

ACTIVITY RECORD FOR BILLING

Name:

UHID No: **ANC-00012488 IP28-00004475**
Mrs M SANGEETHAPRIYA
29-02-1996 30 Y 2 M 29 D (F)
Dr. N SUNITHA

Date of Admission: ant: Dept:

Room / Bed No: Ward: of Discharge: Time:

..... Requested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	1 Am	LDD	3 floor	PR021142
28/5/26	9:30am	3rd floor	mercpol	Nelly
28/5/26	11 th am	mercpst	OT-2	Princy
28/5/26	12:40pm	OT-11	post-op	Princy
28/5/26	4:30pm	mercpol	3rd floor	Princy

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Lactation Rehana Sdam	29/5/2026	7695	Princy
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
28/5/26	CTG	2 ✓	4012 ✓	RR
	prevention (op)	✓		
28/5/26	IV placement	1 ✓	7255 ✓	RS
28/5/26	Catheterisation	(1) ✓	7289 ✓	RR
28/5/26	CTG	(2) ✓	4016 ✓	RR
29/5/26	Nutritional Assessment	1		OU Surt

ANY OTHER INFORMATION:

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.....

Date: 30/5/20 Time: 1.0AM Prepared By: HAN

Staff Nurse Han 20/5/20	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00012488 IP28-00004475
Mrs M SANGEETHAPRIYA
29-02-1996 30 Y 2 M 30 D (F)
Dr. N SUNITHA



SURGERY DETAILS

Date : 28/05/26
Patient Name: MRS. N. SANGEETHA PRIYA Date of Birth: 29/02/1996 Age: 30 Y 1 F
Gender: FEMALE Ward : 3 Flood UHID No.: 12488/4475
Date of Surgery: 28/05/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery : ELECTIVE LSCS

Time in : 11:20 AM

Time Out : 12:40 PM

	NAME	AMOUNT
1. Surgeon	<u>DR. SUNITHA</u>	
2. Anaesthetist	<u>DR. NAHALAKSHMI/DR. KARTHIGA</u>	
3. Assistant Surgeon	<u>DR. PARHA</u>	
4. OT Technician	<u>MR. RISHI/MR. SANJAI/MS AB!</u>	
5. Circulating Nurse	<u>SIN. PUSHPAVATHY</u>	
6. Assistant Nurse	<u>SIN. EZHIL</u>	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

Order by:

STURGERY DETAILS

Patient Name: Mr. M. J. ...
Date of Surgery: ...
Name of the Surgery: ...

Time in ...

- 1. Surgeon
 - 2. Assistant Surgeon
 - 3. OT Technician
 - 4. Circulating Nurse
 - 5. Assistant Nurse
- Special Equipment: Laryngoscopy ...

Signature of the Surgeon: _____
Date: _____



CONSUMABLES OF OT

Circulating staff : Ms. PUSHPA Technician : Mr. Rishi / Saij / Date : 28/5/26 Time : 11:20 AM to 12:40 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LCSC</u>			Inj Vit.K		
LMA			Sutures <u>846</u>		01	Cord Clamp		02
ECG leads <u>(A) P / N</u>		03	<u>9352</u>		01	Suction Catheter <u>EF91</u>		01
HME filter : A / P / N			<u>2347</u>		02	Feeding Tube <u>6F91</u>		02
Syringes : 10 cc			<u>4242</u>		01	Vaccum Suction Set		
05 cc		01+2	Gloves <u>6 SC</u>		01	Surgical Gloves		
02 cc		06H	<u>6 PP</u>		01+2	Gauze Pack		
01 cc		01+01	<u>6 1/2 PP</u>		04+2	Syringe 1ml / 2ml		
Cautery plate <u>(A) P / N</u>		01	Surgical blade <u>22's</u>		01	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		03	Cautery pencil		01	spinal needles <u>50</u>		01
N. 0ml / 100ml / 500ml / 1000ml			Koochies			<u>(a)</u>		
<u>Inj. Epipres</u>		01	Ointments			<u>Emerald syringe</u>		
<u>Inj. EVATOXIN</u>		09	Suction Catheter			<u>5ml</u>		01
Fentanyl			Cap, Mask			<u>(A) O2 mask</u>		01
Morphine			Gauze Pack <u>(H)</u>		02	<u>Needle 26x1 1/2</u>		01
Ketamine			Mop Pack		01	<u>Nasal passage (used)</u>		02
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel			<u>Gauze (M)</u>		05
Ondansetron			Foleys catheter			<u>Quick OT sheet</u>		01
Pencan 25g/ Spinal Needle 22			Urobag			<u>NS wool</u>		01
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm			<u>Mucous sucker</u>		02
Suppositories			loban			<u>prosemin 3kg</u>		01
Anamol : 80mg / 250mg / 170 mg			Double J Stent			<u>(AP)</u>		
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / <u>(100mg)</u>		01	Plastic Bed Sheet <u>Apron</u>		03			
Tab. Misoprost : 200mg			Betadine Solution		02			
<u>Inj. Anaxin heavy</u>		01	Microshield					
<u>Inj. Bupivacaine</u>		01	Cotton Balls					
<u>Inj. Toropic</u>		02	Latex Gloves		10 pairs			
<u>D-water</u>		02	Ramdione Scrub					
<u>Inj. Mezobam</u>		01	Saral					

Surgeon : Dr. Sunita
 Anaesthesiologist : Dr. Mahalingam
 OT Technician : Saij S

Order No. : Ordered by :

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RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar

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

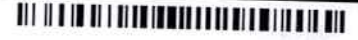
VAT TIN :

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 IP28-00004475

Patient Name Mrs M SANGEETHAPRIYA

Age/Sex 30 Y 3 M 0 D / Female

Date 28/05/2026 13:48

Payor SELFPAY

UHID ANC-00012488

Ward 5F-PRE/POST

Bed Name LDR 501

Order No 28-0000147325

Prescription No PRIP28-0069250

Dispensed Date 28/05/2026 13:49

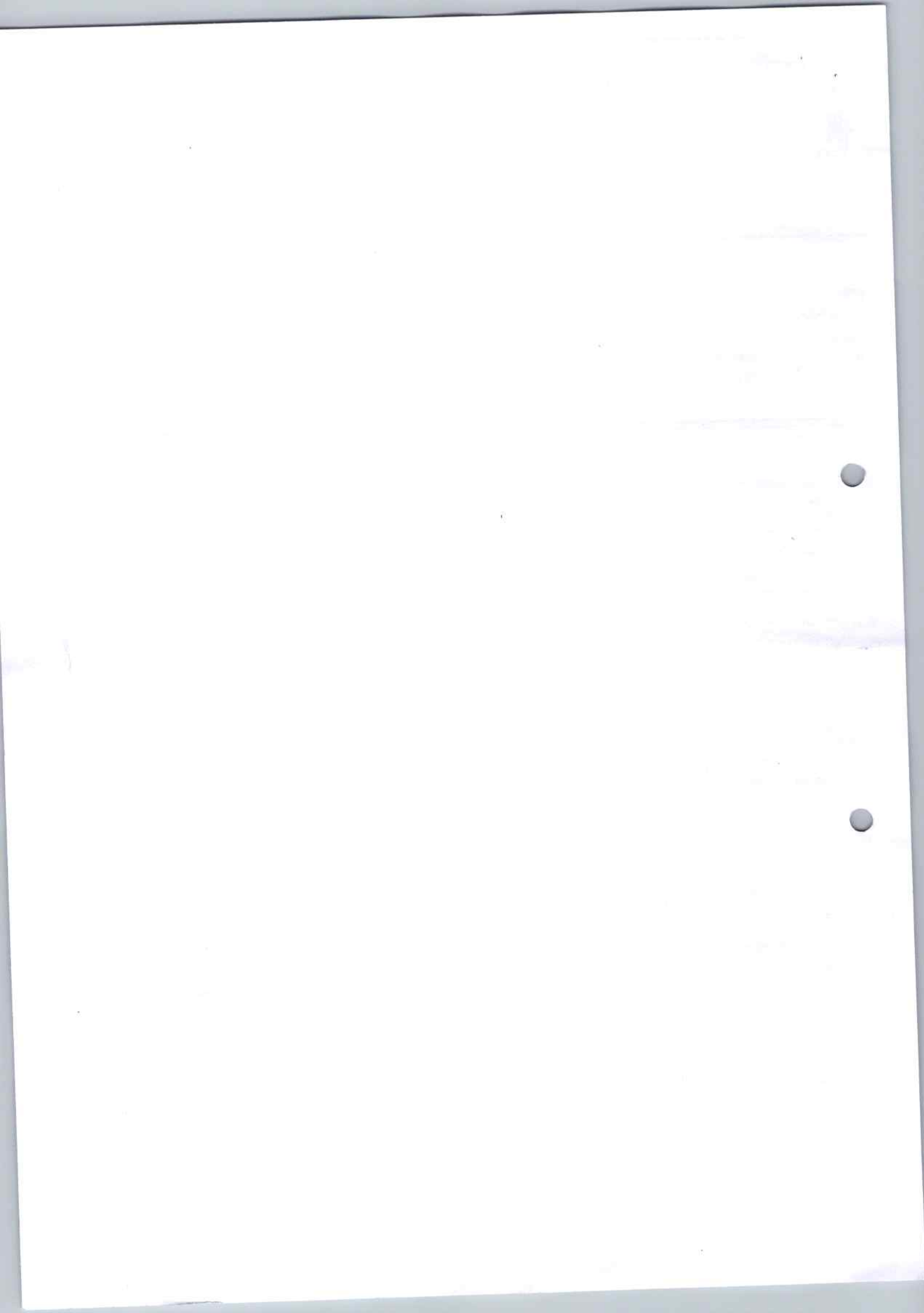
S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	045118	09/28	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	3	25.78	77.34
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	2	24.00	48.00
6	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26B16K55	01/31	6	21.56	129.36
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	2	10.31	20.62
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254093	09/28	2	2.58	5.16
10	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231092	11/27	1	45.90	45.90
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	9	18.90	170.10
12	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	2	63.00	126.00
13	INTRAFLW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
14	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	2	28.92	57.84
15	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
16	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	12/26	1	2.44	2.44
17	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
18	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	0K26A040293	12/30	2	255.00	510.00
19	PREGELLED SURGICAL PLATES(ADULT)	Erbee		02510172407	10/27	1	1,275.00	1,275.00
20	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	24100102015	09/29	1	679.69	679.688
21	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	3	69.39	208.17
22	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
23	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
Total :							3,874.25	4,779.37

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver 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,
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Tel No : 044-69289928



VAT TIN :

CIN :

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004475	Ward	5F-PRE/POST
Patient Name	Mrs M SANGEETHAPRIYA	Bed Name	LDR 501
Age/Sex	30 Y 3 M 0 D / Female	Order No	28-0000147324
Date	28/05/2026 13:48	Prescription No	PRIP28-0069249
Payor	SELPAY	Dispensed Date	28/05/2026 13:49
UHID	ANC-00012488		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		PARCH1010526	04/29	3	100.00	300.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641042	01/30	5	100.00	500.00
4	GAUZ 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	0BLNP274050	09/28	1	18.74	18.74
6	KLICK CLAMP	ROMSONS		0G25I040080	08/30	2	39.00	78.00
7	LSCS DRAPE PACK	Mediblue	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	4	850.00	3,400.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	20	25.00	500.00
10	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirrif	H	2C260605	02/30	1	22.41	22.41
11	PDS-II1-0 NW 9352	ETHICON SUTURES-J&J		T5004	08/30	2	1,026.00	2,052.00
12	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
13	PROLENE 0 NW 846	ETHICON SUTURES-J&J C1		V5003	08/30	1	503.00	503.00
14	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	6	128.00	768.00
15	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	3	128.00	384.00
16	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
17	SURGICAL BLADE 22	Surgeon	GENERAL	C08891	07/30	1	5.15	5.15
18	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	1	223.00	223.00
19	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
20	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
21	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5054	06/30	2	951.00	1,902.00
Total :							8,744.80	15,698.80

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

ANC-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 2 M 30 D (F)
 Dr. N SUNITHA



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Sunitha</u>	Date of Delivery: <u>28/5/2026</u>
Assistant Surgeon: <u>Dr. Raaga.k</u>	Time of Delivery: <u>11:40 am</u> <u>11:41 am</u>
Anaesthetist's Name: <u>Dr. Kaviraja / Dr. Mahabalan</u>	Gender of Baby: <u>Child</u> <u>Boy</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of Baby: <u>2.26 kg</u> <u>2.58 kg</u>
Neonatologist: <u>Dr. Mani / Dr. Eshwaran</u>	AGPAR Score:
Scrub Nurse: <u>SN Sant</u>	NICU Admission: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pre-Operative Diagnosis: Beri / 36+ wku / DCA twice
 Indication: D.C.D.P. twice & twice
Beri

Elective Emergency
 Urgency

- Immediate Threat to life of woman or fetus
- Maternal or fetal compromise not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman and staff

Decision time: Knief to rectus:
 CTG Description: Reactive
 If there was a delay give the reasons:

Surgical Procedure: Elective lower segment caesarean

Post Operative Diagnosis: P.L.

Peri-Operative Complications: Nil

Amount of Blood Loss: 500 ml Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:

Examination Findings when Appropriate:

Presentation: Cephalic Breech Other *Twin 1 - Breech, Twin 2 - Cephalic*

5th Palpable:

Station: -3 -2 -1 0 +1 +2

Caput: + ++ +++

Bladder Catheterized: Yes No

Cervical Dilatation: cm

Fetal Position:

Moulding: None + ++ +++

Meconium: None + ++ +++

Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other

Uterine Incision: Lower Segment Classical Inverted T J Incision

Previous Scar: Intact Thinned out Ruptured No Scar

Incision Through Placenta: Yes No

Delivery of head: Manual Forceps

Liquor: Clear Meconium: I II III

Delivery of Placenta: Manual CCT

Cord Appearance: *Normal* Complete Incomplete Piecemeal

Appearance of placenta: *Normal* Yes No

Uterus, tubes and ovaries: Normal Not Normal

Cord around the neck: Yes No

Cavity explored: Yes No

Sterilization: Yes No

Uterine Closure: One Layer Two Layers

Peritoneal Closure: Pelvic Abdominal None

Sheath Closure:

Fat Closure: Yes No

Skin Closure: Subcuticular Mattress

Vaginal Evacuated: Yes No

Drain: Yes No

Catheter: Yes No

Swap & Instruments count correct? Yes No

Intra-Operative Antibiotics Cover: Yes No

Post-Operative Notes: *NPO / CBD All further orders*

→ No charring

→ Inj. Syncef 1.5gm IV BD

Inj. Pan 4mg IV BD

Inj. Para 1gm IV TDS

IVF 20 RL @ 125ml/hr

20NS

10DWS

Inj. Ampicillin 1gm IV BD

Inj. Clezane 0.4ml sc 0-0-1 @ 10pm

Doctor Name: *D. Raju*

Doctor Signature: *[Signature]*

Date & Time:

IP-ADMIS

STETRICS

Presenting Complaints: 30 yr old
 Primigravida - 36+3 wks /
 admitted for Elective LSCS.
 Obstetric Formula: Primigravida

LMP: 11/9/2025 EDD: 21/6/2026
 Corrected EDD: GA: 36 wks + 3 days.
 Menstrual History: Regular: Yes No

Obstetric History:
 G₁ - PP; Conceived
 with 2nd cycle of
 Present Pregnancy Record: OI.

Obstetric Examination
 Fundal Height: Uterus overdistended for GA.
 Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others: Twin A - Breech
 Twin B - Cephalic
 Head Fifts Palpable: _____
 FHS: Normal Tachy Brady Absent
 BOTH FHR good.

RISK FACTORS:

- K/c/o Epilepsy.
- Rh Negative
- DCDA twins.
- Prophylactic anti-D
 inj. given

Per Speculum Examination
 Draining: Present Absent Bleeding
 Colour of Liquor: Clear Meconium Blood Stained

Height: 161 cm
 Weight: 108.11 kg
 Allergies: NIL

Vaginal Examination NA
 Cervix: Long Partially effaced Effaced
 Os: Closed Dilated _____

Breast: Normal Abnormal
 General Examination:
 Consciousness: Pallor: mild pallor (+)
 Icterus: Edema: (+)
 Temp: (N) PR: 96/mt
 BP: 108/78 mmHg DTR:
 CVS: RS
 Liver/Spleen: Urine Output:

Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

DIAGNOSIS

Primigravida / GA - 36 wks + 3 days / DCDA twins /
 Rh Negative / for Elective LSCS.



<p>Family History: father - HTN/DM</p>	<p>Surgical History: Nil</p>
<p>Medical History: - k/c/o Epilepsy on T. Levipil 1gm 1-0-1. last episode - Oct 2025</p>	<p>Medication History:</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admit - NPO from 4 AM - T. Dulcolax 1mg 2 tabs P/o stat. ✓ - Prepare parts - To send cross-matching sample. - To reserve 20 PRBC. - CTA monitoring. - Inform LOS. <p>- 11/12/26 - DCDA twins ~ 12 + 4 wks, Double marker low risk.</p> <p>- 2/2/26 - DCDA twins ~ 20 + 1 wks, no gross anomalies fetal Echo - (N).</p> <p>- 2/4/26 - DCDA twins ~ 28 + 4 wks, AFI - good; twin A - 1.16 kg, twin B - 1.2 kg; Doppler - normal</p>	<p>Investigations:</p> <ul style="list-style-type: none"> - Blood group - 'O' Negative - 23/5 - Hb - 10.9 gm/dl - ECG } - WNL. - Echo } - WNL. - 24/11 - ICT - negative

- 26/5 - DCDA twins - 36 + 5w, fetus A - breech, fetus B - cephalic
 SLP - 2cm (oligo) SLP - 1.9cm (oligo)

Doctor Name: Dr. Sivasrupa
 Signature: [Signature]
 Date & Time: 27/5/26 at 10 pm

Consultant Name: Dr. Sunitha
 Signature: For [Signature]
 Date & Time: 27/5/26 at 10 pm.

ANC-00012488 IP28-00004475

Mrs M SANGEETHAPRIYA

29-02-1996 30 Y 2 M 29 D (F)

Dr. N SUNITHA

Patie



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026	S De Raaga.k	
8:30am	B Pt received Pfm well	
	of e defau	
	vitals stable	
	P/	Uterine Overdistended
	A	Multiple fetal parts felt.
		Ftx 1 ⊕ Ftx 2 ⊕
		Adv
		-NPO
		-shift to prop by 10am
		S
		De Raaga
		12/11/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/1/20	c/s/B - Dr. Mohang	
8pm	POD# 0	
	pt reviewed	
BP-120/80	no complaints ↓ milk secretion	
PR-82/min	O/E: Hydration fair, Afebrile	
Output- 120ml/hr	no pallor, no PE	
SpO ₂ -99%	S/E CVS) NAD	
	MS	
	P/A nt well contracted	
	dressing @ chy	
	BS(F)	
	HE BWNL	
		Advice
		- NPO
		- sips of water after orders
		- Inj. Anti-D 1M given stat
		- Inj. Penicillin 100mg IM given stat

[Signature]
 1/2/20



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026	S/B Dr Raaga	
10am	B	
	PE reviewed.	
	Paind flims - voided fully	
	of - affair	
	Afebrile	
	Vitals stable	
	P/A - Rte 185 ⊕	
	Mentus we.	
	Dusky dx	
	A/E Bwnc	
		Adv
		- Left diet
		- DSB
		- hydrate

Sections ↓

Dr. Raaga
12/1/22

ANC-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 2 M 31 D (F)
 Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 12:10pm	<p style="text-align: center;"><u>Lactation Report.</u></p> <p style="text-align: center;">nurse on Rounds - Nandhin</p> <p style="text-align: center;">(Twins) 1 Baby - NICU 1 Baby - Roomed in</p> <p>Mother - held - Average (Shivering)</p> <p>Pain - fought</p> <p>Mother's breast - limp nipples - protruded</p> <p>✓ Colo in Top kid - SOS</p>	<p>Reuba Sir</p>
29/5/26 2:30pm	<p>S/B Dr. Sivasampa</p> <p>patient reviewed, no complaints, vitals stable.</p>	
(POD - 1) T - (N)	<p>BP - 118/70mmHg</p> <p>PR - 82/mt</p>	<p>O/E - Afebrile, no pallor</p> <p>P/A - Soft, uterus well contracted</p> <p>L/E - Bleeding PV WNL</p>
Secretions ↓		<p style="text-align: right;">Adv :-</p> <ul style="list-style-type: none"> - Soft diet - DBF - High Ambulation - Inform SOS

ANC-00012488 IP28-00004475

Mrs M SANGEETHAPRIYA
29-02-1996 30 Y 2 M 31 D (F)
Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/1/20 11 PM	S/B by Dr. Chaitan	
	Mrs. Sangeetha	
	Antenatal course	
	PP Soft	
C/M	W well contracted Drip clear	Dial W dial
	LOWAS	Rt as per chart Gyden (2)
		AD Bonds

ANC-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 2 M 29 D (F)
 Dr. N SUNITHA

Patient



RESULT SHEET

Date	- Blood group - O Negative		
Time			
Hb	23/5	-10.9 gm/dl	
PCV			
RBC			
WBC	-8	300	
N/L			
Platelets	-2	85	
CRP			4/11 - TSH - 2.46
ESR			} - non-reactive anti-HCV
PCT			
RBS	FBS - 79		
Na	PPBS - 107		
K			
Cl	HBATC - 5.5%		
Ca/Mg			
Phosphate			
Urea	-12		
Creatinine	-0.4		
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	PT - 16.2	; INR - 1.2	
APTT			
CSF Protein / Sugar			
Cells			
N/L			



MEDICATION RECONCILIATION FORM

Drug Allergies: nll 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: med post Shifted to: 3rd floor

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	Dr SUPREEF	15gm	N	1/21		<input type="checkbox"/> C <input type="checkbox"/> DC
2	Dr PAN.	4mg	no	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Dr PARACETAMOL	1gm	or	TDS		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	Dr LEVUPIL	1gm	or	BD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	Dr CURANER	4mg	Stc	OD		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr Chaitree 18/5/24

Date & Time: 28/5/24 @ 4:30pm

Nurse Name & Signature: Nisha

Date & Time: 28/5/24 @ 4:30pm



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: OT-IT Shifted to: Post OP

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		<u>Nil</u>				<input type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: T. A. Debagayak

Date & Time: 28/5/26 at 12:40pm

Nurse Name & Signature: [Signature]

Date & Time: 28/5/26 at 12:40pm

Patient No.



DRUG CHART

Date of Admission: 28/5/26 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 : <u>JUSTIN SUPROSTIN</u>				Date															
				Time															
Dose	Route	Frequency	Start Date																
<u>100mg</u>	<u>PR</u>	<u>SOS</u>	<u>28/5/26</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

DRUG : <u>INJ EMESET</u>				Date															
				Time															
Dose	Route	Frequency	Start Date																
<u>4mg</u>	<u>IV</u>	<u>SOS</u>	<u>28/5</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

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

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight. 1.0814 Ward. *men*

DRUG : INJ - SUPAREF				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
1.5gm	IV	1-0-128	5/26																	
Name & Signature of the Doctor Starting the Drugs:																				
<i>[Signature]</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ - PAN				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
40mg	IV	1-0-1	28/5/26																	
Name & Signature of the Doctor Starting the Drugs:																				
<i>[Signature]</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ - PARA				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
18m	IV	1-1-1	28/5/26																	
Name & Signature of the Doctor Starting the Drugs:																				
<i>[Signature]</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG : INJ LEVIPILLE				Date Time	28/5	29/5														
Dose	Route	Frequency	Start Date																	
18m	IV	1-0-1	28/5																	
Name & Signature of the Doctor Starting the Drugs:																				
<i>[Signature]</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

ANC-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 3 M 0 D (F)
 Dr. N SUNITHA



REGULAR PRESCRIPTIONS

Weight 10.5 kg Ward Neonatal

Sheet No:

DRUG: <u>INJ ELXANE</u>				Date/Time	<u>29/5</u>	<u>30/5</u>															
Dose	Route	Frequency	Start Dt.																		
<u>0.4 ml</u>	<u>S/C</u>	<u>0-0-1</u>	<u>29/5</u>																		
Name & Signature of the Doctor Starting the Drugs:																					
<u>x 3 days</u>																					
<u>pm 10pm</u>																					
Additional Instructions:																					
<u>D1 D2</u>																					
Daily Doctor's Endorsement by a Sign																					
DRUG: <u>Tab LEVIRAN</u>				Date/Time	<u>29/5</u>	<u>30/5</u>															
Dose	Route	Frequency	Start Dt.																		
<u>1 gm</u>	<u>po</u>	<u>1-0-1</u>	<u>29/5</u>																		
Name & Signature of the Doctor Starting the Drugs:																					
<u>9 pm</u>																					
Additional Instructions:																					
<u>9 pm</u>																					
Daily Doctor's Endorsement by a Sign																					
DRUG: <u>Cap haloran</u>				Date/Time	<u>29/5</u>	<u>30/5</u>															
Dose	Route	Frequency	Start Dt.																		
<u>2 Plo</u>	<u>po</u>	<u>2-2-2</u>	<u>29/5</u>																		
Name & Signature of the Doctor Starting the Drugs:																					
<u>9 pm</u>																					
Additional Instructions:																					
<u>9 pm</u>																					
<u>10 pm</u>																					
Daily Doctor's Endorsement by a Sign																					
DRUG: <u>Tab CEFTOM</u>				Date/Time	<u>30/5</u>																
Dose	Route	Frequency	Start Dt.																		
<u>500mg</u>	<u>po</u>	<u>1-0-1</u>	<u>30/5</u>																		
Name & Signature of the Doctor Starting the Drugs:																					
<u>9 pm</u>																					
Additional Instructions:																					
<u>9 pm</u>																					
Daily Doctor's Endorsement by a Sign																					

Signature
Name

Patient Sticker
 ANC-00012488
 Mrs M SANGEETHAPRIYA
 29-02-1998
 Dr. N SUNITHA
 IP28-00004475
 30 Y 2 M 29 D (F)

Weight 108 kg Ward CDE

VARIABLE DO

DRUG :							
Route	Start Date	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
Name & Signature of the Doctor		Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
Additional Instructions:		Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.

VARIABLE DOSE

DRUG :							
Route	Start Date	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
Name & Signature of the Doctor		Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
Additional Instructions:		Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/26	10 pm	T. DULCOLAX	2 tabs 20 mg	P/O	SH	RR
28/5/26	10 AM	INT. LEVIPIL	1 gm	IV	SH	02/11/2
28/5/26	10 ¹⁵ am	INT. SUPACEF	200 mg	ID	SH	SH
28/5/26	10 ³⁰ am	INT. SUPACEF	1.5 gm	IV	SH	SH
28/5/26	10 ⁴⁰ am	INT. PANTOP	40 mg	IV	SH	SH
28/5/26	10 ²⁰ am	INT. EMESET	4 mg	IV	SH	SH
28/5/26	11:42 AM	ly: TRAPIC JUSTIN	1 gm	i.v	SH	SH
28/5/26	12:20 PM	SUPPOSITORY	100 mg	P/R	SH	SH
28/5/26	8 pm	ly: Anti-D	300 mg	IM	SH	SH

VERIFIED BY: Name Signature

THINBELMAG INJECTION 300 MCG
 Anti D
 Pre-filled syringe & liquid injection
 B. No.: B25926001
 Mfg. No.: 03/26
 Exp.: 02/28
 MRP No.: 4916.19
 (T.O)



I.V. FLUIDS CHART

Weight: 18 kg Ward: 205

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
28/5/26	6am	1 @ RL	IV	100ml/hr	Sig	PS	28/5/26 at 10 AM		Nay
28/5/26	10am	1 @ RL	IV	100ml/hr	Sig	PS	28/5/26		PS
28/5/26	11:20 AM ↓ 12:40 PM	IVF 2 @ RL	IV	over 1hr	Make	PS	28/5/26	Make	PS
28/5/26	11:45 AM	1 @ RL = 20 units Synko	IV	@ 125 ml/hr	Make	PS	28/5/26	Make	PS
28/5/26	12:30 PM	IVF 1 @ RL + 10 units Synko	IV	@ 50 ml/hr	PS	PS	28/5/26		PS
28/5/26	6:10 PM	1 @ NS	IV	@ 125 ml/hr	PS	PS	28/5/26 at 6:15 PM		PS
28/5/26	8 PM	1 @ RL	IV	@ 125 ml/hr	PS	PS	28/5/26 6:30 PM		PS
28/5/26	10:15 PM	1 @ NS	IV	@ 125 ml/hr	PS	PS	29/5/26 at 3:15 AM		PS
29/5/26	3:15 AM	1 @ RL	IV	@ 125 ml/hr	PS	PS	29/5/26 6 AM		PS
29/5/26	9am	NS		125 ml	PS	PS	29/5/26 at 2 PM		PS

Signature

VERIFIED BY: Name

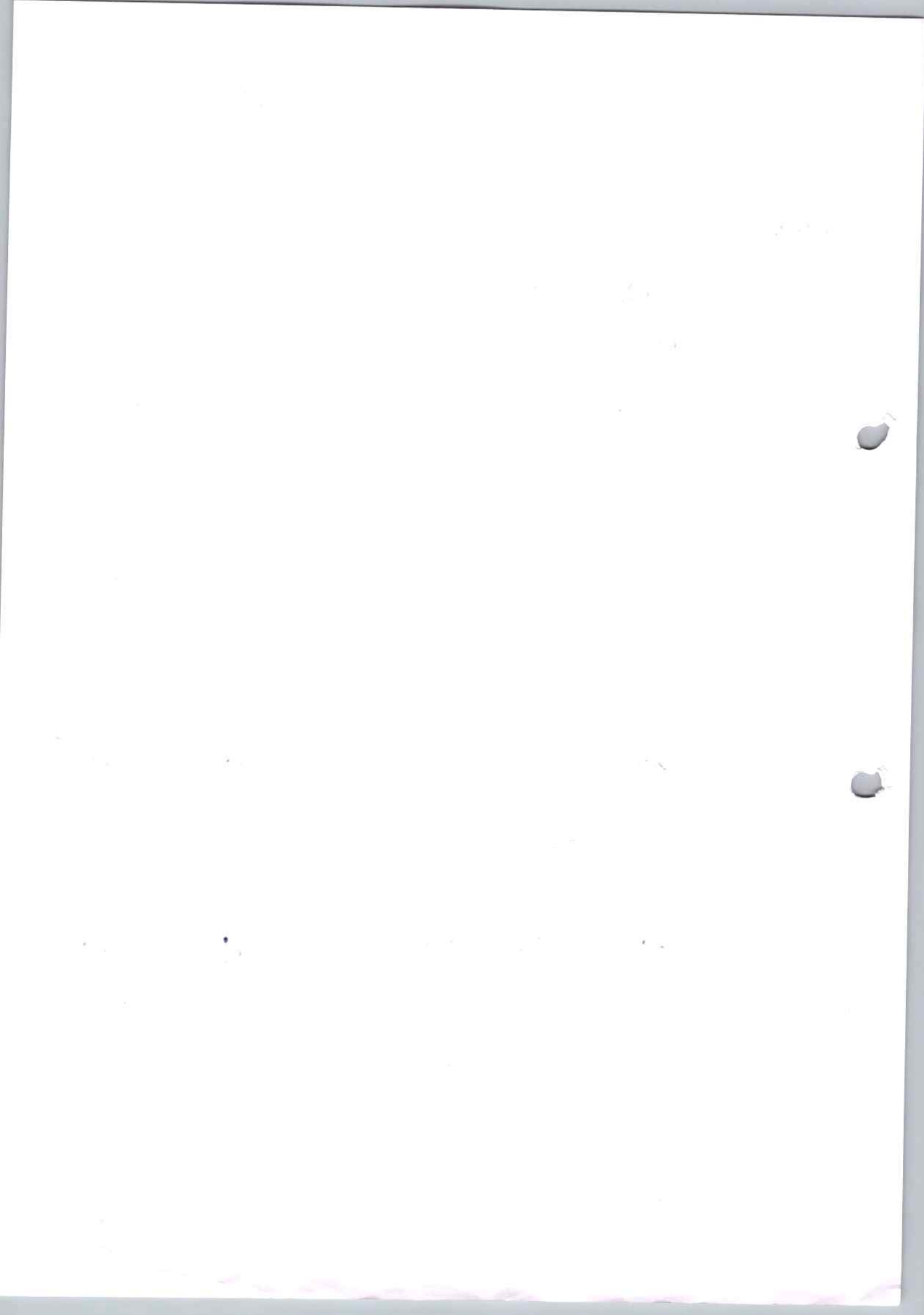
ANC-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 2 M 29 D (F)
 Dr. N SUNITHA



Early warning Observation Score Chart - Obstetrics

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

28/5/26		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																											
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																											



ANC-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 2 M 29 D (F)
 Dr. N SUNITHA

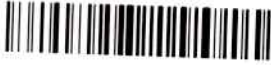
Patient Sticker



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	8	9	10	11	12	1	2	3	4	5	6	7	
RESPIRATORY (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																									
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																										
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																										



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																							
		29/05/2026																							
		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	020bpm	0180bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm
	0 - 10	020bpm	0180bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm	200bpm
Saturations	94 - 100 %	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	
	< 94 %	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Administered O ₂ (L/min.)		RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	
Temp °C	40																								
	39																								
	38																								
	37	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
	36	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
	35	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
	< 35	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5	36.5
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100	80bpm	82bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm
	90	80bpm	82bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm
	80	80bpm	82bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm
	70	80bpm	82bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm
	60	80bpm	82bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm
	50	80bpm	82bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm
40	80bpm	82bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	84bpm	
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
	110	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
	100	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
	90	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
	80	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
	70	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120
60	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	
50	113	112	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	120	
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
	80	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70
60	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
50	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
40	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	70	
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	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial		SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	SN	

ANC-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 2 M 31 D (F)
 Dr. N SUNITHA



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		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 ^o 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																												
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-00012488 IP28-00004475
 Mrs M SANGEETHAPRIYA
 29-02-1996 30 Y 2 M 31 D (F)
 Dr. N SUNITHA



FLUID CHART

Sheet No. : 03

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

29/5/26		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	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													

PLANT

2000

1. It is a dicotyledonous plant.

2. It is a woody climber.

Part	Structure
Root	Tap root
Stem	Woody stem
Leaf	Simple, alternate, ovate
Flower	Small, tubular
Fruit	Berry

3. It is a climber.

4. It is a climber.

5. It is a climber.

6. It is a climber.

7. It is a climber.

8. It is a climber.

9. It is a climber.

10. It is a climber.

11. It is a climber.

12. It is a climber.

13. It is a climber.

14. It is a climber.

15. It is a climber.

16. It is a climber.

17. It is a climber.

18. It is a climber.

19. It is a climber.

20. It is a climber.

21. It is a climber.

22. It is a climber.

23. It is a climber.

24. It is a climber.

25. It is a climber.

26. It is a climber.

27. It is a climber.

28. It is a climber.

29. It is a climber.

30. It is a climber.



FLUID CHART

Sheet No. :2.....

28/5/26

- 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		
			Mouth	I.V	N.G							
28/5/26		08:00 am		100ml						✓	0	Meyy
		09:00 am		100ml							0	
		10:00 am		100ml	100ml NS & Leuk					✓	0	
		11:00 am		500ml	connected.						0	
		12:00 pm		500ml RL + 500ml RL & synto						✓	0	
		01:00 pm		150ml	200ml RL					350ml	0	
Total Intake :			1400ml			Total Output :					350ml one shield	
		02:00 pm		RL & synto	500ml					100ml	0	J
		03:00 pm		RL & synto	500ml					150ml	0	
		04:00 pm		195ml RL						250ml	0	J
		05:00 pm		125ml						100ml	0	
		06:00 pm		125ml	NS (connected)					70ml	0	J
		07:00 pm		125ml						100ml	0	
Total Intake :			700ml			Total Output :					770ml	
		08:00 pm		125ml						50ml	0	PS
		09:00 pm		125ml						100ml	0	
		10:00 pm	H2O 20ml	125ml						100ml	0	
		11:00 pm		125ml						100ml	0	
		12:00 am	TC water 200ml	125ml						100ml	0	
		01:00 am		125ml						100ml	0	
Total Intake :			220ml + 750ml = 970ml			Total Output :					4550ml	
		02:00 am		125ml						100ml	0	PS
		03:00 am	H2O 100ml	125ml						100ml	0	
		04:00 am		125ml						100ml	0	
		05:00 am		125ml						100ml	0	
		06:00 am	H2O 100ml	100ml	ing para					100ml	0	
		07:00 am		125ml						100ml	0	
Total Intake :			200 + 725ml + 95ml = 920ml			Total Output :					4600ml	
Total 24 hrs. Intake		3,995ml										
Total 24 hrs. Output		V - 2,270ml M - 0										



FLUID CHART

Sheet No. : 2

- 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 Thrombo- phlebitis Score	Sign. Nurse	
			Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
				Mouth	I.V	N.G							
29/5/16		08:00 am									0		
		09:00 am	H ₂ O	100ml	100ml						0		
		10:00 am			PC						0		
		11:00 am	Juice	100ml	PC						0		NSP
		12:00 pm			PC						0		
		01:00 pm	H ₂ O	100ml	PC						0		
Total Intake :			300ml + 200 = 500ml				M-0	Total Output :			U 3 times		
		02:00 pm									0		
		03:00 pm	H ₂ O	200ml	125ml						0		
		04:00 pm			125ml						0		
		05:00 pm	Juice	200ml							0		NSP
		06:00 pm									0		
		07:00 pm	H ₂ O	200ml							0		
Total Intake :			600ml + 250 ml = 850ml					Total Output :			U-2		
		08:00 pm									0		
		09:00 pm	H ₂ O	200ml							0		NSP
		10:00 pm									0		
		11:00 pm	H ₂ O	200ml							0		NSP
		12:00 am									0		
		01:00 am	H ₂ O	200ml							0		
Total Intake :			1000ml				M-1 time	Total Output :			U-4 times		
		02:00 am									0		
		03:00 am	H ₂ O	200ml							0		
		04:00 am									0		
		05:00 am	H ₂ O	200ml							0		
		06:00 am									0		
		07:00 am	H ₂ O	200ml							0		
Total Intake :			1000ml				M-0	Total Output :			U-4 times		
Total 24 hrs. Intake		3,350 ml				Total 24 hrs. Output		U-13 times		M-1 time			

