



ANC-00015758 IP28-00004469  
Mrs S MIRDHULAA  
19-06-1997 28 Y 11 M 8 D (F)  
Dr. N SUNITHA

**LARGE TRACKING SHEET**

UHID :



CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		27/5/26 at 12:30 pm	<i>[Signature]</i> 5/5/26	
Activity Sheet updated by Pharmacy	27/05/26 at 12:25 pm	27/5/26 at 12:23 pm	<i>[Signature]</i>	

# ACTIVITY RECORD FOR BILLING

ANC-00015758 IP28-00004469  
Mrs S MIRDHULAA  
19-06-1997 28 Y 11 M 7 D (F)  
Dr. N SUNITHA

Name: .....



UHID No: .....

Consultant: Dr. Sunitha Dept: LDC

Date of Admission: 26/5/26 Time: 2pm Date of Discharge: ..... Time: .....

Room / Bed No: ..... Ward: LDC Suggested Billable bed type: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>26/5/26</u>	<u>3pm</u>	<u>Paed</u>	<u>M/Jan</u>	<u>[Signature]</u>

## CROSS CONSULTATION VISIT

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







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Patient Sticker



**IP ADMISSION SH OBSTETRICS**

**Presenting Complaints**

*Primi*

LMP: *23/10/25*

EDD: *25/7/2026*

Corrected EDD:

GA: *31+3w*

**Obstetric Formula:**

*Primi*

Menstrual History: Regular:  Yes  No

**Obstetric History:**

*Primi - Spontaneous Coceptio*

**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:**

*Amniocentesis done on 26/5/26  
 For BETAPOSOLO grey on 25 & 26/5/26*

**RISK FACTORS:**

*Hypotension  
 Asthma on Inhaler  
 Fetal ascites with acute bladder rupture*

**Per Speculum Examination**

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: *157* cm

Weight: *73.76* kg

Allergies: *Nil*

Breast:  Normal  Abnormal

**General Examination:**

Consciousness: *lo* Pallor: *lo*

Icterus: \_\_\_\_\_ Edema: *lo*

Temp: \_\_\_\_\_ PR: *galy*

BP: *110/70 mm* DTR: *lo*

CVS: \_\_\_\_\_ RS: *lo*

Liver/Spleen: \_\_\_\_\_ Urine Output: \_\_\_\_\_

**DIAGNOSIS**

*Primi | 31+3w | Hypotension | Asthma | Fetal ascites with acute bladder rupture*

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<p>Family History: Father - HTN / DM</p>	<p>Surgical History: nil</p>
<p>Medical History: Tab THYRONORM 50mg OD Hypoglycaemia</p>	<p>Medication History: <del>OAD</del></p>
<p>Plan of Care: Admission ↓ Observation ↓ Discharge</p>	<p>Investigations: B +ve <u>26/5/28</u> Suck - 31+34. pH - postnatal FW - 2000g AP1 - 20.6 Fetal ascites Bladder rupture  <u>22/5/28</u> Hb - 12. pH - 231 <del>PBL</del> - 23 PPBL - 117</p>

Doctor Name: Dr. Sunitha

Signature: [Signature]

Date & Time: 26/5/28 2 pm

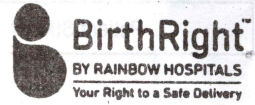
Consultant Name: Dr. Sunitha

Signature: [Signature]

Date & Time: 26/5/28 2 pm



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## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026 2:15pm	S/R Dr. Girasampa	
	Patient reviewed vitals stable.	
	Gr+ reactive. O/E - Afebrile, no pallor	
	P/A - Uterus ~30 wks, relaxed	
	FHR good.	
	Sup 1200h	Advz - To check
		post-lunch CBA (after 2hrs)
		- Inform SOS
		- FHR 4th hly monitoring
	S/R Dr Sunitha	
		- Pre dinner
		- Tomorrow FBS (CBW)
		Complete haemogram
		Sunitha

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19-06-1997 28 Y 11 M 7 D (F)

Dr. N SUNITHA

Pa



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	S/B Dr. Paritha	
8:25 p.m.	Pt. Reviewed	
	Able to sit up	
	P/A - ut ~ 32 wks size	
	vitals stable	Relaxed.
	post dinner - 160mg/dl	FHR - good.
	<del>To do</del>	Adv.
	<del>- FBS</del>	- CBA post dinner
	<del>- CBC</del>	@ 9:40 p.m.
		- FHR monitoring.
		- w/F leaking/Pain abdomen
		[Signature]



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Patient



## DRUG CHART

Date of Admission: 26/5/26 Drug Allergies: nk  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)

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

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

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

VERIFIED BY : Name ..... Signature



REGULAR PRESCRIPTIONS

Weight 73kg Ward Neel

DRUG : <u>Tab PHEXIN</u>				Date	<u>26/5</u>	<u>27/5</u>														
Dose	Route	Frequency	Start Date	Time																
<u>500mg</u>	<u>PO</u>	<u>1-2</u>	<u>26/5</u>	<u>3:30 PM</u>	<u>10 AM</u>	<u>10 AM</u>														
Name & Signature of the Doctor Starting the Drugs:																				
<u>[Signature]</u>																				
Additional Instructions:				<u>11 PM</u>																
				<u>10 PM</u>																
Daily Doctor's Endorsement by a Sign																				

DRUG : <u>Tab THYROWORM</u>				Date	<u>26/5</u>	<u>27/5</u>														
Dose	Route	Frequency	Start Date	Time																
<u>500mg</u>	<u>PO</u>	<u>1-2</u>	<u>26/5</u>	<u>6 PM</u>	<u>(H)</u>	<u>5 AM</u>														
Name & Signature of the Doctor Starting the Drugs:																				
<u>[Signature]</u>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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

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



