

Rainbow
Children's
Hospital

BirthRight
BY RAINBOW HOSPITALS
Whisper

IP28-00004489

ANC-00015832

Mrs VIRUTHIKA A K

24-12-1993

32 Y 5 M 6 D

(F)

Dr. NITHYA SEKARAN



DISCHARGE TRACKING SHEET

DR:

CONSULTANT NAME: DR.

	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing				
Activity Sheet updated by Pharmacy		11:43 AM	JH	

Mrs. Viruthika 32 yrs / F



ACTIVITY RECORD FOR BILLING

Name: IP28-00004489
 UHID No: ANC-00015832
 Date of Admission: Mrs VIRUTHIKA A K 24-12-1993 32 Y 5 M 5 D (F)
 Room / Bed No: Dr. NITHYA SEKARAN
 Ward: Consultant: Dept:
 Date of Discharge: Time:
 Suggested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Ramya (gen med physidun)	29/5/26	Tobs mix	
2.	Dr. Kanthika (Anes. Hubid)	29/5/26	Tobs mix	
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ANC-00015832 IP28-00004489
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 5 D (F)
 Dr. NITHYA SEKARAN



REPORT FOR GYNECOLOGY

Date of Admission : 29/5/2026 Time of Admission : 5:03pm
 Allergies: NIL Not know any drug allergies

PRESENTING COMPLAINTS :

P₂L₂ / LSCS done on 26/5/2026
 (POD-3) admitted for with complaints
 of headache associated with nausea &
 vomiting since 3 days.
 - Vomiting - 4 episodes since today morning.
 - K/c/o ADM on OHAs (T. Metformin 500mg - 850mg)

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage :	Parity : P ₂ L ₂
Previous Periods : Regular	Mode of Delivery : 2 LSCS
LMP :	Last Child Birth :
Contraception :	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
- ADM on OHAs in present pregnancy.	- Lap. appendicectomy ↓ 2013 - Previous LSCS - 2021



MEDICATION HISTORY:

Mother, father -
 HTN, DM.

GDM on
 - T. Metformin
 500mg - 0 - 850mg

INITIAL ASSESSMENT:

Date <u>29/5/2026</u> Ht. <u>165cm</u> Wt. <u>94 kg</u> BMI _____ B.P. <u>130/70 mmHg</u> Pallor <u>(-)</u> CVR _____ Respiratory System _____ Thyroid _____	Breasts <u>NAD</u> Abdominal Examination <u>P/A - Soft,</u> <u>uterus involuting,</u> <u>BS (+)</u>	Local/Speculum Examination Bimanual Pelvic Examination
---	--	---

PROVISIONAL DIAGNOSIS: P₂L₂ / FTLSCS on 26/5/2026 / POD-3

INVESTIGATIONS ORDERED

- CBC, CRP, LFT, RFT - Serum urea, creat
- S. Electrolytes
- Urine routine
- ECG.

PLAN OF MANAGEMENT

- ? PDPH /
 Headache with nausea & vomiting for evaluation
 Adv:-
- T. Dopar 1-1-1
 - T. Zerodol P 1-0-1
 - Iv fluids 20 ^{100ml} 10NS @ 120 ml/hr
 - Inj. Emeset 4mg IV 1-1-1
 - Inj. Pan 40 (IV) 1-0-1
 - Inform SOS.

Name of the Doctor:

Dr. Nithya Sekaran

Signature of Doctor

For

Date & Time:

29/5/26 at 6:30 pm

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/2016 2.30 PM	<p>IB DR - NITHYA S</p>	
	<p>Pts / US done on 28/05/2016 c/o headache associated with vomiting since morning the headache since yesterday mainly occipital & frontal. No HTG focal No HTG signs or thickness of No HTG migration vision / O/E.</p>	<p>Div.</p>
	<p>HTG focal HTG focal parietal no PE</p>	<p>to do CBC, CRP, UREA & electrolytes / LFT as per order & creatinine - 20 plasma & 100ml/hr</p>
<p>DR - 70/100mm BP - 130/80mm</p>	<p>HTG bilateral HTG - ut involute during infancy soft. BCT.</p>	<p>HTG. par 40 x 12 x 10 HTG. Emet + angiv 10mlly</p>
	<p>Keenig's sign negative</p>	<p>HTG. normal 19mm V HTG S</p>
		<p>Physician opinion anaesthesiology review not done / R/V.</p>
	<p>HT BP 110/70 HT 7130/90</p>	<p>in case of persistent headache and vomiting HT HTG 15mm HT HTG loading none.</p>

ANC-00015832 IP28-00004489
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 5 D (F)
 Dr. NITHYA SEKARAN



GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26	S/B Dr. Sivasarupa	
3:15pm		
	Pt. Reviewed	
T - (N)		no complaints of vomiting headache ↓.
BP - 130/70mmHg		
PR - 86/min	O/E - Afebrile, no pallor	
	P/A - Uterus involuting, soft,	
	BS (+)	
	L/E - Bleeding pv WNL	
		Adv:
		- Follow medication
		orders as per
		drip chart
		- Inform SOB
29/5/26	S/Sy self	S/Sy
10:30am		12/10/1
	Wt in cooperative	
	headache ↓	
	B. Uterus soft	
	should wait	AG
		cause to flr
		a for 3/5
	Uterus	
		S/Sy

ANC-00015832
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 5 D (F)
 Dr. NITHYA SEKARAN

IP28-00004489



RESULT SHEET

Date	29/5/26				
Time					
Hb	- 10.1 gm/dl				
PCV				CRP - 33	
RBC	24				
WBC	- 12.20				
N/L					
Platelets	- 347				
CRP					
ESR					
PCT					
RBS					
Na	- 138				
K	- 3.8				
Cl	- 111				
Ca/Mg					
Phosphate					
Urea	- 6				
Creatinine	- 0.53				
ALP	- 115				
SGPT	- 20				
SGOT	- 30				
T.Bill/Conj					
T.Protein	- 5.5				
S.Albumin	- 2.8				
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

ANC-00015832 IP28-00004489
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 5 D (F)
 Dr. NITHYA SEKARAN

Patie



I.P. No.

Sheet No.

Wards

Weight (kg)

M6

94.6

REGULAR PRESCRIPTIONS

DRUG : T. DOLOPAR				Date	29/5	20/5														
				Time	4:30	9														
Dose	Route	Frequency	Start Dt.		10	10														
	P/O	1-1-1	29/5/26		pm	am														
Name & Signature of the Doctor starting the Drugs:				[Signature]																
Additional Instructions:								2 pm												
								10 pm												
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. ZERODOL P				Date	29/5	30/5														
				Time	10	10														
Dose	Route	Frequency	Start Dt.		10	10														
	P/O	1-0-1	29/5/26		pm	am														
Name & Signature of the Doctor starting the Drugs:				[Signature]																
Additional Instructions:								10 pm												
Daily Doctor's Endorsement by a Sign.																				

DRUG : INJ. PANTOP				Date	29/5	30/5														
				Time	4:30	6														
Dose	Route	Frequency	Start Dt.		4:30	6														
	IV	1-0-1	29/5/26		pm	am														
Name & Signature of the Doctor starting the Drugs:				[Signature]																
Additional Instructions:								6 pm												
Daily Doctor's Endorsement by a Sign.																				

DRUG : INJ. EMESET				Date	29/5	30/5														
				Time	4:30	6														
Dose	Route	Frequency	Start Dt.		4:30	6														
	IV	1-1-1	29/5/26		pm	am														
Name & Signature of the Doctor starting the Drugs:				[Signature]																
Additional Instructions:								2 pm												
								10 pm												
Daily Doctor's Endorsement by a Sign.																				

ANC-00015832
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 5 D (F)
 Dr. NITHYA SEKARAN

IP28-00004489

Warning Observation Score Chart - Obstetrics

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

Date																										
		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																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 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																									
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
		Voice																								
		Pain																								
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										




Warning Observation Score Chart - Obstetrics

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

		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																										
	0 - 10																										
Saturations	94 - 100 %																										
	< 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																										
	80																										
	70																										
	60																										
	40																										
	Systolic Blood Pressure	190																									
180																											
170																											
160																											
150																											
140																											
130																											
120																											
110																											
100																											
90																											
80																											
50																											
Diastolic Blood Pressure		130																									
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert																									
		Voice																									
		Pain																									
		Unresponsive																									
URINE mls / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

Patient Sticker

ANC-00015832 IP28-00004489
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 5 D (F)
 Dr. NITHYA SEKARAN



FLUID CHART

Sheet No.

29/5/20

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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	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	H ₂ O 200ml		120ml (IVF RL)					✓	0	}	SS	
	05:00 pm	phapatti		120ml						0			
	06:00 pm	H ₂ O 200ml		120ml					✓	0			
	07:00 pm			120ml					✓	0			
Total Intake : 100ml + 480 = 580ml						Total Output : U-3							
	08:00 pm	H ₂ O 200ml		120ml					✓	0	SS		
	09:00 pm	H ₂ O 200ml		120ml						0	01/20/20		
	10:00 pm	H ₂ O 200ml		120ml					✓	0			
	11:00 pm			120ml	NS connected					0	SS		
	12:00 am			120ml						0	01/20/20		
	01:00 am			120ml						0			
Total Intake : 100ml + 120ml ⇒ 220ml						Total Output : U-2 times							
	02:00 am			120ml					✓	0	SS		
	03:00 am			120ml	RL connected					0	01/20/20		
	04:00 am									0			
	05:00 am			120ml						0	SS		
	06:00 am			120ml					✓	0	01/20/20		
	07:00 am	H ₂ O 100ml								0			
Total Intake : 100ml + 480ml ⇒ 580ml						Total Output : U-2 times							
Total 24 hrs. Intake		2780ml			Total 24 hrs. Output		U ⇒ 7 times M ⇒ 0						

0 ⇒ 1100ml
 M ⇒ 1680ml
 } ⇒ 2780ml