



DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		29/5/28 at 11 AM 21/7/20		
Activity Sheet updated by Pharmacy		11:20 AM	JAN	

ACTIVITY RECORD FOR BILLING

Name:

UHID No: **ANC-00015898 IP28-00004485**
Mrs INDU NAMPOOTHIRI
20-01-1980 48 Y 4 M 9 D (F)
Dr. N SUNITHA

Date of Admission: Consultant: Dept:

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

Suggested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	2 Am	LDR	3 Floor	PD

CROSS CONSULTATION VISIT

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

IP



OR OBSTETRICS

Presenting Complaints

Patient had clo spotting plv @ 10:45 pm
 NO clo abdominal pain

Obstetric Formula:

G₄P₃L₃ | prev 3 NVD

Obstetric History:

19 weeks + 5 days

- ① Boy, NVD, 20 yrs A X H
- ② Boy, NVD, 15 yrs A X H
- ③ Girl, NVD, 6 yrs A X H

Present Pregnancy Record:

- ④ IVF conception - Donor Egg.
 Dating, NT, Early Anomaly scan done.

RISK FACTORS:

- IVF conception
 - Elderly

Height: 162 cm

Weight: 67 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Yes

Pallor: No

Icterus: NO

Edema: NO

Temp: 98 F

PR: 82/min

BP: 120/80 mmHg

DTR:

CVS: S₁ S₂ heard

RS B/L NVB ⊕

Liver/Spleen: Normal

Urine Output: Adequate

LMP:

EDD: 17/10/2026

Corrected EDD:

GA: 19 weeks + 5 days

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 20 weeks

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

spotting plv ⊕

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: - closed Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Sutton: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

DIAGNOSIS

46 yrs G₄P₃L₃ | 19 weeks + 5 days | No co-morbidity
 prev 3 NVD
 IVF concep



<p>Family History:</p> <p>Mother - T₂DM Father - SHTN</p>	<p>Surgical History:</p> <p>lap Ovarian PRP - 2024</p>
<p>Medical History:</p> <p>No co-morbidity.</p>	<p>Medication History:</p> <p>- T. Ecospirin 75mg oed (last dose 27/8/26)</p>
<p>Plan of Care:</p> <ul style="list-style-type: none">- Admission- Expect usg scan for α length tomorrow- Observation- Pad watch- HVS taken	<p>Investigations:</p> <p><u>6/4/2026</u> (Early Anomaly)</p> <ul style="list-style-type: none">- SUIUG \approx 16W + 5d- No gross Anomaliesplacenta - AnteriorAFI - Normalα - 34.5mm <p><u>29/1/26</u></p> <p>serology - NR</p> <p>Hb - 12.5</p> <p>plt - 3.75</p> <p>HbA_{1c} - 6.1</p> <p>LFT - Normal</p> <p>urea - 22</p> <p>creatinine - 1.0</p> <p>TSH - 1.38</p>

Doctor Name: Dr. Mohanapriya
Signature: [Signature]
Date & Time:

Consultant Name:
Signature:
Date & Time:



REGULAR PRESCRIPTIONS

Weight..... Ward. 303

DRUG : T. Dvadilon

Dose	Route	Frequency	Start Date	Date	Time
10mg	PO	1-0-1	28/5/20	29/5	12 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*
10482

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG : T. SUSTEN SR

Dose	Route	Frequency	Start Date	Date	Time
300mg	PO	0-0-1	28/5/20	29/5/20	12 AM

Name & Signature of the Doctor Starting the Drugs: *[Signature]*
10482

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date	Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Date	Date	Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
DRUG :	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
Route	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
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.

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
DRUG :	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
Route	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
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
28/5/26	11.50pm	T-Topic	500mg	P/O	[Signature]	PR 021142
28/5/26	11.50pm	Im-PROLUTON	500mg	IM	[Signature]	PR 021142

Signature
VERIFIED BY : Name

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 Mrs INDU NAMPOOTHIRI
 20-01-1980 46 Y 4 M 9 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 °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																											

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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		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
				Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G										
28/5/20		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	Patient received from LDR Start												
Total Intake :						Total Output :									
		02:00 am	H ₂ O	200ml											
		03:00 am	H ₂ O	100ml											
		04:00 am													
		05:00 am													
		06:00 am													
		07:00 am													
Total Intake :						Total Output :									
		300ml				N-1 time		U-1 time							
Total 24 hrs. Intake		300ml										Total 24 hrs. Output		U-1 time N-1 time	