

DISCHARGE SUMMARY

Name	Mrs MANJUSHREE V	UHID	SPB-00022892
Father/Guardian	SHARATH	Age/Gender	28 Y 3 M 12 D/Female
Address	Carmelaram, Bangalore, Karnataka, INDIA, 560035		
IP No	IP27-00006732	Admission Date	23-05-2026
Ref Doctor	SELF	Discharge Date	25-05-2026

Consultant: Dr. SHEFALI TYAGI
MBBS, FRCOG, DGO, PGDMLE, PGDPC, FICMCH, MRCOG
81798

Diagnosis: PRIMIGRAVIDA WITH 39+1 WEEKS CEPHALIC PRESENTATION IN LATENT LABOR.

Procedure: FULL TERM VAGINAL DELIVERY WITH RMLE UNDER LOCAL ANALGESIA DONE ON 23-05-2026

History: Mrs MANJUSHREE V at 39+1 weeks of gestation with cephalic presentation came with complaints of pain abdomen since morning along with tightening of the abdomen, radiating to the back and thighs. Appreciating fetal movements well. No complaints of leaking p/v and bleeding p/v. She did all ANC's with Dr. SHEFALI TYAGI. She took Iron and calcium throughout pregnancy. She took two doses of Tetanus toxoid during her pregnancy. She gained adequate weight.

LMP: 22-08-2025
Primigravida
EDD: 29-05-2026
weeks

Obstetric formula:

Gestation at admission: 39+1

Obstetric History:

G1 - Present pregnancy Spontaneous conception, Booked and Immunised, Regular ANC's done. All investigations done as advised.

Medical History : Nil



Rainbow Children's Medicare Limited



Marathahalli: Survey No. 8/5, Marathahalli-KR Puram, Outer Ring Road Doddanekundi, Bengaluru - 560 037. Ph: 1800 2122
Bannerghatta Road: No 178/1 & 178/2, Opposite Janardhan Towers, Bilekahalli, Bengaluru - 560 076. Ph: 080-66902200

Hebbal: No.247/248/288/100, Byatarayanapura Village, Yelahanka Hobli, Bengaluru - 560 092. Ph: 1800 2122

Sarjapur Road: Sy No. 3/3, 3/4, Ambalipura Village, Varthur Hobli, Sarjapur Road, Bengaluru - 560 103. Ph: 080 6957 9999

Electronic City: SY No 34, Beratena Agrahara Village, Electronic City, Bengaluru - 560 100. T : 1800 2122

Hennur: No. 80/A/168/16, No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122

For Appointments call: 1800 2122

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IP No	IP27-00006732	UHID	SPB-00022892
		Admission Date	23-05-2026

Family History : Nil
Surgical History : Nil
Allergies : Nil

Investigations:

Blood group: 'B' positive
HB: 11.6g/dl
WBC: 10.1cell/mm³
PLT: 167lakhs/mm³
PT:13.4 sec
INR: 0.96sec
Serology: Negative
USG- (04-05-2026)
SLIUG: 36+3 weeks
Presentation: cephalic
Placenta: Anterior II
AFI: 15.9cm
EFW : 2671 +/-390Grams
Doppler: Normal

PHYSICAL EXAMINATION:

moderately built and nourished
well oriented cooperative.
GC good No pallor /edema
Pulse - 95 b/min
BP - 110/70mm of Hg
CVS/ RS - NAD
P/A - Uterus term size, moderatly acting, Liquor adequate ,cephalic presentation, FHR good
P/V: Cervix 70% effaced, Os dilated 4-5cm, bag of membranes present, liquor clear, Vertex-3, pelvis adequate.

Admission CTG was reactive.

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COURSE IN HOSPITAL: Admission CTG was reactive. patient came with a complaint of pain abdomen. NST was done, FHS monitoring done, spontaneously patient progressed into second stage and delivered with following details:

DETAILS OF THE PROCEDURE WITH DATE AND TIME:

FULL TERM VAGINAL DELIVERY WITH RMLE DONE UNDER LOCAL ANALGESIA DONE ON 23-05-2026

Patient put in lithotomy position. parts painted and draped. Labor augmented with oxytocin, With good uterine contractions and maternal bearing down efforts, at crowning, right mediolateral episiotomy given and delivered a live Female baby by vertex, baby cried immediately after birth. liquor was meconium stained, 3 tight loops of cord around the neck noted, released. Cord clamped, cut and separated, Baby handed over to the neonatologist. Placenta and membranes delivered in toto. uterus contracted. under LA, Episiotomy sutured in 3 layers. Hemostasis achieved. patient withstood the procedure well. gentle pv cleaned. Tab misoprostol 600mcg and jonac suppository 100 mg per rectal kept.

DETAILS OF THE NEWBORN :

Date : 23-05-2026
Time of Delivery : 08:16:20 AM
Type of Delivery : FULL TERM VAGINAL WITH RMLE
Analgesia : Local anesthesia
Sex : Female
Weight : 2.86kgs



POST NATAL PERIOD: Uneventful, she received a course of analgesic and supportive care.

PATIENT'S CONDITION ON DISCHARGE:
Satisfactory

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IP No	IP27-00006732	UHID	SPB-00022892
		Admission Date	23-05-2026

Breast soft Lactation established
Uterus involuting well
Lochia healthy.

MEDICATION DURING HOSPITAL STAY:

INJ AUGMENTIN 1.2 G IV
TAB PAN 40 MG 1-0-1
TAB TOLPA D 1-1-1
SYP DUPHALAC 20 ML 0-0-1
OINTMENT METROGYL P LOCAL APPLICATION 1-1-1
SITZ BATH 1-1-1

DISCHARGE MEDICATIONS AND ADVICE:

TAB PAN 40 MG 1-0-1 FOR 7 DAYS
TAB TOLPA D 1-1-1 FOR 7 DAYS (8AM, 2PM, 8PM)
TAB ULTRACET FOR 7DAYS (11AM, 5PM, 11PM) IN CASE OF EXCESSIVE PAIN
SYP DUPHALAC 20ML 0-0-1 FOR 10 DAYS
OINTMENT METROGYL P LOCAL APPLICATION 1-1-1 FOR 3 WEEKS
SITZ BATH 1-1-1 FOR 3 WEEKS
Avoid sexual intercourse for 2 months.

Follow Up:

Review with Dr. SHEFALI TYAGI after 1 week with prior appointment.

In case of emergency Kindly contact 9620688818/9620688814.

To take appointment for OPD consultation at Rainbow Children's hospital Contact 18002122 .

Discharge Summary Prepared by Dr. Shakuntala

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For Appointments call: 1800 2122

Name	Mrs. MANJUSHREE V	UHID	SPB-00022892
IP No	IP27-00006732	Admission Date	23-05-2026

Discharge Summary explained to patient, Nurse Name & Signature

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DOCTOR'S SIGNATURE

Dr. SHEFALI TYAGI

MBBS, FRCOG, DGO, PGDMLE, PGDPC, FICMCH, MRCOG
81798

Patient Signature _____



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ADMISSION SHEET

Registration Details :



Admission No : IP27-00006732 Admit Date : 23-May-2026 Admit Time : 12:27 PM UHID : SPB-00022892

Patient Details :

Patient Name : Mrs MANJUSHREE V Age : 28 Y 3 M 11 D
Guardian : DOB : 12-02-1998
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Carmelaram Bangalore Karnataka INDIA Phone No : 9620348860/
560035 E-mail : 9620348860@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PVT-212 Ward Name : 2F - PVT
Room No : PVT-212 Admission Type : First Visit

Contact Details :

Name : Relationship :
Contact Address : Phone No :


Signature

Doctor Details :


Doctor Name : Dr. SHEFALI TYAGI Specialisation : OBSTETRICS AND GYNECOLOGY
Arrival Doctor : SELF Phone No :
Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 5000.00
Payor Name : SELFPAY

PATIENT TRANSFER FORM

SPB-00022892
Mrs MANJUSHREE V
12-02-1998
Dr. SHEFALI TYAGI
28 Y 3 M 11 D (F)
IP27-00006732



Date & Time of Admission <i>23/05/2012 at 12:27pm</i>		Date & Time of Transfer Order
Treating Consultant Name <i>Dr Shefali</i>	Transfer Ordered by <i>Dr Shivraj</i>	Reason for Transfer <i>Post delivery</i>
From Unit <i>LDR-1</i>	To Unit <i>CCU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File	Number of Imaging Films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>IV set</i>	<i>(1)</i>
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Deepika AN</i>	Name of Person Ordered Transfer <i>Dr Shivraj</i>
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Patient & Clinical Records Received by :

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready

B-00022892 IP27-00006732
 MANUSHREE V 28 Y 3 M 11 D (F)
 SHEFALI TYAGI

HEET FOR OBSTETRICS

Presenting Complaints

clo 9 month g
 menorrhoea & pain
 abdomen
 Obstetric Formula:

G₁
 Obstetric History:
 2-1 - present pregnancy

Present Pregnancy Record:

→ T. folic acid takes
 2 - 2 doses of IT &
 T. PPA & calcium
 SK FACTORS: continued

- Migraine

Height: 161 cm

Weight: 71.2 kg

Orgies:

Last: Normal Abnormal

General Examination:

Consciousness:

Pallor: (-)

Fus: (-)

Edema: (-)

Temp: 100.70

PR:

S: (N)

DTR: (+)

Heart/Spleen: (N)

RS - 16 cpm

Urine Output: adequate

DIAGNOSIS

G₁ 39w6d / cephalic presentation in latent labor

LMP: 20/8/25 to

EDD: 29/5/26

Corrected EDD:

GA: 39w6d

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: 2/5

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 4-5cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

SPB-00022892 IP27-00006732
Mrs. MANJUSHREE V 28 Y 3 M 11 D (F)
12-02-1998
Dr. SHEFALI TYAGI



<p>Family History: nothing significant</p>	<p>Surgical History: nothing significant</p>
<p>Medical History: -</p>	<p>Medication History: Routin T. Iron and calcium (IFA) tabs</p>
<p>Plan of Care: Admission - Watch for vitals Rest in left lateral position → DMC Take consent for DC - Epidural sos - Watch for progress of labor</p>	<p>Investigations: Bq - Btwe Hb = 11.6g wbc - 10k plt - 1.6 lakh DPTT - (N) INR - 0.96 Serology - non-reactive USG - 4/5/08 SLWP 36wkt 3cl cephalic Placenta - Anterior Grade II SDP - 5.3cm Lig - adequate FWT → 2.6kg</p>

Doctor Name: Dr. Chakraborty
Signature: [Signature]
Date & Time: 12:00 pm / 09 / 5 / 08

Consultant Name: Dr. [Signature]
Signature: [Signature]
Date & Time: 12:00 pm / 09 / 5 / 08

022892
 ANJUSHREE V
 28 Y 3 M 11 D (F)
 EFALJ TYAGI

IP27-00006732



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 23/5/26 ²⁷⁷ 12 PM

Baseline Information:

Admission From: ER ~~OPD~~ Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Come back labor like pain Doctor Notified on Admission: Yes No
 Name of the Doctor: DR. Shalini Reddy
 Time Notified: 12.20 PM

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nothing significant</u>	<u>Nothing significant</u>	<u>Nothing significant</u>

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche: <u>13y</u></p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>20/8/26</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others: _____</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G 1 P 0 L 0 A 0

Previous LSCS: NO

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 98.6 HR: 90 RR: 20
 BP: 110/80 Weight: 71.2 kg Height: 165 cm BMI:

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)

SPB-00022892

IP27-00006732

Mrs MANJUSHREE V

12-02-1998

28 Y 3 M 11 D

(F)

Dr. SHEFALI TYAGI



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow
2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes

Social History: Lives With

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump : Yes No
- Hand Hygiene Explained: Yes No
- Others

Above information given to patient

Name of Person Orientation was given to: Suter DV

Orientation not given Reason:

Nurse Signature: Suter DV

Nurse Name: Suter DV

Date & Time: 23/5/26 12:36pm



PROGRESS NOTES AND DOCTOR'S ORDER

Time	Progress Notes	Doctor's Order
15/26 12:20 PM	C/SIB Dr. Shivraj / C/I/T Dr. Shefali Patient clo mild pain abdomen	
	P/E vitals stable	
	P/A = uterus = Term, B/L, cephalic, 3C/30"/10' FHR 145 bpm	
	P/V = Cx = 4-5 cm dilated, 75% effaced Membrane ⊕, PROM done, grade 2 meconium vertex - 1 station	
	Pelvis - gynecoid	NST - Reactive
	<u>Advice</u>	
	1) Inj Augmentin 1-2g IV stat STD	
	2) Inj Epidurin 10mg IV 3days 45min apart	
	3) Inj oxytocin 5units/500ml RL at 30ml/hr	
	4) monitor vitals, FHR	
	5) Watch for labor contractions	
	6) Enjeron 50g	

SK



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/20	C/S/B Dr. Shivraj / RIZ / Dr. Shefali	
7pm	Patient c/o pushing	
	9 th vitals - stable	
	PIA = uterus = Term Size	
	Cephalic	
	FHR 145b/m	
	4 th 20-25" / 10'	
	Pv = Cx = 9cm dilated, 75% effacement	
	membran ⊕, vertex -1, MST 100mm	
	MST - Reactive	
	<u>Advice</u>	
	1) Inj Epidural 1amp Ev Stat now	
	2) monitor vitals & FHR	
	3) watch for labor progression	
	4) Inform ses	



PROGRESS NOTES AND DOCTOR'S ORDER

ID	Progress Notes	Doctor's Order
5/26 4:00pm	<p>Procedure:- FTVD + RMLE ↓ LA done on 23/5/26</p>	
	<p>Consultant's Dr Shefali Assistant:- Dr. Shivraj Nurse:- Deepitha</p>	
	<p>Under all aseptic precaution patient put in lithotomy position. Parts painted & draped. At crowning of head, 1 LA, RMLE given & delivered single live female baby of birth weight <u>2.860 kg</u> at <u>8:16:20 PM</u> on <u>23/5/2026</u>. Baby cried immediately. cord clamped int & separated. & baby handed to pediatrician. AMTSL followed. Placenta & membrane delivered intact. Uterus contracted well. LA, RMLE sutured in 3 layers. Hemostasis achieved. Gentle PIV cleaned. PR done mucosa & sphincter intact. gauze, mop, instruments count tallied. Patient withstood the procedure well. Tab misoprostol 600mg & Jena suppository 100mg PIR kept.</p>	
	<p><u>Post delivery vitals</u></p>	<p><u>Intrapartum</u> - 1) 3 tight loops of cord around neck 2) grade 2 msl. liquor.</p>
	<p>PR - 106 bpm BP - 116 / 70 mmHg SpO2 - 99%</p>	<p>Female 8:16:20pm</p>
	<p>PIA = uterus = contracted well HG = minimal.</p>	<p>2.860kg 23/5/26</p>

(P.T.O)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/5/26 8pm	Post delivery orders:- Advice	
	<ol style="list-style-type: none"> 1) Follow drug chart for treatment 2) normal diet 3) Drink plenty of fluid 4) monitor vitals 5) Early ambulation 6) Perineal care hygiene 7) Breastfeeding 8) Encourage voiding 9) Watch for excess PV bleed, hypotension, tach 10) Seitz bath PM 11) Inform SAs 12) Shift to ward 	
24/5/26 8am	CL&B Dr. Shefali / Dr. Shiraz PVD, FVD + AMLE Patient comfortable / voiding / stools - Packed	
Baby	mth side O/E vitals - stable Breastfeeding P/A = uterus = contracted well LG - NAB	
Advice	<ol style="list-style-type: none"> 1) Normal diet + drink plenty of fluid 2) Oral meds continue 3) Breastfeeding 4) Inform SAs 	

De Shunt



PROGRESS NOTES AND DOCTOR'S ORDER

Progress Notes	Doctor's Order
<p>26 3:00pm</p> <p>C/S/B Dr. Shrivastava</p> <p>PND, FTVD, PMLE</p> <p>patient comfortable</p>	<p>Urine } passed Stools }</p>
<p>thus side</p> <p>breastfeeding</p>	<p>PE vitals stable</p> <p>PA = uterus contracted well</p> <p>HE = NAB</p>
<p>Advice</p> <p>1) Continue normal diet & drink plenty of fluid</p> <p>2) continue oral meds</p> <p>3) monitor vitals</p> <p>4) Inform Sog.</p>	<p>Dr. Shrivastava</p>
<p><u>S/O Dr. Shrivastava</u></p>	
<p>7/5/26</p> <p>8:00am</p> <p>pt. comfortable baby motivated</p> <p>- Vitals - stable</p> <p>RE 7</p> <p>WE 7</p> <p>PA: uterus clt</p>	<p>Adob:</p> <p>EST</p> <p>- monitor</p> <p>- Discharge today</p>
<p>He: unremarkable</p> <p>Epidural: healthy</p>	<p>Dr. Kishore</p>

Name :

Dr. SHEFALI TYAGI



I.P. No.:

Sheet No.

Wards

SPB-000:
Mrs MAN
12-02-19
Dr. SHEF



REGULAR PRESCRIPTIONS

Date	Time								

DRUG TAB TOLPA-D

Dose	Route	Frequency	Start Date	Date	Time				
1 tab	PO	TID	23/5/26	23/5/26	11 AM	Band mid	24/5/26	25/5/26	
Name & Signature of the Doctor									
Additional Instructions									

DRUG TAB PAN

Dose	Route	Frequency	Start Date	Date	Time				
4mg	PO	TID	23/5/26	24/5/26	6 AM	Band mid	25/5/26		
Name & Signature of the Doctor									
Additional Instructions									

DRUG TAB ULTRACET

Dose	Route	Frequency	Start Date	Date	Time				
1 tab	PO	SOS	23/5/26						
Name & Signature of the Doctor									
Additional Instructions									

DRUG METROGYL-P

Dose	Route	Frequency	Start Date	Date	Time				
Local Apply	PO	TID	23/5/26	24/5/26	6 AM	Band mid	25/5/26		
Name & Signature of the Doctor									
Additional Instructions									

DRUG SyP. DIPPALAC

Dose	Route	Frequency	Start Date	Date	Time				
20ml	PO	SOS	23/5/26	24/5/26					
Name & Signature of the Doctor									
Additional Instructions									

SR
Route F
Cal
Signature of the I
Instructions

SR
Route
Signature of the
Additional Instructions

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& Signature of th
Additional Instructions

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Additional Instructions

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Signature of
Additional Instruction

P No	Sheet No	Words	Weight (g)
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REGULAR PRESCRIPTIONS

			Date Time																	
2012 B014 Route Frequency Start Date 2 121 2315			Date Time	2/15/00	0515	20														
Signature of the Doctor				AM	0800	0800														
Instructions				PM	0800	0800														

			Date Time																	
Route Frequency Start Date																				
Signature of the Doctor																				
Instructions																				

			Date Time																	
E																				
Route Frequency Start Date																				
Signature of the Doctor																				
Instructions																				

			Date Time																	
LUG																				
Route Frequency Start Date																				
Signature of the Doctor																				
Instructions																				

			Date Time																	
RUG																				
Route Frequency Start Date																				
Signature of the Doctor																				
Instructions																				

E DOSE	Date	Nurse signature		Nurse signature		Nurse signature	
	Time						
Start Date	Dose	Dose	Dose	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign
Signature of the Doctor	Dose	Dose	Dose	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign
Instruction	Dose	Dose	Dose	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign

E DOSE	Date	Nurse signature		Nurse signature		Nurse signature	
	Time						
Start Date	Dose	Dose	Dose	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign
Signature of the Doctor	Dose	Dose	Dose	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign
Instruction	Dose	Dose	Dose	Dose	Dose	Dose	Dose
	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign	Dr. Sign

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	DOCTOR SIGNATURE	NURSES SIGNATURE
5/26	12:50 pm	PC Enema	leawl	PR	[Signature]	[Signature]
5/26	4:30 pm	INT AUGMENTIN	1.2 g	IV	SR	Cottis NORA
5/26	4:30 pm	INT EPIDOSIN	1amp	IV	SR	Cottis NORA
5/26	5:15 pm	INT EPIDOSIN	1amp	IV	SR	Cottis NORA
5/26	6 pm	INT EPIDOSIN	1amp	IV	SR	Cottis NORA
5/26	7:10 pm	INT TRAMADOL	100mg in 100ml NS	IV	SR	Cottis NORA
5/26	7:35 pm	INT EPIDOSIN	1amp	IV	SR	Cottis NORA
5/26	8:17 pm	INT CARBETOCIN	100mg	IV	SR	[Signature]
5/26	8:36 pm	TAB MISOPROSTOL	Goodly	PR	SR	[Signature]
5/26	8:36 pm	TAB SUPPOSITORY	100 mg	PR	SR	[Signature]

IPB-00022892 IP27-00006732
 Mrs MANJUSHREE V 28 Y 3 M 11 D (F)
 12-02-1998
 Dr. SHEFALI TYAGI



MEDICATION RECONCILIATION FORM

Allergies:

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)

From: Shifted to:

MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
T. DPA	soony	po	OD	23/5/20	<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC
					<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

ADMISSION HISTORY RECORDED / VERIFIED BY
 Name & Signature: Dr. shahwata

& Time: 23/5/20

Name & Signature: [Signature]

& Time: 23/5/20 12:30

No. : RCH / FRM / GENERAL / 090

RCH / FRM / CLINICAL / 053

00022892 IP27-00006732

IANJUSHREE V
1998 28 Y 3 M 11 D (F)
IEFALI TYAGI



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	23/5/26 PM														24/5/26 AM									
		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 rate in (resp. box)	> 30																									
	21 - 30																									
	11 - 20						26			18				21							18					20
	0 - 10																									
	94 - 100 %						99				98				98											
urations	< 94 %																									
ministered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36						36				36.1			35							36				36.6	
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	40																									
	Systolic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
40																										
Diastolic Blood Pressure		130																								
	120																									
	110																									
	100																									
	90																									
	80																									
	40																									
NEURO SPONSE [✓]	Alert						✓																			
	Voice																									
	Pain																									
	Unresponsive																									
URINE s / hour	> 30						✓																			
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal						✓																			
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

No. : RCH / FRM / CLINICAL / 053
NO. : RCH / FRM / CLINICAL / 053

00022892 IP27-00006732
 ANJUSHREE V
 1998 28 Y 3 M 12 D (F)
 DEVALI TYAGI



Warning Observation Score Chart - Obstetrics

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

		Date																												
		4/5/26	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 Rate in resp. box)	> 30																													
	21 - 30																													
	11 - 20																													
	0 - 10																													
Oxygen Saturations	94 - 100 %			98				99					98												98					
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp ^c	40																													
	39																													
	38																													
	37																													
	36			36.8					36.6					36.9													36.7			
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70			75					75					75													74			
	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			A																										
	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	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																												
SpO2 (in box)	> 30																													
	21 - 30																													
	11 - 20																													
	0 - 10																													
	94 - 100 %																													
Respirations	< 94 %																													
Registered O ₂ (L/min.)	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 ml's / hour	> 30																													
	< 30																													
Proteinuria	Protein ++																													
	Protein > ++																													
Lochia	Normal																													
	Heavy / Foul																													
Liquor	Clear / Pink																													
	Green																													
TOTAL YELLOW SCORES																														
TOTAL ORANGE SCORES																														
Nurse Initial																														



NURSES NOTES

(USE BALL POINT PEN ONLY)

Known Drug Allergies

rug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
15/06	12.30pm	Admission note:- Mrs Manjushree came for OPD with latent labour pain. Under doctor Shyale admitted for spontaneous labour. Patient stable after stable vitals connected and transferred to delivery room. Anesthesia given in room. Anesthesia present. @ NSE connected & done. Emema given. Patient prepared for left lateral position given.
15/06	1pm	patient stable. No other issue except.
	2pm	Patient hand over given to @ shift. - same as now.
	2pm	Evening duty Patient hand over taken from MID shift. Patient is on liquid diet. NO epidural. NO stem cell. - Catta 16/08
	3pm	NSE is connected to the patient. HR - 118 bpm. - Catta 16/08
	3-15pm	NSE is done. informed. Dr. Shalankhala - Catta 16/08
	4pm	Dr. Keerthi did Pv 3.5 cm dilated. - Catta 16/08
	4:20pm	Dr. Shivaraj did ARM. liquor is meconium.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
23/05/20	8:16 pm	Under LA RMC - Gm. & deliver as mgak. ten fetal baby on 23/05/20 at 8:16:20pm baby curled immediately & delivered and cleaned & hand over to pediatric RMC staff in 3 days. After tab memo Coomey & Justin 100% PIR hospital by Dr Shree & pull Capt for observation. —→ [Signature]
	8:40 pm	baby Shree Shree —→ [Signature]
	9:40 pm	pull PIV Shree Shree & Dr Shree Shree to Jri Dr. Shree Shree in 100% RMC —→ [Signature]
24/5/20	12:00 pm	pull PIV Shree Shree in 100% As per Dr Shree pull Shree Shree follow up by Dr Shree Shree —→ [Signature]
	12:15 pm	pull PIV Shree Shree —→ [Signature] High over for to work sheet IP & OP —→ [Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES

(USE BALL POINT PEN ONLY)



- No Known Drug Allergies
- Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
24/5/26	12:20pm	Receiving Notes. Patient received from LOR. While receiving the patient is stable & oriented. — <u>Mital</u>
	1am	P/v bleeding checked & is minimal. — <u>Mital</u>
	3am	Patient is sleeping well. — <u>Mital</u>
	4am	Feeding position given. — <u>Mital</u>
	5am	Patient is stable on bed. — <u>Mital</u>
	7am	No more complaints. — <u>Mital</u>
24/5/26	8:10am	Handover given to M/D staff — <u>Mital</u> <u>morning duty start</u>
24/5/26	8 AM	⇒ Handover taken from the night duty staff — <u>A. Karati</u>
	9 AM	⇒ vitals checked and recorded — <u>A. Karati</u>
	11 AM	⇒ P/v bleeding minimal — <u>A. Karati</u>
	12 PM	⇒ mother is stable without complaints — <u>A. Karati</u>
24/5/26	2 PM	⇒ Handover given to the next duty staff — <u>A. Karati</u> <u>Evening duty start</u>
	2 PM	⇒ Handover taken from the evening duty staff
	3 PM	⇒ vitals checked and recorded
24/5/26	4 PM	⇒ medications given as per doctors

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)



Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	5 pm	⇒ insulin is stable without complications
24/5/24	8 pm	⇒ handover given to the next shift staff
		Night duty @ on
25/5/24	8 pm	⇒ Hand over taken from evening duty staff
		⇒ patient conscious and oriented
		⇒ vital signs - checked and recorded - good
	10 pm	⇒ medication given as per doctor order
		⇒ No other fresh complaints
		⇒ Doctor came for rounds ✓ ✓ ✓ ✓ ✓
		Discharge tomorrow
25/5/24	12:30 AM	⇒ at to bed
	12 AM	⇒ at slept well
	4 AM	⇒ No other fresh complaints
	6 AM	⇒ Vital signs checked and recorded - good
	6 AM	⇒ medication given as per doctor order - good
25/5/24	8 AM	⇒ Hand over given to morning duty staff
		morning duty staff
25/5/24	8 AM	⇒ Handover taken from evening staff
		night duty staff - ✓ ✓ ✓ ✓ ✓
	9 AM	⇒ vitals checked and recorded
		✓ ✓ ✓ ✓ ✓
25/5/26	10 AM	⇒ handover given to the billing people
		✓ ✓ ✓ ✓ ✓

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSING CARE RECORD

SPB-0002282 IP27-00006732
 Mrs MANJUSHREE V
 12-02-1998 28 Y 3 M 12 D (F)
 Dr. SHEFALI TYAGI



Date:

Goals

- Maintain Airway and Oxygenation
- Maintain Personal Hygiene
- Identify Potential Complications

- Relieve Pain & Discomfort
- Prevent Infection
- Any Others. Specify.....

- Maintain Fluid Balance
- Meet Elimination Needs

- Improve Activity Tolerance
- Ensure Safety

- Maintain Good Nutritional Status
- Early Ambulation Reduce Anxiety
- Maintain Skin Integrity
- Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
8 AM Morning	Monitor for vitals		monitored vitals	pt is stable	Done	Harsh overa
2 PM Afternoon	Monitor for vitals		monitored vitals	pt is stable	Done	Harsh overa
	Release from	SA	Discharge follow up	pt is stable		Harsh overa

NURSING CARE RECORD



Date

- Goals**
- Minimize Airway and Oxygenation
 - Minimize Potential Injuries
 - Identify Potential Complications
 - Relieve Pain & Discomfort
 - Prevent Infection
 - Any Others, Specify
 - Maintain Fluid Balance
 - Meet Elimination Needs
 - Improve Activity Tolerance
 - Ensure Safety
 - Monitor Level of Consciousness
 - Monitor Level of Pain
 - Early Identification of Serious Issues

Time	Plan of Care	Time	Implementation	Evaluations	Re-Assessment	Report Issues & Signatures
Morning 8 AM	monitored + eq vitals		monitored + eq vitals	pt is stable	Done	<u>Monika</u> 12/1/2019
Afternoon						
Night						

SPB-00022892 IP27-00006732
 Mrs MANJUSHREE V 28 Y 3 M 12 D (F)
 12-02-1998
 Dr. SHEFALI TYAGI



FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am	H ₂ O	200ml										} <u>Shakshi</u> 02/02/24
	10:00 am												
	11:00 am	H ₂ O	200ml										
	12:00 pm												
	01:00 pm	H ₂ O	200ml										
Total Intake : 600ml						Total Output : voided							
	02:00 pm												} <u>Shakshi</u> 02/02/24
	03:00 pm	H ₂ O	200ml										
	04:00 pm												
	05:00 pm	H ₂ O	200ml										
	06:00 pm												
	07:00 pm	H ₂ O	200ml										
Total Intake : 600ml						Total Output : voided							
	08:00 pm	H ₂ O	300ml										} <u>Shakshi</u> 02/02/24
	09:00 pm												
	10:00 pm	H ₂ O	200ml										
	11:00 pm												
	12:00 am	H ₂ O	300ml										
	01:00 am												
Total Intake : 800ml						Total Output : voided							
	02:00 am												} <u>Shakshi</u> 02/02/24
	03:00 am	H ₂ O	200ml										
	04:00 am												
	05:00 am		200ml										
	06:00 am												
	07:00 am		200ml										
Total Intake : 900ml						Total Output : voided							
Total 24 hrs. Intake			3000ml			Total 24 hrs. Output			voided				

FLUID CHART

Net No. :

All measurements in ml.

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am	#20											
	09:00 am	.											
	10:00 am	#20							✓				
	11:00 am												
	12:00 pm	#20											
	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							

cu. No. RCH /FRM / CLINICAL / 092

RCH /FRM / CLINICAL / 097

2pm	8am	2pm	8pm	8am
-----	-----	-----	-----	-----



NURSING SHIFT HAND OVER FORM

Progress: Normal to bed
 Surgery Procedure: labour
 Date: 23/5/26 24/5/26 25/5/26
 Any infection Yes No Not Known
 If Yes Specify: _____
 Post OP Day: _____

Shift	23/5/26 M	23/5/26 N	24/5/26 M	24/5/26 N	25/5/26 M
Medical Condition (Any special condition to be noted):					
Alert	1/10	Stable	Stable	Stable	Stable
Allergy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ventilation (RA, NR, NIV, VENTIL):	RA	RA	RA	RA	RA
Tubes/Drains/Catheter:					
Vital Signs					
Temp:	36.5	36.6	36.8	36.8	36.8
Res:	19	20	19	18	19
SpO ₂ :	99	99	99	99	98
Pulse:	86	84	80	75	72
BP:	130/80	120/70	112/75	114/75	117/75
LOC:	Clear	Clear	Clear	Clear	Clear
Fall Risk Score:	0/10	0/10	0/10	0/10	0/10
Pain Score:	1/10	2/10	2/10	2/10	2/10
Skin Integrity:	Intact	Intact	Intact	Intact	Intact
Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Physiotherapy:					
Others Specify:					
Special Diet:					

Critical Lab Test / Values: _____
 Other Special Orders / Medications: _____
 PU Prophylaxis: Yes No
 DVT Prophylaxis: Yes No
 ADL (Dependent / Non Dependent): Dependent Non Dependent Dependent Dependent

Operative Procedure Special Orders: _____

Handed Over By Name: _____
 Date: 23/5/26 24/5/26 25/5/26
 Handed Over By Name: _____
 Date: 23/5 24/5/26 25/5/26