
CBP - 12.3/16.88/2.84L

13/5/26 -
CBP - 13.5 / 11590 / 3.55L
TSH - 2.08
GRB - 93
Sr creat - 0.77

26/6/26 - NT scan (outside)
- SLIUF
- 11+5 weeks
- several oligohydramnios ~~(AFI -~~
- CL - 36 mm.
- FHR - 171 bpm.
- ~~Fibroid~~

Fibroid - Ant - 13 x 12 mm
Post - 17 x 16 mm
23 x 13 mm
fundal - 29 x 18 mm.

Doctor Name: ~~Kiran~~
Signature: Dr Farna z
Date & Time: 28/6/26 1:30 pm

Consultant Name: Dr Aparna K
Signature:
Date & Time: 28/6/26

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23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

(1)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 5:30 pm.	Pt is c/c/c.	Adv
	GC fair	- (N) diet
	Afebrile	- Ambulation
	BP - 118/71 mmHg	- Hydration
	PR - 86 bpm	- W/f pad for bleeding
	S/E - NAD	- follow drop chart
	P/A - soft NT.	- monitor vitals
	U/E - mild bleeding (+)	- Inform SOS
Noted by TR on 28/6/26 5:30 pm		Dr Aparna
29/6/26 9:30 pm	c/I to Dr Aparna malam	
	Pt is c/c/c	
	GC fair	Adv
	Afebrile	- (N) diet
	BP - 106/80 mmHg	- Ambulation
	PR - 91 bpm	- Hydration
	S/E - NAD	- W/f expulsion
	P/A - soft NT	- follow drop chart
	U/E - Active bleed (+) clot + (+)	- monitor vitals
Noted by Sukanya 9:30 pm		- Inform SOS
		Dr Aparna

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Dr. KAPPAGANTULA APARNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/6/26 1:0PM	c/I to Dr Aparna Ma'am COUNSELLING NOTES Patient and attendees explained regarding PV bleeding, risk of miscarriage. and they want to go ahead with medical termination of pregnancy in view of severe oligohydramnios. Informed consent taken for medical termination of pregnancy. Geetika KOTERU GEETIKA 28/06/26 KOTERU PRITHVI GOPAL REDDY (Husband)	Ethan Dr Aparna
29/6/26 1:30 AM	Pt is c/c GC fair Afebrile BP - 112/69 mmHg PR - 72 mmHg S/E - NAD P/A - soft mild tenderness (+) Ut - bleeding (+)	Adv - (N) diet - Adeq Hydration - WI & expulsion - Plan for T. misoprostol - 400 ug PV - at 4 am - follow drug chart - monitor vitals - Inform SOS Ethan Dr Aparna
Tab mifepristone 400 mg PO at 11 PM		
Noted Subhashini 29/6/26 7:30 AM		

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 3:45 AM.	c/I to Dr ~~Bhavana~~ Aparna Ma'am	
	Tab misoprostol 400 mg kept P/V at 3:45 AM	
	noted by Subhanu 29/6/26 3:45 AM	Thanu Dr Aparna
29/6/26 6 AM	Pt is c/c/c GTC fever Afebrile BP - 106/72 mmHg PR - 87 bpm S/E - NAD P/A - soft NT	Adv - (N) diet - Adeq Hydration - w/f expulsion - follow drop chart - maintain vitals - Inform SOS
Tab misoprostol 400 mg kept P/V at 6:15 AM		
noted by Subhanu 29/6/26 6 AM	P/V - Bleeding (+)	Thanu Dr Aparna

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 8 AM	C/I to Dr Aparna ma'am	
	Patient partially expelled products in washroom at 2:30 AM. Patient expelled placental tissue & cord attached to it 8 AM on 29/6/26 of weight 36 gm.	
	No active bleeding	Noted
		Thank you Dr Aparna.
29/6/26 8 AM	Pt is c/c/c	Adv
	Ac fair	- Normal diet
	Afebrile	- Adequate hydration
	BP - 116/72 mmHg	- W/F expulsion
	PR - 86 bpm	- Monitor vitals
	S/E - NAD	- Follow drug chart
	P/A - Soft	- Inform SOS
Tab Misoprostol 400 µg given PO at 8 AM	P/E - Bleeding (+)	
	Noted by Meghana 29/6/26 8 AM	Dr Yogeshwari

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Dr. KAPPAGANTULA APARNA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 10 AM	D/E	Adv
	Pt is c/c/c	- Normal diet
	Ge fair	- W/F expulsion
	Afebrile	- Monitor vitals
Rpoc scan today	Bp - 112/70 mmHg	- W/F bleeding PV
	PR - 84 bpm	- follow drug chart
	S/E - NAD	- Adequate hydration
	P/A - soft.	- Inform SOS
	Yc - Bleeding (+)	
	Noted by Meghna 29/6/26 10AM	Dr yogeshwari
29/6/2026 11:30 Am.	c/I to Dr. Aparna mam	
	Rpoc Scan	
	- Area of mixed echogenicity in the cavity c vascularity measuring	46 x 15.2 mm s/o RPOC.
		Adv:
		- Prepare patient for D & C
		Dr. Nikhita

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/6/26 1:15pm	US by Dr. Aparna mam O/E pt c/c/c c/c fair afebrile BP - 110/72 mmg PR - 86 bpm : under strict aseptic conditions, Bed side Gentle curettage done around 4cm Retained products removed. Procedure uneventful. NO active bleeding. Inj oxytocin IOV. IV given. noted by manger 29/6/26 @ 1:15pm	A/Dr. Ashwini
29/6/26 1:30pm	O/E pt c/c/c c/c fair afebrile BP - 110/72 mmg PR - 86 bpm soft NAD P/A ~~soft~~ NT P/V NAB noted by manger 29/6/26 @ 1:30pm	Adv - Diet - W/F bleeding P/V - monitor vitals - follow during visit - informs SOS A/Dr. Ashwini
Pt can be discharged		

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

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Your Right to a Safe Delivery

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: primi @ (27+1 weeks) @ PV leaking For observation.

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

Surgery / Procedure:

Post OP Day:

BACKGROUND	Date / Shift	28/6 M	28/6 E	28/6 NIGHT	29/6/26 Morning		
	Medical Condition (Any special condition to be noted):	-	-	-	-		
	Diet:	(N) diet	(N) diet	-	(N) 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:	96.2°F	97.1°F	98.6°F	98.4°F		
	Res:	19 bt/min	20 bt/min	19 b/m	18 b/m		
	SpO_2:	96.1.	98.1.	99%.	99%		
	Pulse:	80 bt/min	79 bt/min	82 b/m	83 b/m		
	BP:	114/71 mmHg	110/69 mmHg	110/70	114/68 mmHg		
	LOC:	Conscious	Conscious	Consc	Conscious		
	Fall Risk Score:	0	0	'0'	'0'		
	Pain Score:	0	0	-	'NSca		
	Skin Integrity	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:	(N) diet	(N) diet	-	Nil		
	Critical Lab Test / Values:	-	-	-	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	dpent	Depend		
Post Operative Procedure Special Orders:					-		
Handed Over By Name :		Prathyusha	Prathyusha	Suhasini	Mangi		
Signature / ID :		020533	020533	S	MO 15150		
Date:		28/6/26	28/6/26	29/6/26	29/6/26		
Time:		@ 2pm	@ 8pm	@ 8AM	@ 1:30pm		
Taken Over By Name :		Prathyusha	Ravi	Meghana			
Signature / ID :		020533	020822	M 020282			
Date:		28/6/26	28/6/26	29/6/26			
Time:		@ 2pm	8pm	@ 8AM			

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

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NURSING SHIFT HAND OVER FORM

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

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date: 28/6/26

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	3pm	monitor vitals	3pm	checked vitals	vitals are normal	Patient was Stable	Prathusha @ 3pm 28/6/26
	4pm	Ensure Safety	7pm	Provide side rails	to prevent fall from bedside	Patient was Safe.	Prathusha @ 7pm 28/6/26
Night	8pm →	Maintain fluid balance.	8:15 pm →	provided plenty of water.	→ maintained fluid balance.	→ Re-Assessed maintained fluid balance	Rani 28/6/26 8pm

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

NURSING CARE RECORD

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

Date: 29/6/16

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	9AM	⇒ Ensure safety	9:10 AM	⇒ provided side rails	⇒ Patient safety	⇒ patient safe & comfortable	Me manga 29/6/16 @1:35pm
	1PM	⇒ prevent infection	1:10 PM	⇒ To prevent to infection	⇒ maintained hand hygiend	⇒ Patient hygiend	
Afternoon							
Night							

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

GENERAL CONSENT FOR TREATMENT

Patient Name:	**Mrs KOTERU GEETIKA**	**Age :**	**34 Y 1 M 5 D**
IP No:	**IP-00060506**	**Sex:**	**Female**
Consultant:	**Dr. KAPPAGANTULA APARNA**	**Ward/Bed No:**	**N 2F-LABOUR WARD/LW 220**

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 rance coverage and while doing so confidentiality of the patient will be maintained at all times and this will not affect the ... 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.
ceivers 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: Tulem

Name:

Relationship:

Date: Time:

Wittness Name:

Wittness Signature:

Patient Address:

KOMPALLY VILLA NO 131 THERIGH BORHOOD Hankimpet Hyderabad Telangana INDIA 500014

CONSENT FOR SPECIAL PROCEDURES

Rainbow® Children's Hospital
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Patient Name : MRS KOTERU GEETIKA ..... Gender: ☐ Male ☐ ~~Female~~

UHID No : VIH-00206337 ..... Department : OBGY ..... Date : 28/6/26

I MRS KOTERU GEETIKA ..... S / D / W / O PRITHVI GOPAL .....

Here by give consent for procedure of : MEDICAL TERMINATION OF PREGNANCY.

For my patient, Named : MRS KOTERU GEETIKA

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

BLEEDING, INFECTION, RETAINED PRODUCT OF CONCEPTION

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

SURGICAL EVACUATION OF RETAINED PRODUCT 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 APARNA KAPPAGANTULA

Patient Attendant :

Signature : Geetika

Name : KOTERU GEETIKA (SELF)

Relationship with Patient: .....

Date & Time : 28/06/26 10 PM

Witness :

Signature : 28/06/26 (Husband)

Name : KOTERU PRITHVI GOPAL REDDY

Date & Time : .....

Doctor (who is taking the consent) :

Signature : .....

Name : Dr farnel

Date & Time : 28/6/26 10PM

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 .....

FORM I
REGISTERED MEDICAL PRACTITIONER (RMP) OPINION FORM
(For gestation age upto twenty weeks)

Rainbow® Children's Hospital
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Patient Name: MRS KOTEKU GEETIKA UHID no: VIH-00206337 Date: 28/2/26

I DR APARNA KAPPAGANTULA
(Name and qualification of the Registered Medical Practitioner in block letter)
BIRTHRIGHT BY RAINBOW CHILDRENS HOSPITAL, VIKRAMPURI
(Full address of the Registered Medical Practitioner)

Hereby certify that I am of opinion, formed in good faith, that it is necessary to terminate the pregnancy of

MRS KOTEKU GEETIKA
(Full name of the Patient in block letter)

Resident of MAPLE SOCIETY, MALKAJGIRI, KAPRA, 500103.
(Full address of the Patient in block letter)

For the reason given below*

I hereby give intimation that I terminated the pregnancy of the woman referred to above who bears the serial no: .....

in the admission register of the hospital / approved place.

Place: SECUNDERABAD

Date: .....

Registered Medical Practitioner: Signature: ..... Name: .....

*of the reasons specified items (a) to (e) Tick the one which is appropriate:

- ☐ a. In order to save the life of the pregnant woman.
- ☐ b. In order to prevent grave injury to the physical and mental health of the pregnant woman.
- ☑ c. In view of the substantial risk that if the child born it would suffer from such physical or mental abnormalities as to be seriously handicapped.
- ☐ d. As the pregnancy is alleged by pregnant woman to have been caused by rape.
- ☐ e. As the pregnancy has occurred as a result of failure of any contraceptive device or methods used by a woman or her partner for the purpose of limiting the number of children or preventing pregnancy.

Note: Account may be taken of the pregnant woman's actual or reasonably foreseeable environment in determining whether the continuance of her pregnancy would involve a grave injury to her physical or mental health.

Place: .....

Date: .....

Registered Medical Practitioner: Signature: ..... Name: .....

(FORM – C)
CONSENT FOR MEDICAL TERMINATION OF PREGNANCY (MTP)

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Patient Name: MRS KOTERU GEETIKA UHID no: VIH-00206337 Date: 28/6/26

I MRS KOTERU GEETIKA Daughter / wife of PRITHVI GUPAL

aged about 34 Years of KAPRA; MAPLE SOCIETY, MALKAJGIRI-500103
(here state the permanent address).

At present residing at KAPRA, MAPLE SOCIETY; MALKAJGIRI do herby give my consent to be

Termination of my Pregnancy at BIRTHRIGHT BY RAINBOW CHILDREN'S HOSPITAL
(State the name of place where the pregnancy is to be terminated).

Place: SECUNDERABAD.

Patient:

Signature: Geetika

Name: KOTERU GEETIKA

Date & Time: 28/6/26 10 PM

Doctor: (who is taking the consent)

Signature:

Name: Dr famer

Date & Time: 28/6/26 10 PM

(To be filled in by guardian where the women is a lunatic or minor)

I ..... son / daughter / wife of .....

aged about ..... Years of .....
(here state the permanent address).

At present residing at ..... do herby give my consent to the

Termination of Pregnancy of my ward ..... who is minor / lunatic at .....
(Place of termination of pregnancy).

Place: .....

Patient Guardian:

Signature: .....

Name: .....

Relationship with patient: .....

Date & Time: .....

Doctor: (who is taking the consent)

Signature: .....

Name: .....

Date & Time: .....

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

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Date: 28/6/26

Age : 34/F Gender : ☐ M ☑ F

Blood Group : UHID : 206337

Planned Surgery : MERPC/SERPC Surgeon : Dr. K. Aparna

Anesthetist : Dr. madhavi Date & Time of Operation :

Tick Appropriate Boxes, To be filled by Nurse Incharge / Senior Nurse :

.No	INSTRUCTIONS	ER/Ward, Nurse			OT Nurse		
		Yes	No	NA	Yes	No	NA
1.	Weight checked and recorded? 77.6kg	☑	☐	☐	☐	☐	☐
2.	Is the patient fasting for over 6 hours Pre-Operatively?	☑	☐	☐	☐	☐	☐
3.	Check Pre-OP Investigations & Results (CBP, Blood Group, BT, CT, PT / APTT, Viral Screening, CXR etc) available before starting the procedure	☑	☐	☐	☐	☐	☐
4.	Enema given / Bowel Preparation	☐	☑	☐	☐	☐	☐
5.	Remove all ornaments, earrings, toe rings, nose rings etc and implants, dentures	☑	☐	☐	☐	☐	☐
6.	Sterile Gown Given	☑	☐	☐	☐	☐	☐
7.	Is Blood arranged as required?	☐	☑	☐	☐	☐	☐
8.	If Blood has been ordered - is Blood bag ready?	☐	☑	☐	☐	☐	☐
9.	IV Cannula to be placed / IV fluids if Indicated	☑	☐	☐	☐	☐	☐
10.	Pre Anesthetic consultation with anesthesiologist	☑	☐	☐	☐	☐	☐
11.	Pre Medications Given? (Sedatives / etc)	☑	☐	☐	☐	☐	☐
12.	Skin Preparation	☑	☐	☐	☐	☐	☐
13.	Site is marked	☑	☐	☐	☐	☐	☐
14.	Surgery consent / High Risk consent taken by surgeon? (Consent should be taken by the operating surgeon only)	☑	☐	☐	☐	☐	☐
15.	Implants are available	☐	☑	☐	☐	☐	☐
16.	Equipment is avaialble	☐	☑	☐	☐	☐	☐
17.	Antibiotic Prophylaxis is given within the last 60 minutes	☑	☐	☐	☐	☐	☐
18.	Other (if any)	☐	☑	☐	☐	☐	☐

NOTE: if any of above is ticked "NO" Discuss with the registrar / consultant immediately

Billing Clearance Taken : ☐ Yes ☐ No

Billing Executive Name : OT Nurse Name : ER/Ward Nurse Name : Rani

Billing Executive Signature : Signature of OT Nurse : Signature of ER/Ward Nurse :

Date & Time : Date & Time : Date & Time : 28/6/26 @ 10PM

Doc. No. : RCHBH/ FRM / CLINICAL / 107

VIH-00206337 IP-00060506
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23-05-1992 34 Y 1 M 5 D (F)
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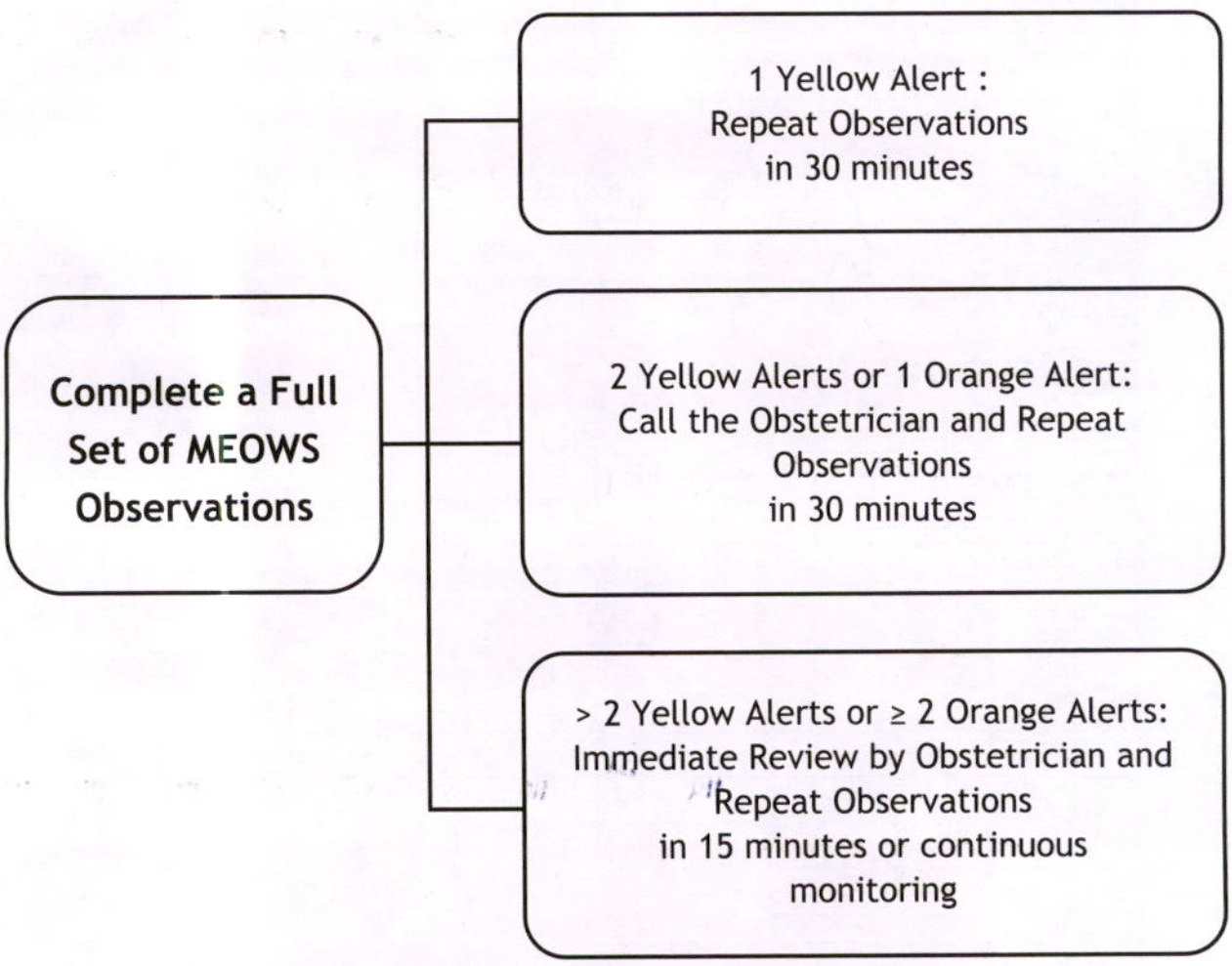
Early Warning Observation Score Chart - Obstetrics

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

28/6/26	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		14		18		14	
	0 - 10																								
Saturations	94 - 100 %							99		99		99		99		99		99		99		99		99	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp °c	40																								
	39																								
	38																								
	37							37.2		37.2		37.1		37		37		37		37		37		37	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80							80		81															
	70											79		80		80		81		85		84		83	
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120									121															
	110							114				110		110		113		110		110		111		112	
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70									71															
	60							64				69		70		72		70		70		73		74	
	50																								
	40																								
NEURO RESPONSE [✓]	Alert							✓		✓		✓		✓		✓		✓		✓		✓		✓	
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30							✓		✓		✓		✓		✓		✓		✓		✓		✓	
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal							NA		NA		NA		P		P		P		P		P		P	
	Heavy / Foul																								
Liquor	Clear / Pink							NA		NA		NA		P		P		P		P		P		P	
	Green																								
TOTAL YELLOW SCORES								0		0		0		0		0		0		0		0		0	
TOTAL ORANGE SCORES								0		0		0		0		0		0		0		0		0	
Nurse Initial																									

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

(2)

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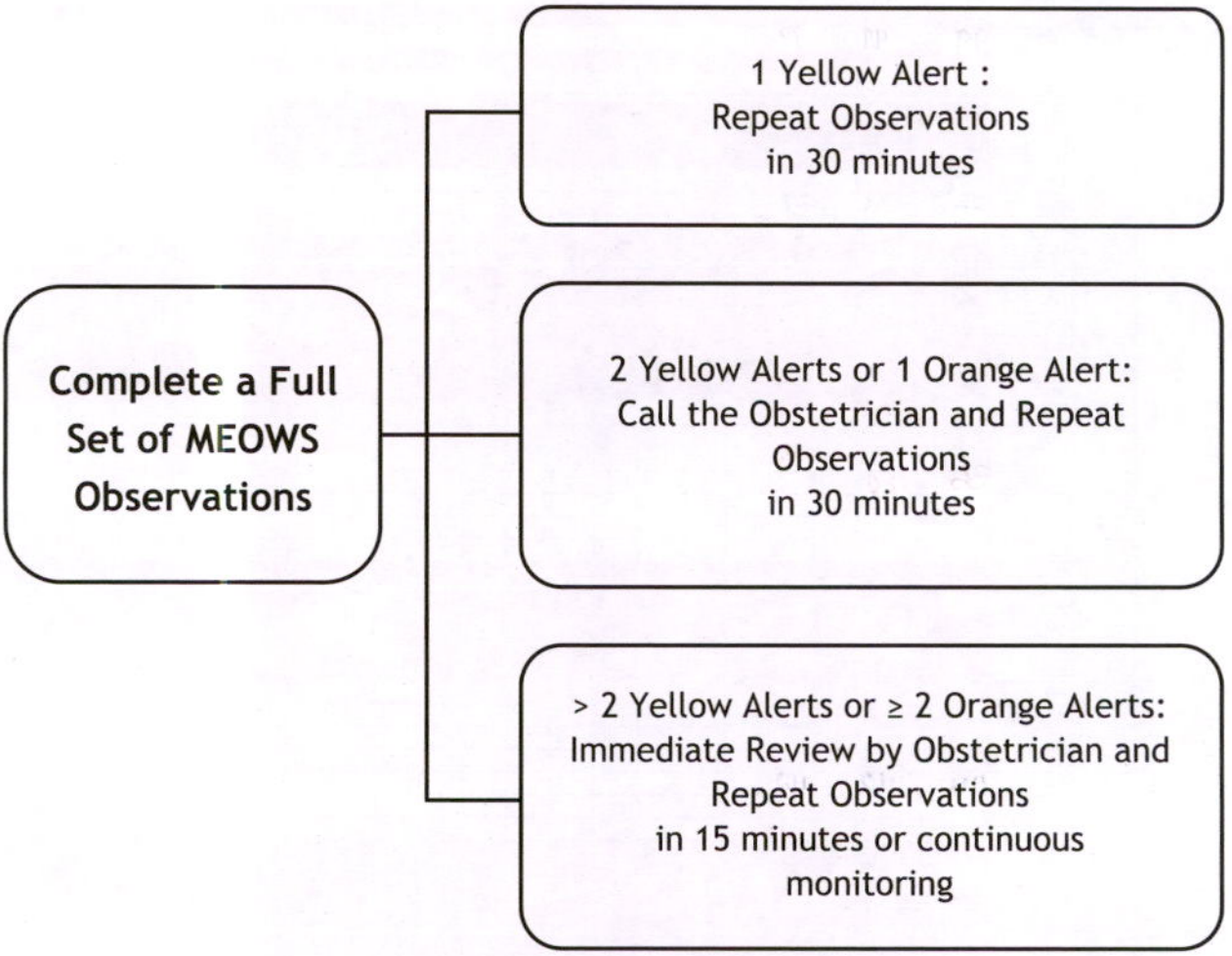
Early Warning Observation Score Chart - Obstetrics

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

29/5/26	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	36		36		36																			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90					90																			
	80	86		80																					
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressue ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	114		110		112																			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70			70		78																			
	60	61																							
	50																								
	40																								
NEURO RESPONSE [✓]	Alert	✓		✓		✓																			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓		✓																			
	< 30																								
Proteinuria	Protein + +																								
	Protein > + +																								
Lochia	Normal	NA		NA		NA																			
	Heavy / Foul																								
Liquor	Clear / Pink	NA		NA		NA																			
	Green																								
TOTAL YELLOW SCORES		0		0		0																			
TOTAL ORANGE SCORES		0		0		0																			
Nurse Initial		AJ		AJ		AR																			

Obstetrics and Gynaecology Early Warning Signs



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

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 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							
	08:00 am											
	09:00 am											
	10:00 am				Nil							
	11:00 am											
	12:00 pm											
	01:00 pm											
Total Intake :						**Total Output :**						
28/6/26	02:00 pm	H_2O 100ml										
	03:00 pm	H_2O 50ml								✓		
	04:00 pm	H_2O 100ml										Post pee @ 3pm 28/6/26
	05:00 pm	H_2O 100ml										
	06:00 pm	H_2O 50ml								✓		
	07:00 pm	H_2O 100ml										
Total Intake :		500ml				**Total Output :**				Passed		
28/6/26	08:00 pm	H_2O 100ml								✓		
	09:00 pm	H_2O 100ml										
	10:00 pm	H_2O 100ml								✓		Pee 10pm 28/6/26.
	11:00 pm	H_2O 100ml										
	12:00 am	H_2O 50ml										
	01:00 am	H_2O 50ml										
Total Intake :		500ml				**Total Output :**				Passed		
29/6/26	02:00 am	H_2O 50ml								✓		
	03:00 am	H_2O 50ml										
	04:00 am	H_2O 100ml								✓		29/6/26
	05:00 am	H_2O 100ml										
	06:00 am	H_2O 50ml								✓		Today
	07:00 am	H_2O 100ml										
Total Intake :		450ml				**Total Output :**				passed		

Total 24 hrs. Intake	1450 ml	Total 24 hrs. Output	passed

VIH-00206337 IP-00060506
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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.

		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							
29/6/26	08:00 am	H20	100ml								0	TW
	09:00 am	H20	100ml							✓	0	manya 29/6/26 @ 11 Bam
	10:00 am	H20	100ml								0	
	11:00 am	H20	100ml							✓	0	
	12:00 pm	H20	100ml								0	
	01:00 pm	H20	100ml								0	
Total Intake : 600ml						Total Output : passed						
	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	

Patient Sticker

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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.

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

Total 24 hrs. Intake		**Total 24 hrs. Output**	

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
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DRUG CHART

Date of Admission: 28/6/26 Drug Allergies: Nil ☐ Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line *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 .....

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

REGULAR PRESCRIPTIONS

Weight. 77.6 kgs Ward. 110

DRUG : INJ CEFOTAXIME				Date/Time	28/6/26	29/6
Dose	Route	Frequency	Start Date		8:30PM	
1GM	IV	12 TH HOURLY	28/6	11AM	Teja	Manga
Name & Signature of the Doctor Starting the Drugs: Khan Dr. Farnee				11PM	[signature]	
Additional Instructions: AFTER TEST DOSE						
Daily Doctor's Endorsement by a Sign						

DRUG : TAB FOLIC ACID				Date/Time	28/6/26
Dose	Route	Frequency	Start Date		
1 TAB	PO	ONCE DAILY	28/6	6AM	PT TAKEN
Name & Signature of the Doctor Starting the Drugs: Khan Dr. Farnee					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB PANTOPRAZOLE				Date/Time	29/6/26
Dose	Route	Frequency	Start Date		
40MG	PO	ONCE DAILY	28/6.	6AM	[signature]
Name & Signature of the Doctor Starting the Drugs: Khan Dr. Farnee					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

DRUG :				Date/Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Rajyalaxmi 28/06/26 (margin signatures)

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Mrs KOTERU GEETIKA
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Dr. KAPPAGANTULA APARNA

Weight. 77.6 kgs Ward. L/W

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

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/6/26	2:00PM	INJ PANTOPRAZOLE	40MG	IV		
29/6/26	1:00 AM	TAB MIFEPRISTONE	200 MG	PO		
29/6/26	03:45AM	TAB MISOPROSTOL	400 MCG	PV		
29/6/26	6:15AM	TAB MISOPROSTOL	400 MCG	PV		
29/6/26	8 AM	TAB MISOPROSTOL	400 MCG	PO		
29/6/26	9:15AM	T. PARACETAMOL	650 mg	PO		

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
Dr. KAPPAGANTULA APARNA

I.V. FLUIDS CHART

Weight. 77.5kgs Ward. L/W

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
28/6	3:40 pm	RINGER LACTATE	IV	~~RML~~ HOUR		Teja	29/6 9:30 am		
29/6	1:05 pm	INJ OXYTOCIN 10 UNITS + RINGER LACTATE 1000ML	IV	~~ff~~			29/6		
29/6		RINGER				NOAD			

Signature .....

VERIFIED BY : Name .....

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
23-05-1992 34 Y 1 M 5 D (F)
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RESULT SHEET

Date	28/6/26					
Time	OP basis					
Hb	12.3					
PCV	35.1					
RBC	4.15					
WBC	16.85					
N/L						
Platelets	284					
CRP	46					
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein / Sugar						
Cells						
N/L						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood Grouping + opositive						
HIV						
VDRL						
Hep B } Non-reactive						
HCV						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

VIH-00206337 IP-00060506
Mrs KOTERU GEETIKA
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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: L/W 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	TAB FOLIC ACID	1 TAB	PO	ONCE DAILY		☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr Aparna

Date & Time : 28/6/26 2 pm

Nurse Name & Signature: prathyusha A

Date & Time : 28/6/26 @ 2pm