

ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 6 M 3 D (F)
 Dr. MITHYA SEKARAN



DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		28/15/26 at 1:30 Pm	Pamb 010905.	
Activity Sheet updated by Pharmacy	7:09	7:09	[Signature]	

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/5/26	Pre-anesthesia	1	6761	[Signature]
"	CTG	1	3948	[Signature]
"	ECG	1	3949	[Signature]
26/5/26	CTW	1	3950	[Signature]
26/5/26	IV placement	1	6784	[Signature]
26/5/26	CTG	1	3953	[Signature]
26/05/26	arterializations	1	6898	[Signature]
27/5/26	ctv placement	1	6036	[Signature]
27/5/26	Nutritional Assessment	1		[Signature]

ANY OTHER INFORMATION:

.....

.....

.....

.....

.....

.....

.....

Date: 28/5/26 Time: 6AM Prepared By: Sugashini 01987

Staff Nurse Sugashini 01987	Shift / Ward Sugashini 0165	Billing Assistant	Billing Supervisor
-----------------------------------	-----------------------------------	-------------------	--------------------

ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 1 D (F)
 Dr. NITHYA SEKARAN



SURGERY DETAILS

Date : 26/05/26
 Patient Name: Mrs. Viruthika A K Date of Birth: 24/12/1993 Age: 32
 Gender: FEMALE Ward: PRE-OP UHID No.: 15832/4462
 Date of Surgery: 26/05/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery: LSCS

Time in : 9:00 AM Time Out : 10:20 AM

	NAME	AMOUNT
1. Surgeon	DR. NITHYA SEKARAN	
2. Anaesthetist	DR. KARTHIQA	
3. Assistant Surgeon	DR. CHATHIRA	
4. OT Technician	MR. SURESH ASHOK	
5. Circulating Nurse	MR. KOUSICK	
6. Assistant Nurse	MS. SHANKAR	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others

[Signature]
 Signature of the Surgeon

[Signature]
 Signature of Circulating Nurse

Order No: Order by:

2017 BRY DETAIL

Handwritten notes in the upper section, including a date '03/20/17' and several lines of illegible text.

Handwritten notes in the middle section, including a date '03/20/17' and illegible text.

Handwritten notes in the lower-middle section, including a date '03/20/17' and illegible text.

Handwritten notes in the lower section, including a date '03/20/17' and illegible text.

Handwritten notes at the bottom of the page, including a date '03/20/17' and illegible text.



LSCS

CONSUMABLES OF OT

Circulating staff : S/N Kausik Technician : Rushi S. Suresh Date : 26/05/20 Time : 9 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		01	Inj Vit.K ✓		01
LMA			Sutures			Cord Clamp ✓		01
ECG leads <u>A/P/N</u> ✓		03	<u>2307</u>		01	Suction Catheter		
HME filter : A/P/N			<u>800</u>		01	Feeding Tube <u>6PR</u>		01
Syringes : 10 cc ✓		02	<u>4259</u>		01	Vaccum Suction Set		
05 cc ✓		05	Gloves <u>P.F 6.0</u>		02	Surgical Gloves		
02 cc ✓		02	<u>S.E 6.0</u>		01	Gauze Pack		
01 cc ✓		01				Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set ✓		03	NG tube			Koochies (S)		
		04	Cautery pencil ✓		01	CA, O2 mask		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			pleater		03
<u>Eni-Evatorin</u>		05	Ointments			Emerald		01
<u>Eni-MEM</u>		01	Suction Catheter			Syringe 1ml		
Fentanyl			Cap, Mask			10x 2x		01
Morphine			Gauze Pack ✓		02	Fry-Para		01
Ketamine			Mop Pack ✓		01	Spinal Needle (w)		
Propofol		03	Steristrip			2507 (12mm)		01
Rocuronium			Underpad ✓		02			
Glycopyrolate			Draw sheet			gauze		04
Myopyrolate			Abgel			NS 100 ml		02
Ondansetron			Foleys catheter			P.F 7-0		03
Pencan 25g/ Spinal Needle 22			Urobag			S.C 6/2		01
Bupivacaine 0.25%			Chest Drainage Catheter			1.326		01
Bupivacaine 0.25%(Heavy)			Romodrain bag			Mucus Sucker		01
Antibiotics			Bandage			OP-IP		
			Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set ✓		01			
Justin : 12.5 mg / 25mg (100mg)		01	Plastic Bed Sheet ✓		02			
Tab. Misoprostol : 200mg		02	Betadine Solution ✓		02			
<u>Eni-Bioxam</u>		02	Microshield					
Spinal needle and			Cotton Balls					
			Latex Gloves ✓		15 pair			
<u>Amoxicillin heavy</u>		01	Ramdione Scrub					
<u>Beprigele</u>		01	Saral					

Surgeon Nithya

Anaesthesiologist Rushi S. Suresh

Nurse [Signature]

OT Technician [Signature]

Order No. : Ordered by :



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillayar Koil Street,
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004462	Ward	5F-PRE/POST
Patient Name	Mrs VIRUTHIKA A K	Bed Name	PRE & POST OP 505
Age/Sex	32 Y 5 M 2 D / Female	Order No	28-0000146858
Date	26/05/2026 12:00	Prescription No	PRIP28-0069032
Payor	SELPAY	Dispensed Date	26/05/2026 12:01
UHID	ANC-00015832		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
	AMNEPARA 100ML GLASS BOTTLE		H	0EL00125032	08/27	1	840.00	840.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
3	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
4	BUPIRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	045118	09/28	1	31.10	31.10
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	2	25.78	51.56
6	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
7	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26B16K55	01/31	5	21.56	107.80
8	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
9	DSYRINGS 2.5ML (NIPRO)	NIPRO	GENERAL	026A21K64	12/30	2	10.31	20.62
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirrit)	H	2254093	09/28	3	2.58	7.74
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	03226S08G	01/28	3	32.34	97.02
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091672	11/27	1	18.90	18.90
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	8	18.90	151.20
14	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
15	INTRAFLW (AUTO STOP) ROMSONS	ROMSONS		G25L010804	11/30	2	469.00	938.00
16	LOX INJ 2 % 30 ML	Neon Laboratories Ltd	H	KM144318	10/27	1	33.30	33.30
17	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	3	69.10	207.30
18	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	39253	02/27	1	15.90	15.90
19	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
20	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
21	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	4	69.39	277.56
22	SPINAL NEEDLE 25 G VITACARE(120MM)	VYGON		0121023A1	10/28	1	1,183.13	1,183.13
Total :							3,408.84	323.55

for RAINBOW CHILDREN'S MEDICARE LIMITED

Contractor Name

Authorized Signature

Pharmacist Name : RISHI S



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirumangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No IP28-00004462
Patient Name Mrs VIRUTHIKA A K
Age/Sex 32 Y 5 M 2 D / Female
Date 26/05/2026 12:00
Payor SELFPAY
UHID ANC-00015832

Ward 5F-PRE/POST
Bed Name PRE & POST OP 505
Order No 28-0000146856
Prescription No PRIP28-0069030
Dispensed Date 26/05/2026 12:01

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
	CAUTERY PENCIL (ADVANCE)	The Advanced cadimed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		PARCH1010526	04/29	2	100.00	200.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641067	04/29	4	100.00	400.00
4	GAUZE SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	OBLNP274050	09/28	1	18.74	18.74
6	KLICK CLAMP	ROMSONS		0G25I040080	08/30	1	39.00	39.00
7	LSCS DRAPE PACK	Mediblue	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
8	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5116	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	4	850.00	3400.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	30	25.00	750.00
12	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	2C260605	02/30	2	22.41	44.82
13	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
14	PROLENE 1 NW 840	ETHICON SUTURES-J&J C1		V4010	10/29	1	440.00	440.00
15	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
16	SGLOVE # 6 (POWDER FREE)	ANSEL		260200351T	02/29	1	117.00	117.00
17	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
18	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
19	SURGICAL BLADE 22	Surgeon	GENERAL	C08891	07/30	1	5.15	5.15
20	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A240722	07/29	1	281.25	281.25
21	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
22	VACCUME SUCTION SET	ROMSONS		0K28C010031	02/31	1	679.50	679.50
23	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5054	06/30	1	951.00	951.00
Total :							8,611.31	12,966.74

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



IT FOR OBSTETRICS

Presenting Complaints

Admitted for Electric US
 PBM need

Obstetric Formula: G2P1L1

LMP: 28/8/2025 EDD: 04/06/2026

Corrected EDD: 15/6/2026 GA: 37 wks

Menstrual History: Regular: Yes No

Obstetric History:

G1 → 2021 - Fruss 2 lds. Non progress
 C/S - 5.1 kg Aesth 1kg

G2 → PP - Spontaneous
 Present Pregnancy Record: complete

Booked & delivered
 1st - Ecogipin 15mg on
 full 36 wks. FTS → 2nd - risk
 Anomaly scan

RISK FACTORS:

GDM on OHA -
 ↑ Bm I

Obstetric Examination

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: (5/5) Mobile head

FHS: Normal Tachy Brady Absent

pf scar Realty, non tender

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: 165 cm

Weight: 74 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: (1)

Icterus: (0)

Temp: (0)

BP: 120/70 mmHg

CVS: S1 S2 (0)

Liver/Spleen:

Pallor: -

Edema:

PR: 100 bpm

DTR: (1)

RS: RLEA (0)

Urine Output:

DIAGNOSIS

G2P1L1 / 37 wks / Previous Lds / GDM
 on OHA / ↑ Bm I

Dr. Electric US



<p>Family History:</p> <p>Mother / HTN, Dm. Father</p>	<p>Surgical History:</p> <p>Laparoscopic Appendectomy - 2013 Previous CS - 2011</p>
<p>Medical History:</p> <p>CAH on OHA.</p>	<p>Medication History:</p> <p>T-MF 500-0-850 mg G-felca.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admissions - Secure IV line - NPO from 12am. - Prepare packs - Review 10 PRBC - Consent - Shift to prep area by 1:30 am. - CTA - stat - 6am. - CBH - stat - 7am. 	<p>Investigations:</p> <p><u>0/ve</u></p> <p>HIV } HbA1c } Seru } VDRU } Negative</p> <p>20/5 Hb - 12.7 Hc - 1000 PLT - 2.74</p> <p>23/5 PT PT - 15.5 INR - 1.1</p> <p>20/5 SGA 2 36^{+2days}_{wks} Cephalic AFI - SDP - 8 (Polyhydramnios) EFW - 3688 ± gms Doppler ⊕ Placenta - posterior</p>

Doctor Name: Dr. Raag
 Signature: [Signature]
 Date & Time: 25/5/26 @ 9pm

Consultant Name: Dr. Nithya Sekaran
 Signature: [Signature]
 Date & Time: 25/5/26 @ 9pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026	S/B Dr. Sivasarupa	
2:30 pm		
	Patient reviewed	
	no complaints	
	vitals stable.	
(Pop - 0)		
T - (N)		
BP - 124/74 mmHg		O/E - Afebrile no pallor
PR - 88/min		P/A - Uterus well contracted
1hr Output -		Soft
100ml; clear.		dressing dry.
		L/E - Bleeding pv WNL
		Adv: Stop
Patient can be shifted	- NPO for	120101
to room.	4 hours.	
		- W/F bleeding p/v.
		- Inform SOS.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>26/5/26</u>	S/B Dr. Nithya Sekaran	S/B Dr. Paritha
<u>POD 0</u>		
	On thromboprophylaxis.	Pt. Revisited.
		Not passed flatus.
		P/A - uterus contracted
		BS ⊕
	CBD to be removed tomorrow @ 6a.m	PE - BWNL
	Use output	
	FBS	Adv
	PPBS	- clear liquids
	CBC	↓
		soft solid diet
		- Monitor vitals.
		- Inform Sos
		<i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/22	S/B Dr. Chaitanya	
9 AM	pt is comfortable	
	vitals stable	
	PR Soft	
	uterus well contracted	Adv
	D-P dry	Soft diet
	Urinary	- Re as per chart
		ambulate
		As per S23
27/5/2026	S/B Dr. Sivasampa	12/2026
2:30 pm	Patient reviewed	
(POD-1)	vitals vitals stable.	
T-N	P/A - uterus well contracted	
BP - 100/62 mmHg	dressing dry, BS (+)	
PR - 90/min	L/E - Bleeding PV WNL	
		Adv:
		- Soft diet
		- Ambulation
		- DBF
		- Medications as per chart

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/2026 10 pm	S/B Dr. Nithya Shyam (OA)	
	Patient reviewed, no complaints, vitals stable.	
(POD - 1)		
T - (N)	O/E - Afebrile, no pallor	
BP - 112/72 mmHg		
PR - 86/min	P/A - Uterus well contracted,	
	dressing dry,	
	BS (+)	
	L/E - Bleeding pv WNL	
		Adv:-
		- To continue
		Inj. Clexane
		for 9 more days.
		- To do FBS, PPRS
		tomorrow.
		- Plenty of oral fluids
		- Inform sos
		- To change to
		oral medications
		from tomorrow.

ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 3 D (F)
 Dr. NITHYA SEKARAN



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2028 8:30am	<p>of Dr. Rangark, B clo neck stiffness</p>	
	<p>of - ac fan k Afelule BP - 110/70 mm Hg PR - 86 bpm.</p>	
	PPAS - 105	
	<p>P/A - Uremic ure Rft Bx ⊕ Decaying log</p>	
	H/k - Bwnc	
		<p>Adv - Plenty of - oral fluids - Express feeds - CO pp ↑ bleed PR - Collect PPAS.</p>
		<p><i>[Signature]</i> 1/2/152</p>



REGULAR PRESCRIPTIONS

Weight 49kg Ward 108

DRUG : <u>2ml SPACER</u>				Date/Time	<u>26/5</u>	<u>27/5</u>	<u>28/5</u>	
Dose	Route	Frequency	Start Date					
<u>1.5ml</u>	<u>PO</u>	<u>1-2</u>	<u>26/5</u>					
Name & Signature of the Doctor Starting the Drugs:					<u>9 PM</u>	<u>9 AM</u>		
Additional Instructions:					<u>9 PM</u>	<u>9 AM</u>		
Daily Doctor's Endorsement by a Sign								
DRUG : <u>2 PAN</u>				Date/Time	<u>26/5</u>	<u>27/5</u>		
Dose	Route	Frequency	Start Date					
<u>4mg</u>	<u>PO</u>	<u>1-2</u>	<u>26/5</u>					
Name & Signature of the Doctor Starting the Drugs:					<u>7 PM</u>	<u>6 AM</u>		<u>STOP</u>
Additional Instructions:					<u>6 PM</u>			<u>12/10/1</u>
Daily Doctor's Endorsement by a Sign								
DRUG : <u>Janac suppository</u>				Date/Time	<u>26/5</u>	<u>27/5</u>	<u>28/5</u>	
Dose	Route	Frequency	Start Date					
<u>100mg</u>	<u>PR</u>	<u>1-2</u>	<u>26/5</u>					
Name & Signature of the Doctor Starting the Drugs:					<u>10:20 PM</u>	<u>9 AM</u>		
Additional Instructions:					<u>9 PM</u>			
Daily Doctor's Endorsement by a Sign								
DRUG : <u>20 CURKANE</u>				Date/Time	<u>26/5</u>	<u>27/5</u>	<u>28/5</u>	
Dose	Route	Frequency	Start Date					
<u>6mg</u>	<u>SLC</u>	<u>1-2</u>	<u>26/5</u>					
Name & Signature of the Doctor Starting the Drugs:					<u>10 PM</u>			
Additional Instructions:					<u>D1</u>	<u>D2</u>	<u>D3</u>	
Daily Doctor's Endorsement by a Sign								



I.V. FLUIDS CHART

Weight: 9.6 kg Ward: LDR

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
26/5/25	11am	10 RL	IV	150 ml/hr	[Signature]	[Signature]	26/5/25	[Signature]	[Signature]
26/5/26	9.00am ↓ 10.20am	1 30 RL	IV	-	[Signature]	[Signature]	26/5/26	[Signature]	[Signature]
26/5/26	12pm	10 RL + 1000 RL	IV	125 ml/hr	[Signature]	[Signature]	26/5/26	[Signature]	[Signature]
26/5/26	6.00pm	1 0 DNS	IV	125	[Signature]	[Signature]	26/5/26 8.0.30pm	[Signature]	[Signature]
26/5/26	10.30 pm	1 0 RL	IV	125	[Signature]	[Signature]	27/5/26 2.30pm	[Signature]	[Signature]
27/5/26	2.30 am	1 0 DNS	IV	125	[Signature]	[Signature]	27/5/26 7am	[Signature]	[Signature]
27/5/26	7am	1 0 RL	IV	125	[Signature]	[Signature]	27/5/26 at 1pm	[Signature]	[Signature]
27/5/26	1pm	1 0 RL	IV	125	[Signature]	[Signature]	27/5/26 2am	[Signature]	[Signature]

VERIFIED BY : Name Signature

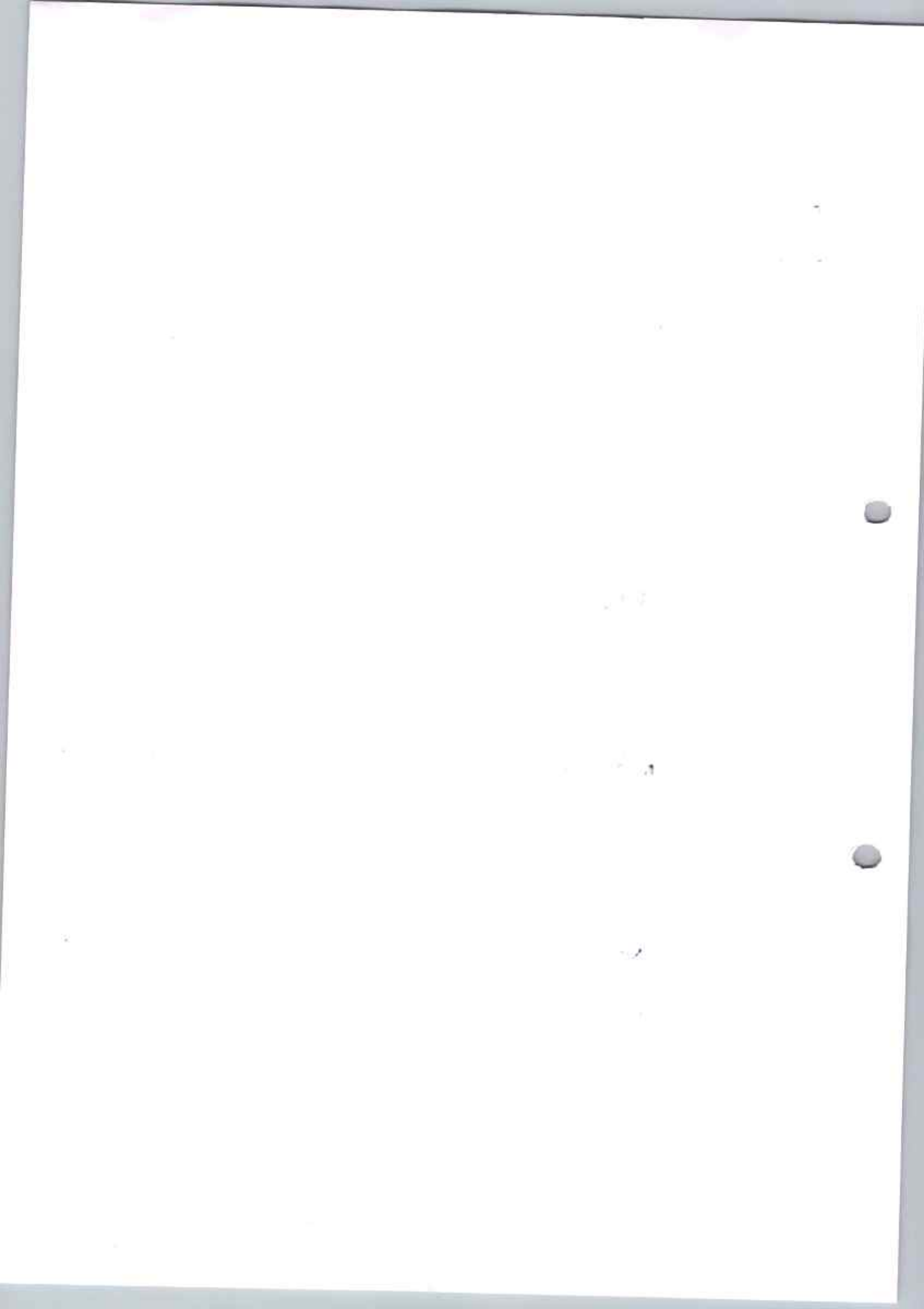
ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 6 M 1 D (F)
 Dr. NITHYA BEKARAN



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																							
25.12.16		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	20	20																						
	0 - 10																								
Saturations	94 - 100 %	98	98																						
	< 94 %																								
Administered O ₂ (L/min.)		NA	NA																						
Temp ^c	40																								
	39																								
	38																								
	37	98.6	98.0																						
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	80	80																						
	90																								
	80																								
	70																								
	60																								
	50																								
40																									
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	121	121																						
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80	76	74																						
	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		0	0																				0	0	
TOTAL ORANGE SCORES		0	0																				0	0	
Nurse Initial		AB	AB																				AB	AB	





Early 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	
Time		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														
Systemic 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 ml / hour	> 30													
	< 30													
Proteinuria	Protein ++													
	Protein > ++													
Lochia	Normal													
	Heavy / Foul													
Liquor	Clear / Pink													
	Green													
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0		
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0		
Nurse Initial														



Early 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	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	22b/m																									
Saturations	11 - 20																										
	0 - 10	98%																									
Administered O ₂ (L/min.)	94 - 100 %	RA																									
	< 94 %	RA																									
Temp °C	40																										
	39																										
	38																										
	37	98.2 F																									
	36																										
	35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	90b/m																									
	100																										
	90																										
	80																										
	70																										
Systolic Blood Pressure	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert																									
Voice																											
Pain																											
Unresponsive																											
URINE ml/s / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES		0																									
TOTAL ORANGE SCORES		0																									
Nurse Initial																											



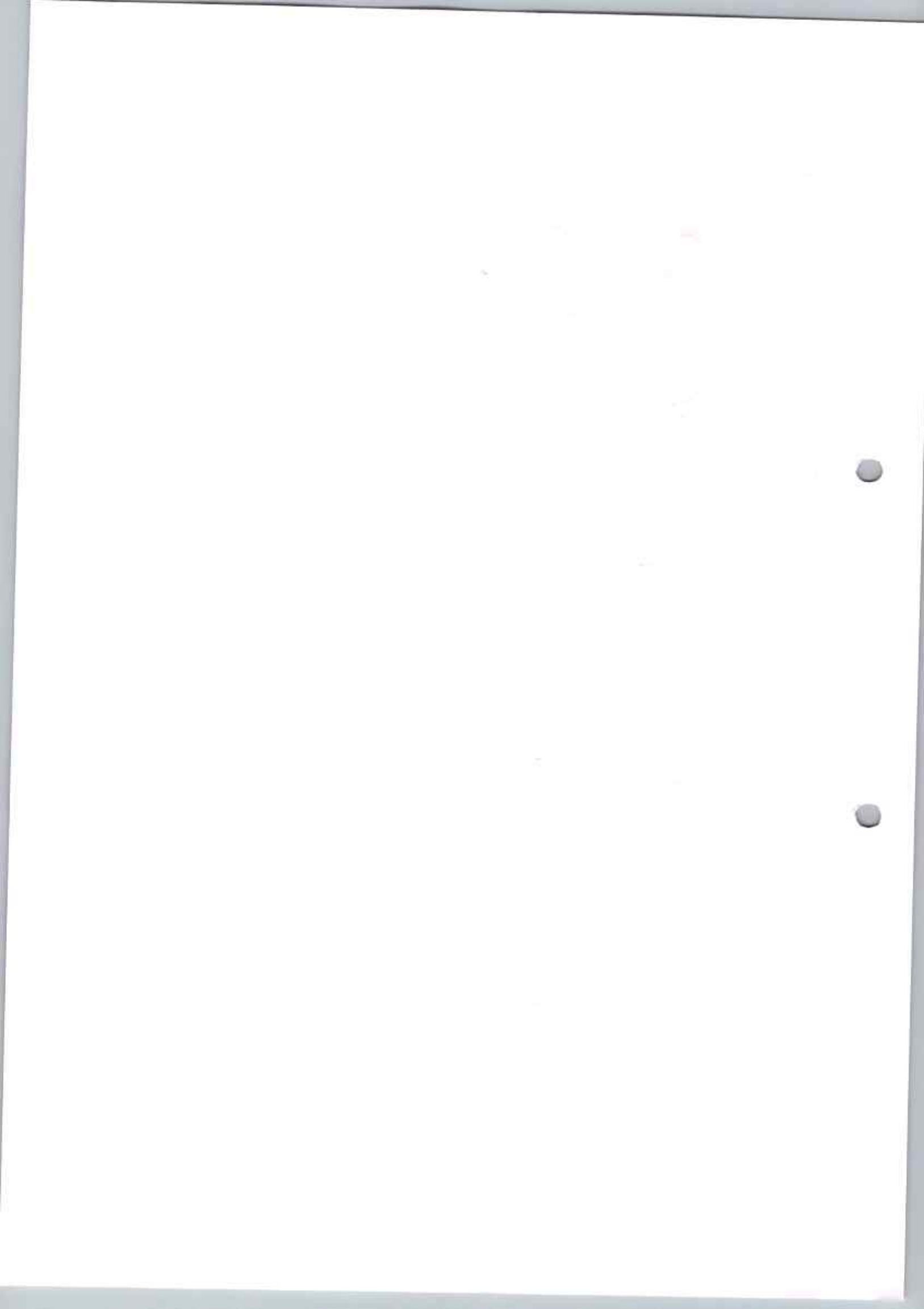


Early warning Observation Score Chart - Obstetrics

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

28/1/20

		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		
		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																											
	50																											
	40																											
Systemic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
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																												



ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 1 D (F)
 Dr. NITHYA SEKARAN



FLUID CHART

Sheet No. : 1

- All measurements in ml.
- 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
			Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	LV	N.G							
	08:00 am											
	09:00 am	T		T					T			T
	10:00 am	T		T					T			T
	11:00 am	T		T					T			T
	12:00 pm	T		T					T			T
	01:00 pm	T		T					T			T
Total Intake :						Total Output :						
	02:00 pm											
	03:00 pm	T		T					T			T
	04:00 pm	T		T					T			T
	05:00 pm	T		T					T			T
	06:00 pm	T		T					T			T
	07:00 pm	T		T					T			T
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm	H2O	100ml									
	11:00 pm	H2O	100ml									
	12:00 am								✓	0		✓
	01:00 am	NPO										
Total Intake :						Total Output :						
	02:00 am	N										
	03:00 am											
	04:00 am	P		[RLI 50ml/hr 500ml]						✓	0	} 0.5ml
	05:00 am			150ml					✓	0		
	06:00 am	0		150ml					✓	0		
	07:00 am			150ml					✓	0		
Total Intake :			450ml			Total Output :					u-2	
Total 24 hrs. Intake		450ml										
Total 24 hrs. Output		u-3 M-										

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

BRAND

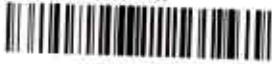
BRAND

BRAND

BRAND

BRAND

ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 2 D (F)
 Dr. NITHYA SEKARAN



FLUID CHART

Sheet No. : ①

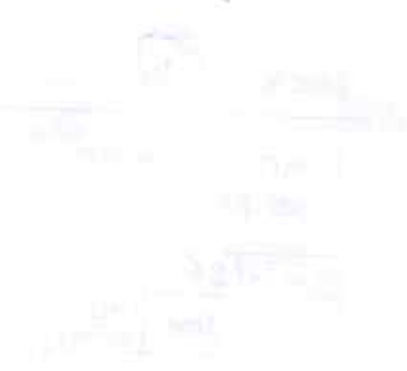
- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
26/12/26												
	08:00 am										0	2
	09:00 am	N	RL	750 ml						100ml	0	2
	10:00 am		RL	750 ml						150ml	0	2
	11:00 am	P								100ml	0	2
	12:00 pm		RL	500ml						150ml	0	2
	01:00 pm	①		1000ml						100ml	0	2
Total Intake :			1600ml			Total Output :					600ml	
	02:00 pm	N		125ml						100ml	0	2199
	03:00 pm	P		20ml						100ml	0	
	04:00 pm	P		100ml						100ml	0	
	05:00 pm	P		50ml						100ml	0	
	06:00 pm	P		100ml						50ml	0	
	07:00 pm			125ml						100ml	0	
Total Intake :			770ml + 750ml = 1520ml			Total Output :					450ml	
	08:00 pm	H ₂ O		50ml	125ml					100ml	0	85
	09:00 pm	H ₂ O		100ml	125ml					100ml	0	2199
	10:00 pm	H ₂ O		100ml	125ml					100ml	0	85
	11:00 pm	Juice		100ml	125ml	100ml				100ml	0	2199
	12:00 am				125ml					100ml	0	
	01:00 am				125ml					100ml	0	
Total Intake :			350ml + 850ml ⇒ 1200ml			Total Output :					600ml	
	02:00 am			125ml						100ml	0	85
	03:00 am			125ml						100ml	0	2199
	04:00 am			125ml						100ml	0	85
	05:00 am			125ml						100ml	0	2199
	06:00 am			100ml						100ml	0	
	07:00 am	H ₂ O		100ml	125ml						0	
Total Intake :			100ml + 725ml ⇒ 825ml			Total Output :					500ml	
Total 24 hrs. Intake			4545ml			Total 24 hrs. Output					2150ml	

0 → 620ml
 IV → 3925ml
 ⇒ 4545ml

Handwritten notes at the top left of the page.

Handwritten text in the upper middle section.



Vertical handwritten text on the left side, possibly a list or index.



Vertical handwritten text on the left side, below the second diagram.

Vertical handwritten text on the left side, below the third diagram.

Vertical handwritten text on the left side, below the fourth diagram.

Vertical handwritten text on the left side, below the fifth diagram.

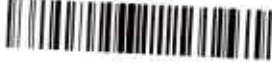
Vertical handwritten text on the left side, below the sixth diagram.

Vertical handwritten text on the left side, below the seventh diagram.

Vertical handwritten text on the left side, below the eighth diagram.

Main body of handwritten text and diagrams, including a large flowchart on the right and several smaller diagrams and text blocks on the left and bottom.





FLUID CHART

Sheet No. : 3

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine	
			Mouth	I.V	N.G								
27/5/16	08:00 am	H ₂ O	100ml	100ml						✓	0		
	09:00 am			100ml						✓	0		
	10:00 am			100ml							0		
	11:00 am	H ₂ O	100ml	DC							0		
	12:00 pm			100ml						✓	0		
	01:00 pm	H ₂ O	50ml	100ml							0		
Total Intake :		250 + 0 + 25 = 525 ml			M = 1 time		Total Output :					U = 2 times	
	02:00 pm	H ₂ O	200ml	100ml						✓	0		
	03:00 pm			100ml							0		
	04:00 pm	H ₂ O	200ml	DC							0		
	05:00 pm			100ml						✓	0		
	06:00 pm	H ₂ O	200ml	100ml						✓	0		
	07:00 pm			DC						✓	0		
Total Intake :		600ml + 500ml = 1100ml			M = 1		Total Output :					U = 4 times	
	08:00 pm	H ₂ O	100ml							✓	0	SS	
	09:00 pm	H ₂ O	100ml								0	200ml	
	10:00 pm	milk	100ml	100ml							0		
	11:00 pm	H ₂ O	150ml	100ml						✓	0	SS	
	12:00 am			100ml							0	200ml	
	01:00 am			100ml							0		
Total Intake :		450ml + 475ml = 925ml			M = 0		Total Output :					U = 2 times	
	02:00 am			100ml							0	SS	
	03:00 am										0	200ml	
	04:00 am										0		
	05:00 am										0		
	06:00 am	H ₂ O	100ml							✓	0	SS	
	07:00 am										0	200ml	
Total Intake :		100ml			M = 0		Total Output :					U = 1 time	
Total 24 hrs. Intake		3000ml					Total 24 hrs. Output		U = 9 times M = 2 times				

0 -> 1400ml
 IV -> 1600ml
 } -> 3000ml



FLUID CHART

Sheet No. : 12

- All measurements in ml.
- 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											
	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



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			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							



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Capillary 27 weeks.						
	Surgery / Procedure:	-						
BACKGROUND	Date	26/5/26						
	Shift	N						
ASSESSMENT	Medical Condition (Any special condition to be noted):	-						
	Diet:	NPO						
RECOMMENDATIONS	Allergy:	-						
	Ventilation (RA, NP, NIV, VENTI):	RA						
	Tubes/Drains/Catheter:	-						
	Vital Signs:	Temp:	98.6F	97.3F	98.6F	98.7F	98.1F	98.2F
		Res:	20b/m	20b/m	20b/m	20/m	20b/m	20b/m
		SpO ₂ :	99%	99%	99%	99%	99%	98%
		Pulse:	82b/m	82b/m	82b/m	88/m	80b/m	90b/m
		BP:	100/60	120/80	120/80	120/80	110/70	105/70
	LOC:	Alert	Alert	Alert	Alert	Alert	Alert	
	Fall Risk Score:	0/5	20/40	35	35	0/5	35	
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Skin Integrity:	Intact	Intact	Intact	Intact	Intact	Intact		
Safety Needs:	-							
Physiotherapy:	-							
Others Specify:	-							
Special Diet:	NPO							
Critical Lab Test / Values:	-							
Other Special Orders / Medications:	-							
PU Prophylaxis:	-							
DVT Prophylaxis:	-							
ADL (Dependent / Non Dependent):	Dependent							
Post Operative Procedure Special Orders:								
Handed Over By Name :		Nithya						
Signature / ID :		[Signature]						
Date:		26/5/26						
Time:		8:30 AM						
Taken Over By Name :		Pamela						
Signature / ID :		[Signature]						
Date:		26/5/26						
Time:		8:30 AM						



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>G1&P, L1 37 weeks</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: <u>LSCS</u>	Post OP Day:						
BACKGROUND	Date	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>			
	Shift	<u>N</u>	<u>E</u>	<u>A</u>	<u>M</u>			
	Medical Condition (Any special condition to be noted):	-	-	-	-			
	Diet:	<u>soft diet</u>	<u>soft diet</u>	<u>ND</u>	<u>(N) Diet</u>			
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>				
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.4</u>	<u>97.3</u>	<u>98.6</u>			
		Res:	<u>19b/m</u>	<u>20b/m</u>	<u>20b/m</u>			
		SpO ₂ :	<u>98%</u>	<u>99%</u>	<u>100%</u>			
		Pulse:	<u>92b/m</u>	<u>90b/m</u>	<u>80b/m</u>			
		BP:	<u>98/62</u>	<u>112/72</u>	<u>110/60</u>			
		LOC:	<u>Alert</u>	<u>Alert</u>	<u>Alert</u>			
	Fall Risk Score:	<u>1/35</u>	<u>AS</u>	<u>25</u>				
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>					
Skin Integrity	<u>Intact</u>	<u>Intact</u>	<u>Intact</u>					
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>soft diet</u>	<u>soft diet</u>	<u>ND</u>				
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>					
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature / ID :								
Date:								
Time:								
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
	Fall Risk Score:							
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:								

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date	/	/	/	/	/	/	
	Shift							
	Medical Condition (Any special condition to be noted):							
	Diet:							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		LOC:						
	Fall Risk Score:							
Pain Score:								
Skin Integrity								
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Physiotherapy:							
	Others Specify:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Special Diet:							
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	DVT Prophylaxis:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:								

ANC-00015832 IP28-00004482
 Mrs VIRUTHIKA A K 32 Y 5 M 1 D (F)
 24-12-1993
 Dr. NITHYA SEKARAN



NURSING CARE RECORD

Date: 25/1/20

- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation
 - Reduce Anxiety
 - Patient & Family Education
 - Identify Potential Complications
 - Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning						
Afternoon						
Night	<p>7pm Assess the patient Condition</p> <p>10pm Assess the patient pain level</p>		<p>10pm to Assess the patient Condition</p> <p>to Assess the pain level</p>	<p>Vitals are Stable</p>	<p>Re-Assessment done</p>	

NURSING CARE RECORD



Date:

- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation Reduce Anxiety
 - Patient & Family Education
 - Identify Potential Complications
 - Any Others, Specify

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	<p>1am - check free perineal condition,</p> <p>monitor vital signs</p> <p>watch for bleeding</p> <p>Explore about ego.</p>	1am	<p>Assessed patient condition</p> <p>monitored vital signs</p> <p>bleeding no normal</p>	<p>Patient vital signs are stable</p>	<p>2nd line patient</p>	<p><i>[Signature]</i></p>
Afternoon	<p>4pm - Assess the patient condition.</p> <p>watch for bleeding</p>	4pm	<p>Assessed patient condition.</p> <p>monitor vital</p>	<p>patient is stable.</p>	<p>3rd line patient</p>	<p><i>[Signature]</i></p>
Night	<p>8pm - assess the patient condition</p> <p>encourage oral fluids</p> <p>Administer medication</p>	9pm	<p>assessed the patient condition</p> <p>encouraged oral fluids</p> <p>Administered medication</p>	<p>patient is stable</p>	<p>4th line patient</p>	<p><i>[Signature]</i></p>

ANC-00015832 IP28-00004462

Mrs VIRUTHIKA A K

24-12-1993 32 Y 5 M 2 D (F)

Dr. NITHYA SEKARAN



NURSING CARE RECORD

Date: 21/5/26

- Goals**
- Maintain Airway and Oxygenation
 - Relieve Pain & Discomfort
 - Maintain Fluid Balance
 - Improve Activity Tolerance
 - Maintain Good Nutritional Status
 - Maintain Skin Integrity
 - Maintain Personal Hygiene
 - Prevent Infection
 - Meet Elimination Needs
 - Ensure Safety
 - Early Ambulation
 - Reduce Anxiety
 - Patient & Family Education
 - Identify Potential Complications
 - Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning 9 pm	Assess the mother's general condition Encourage oral fluids	2 pm	Assessed the mother's general condition. Encouraged oral fluids	Mother's stable and active.	IV line Patent.	Abby bomudo
Afternoon 2 pm	Assess the mother's general condition. Encourage oral fluids	4 pm	Assess the general condition of patient vitals check bed	Mother's stable.	IV line Patent	RR 60733
Night 9 pm	Assess the patient condition Assess the pain level	10 pm	Assess the patient condition Assess the pain level	Vitals are stable	IV line Good	RR 021142

NURSING CARE RECORD



Date: 28/5/24

- 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	→ To Administer medication as per drug order.	10AM	→ Tabs. Xeridol and Tab. Zpredol - given as per order.	Patient is stable and active.	Patient BP and SpO2 is Normal.	Pamela over
Afternoon							
Night							



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies None

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Admission note
25/12/20	9:30pm	patient got admission on Ekebine Leds Dr Nithya mnm patient vitals are checked and recorded.
	9:45pm	Dr. Raaga mnm advice CBC at 9:45pm 120mg/dl informed to mnm.
	10pm	also dr. Anesthetic sir dr. Ranith advice ECG in done
	10:45pm	Dr. Raaga mnm Report CBC @ 10:45pm 118 mg/dl
26/12/20	12:10pm	patient shifted to m floor.
		Receiving Note (26/12/20)
	12:10am	Patient received from the LDR staff
		iv lines to be secured at 4am ivf
		also start 150ml/min plan to post op tomorrow
		9am. post preparation done. ECG at
		now once and morning 6am nurse 7:30
		patient to be shift.
	12:30 am	ecg connected @ 12:30 Receiving. Other as per chart patient stable sleeping.

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 1 D (F)
 Dr. NITHYA SEKARAN



NURSES NOTES

(USE BALL POINT PEN ONLY)

11/12/2017

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	1:20 AM	IV line secured & blood sample sent to the lab for blood biochemistry.
	2AM	Patient is sleeping no other fresh complain.
	4AM	RL 500ml 150ml/hr Connected patient - C&S checked and documented
	6AM	Morning Care bath done sterile gown given to the patient
	7AM	Patient shifted to other UPR.
		Receiving notes
06/12/17	7AM	patient details handed over by ward staff Shree Simani. patient vitals checked and recorded. pulse 86b/m Bp 102/76mmHg SpO2 97% - patient vital are stable
	7:30pm	patient CTG is 93b/m baby moment a good.
	7:40pm	10 RL IV fluid 150ml uls hourly outflow.
	8AM	patient detail handed over to morning staff. mera sister

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
 Drug Allergies *NIL*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
<i>26/05/26</i>	<i>9am</i>	<i>patient received from prep to OT-II patient sign done. Patient vitals checked & recorded. Anaesthesia given by Anesthetic ext. position the patient. Sterile painting and draping done. Incision start sterility maintained during procedure. vitals monitored during procedure. Baby delivered. delayed cord clamp done. cord blood collected. Bleeding controlled. Suturing the uterus and check for bleeding. Check for Instrument, Gauze, mop, Blade. Needle counts. counts are correct. Sterile dressing is done. Sup Tudin. 100mg</i>
<i>10-20/11</i>	<i>10:30am</i>	<i>Anal Tab-moro 600mg. give PR of 10:30pm. Patient shifted to post op ward.</i>
<i>10/2/26</i>	<i>10am</i>	<i>patient received from OT-2 to nonpost ward. while received patient is conscious and oriented. on NTK mouth on flow. on cord. urine tray well patient is on NPO. vital signs are cleared and record. Ap: 110/80mmHg. Pulse: 88/min. SpO2 99%. Bloods in normal.</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(Signature)



NURSES NOTES
 (USE BALL POINT PEN ONLY)

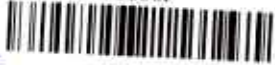
- No Known Drug Allergies
 Drug Allergies

nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
24/5/26	12 ³⁰ pm	vital signs are checked. Ap: 100/60 Pulse: 80/mt. bleedng n normal. Nf M stool 2 My- Synbion 10ml N added. Ap: _____ Uterus contracted well
	1 ⁰⁰ pm	Patient is on Npo. re outflow - 50 cc. Urine dray well. 10ml/hrs
	2 ³⁰ pm	Dr. Sasuga. N done. bleedng N normal. advised shift to ward.
	3 ²⁰ pm	patient shifted to 1st floor handing over to en emergency staff
Leaving Notes		
	3 ³⁰ pm	patient received from LDR hand over taken from LDR staff. patient is stable, Tc line present. Tc syto 10ml/hr. connected.
	4 pm	to give patient oral water & IPO stop patient no vomiting

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00015832 IP28-00004462
 Mrs VIRUTHIKA A K
 24-12-1993 32 Y 5 M 2 D (F)
 Dr. NITHYA SEKARAN



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	6pm	Intake and output monitoring
	8pm	Handing over taken given to night duty
26/5/20	8pm	patient hand over taken from evening duty start
		patient active alert awake patient stable
		sv line present and pattern patient had clear liquid no vomiting CBD present
		urine clear no hematuria
	9pm	inj- supacet 1.5g given DNS 125ml/hr maintain justin 100mg suppository P/R given
	9.45pm	DR- Nithya mam seen the patient advise to start soft diet tomorrow morning
		6AM CBD to be removed FBS PPBS U/C to be send
	10pm	inj- metra 500mg sv inj- dexane 60mg s/c given
		B- Both Breast is soft
		U- uterus is soft
		B- Bowel sound is present
		B- urine collected CBD present
		L- lochia rubra present

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

AS
0179901



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		E-) episiotomy not applicable H-) Homan sign negative E-) Emotionally stable
21/5/24	10AM	patient vitals stable no fever spike patient is slept RL 105ml/hr maintain urine clear no hematuria
	4AM	vitals checked and reported
	6AM	snj-pan sony snj-metro sony or given patient path done CBD removed FBS CBC sample send to lap
	7AM	sv line removed new sv line secured Rt anesthetic vein 20G blood sample CBC, FBS send to lap
	8AM	vitals checked and reported patient hand over to next duty staff
		MORNING DUTY
24/5/24	3:30AM	Mother details hand over taken from Night duty
	9AM	Administered medication as per the drug chart.
	11AM	To Access
		B-Both breast are symmetrical U-Uterus is soft B-Bowel sounds heared.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies *Nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		B - Bladder Urine Voided
		L - Lochia rubra present
		E - Episiotomy is not applicable
		H - Homan's sign Negative
		E - Emotional Status is stable
21/5/20	12pm	Vital checked documented in file
	1pm	Administered Tab. Toloprest 500 mg as per the order.
	2pm	monitored I/O documented in file
	2pm	Mother details hand over given to Evening duty staff
		Evening duty notes
21/5/20	8pm	Mother detail hand over taken from morning duty staff
		Mother is awake present RL 125ml/hr.
	9pm	Patient check vital. Vital is recorded
	10pm	no concern
	11pm	medication given per the order as per doctor order.
		patient stable.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		B - Both breasts are symmetrical
		U - uterus is soft
		B - Breast sound is heard
		B - Bladder urine voided
		L - Lochia rubra present
		E - episiotomy is not applied
		R - Homan's sign negative
		E - emotion / status is stable
	7pm	D/O discovered and documented patient - stable
	8pm	vitals checked and documented vitals stable
	8:30 AM	→ Handing Over given to the next duty staff
	8 ³⁰ pm	patient handing over taken by Evening duty
	9 pm	→ patient vitals checked and recorded patient lying head turned Dr. Scrup T. Dolom given patient urine normal condition
	10 pm	→ patient medication given → patient intake output is good → patient per bleeding is

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies
 Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
27/5/26	10-10pm	DR - Nithya mam seen the patient advise to 7/m oral medication only NO OR AB inj - clorine bony today path and dressing open dressing FBS PPBS to be done B-> Both Breast is soft U-> uterus is soft B-> Bowel sound is present B-> urine voided L-> Lochia rubra present H-> Homan sign negative E-> Episiotomy not applicable E-> Emotionally stable
28/5/26	12pm	vitals checked and averted patient is slept RL 125ml/hr maintain
	1pm	vitals stable no fever spike
	6am	7-pan 4mg P/O given
	8am	vitals stable no fever spike
		patient hand over to next duty staff <u>morning shift (28/5/26)</u>
28/5/26	8Am	patient hand over taken from night duty staff, ^{patient} baby is stable and active, No further complaints present P.F.O

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

