Ref. No. F/OT/05

ILS

Rainbow® Children's Hospital
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Your Right to a Safe Delivery

Date : 26/5/26

Patient Name : ... IP2-00056383 MAH-00384818 Mrs HARIKA MENDA (F) 14-04-1997 29 Y 1 M 12 D Dr. TEJASWI NADELLA .....Age :.....Sex : .....

UHID No. : .. ..IP No. :.....

Date of Surgery : 26/5/26 .....OT : ☐ OT 1 ☑ OT 2 ☐ OT 3

Name of the Surgery : EM LSCS USA

Baby is with mother side.

Time in : 10:10PM Time Out : 11:10 Pm

NAME	AMOUNT
1. Surgeon : Dr Tejaswi	
2. Anaesthetist : Dr Durga Bhavani	
3. Asst. Surgeon : Dr Rajani	
4. OT Technician : Sr Bany	
5. Circulating Nurse : Sr Venki	
6. Asst. Nurse : Sr Bidhya / Sr Raha	

Special Equipment : ☐ Laproscopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C- ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of the Circulating Nurse

Order No. : 940719 | 940720 .....Order by : .....

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 13 D (F)
Dr. TEJASWI NADELLA

Emlscs

CONSUMABLES OF OT

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Circulating staff : Neeraj Technician : Bhanu Sri Date : 26/5/26 Time : 10:10

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			~~Major~~ Pack LSCS		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		03	2346	01	01	Suction Catheter		
HME filter : A / P / N			2364	01		Feeding Tube		
Syringes : 10 cc		05	1326	01		Vaccum Suction Set		
05 cc		05	Gloves			Surgical Gloves		
02 cc		05	PP/346.5	3	3	Gauze Pack		
01 cc			347.0	2		Syringe 1ml / 2ml		
Cautery plate : A / P / N		01	Surgical blade 22		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery pencil		01			
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies					
inj. Carbitocine		01	Ointments		01			
Lox 2%		01	Suction Catheter					
Fentanyl		01	Cap, Mask	10	10			
Morphine			Gauze Pack	3+	2			
Ketamine			Mop Pack	2+	2			
Propofol			Steristrip					
Rocuronium			Underpad	3	01			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage		01			
inj. Tramexa		02	Tegaderm		01			
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic ~~Bed~~ Sheet		03			
Tab. Misoprost : 200mg		01	Betadine Solution		02			
inj. Methergin		01	Microshield					
O2 mask		01	Cotton Balls		2			
AMBU LMA No. 3		01	Latex Gloves		20			
			Ramdione Scrub					
			Saral					

Dr. Tejaswi — Surgeon
Dr. Durga — Anaesthesiologist
Anita — Nurse
Bhanu — OT Technician

Order No. : ..... Ordered by : .....

Doc. No. : RCH / FRM / GENERAL / 125

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ACTIVITY RECORD FOR BILLING

Name: -- MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA
25/5/26 (1)

UHID No ---------- Consultant : ---------- Dept : ----------

Date of Admission : ---------- Time : ---------- Date of Discharge : ---------- Time: ----------

Room / Bed No : ---------- Ward : 4W Suggested Billable bed type : ----------

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	7 AM	CCU	3W	[illegible]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr Vaibhavi Hame	28/5/26	941212	[illegible]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/5/26	CBP	26007231	Manju
25/5/26	NST — (1)	002529	
25/5/26	GRBS — 96 mg/dl @ 10pm	26007263	
26/5/26	NST — (2)	002530	
26/5/26	NST — (3)	2534	Dey
26/5/26	NST — (4)	2535	
26/5/26	NST — (5)	2536	
26/5/26	NST — (6)	002542	Rema
26/5/26	NST — (7)	002551	
26/5/26	NST — (8)	002552	
28/5/26	FBS - 86 mg/dl	26007333	
	cross checked by Rajib		
			3.40pm

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/5/26	Infusion Pump	11AM	10Pm	940523	
25/5/26	Cardiac Monitor	3:30Pm	7Am	940595	
25/25/26	Epidural Pump	3:30Pm	10Pm		
	Inventory checked by Venkat on 27/5/26				

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/5/26	IV placement	1	940434	Manjeri
25/5/26	PAC	1	940593	
26/5/26	Catheterization	1	940594	
26/5/26	EM-LSCS done ↓ SA		940720	
	by Dr. Tejaswi		940719	Teja
	Crown checked by	venkatamma 27/5/26 at 7AM		
27/5/26	N.A.A	/	940896	
	Cross checked by Rani 28/05/26			

ANY OTHER INFORMATION

OP file given to the pt. Attender

Date : 27/5/26 Time : 7AM Prepared By : Manjeri

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Venkatamma	UB to 310 Chand		

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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints
pt. came for IOL

Obstetric Formula: Primi

Obstetric Hostory:
spontaneous conception
booked @ 7wks 2 days

Present Pregnancy Record:
NT scan - NAD
FT4 (-)
TIFFA - NAD

RISK FACTORS:
→ GDM on diet
→ hypothyroidism, on Rx c̄
T. Thyronorm 150mcg OD

Height: 155 cm
Weight: ..... kg
Allergies: .....
Breast: ☑ Normal ☐ Abnormal
General Examination:
Consciousness: Pallor: (-)
Icterus: Edema:
Temp: afebrile PR: 90 bpm
BP: 130/90 DTR:
CVS: RS
Liver/Spleen: Urine Output:

LMP: 28/8/25 EDD: 4/6/26
Corrected EDD: 7/6/26 GA: 38 wks 1 day
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Fundal Height:
Ut. Activity: ☑ Relaxed ☐ Mild ☐ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others _____
Head Fifths Palpable: _____
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent
NST - reactive

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

Vaginal Examination
Cervix: ☑ Long ☐ Partially effaced ☐ Effaced
Os: Closed _____ Dilated 1 cm
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
Primi @ 38 weeks 1 day c̄ GDM on diet c̄ hypothyroidism, for IOL
(safe confinement of pregnancy)

(P.T.O)

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

Family History:	Surgical History:
Mother - hypothyroid	N/a ICD i/v/o pleural drainage @ childhood (pneumonia)
Medical History:	**Medication History:**
hypothyroidism, on RA	
Plan of Care:	**Investigations:**
1) Admission 2) IOL consent 3) NST every 4th hourly 4) check for blood availability 5) send CBP & check GRBS - 96 mg/dl	1) O+ve 2) HIV, HBsAg, HCV } NR 3) scan (on 7/5/26) @ 35 wks 4 EFW = 2.239 (9%) AC - 1% AFI - 16.6 cm Pl - posterior Doppler (N)

Doctor Name: Dr. Manisha
Signature:
Date & Time: 25/5/26 10 pm

Consultant Name:
Signature: N. Tejaswi
Date & Time:

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(1) 26/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26		
2 pm	pt. c̄ c/o intermittent pain abdomen	
	∴ I/k	
	NO c/o leaking pv or bleeding pv	
	O/E gc – fair afebrile	
	PR – BP – 130/82	cephalic
	P/A – ut ↑ POG, 4/5th palpable	
	1/20"/10'	
	NST – reactive	
	P/V – vx 1f loose, posterior, fim	
	2 cm long	
	Vx – 2	
	pelvis – looks adq.	
	To be assessed in active labour.	
	↓ ABP, P/V misoprostol 25 mcg put	
	Noted by (M) anjali	26/5/26 (2) 2pm

Docu. No. : RCH /FRM / CLINICAL / 088

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(2) 26/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 6am	pt. complaints of pain abd.	
	(no) c/o leaking p/v or bleeding p/v	Adv → treat v/E @ 10:30am
	O/E PR - 88 bpm	
	BP - 110/76 mm Hg	
	P/A - ut u POG 3/15 - 20 11/101	
	DST - reactive	
	P/V - 2cm dilated 1.5cm long V x - 2	
→	↓ SAP, ↑ tarsa 25 mg p/v put	
	Noted by Manji	26/5/26 @ 6am

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(3) 26/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 10:35AM	↓ 70c	Adv
	PR = 82	
	BP = 108/76	Inj Tocin
	P/A = ut ~~well~~ 7c	Syntocin augmentation
	cephalic	FHR Monitoring
	FHR (+) 144	NST 4hrly
	2/15'/10'	Next V/E @ 2:30PM
	P/V = 2cm dilated	
	1/2" long	
	ARM ✓ done	S
	liq clear	
	station 1-2	
	Noted by sis. Nirmala	26/5/26 @10:35AM
26/5/26 2:30PM	↓ 70c	Adv
	PR = 88	
	BP = 112/78	Syntocin augmentation
	P/A = ut 7c	FHR Monitoring
	cephalic	NST 4hrly
	5/25'/10'	Next V/E @ 6:30PM
	P/V = 3cm dilated	
	1/2" long	S
	liq clear	
	station 1-2	N. Tejaswi

Docu. No. : RCH /FRM / CLINICAL / 088

Noted by sis: Rinna

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(4) 26/5/26

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 5:20pm	↓20L	
		Adv
	P/A - ut TG	Syntocin augmentation
	cephalic	→ NST 4hrly
	FHR (+) 136	Next U/E @ 9:30pm
	3/25'/10'	
	P/V - 3cm dilated	
	partially effaced	
	liq clear	
	station 1-2	
	Noted By Sis. Minu	
26/5/26 7PM.	↓10L	Rx..
	Mitab - stable	- Explained regarding the slow progression.
	P/A :- Ut - TG.	
	5 kcs/40"/10'	option given for
	FHR :- 154/min	Emergency & trial of labour.
CTG :- Reactive	P/V :- Ca - 50% effaced	
	os - 3cm dilated	
	PPV - 2 station.	
	Liq. clear	

Docu. No. : RCH /FRM / CLINICAL / 088

(P.T.O)

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 12 D (F)
Dr. TEJASWI NADELLA

26/5/26
(5)

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9.30pm	(↓) 10L	
	pt c/c/c	
	c/c pain, abdomen	
	BP - 140/81mmHg	
	PR - 84 bpm	
	S/E - NAD	
	P/A - Lt NTG	P/V - Cx - 60%, effaced
	4L/25sec/10mins	os - 3cms
	FHR (+) 128bpm	m(-), liq. clear
		PP/Nx -2
	NST - non reassuring	
	base line 150 bpm	
	with contraction FHR drop (+) noted.	
	Patient and her attenders have been clearly explained regarding the non reassuring NST with non progression of labour, need for active intervention and delivery need for EMLSCS and they opted for EM LSCS.	
	EMLSCS 1/2/0 non reassuring NST with non progression of labour	Dr. Tejaswi

MAH-00384818 IP2-00056383
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		No
		→ PAC
		→ continous FHR
		→ consents
		→ shift to OT
		→ inform sos
	noted by Venkataramana	- 26/3/25 10pm

MAH-00384818 IP2-00056383
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14-04-1997 29 Y 1 M 12 D (F)
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 11.30 pm	POD-0	Rx:
	pt c/c/c	→ NBM x 6 hrs
	GC fair, afebrile	→ follow day chart
	BP- 144/96 mmHg	→ monitor vitals
	PR- 72 bpm	→ w/f bleeding PV
baby - MS (A/J), BF (+)	S/E - NAD	→ pad for observation
	P/A - ut N WR	→ I/O charting
	soft	→ TEDD stockings
U.O - 200ml, clear	BS + / -	→ BP charting hourly
adq		→ Inform SOS
	U/E - NAB	
		N. Teja
27/5/26 1.30 AM	POD-0	Rx:
	pt c/c/c	→ sips of water + clear liquids
	GC fair, afebrile	→ follow day chart
	BP- 146/98 mmHg	→ monitor vitals
	PR- 88 bpm	→ w/f bleeding PV
baby - MS (A/J), BF (+)	S/E - NAD	→ Early Ambulation
	P/A - ut N WR	→ I/O charting
U.O - 200ml, clear	BS + / +	→ TEDD stockings
adq	+ / +	→ pad for observation
	U/E - NAB	→ BP charting hourly
		→ Inform SOS
noted by Clinical team 26/5/26 1:30 AM		→ soft diet @ 7 AM

Docu. No. : RCH /FRM / CLINICAL / 088 (P.T.O)

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 12 D (F)
Dr. TEJASWI NADELLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
29/05/26 5.30am	pt c/c/c	Rx: → soft diet @ 7 Am
	c/c fair, afebrile	→ follow day chart
	BP - 119/80	→ monitor vitals
	PR - 70 b/m	→ w/r bleeding PV
baby - MS < A/H, SF	S/E - NAD	→ TEDD stockings
	P/A - ut N WR	→ I/O charting
U.O - 500 ml.	soft	→ Remove foleys on 29/5 @ 6 pm
	BS + | + / + | +	→ BP charting 3rd hrly
Shift to room	U/E - NAB	→ Cefpom 100
	noted by venkat amma, 29/5/26 5:30 Am	

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	POD-0	
29/5/26 8 AM		Rx:
	pt c/c	→ soft diet
	c/c fever, abdomen	→ follow drug chart
	BP- 120/80 mmHg	
	PR- 84 bpm	→ monitor vitals
baby - MS < A/H, RF (+)	S/E - NAD	→ WH bleeding PV
	P/A - UF NWR	→ TEDD stocking
U.O - 50ml/hr	soft, BS +/+	→ Remove foleys
clear		(at 6 pm)
		→ BP charting 3rd hrly
Inj. Ceftriaxone iv stat		→ Inform SMS
		→ I/O charting

Noted by Chandhani @ 8 Am 27/5/26

27/5/26 2PM	POD-0	
	Pt stable	Adv - Monitor vitals
	vitals (N)	- Soft diet
	PA - UF well (C) (G) (P)	- Ambulate well
baby - MS	HE - min PV bleed	- Drugs as charted
U/O - clear adequate		- w/f excess PV bleed
F/>		- Inform SMS

MAH-00384818 IP2-00056383
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Dr. TEJASWI NADELLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
7pm	1-POD	Adv
	c/o-nil	Soft diet
	PR - 82	Vitals Monitoring
Baby c mother	BP = 126/82	CBF
	P/A= ut well	Ambulation
	contracted	with bleeding PV
		informed
	P/V- No active	Inform when pt passes
U/ yet to void	bleeding	urine
F/V		
M/X		
28/5/26	1-POD	Adv
7am	c/o = nil	Soft diet
	PR = 78	Vitals Monitoring
Baby c mother	BP = 114/72	CBF
	P/A ut well	Ambulation
	contracted	with bleeding PV
		informed
U/V	P/V = No active bleeding	1. Dulcolax after lunch at 4PM
F/V	Noted by Rajlaxmi 27/5/26 @ 2pm	
M/X		

Docu. No. : RCH /FRM / CLINICAL / 088

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 14 D (F)
Dr. TEJASWI NADELLA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/8/26 2pm.	POD 1	Adv
	pt c/c	
	complains	- (N) diet
	of fever	- EBF
		- monitor vitals
Baby ms	BP = 110/70mmHg	- Ambulation
BF (+).	PR = 78/min	- wt Bleeding pl
		- Informed
UV		
FV.	PA - UNWC	- T. Dulcolax
	UIE - NAB.	after lunch.
	Noted by manisha @ 2pm.	

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

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(1)

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: GW Shifted to: ICU

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	T. Thyronorm	175 mcg ~~150 mcg~~	p/o	OD		☑ C ☑ DC
2	T. THYRONORM	75 mcg	PO	OD		☑ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

ctor Name & Signature : Dr. Mounika

& Time : 25/5/26 10 pm

lame & Signature: Manju

ne : 25/5/26 @ 10pm

RCH / FRM / GENERAL / 090

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

①

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DRUG CHART

Date of Admission: 26/5/26 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 / 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 :				Date ▸ Time ▾														
Dose	Route	Frequency	Start Date															
Doctor's Signature		Valid Period	Pharm.															
Additional Instructions:																		

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

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

VERIFIED BY : Name .... Signature ....

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(1)

REGULAR PRESCRIPTIONS

Weight. ..... Ward. 1/1600

DRUG :

Dose	Route	Frequency	Start Date

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time

DRUG : T. THYRONORM

Dose	Route	Frequency	Start Date
75MCG	PO	OD	

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 27/5, 28/5

6 AM

DRUG : T. PARACETAMOL

Dose	Route	Frequency	Start Date
1GM	P/O	QID	26/5

Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 27/5, 28/5

6 AM, 12 PM, 6 PM

DRUG : T. TRAMADOL

Dose	Route	Frequency	Start Date
100MG	P/O	TID	26/5

Name & Signature of the Doctor Starting the Drugs: Dr. Durga Bhavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Date / Time: 27/5, 28/5

8 AM, 4 PM, 11 PM

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(2)

Ref. No. : F / HW / DC / RP / INPR / 05.a

	I.P. No.	Sheet No.	Wards	Weight (kg)
		(1)	6 CD	—

REGULAR PRESCRIPTIONS

DRUG : T. DICLOFENAC

Dose	Route	Frequency	Start Dt.
50MG	P/O	TID	26/5

Name & Signature of the Doctor starting the Drugs: Dr. Durga Bhavani

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	27/5		28/5
9AM	Chand Seema		Sushma Seema
3pm			
10pm	Sushma Seema		

DRUG : INJ. TAXIM

Dose	Route	Frequency	Start Dt.
4GM	IV	BD	26/5

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	27/5		28/5
10AM	[illegible]		
10pm	Sushma Seema		

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40MG	PO	OD	27/5

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	27/5		28/5
6AM	Chand Seema		Sushma Seema

DRUG : T. TAXIM

Dose	Route	Frequency	Start Dt.
200MG	PO	BD	28/5

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	28/5
9AM	Geetha Manisha
9Pm	

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Ref. No. : F / HW / DC / RP / INPR / 05.a

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

	I.P. No.	Sheet No.	Wards	Weight (kg)
		②	CCW	–

REGULAR PRESCRIPTIONS

DRUG :

Date ➤
Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Date ➤
Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Date ➤
Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Date ➤
Time ▼

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(3)

Weight. ..... Ward. CW

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

VARIABLE DOSE		Date ▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	10Pm	Inj. Lasix	50	IV		Manjeet
26/5/26	2am	Inj. Lasix	25	IV		Manjeet
26/5/26	6:30am	Inj. Lasix	25	IV		
26/5/26	11AM	Inj Taxim	1gm	IV		
26/5/26	7:12Pm	Inj ZOFER	4mg	IV		
26/5	10:19pm	INJ CARBETOCIN	100mcg	IV		
26/5	10:40pm	INJ TRANEXAMIC ACID	1GM	IV		
26/5	11:10pm	INJ. ONDANSETRON	4MG	IV		
26/5	11:10pm	TRAMADOL Suppository	100MG	PR		

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(4)

I.V. FLUIDS CHART

Weight. ..... Ward. CCU

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
26/5/26	6:25 AM	RL (1)	IV	FF			26/5/26		
26/5/26	11 AM	Inj Synflocin 100	IV	16 ml/1/2 hr			26/5/26		
26/5/26	11 AM	1 RL	IV	100 ml/hr			26/5/26		
26/5/26	3:30 pm	RL	IV	FF			26/5/26		
26/5	5 PM	1 RL	IV	FF			26/5/26		
26/5	6 PM	1 RL	IV	100/hr			26/5/26		
26/5	8:20 PM	1 RL	IV	100/2			26/5/26		
26/5	10:35 pm	RINGER LACTATE 500ml	IV	500			26/5		
26/5	11 pm	RINGER LACTATE 500ml	IV	500			26/5/26		
27/5	1 AM	RINGER LACTATE	IV	100 ml/HR			27/5/26		

VERIFIED BY : Name ..... Signature .....

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

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DRUG CHART

Date of Admission: 26/5/26 Drug Allergies: — ☑ 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 / 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 :				Date ▸ Time ▾														
Dose	Route	Frequency	Start Date															
Doctor’s Signature		Valid Period	Pharm.															
Additional Instructions:																		

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

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

Patient Sticker

REGULAR PRESCRIPTIONS Weight. — Ward. Uw

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

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

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

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

Patient Sticker

Weight. ..... Ward. .....

VARIABLE DOSE		Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE		Date▸ Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Start Date		Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Name & Signature of the Doctor			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Additional Instructions:			Dose		Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

Signature .....

VERIFIED BY : Name .....

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
26/5/26	10:40pm	INJ METHYLERGOMETRINE	0.2MG	Slow IV		
26/5/26	11:10pm	DICLOFENAC SUPPOSITORY	100MG	PR		
26/5/26	11pm	INJ. PARACETAMOL	1GM	IV		
26/5/26	10pm	Inj JAXION	1GM	IV		
26/5/26	10pm	Inj PANTOP	40MG	IV		
27/5	6AM	INJ. TRANEXAMIC ACID	1GM	IV		
27/5	9AM	inj perinorm	10mg	IV		
27/5	11:40AM	Inj LOFER	4mg	IV		
		Inj PERINORM	10mg	IV		

Patient Sticker

I.V. FLUIDS CHART

Weight. ..... Ward. .....

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

VERIFIED BY : Name ..... Signature .....

Ref No:F/GYNIC/16

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CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs. Harika Consultant I/C: _____ Reg. No: _____

Surgeon's Name:	Dr. Tejaswi	Date of delivery:	26/5/26
Assistant surgeon:	Dr. Rajani	Time of delivery:	10.19 pm
Anaesthetist:	Dr. Durga Bhavani	Sex of baby:	Male
Type of Anaesthesia:	Epidural → Spinal	Weight of baby:	2.964 kg
Paediatrician:	Dr. Srividya	Apgar score:	8/10, 9/10
Scrup Nurse:	Sis. Bidya, Sis. Ratna	NICU Admission:	NO

Elective ☐ Emergency ☑ Indication: non reassuring NST with non progression of labour

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 : _____ Knife to rectus: _____

CTG description _____

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: ☑ cephalic ☐ breech ☐ other _____

Cervical dilatation: 3 cm

5th palpable: 4/5th

Fetal position: _____

Station: -3 ☐ -2 ☑ -1 ☐ 0 ☐ +1 ☐ 2 ☐

Moulding: None ☑ + ☐ ++ ☐ +++ ☐

Caput: + ☐ ++ ☐ +++ ☐

Meconium: None ☑ + ☐ ++ ☐ +++ ☐

Bladder catheterized Yes ☑ No ☐

Urine : Clear ☑ Blood stained ☐

Skin incision: Pfannensteil ☑ Transverse ☐ midline ☐ other

Uterine incision: Lower segment ☑ Classical ☐ InvertedT ☐ J incision ☐

Previous scar: Intact ☐ Thinnedout ☐ Ruptured ☐ No scar ☑

Incision through placenta: Yes ☐ No ☑

Delivey of head: Manual ☑ Forceps ☐

Liquor: Clear ☑ Meconium: I ☐ II ☐ III ☐ Blood ☐ Offensive ☐ Not offensive ☐

Delivery of placenta: Manual ☐ CCT ✓ Complete ☑ Incomplete ☐ Piecemeal ☐

Cord appearance: (N) Cord arond the neck Yes ☐ No ☑

Appearanc of placenta: (N) Cavity explored Yes ☑ No ☐

Uterus, tubes and ovaries: Normal ☑ Not normal ☐ Sterilization Yes ☐ No ☐

Complications / Comments: mild atonicity noted and uterotonics given

Uterine closure: One layer ☐ Two layers ☑ vicryl 1-0 Suture

Peritoneal closure: Pelvic ☐ Abdominal ☐ None ☑ Suture

Sheath closure: Suture

Fat closure: Yes ☑ No ☐ vicryl no 1 Suture

Skin closure Subcuticular ☑ Mattress ☐ mono cryl 3-0 Suture

Vaginea evacuated Yes ☑ No ☐ Estimated blood loss: 400 ml

Drain: Yes ☐ No ☑ Remove in ____ days Await instructiions ☐

Ctheter: Yes ☑ No ☐ Remove in 10-12 hrs days Await instructiions ☐

Swap & instruments count correct? Yes ☑ No ☐ Post-op antibiotics Yes ☑ No ☐

Intraopeative antibiotics cover: Yes ☐ No ☑ Thromboprophylaxis : Yes ☐ No ☑

Post operative Comments: NBM x 2 hrs, follow drug chart, monitor vitals, I/O charting, TEDD stockings, Inform SOS

N. Tejal

Signature

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Tejaswi
Asst. Surgeon : Dr. Tejaswi
Anaesthetist : Dr. Durga
Scrub Nurse : Sr. Bindhya

Patient Name : Ms. HARINI Age : 29y Gender : F
UHID No. : 56383 Surgery Name : BM USG
Date : 26/5/26 In-time : 10:10 Out-time : 11:10

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Before Induction of Anaesthesia ➤➤

SIGN IN Time: 10am

Patient Has Confirmed
- Identity ☑ Yes ☐ No
- Site ☐ Yes ☑ No
- Procedure ☑ Yes ☐ No
- Consent ☑ Yes ☐ No

Site Marked ☐ Yes ☐ No ☑ NA

Anaesthesia Safety Check Completed ☑ Yes ☐ No

Pulse Oximeter on Patient & Functioning ☑ Yes ☐ No

Does Patient have a:
- Known Allergy? ☐ Yes ☑ No

Difficult Airway / Aspiration Risk?
- Yes, & Equipment / Assistance Available ☐ Yes ☑ No

Risk of > 500ml Blood Loss (7ml/kg In Children)?
- Yes, and Adequate Intravenous Access and Fluids Planned ☑ Yes ☑ No ☐ NA
- Blood Units Reserved ☐ Yes ☑ No ☐ NA

Has Antibiotic Prophylaxis been given within the last 60 minutes? ☑ Yes ☐ No ☐ NA

Signature : [signature]

Name : Dr. Durga Bhavani
26/5/26

Before Skin Incision ➤➤

TIME OUT Time:

Confirm all team members have introduced themselves by Name and Role ☐ Yes ☐ No

Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
- Correct Patient (Check ID Band) ☑ Yes ☐ No
- Correct Site ☑ Yes ☐ No
- Correct Procedure ☑ Yes ☐ No

Anticipated Critical Events

Surgeon Reviews: bleeding

What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? 75ml ☑ Yes ☐ No ☐ NA

Anaesthesia Team Reviews:

Are There Any Patient-specific Concerns? ☑ Yes ☐ No ☐ NA

Nursing Team Reviews:

Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? ☐ Yes ☐ No ☐ NA

Is Essential Imaging Displayed? ☐ Yes ☐ No ☐ NA

Signature : [signature]

Name : Chenkat Verma

Before Patient Leaves Operating Room

SIGN OUT Time:

Nurse Verbally Confirms with the Team:
- The Name of the Procedure Recorded ☑ Yes ☐ No
- That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) ☑ Yes ☐ No ☐ NA
- The Specimen is Labelled (including patient name) ☐ Yes ☑ No ☐ NA
- Whether there are any Equipment Problems to be addressed ☐ Yes ☑ No ☐ NA

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient? ☑ Yes ☐ No

Signature : [signature]

Name :

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

25/5/26
(1)

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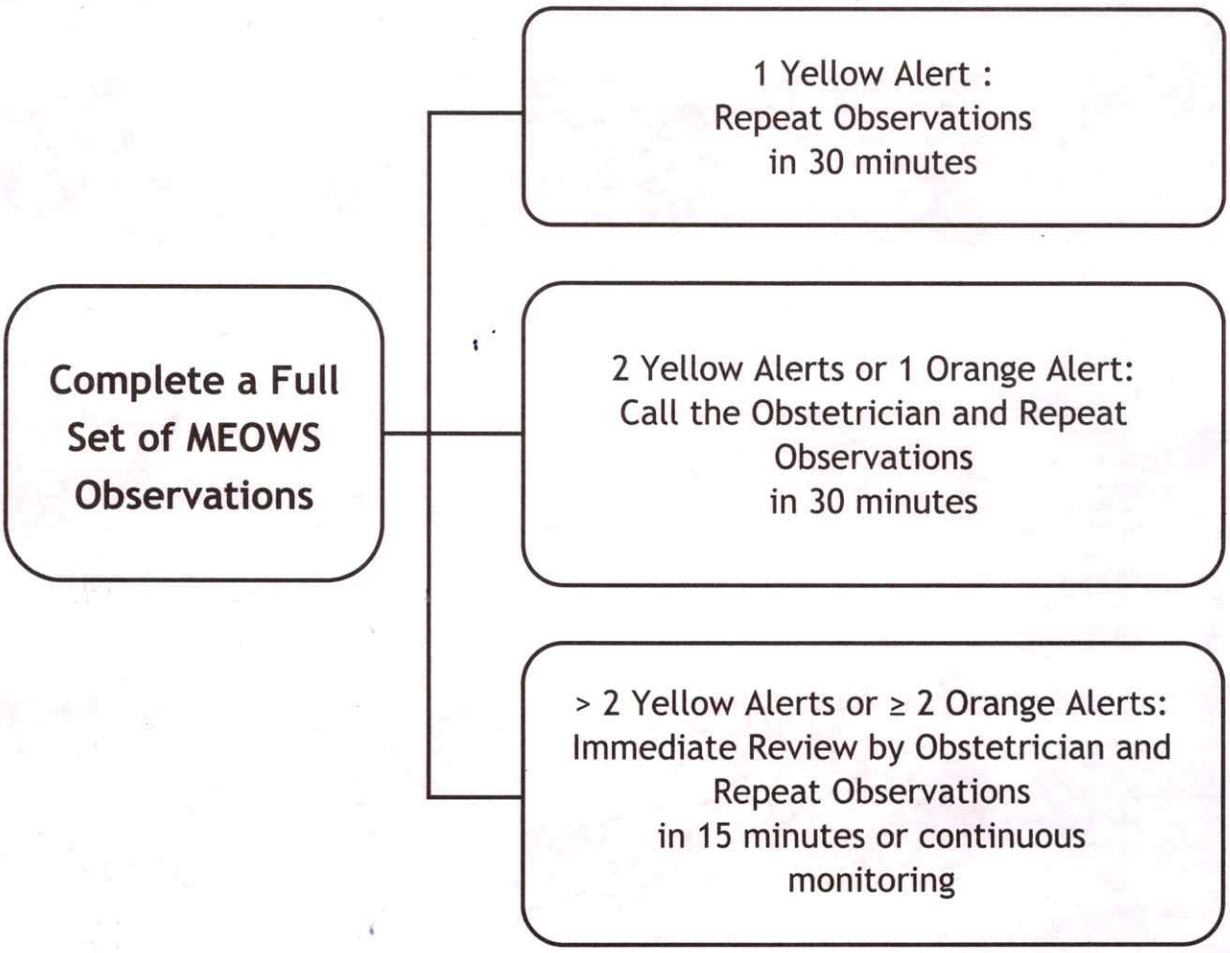
Your Right to a Safe Delivery

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														20			20			20			19	
	0 - 10																								
Saturations	94 - 100 %														100%			99%			99%			100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37														98f			98f			98.3f			98.7f	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90														90										
	80																	73			80			76	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130														130			129			126			133	
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80														91			80			90			82	
	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																									
Nurse Initial															[illegible]			[illegible]			[illegible]			[illegible]	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

(2) 26/5/26

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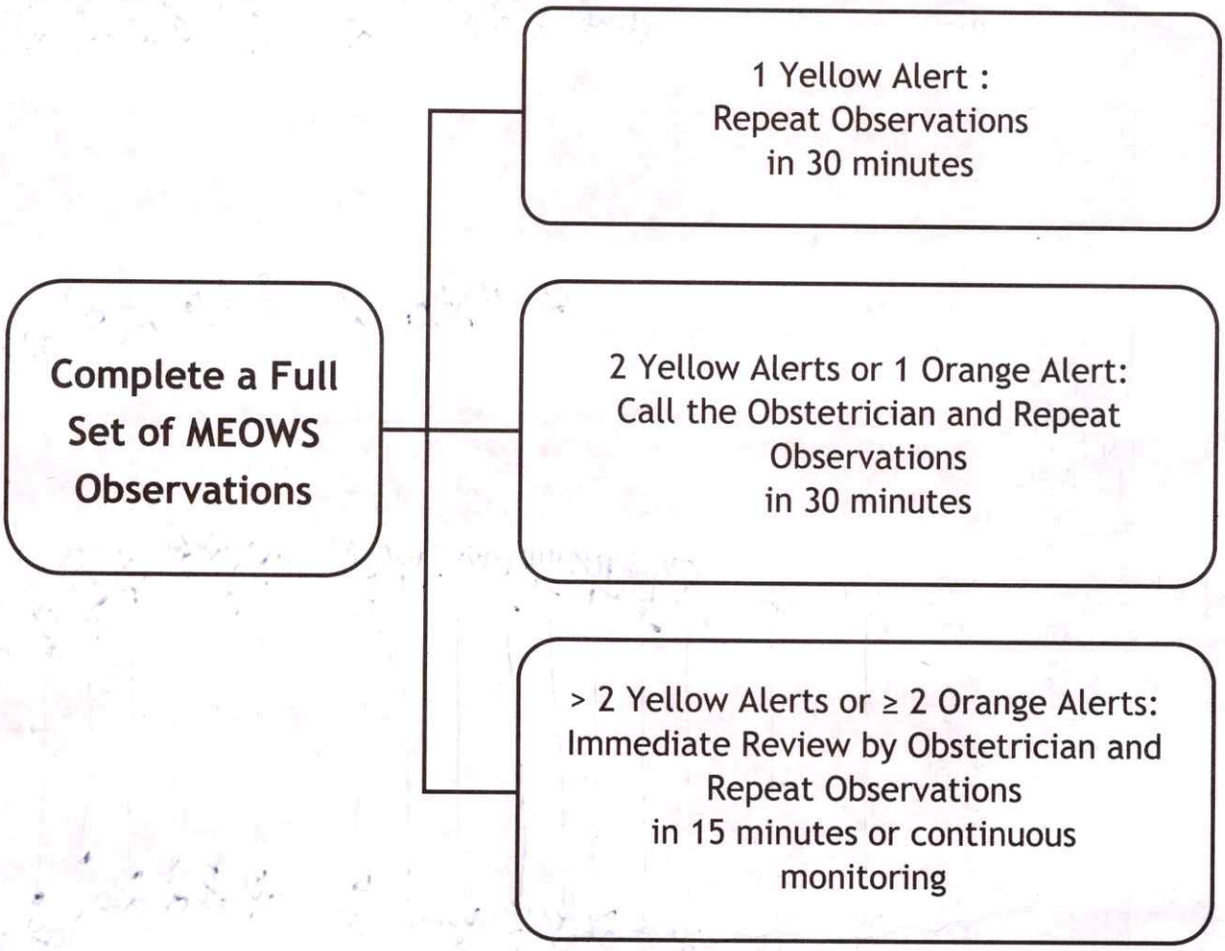
Early Warning Observation Score Chart - Obstetrics

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	20		18		18		20	20	19	20	19	20	19											
	0 - 10																								
Saturations	94 - 100 %	99%		99%		98%		99%	100%	97%	100%	97%	98%	100%											
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37	98.7		98.6		98.4		98.1	97.8°F	97.8°F	97.8°F	97.8°F	98.0°F	98.0°F											
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90	89		88		84		74	81	82	85	84	87	78											
	80																								
	70																								
	60																								
	50																								
	40																								
Systolic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130	132		129		128		134	130	140	144	143	147	140											
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80	86		81		86		79	80	87	90	85	85	79											
	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	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
Nurse Initial		[illegible]		[illegible]		[illegible]		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]			[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

122
87

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 13 D (F)
Dr. TEJASWI NADELLA

Harika 27/5/26

Rainbow® Children's Hospital
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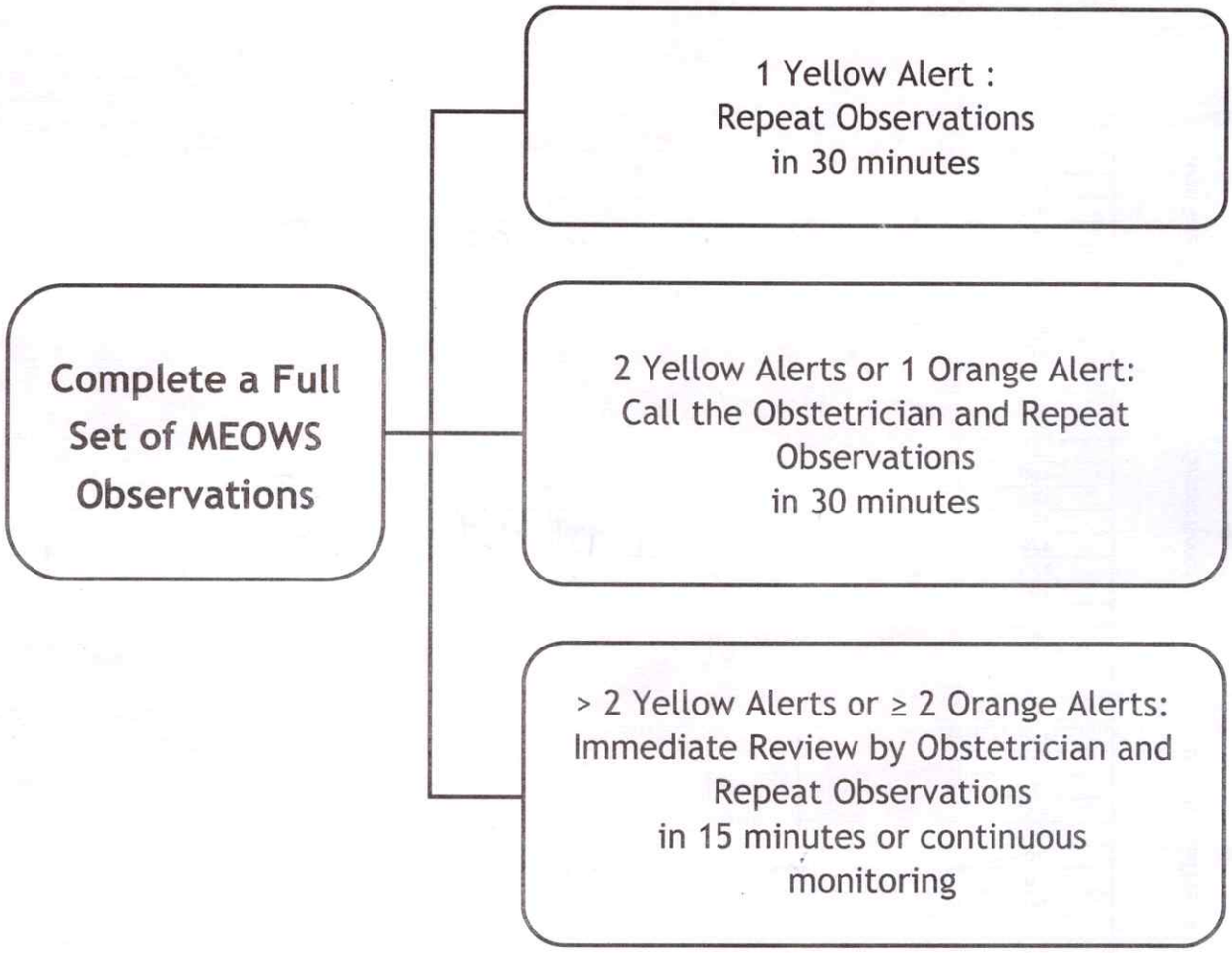
Varning Observation Score Chart - Obstetrics

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				20		20			20		20				20								20	
	0 - 10																								
Saturations	94 - 100 %				99%		100%			99%		99%				100%								100%	
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38									98.8		98.8													
	37				97.8		98.4									98.8								97.8	
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80				78		76			78		83				85								78	
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140															118									
	130				128																			114	
	120						122			127		127													
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80											83													
	70				67		87									82									
	60									87															
	50																							72	
	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				0								0	
TOTAL ORANGE SCORES					0		0			0		0				0								0	
Nurse Initial					[illegible]		[illegible]			[illegible]		[illegible]				[illegible]								[illegible]	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 13 D (F)
Dr. TEJASWI NADELLA

28/5/26

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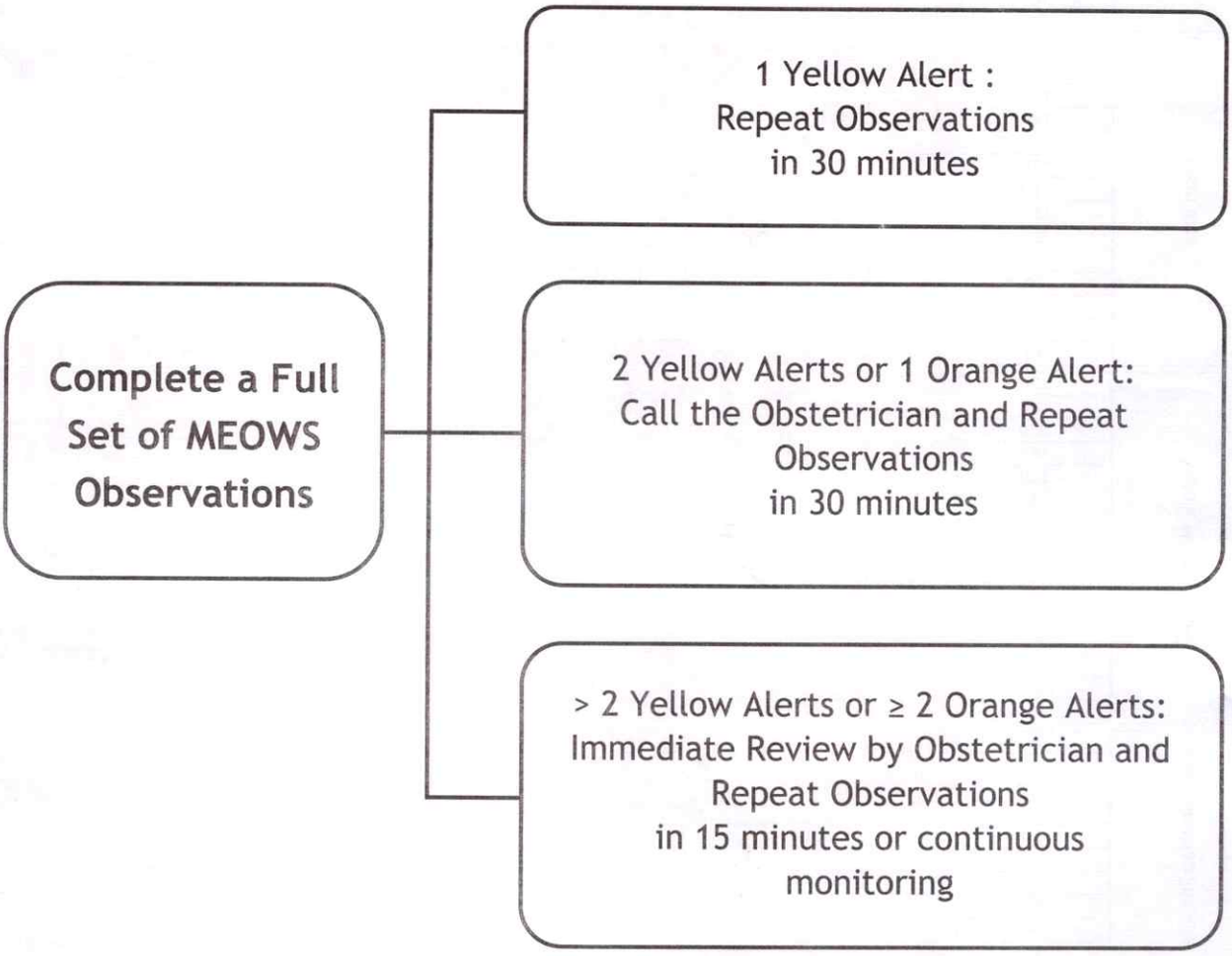
Early Warning Observation Score Chart - Obstetrics

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					19																			
	0 - 10																								
Saturations	94 - 100 %					99%																			
	< 94 %																								
Administered O_2 (L/min.)																									
Temp°c	40																								
	39																								
	38																								
	37					98.6°C																			
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80					78																			
	70																								
	60																								
	50																								
	40																								
↑ Systolic Blood Pressue	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120					107																			
	110					91																			
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70					72																			
	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																			
TOTAL ORANGE SCORES						0																			
Nurse Initial						[illegible]																			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score **(MEOWS)**

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

Rainbow® Children's Hospital
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FLUID CHART

Sheet No. : 1 25/5/26

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			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										0	
	10:00 pm		H2O 200ml									
	11:00 pm									✓	0	Manyi
	12:00 am		H2O 200ml								0	
	01:00 am									✓		
Total Intake :			H2O 400ml			Total Output :				U. 3		M. 0
	02:00 am		Idly									
	03:00 am		H2O 200ml							✓	0	
	04:00 am											
	05:00 am		H2O							✓	0	Manyi
	06:00 am		200ml	RL 500ml							0	
	07:00 am									✓		
Total Intake :			Idly H2O 200ml RL 500ml			Total Output :				U. 3		M. 0

Total 24 hrs. Intake	Idly H2O 600ml RL 500ml	Total 24 hrs. Output	U. 6 M. 0

Docu. No. : RCH /FRM / CLINICAL / 092

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 11 D (F)
Dr. TEJASWI NADELLA

26/5/26

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

FLUID CHART

Sheet No. : (2)

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	Intake: Nature of Fluid	Intake: Route – Mouth	Intake: Route – I.V	Intake: Route – N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am		Daily 200ml							✓	0	
	09:00 am		H20 200ml							✓	0	
	10:00 am						✓			✓	0	
	11:00 am		ORS 200ml	RL+RL 50ml 50ml/hr							0	
	12:00 pm		Soup 200ml								0	
	01:00 pm										0	
Total Intake :		1200ml				Total Output :				V-3	M-2 V-0	
	02:00 pm		H20 100ml							✓	0	
	03:00 pm			RL 500ml						50ml	0	
	04:00 pm		H20 100ml							50ml	0	
	05:00 pm		ORS-200ml	RL 500ml						50ml	0	
	06:00 pm		H20 100ml	RL 500ml						50	0	
	07:00 pm									50	0	
Total Intake :		2000ml				Total Output :				250ml - 1 ml		
	08:00 pm			RL 500ml							0	
	09:00 pm			RL 500							0	
	10:00 pm										0	
	11:00 pm			RL 500						ORS 200ml	0	
	12:00 am									100	0	
	01:00 am			500ml						100	0	
Total Intake :		2000ml.				Total Output :				0 - 400ml.		
	02:00 am		H20 200							50	0	
	03:00 am		200							50	0	
	04:00 am		H20 400							50	0	
	05:00 am		400							50	0	
	06:00 am		100							50	0	
	07:00 am									50	0	
Total Intake :		1000ml.				Total Output :				300ml.		

Total 24 hrs. Intake	6,200ml.	Total 24 hrs. Output	0 - 950ml

V-3 M-2
V-0

Docu. No. : RCH /FRM / CLINICAL / 092

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Your Right to a Safe Delivery

FLUID CHART

Sheet No. : 3 27/5/26

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	Intake: Nature of Fluid	Intake: Route: Mouth	Intake: Route: I.V	Intake: Route: N.G	Output: NG	Output: Diarrhoea	Output: Vomit	Output: Drainage	Output: Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
	08:00 am		Jelly							50ml	0	
	09:00 am		H2O 200ml							50ml	0	
	10:00 am									50ml		
	11:00 am		Soup 200ml							50ml	0	
	12:00 pm									50ml	0	
	01:00 pm									50m		
Total Intake : Jelly + H2O + Soup - 400ml										Total Output : U - 300ml m - 0		
	02:00 pm		Daliya + H2O							100ml		
	03:00 pm									50ml	0	
	04:00 pm									50ml		
	05:00 pm									100ml	0	
	06:00 pm											
	07:00 pm											
Total Intake : Daliya + H2O										Total Output : U = 0 / m = 0		
	08:00 pm		Khichdi + H2O								0	
	09:00 pm										0	
	10:00 pm										0	
	11:00 pm										0	
	12:00 am										0	
	01:00 am											
Total Intake : Khichdi + H2O										Total Output : U - 1 m - 0		
	02:00 am										0	
	03:00 am		H2O								0	
	04:00 am										0	
	05:00 am										0	
	06:00 am		Soup								0	
	07:00 am											
Total Intake : H2O										Total Output : U - 1 m - 0		

Total 24 hrs. Intake	Idly + Soup + H2O Daliya + Khichdi	Total 24 hrs. Output	U - 3 m - 0

Docu. No. : RCH /FRM / CLINICAL / 092

MAH-00384818 IP2-00056383
Mrs HARIKA MENDA
14-04-1997 29 Y 1 M 14 D (F)
Dr. TEJASWI NADELLA

28/5/24

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

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.

		Intake				Output						
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine	IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G							
	08:00 am		Idly								0	
	09:00 am		H2O								0	
	10:00 am		soup									
	11:00 am										0	
	12:00 pm											
	01:00 pm											
Total Intake : Idly H2O, soup						Total Output : U=2 m=0						
	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	