

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174390 Admit Date : 27-May-2026 Admit Time : 02:13 PM UHID : BAH-00499328

Patient Details :


Patient Name : Mrs SAI KEERTHANA CHEELAM Age : 31 Y 5 M 17 D
Guardian : MR VIKRAM REDDY JANAGAM DOB : 10-12-1994
Gender : Female Religion : Hindu
Occupation : Martial Status : Married
Address (H) : FLAT 407, TOWER 15, PRAJAY MEGAPOLIS, Phone No : 9492399056
13TH PHASE ROAD, KPHB PHASE 9, E-mail : keerthana.vikram164@gmail.com
KUKATPALLY KPHB Colony Hyderabad
Telangana INDIA 500072

Admission Details :

Bed Type : MICU Bed No : MICU 427 Ward Name : 4F-BIRTHING CENTRE
Room No : MICU 427 Admission Type : First Visit

Contact Details :

Name : MR VIKRAM REDDY JANAGAM Relationship : Husband
Contact Address : FLAT 407, TOWER 15, PRAJAY MEGAPOLIS, Phone No : / 9398197808
13TH PHASE ROAD, KPHB PHASE 9,
KUKATPALLY KPHB Colony Hyderabad
Telangana INDIA 500072


Signature

Doctor Details :

Doctor Name : Dr. SHRUTHI REDDY/Dr.LAVANYA Specialisation : OBSTETRICS AND GYNECOLOGY
JANAGAMA
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00499328 IP5-00174390
Mrs SAI KEERTHANA CHEELAM
10-12-1994 31 Y 5 M 17 D (F)
UHID No. : _____ Dr. SHRUTHI REDDY/Dr.LAVANYA _____ Consultant: _____ Dept : _____



Date of Adm _____ Date of Discharge : _____ Time: _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/12/26	5:11pm	BB-2	3rd Floor 340	Shobha

Cross Consultation Visit

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



ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

no lower abdominal pain x
 mang.

Obstetric Formula:

G₂A₁

Obstetric History:

M1-2021; M2-
 P₁-2021-^{MTP} @ 8wks. i/o/o
 unplanned pregnancy - mifepr done.

Present Pregnancy Record:

spontaneous conception.
 Booked x 19 wks + today

LMP: 2/9/25 EDD: 9/6/26

Corrected EDD: 9/06/2026 GA: 38 weeks.

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: ut + term.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

RISK FACTORS:

✓ 32th: 1668g (12%), AC = 5%
 AFI - 12.0cm, Doppler (N)
 ✓ 38th: 2638g (7%), AC = <1%
 AFI - 12.0cm, Doppler (N)

Per Speculum Examination

Drainage: Present Absent Bleeding
 Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced
 Os: Closed Dilated Os 1 finger.

Height: 154 cm

Weight: 61.7 kg

Allergies: NKDA

Breast: Normal Abnormal

General Examination:

Consciousness: conscious Pallor: Absent

Icterus: absent Edema: absent

Temp: afebrile PR: 90bpm

BP: 125/80 DTR: NAD

CVS: NAD RS: NAD

Liver/Spleen: Not palpable Urine Output: Adequate, clear

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

402 - 99% mRA

DIAGNOSIS

G₂A₁ | 38+ weeks | fetal growth restriction, (Fetal weight - 7%),
 (Abdominal circumference - <1%) | Induction of labor.



<p>Family History:</p> <p>Footnote - kclco DM / HTN 2000/2010</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>See resolution form</p>
<p>Plan of Care: <u>Case discussed with Dr. Shruthi:</u></p> <p>1 Admission</p> <p>2 Prepare pants</p> <p>3 Monitor vitals & FUS - hourly</p> <p>4 CTG - 3rd hly</p> <p>5 Informed consent for vaginal delivery & induction.</p> <p>6 Send c/s.</p> <p>7 Intracervical Foley's bulb instillation + Tab. Ppt 25mg - orally/vaginally.</p> <p>8 Epidural (C/S)</p> <p>9 Check blood availability</p> <p>10 Watch for progress of labor.</p>	<p>Investigations:</p> <p>→ TB positive</p> <p>→ VDRL } HIV } NK- HBSAg }</p> <p>→ 2G/4/2G = HB = 11.8 TC = 18.5 Ht = 2.54.</p> <p>→ FTS - low risk</p> <p>→ TIFPA - (M)</p> <p>27/5/20 - 38+ weeks</p> <p>→ Cephalic CFW = 2.638 [7.1] AC = 21.0. AFI = 12.1 Pl - anterior right lateral & high</p> <p>Fetal doppler (M)</p> <p>Uterine artery doppler - Med resistance.</p> <p>CPR - 3y.</p>

Doctor Name: Dr. Sathi
 Signature: Sathi
 Date & Time: 27/5/20, 2:15pm

DR. SHRUTHI REDDY
 Registrar
 Registration No. 6620

Consultant Name: Dr. Shruthi Reddy, P
 Signature: [Signature]
 Date & Time: 27/5/20 2:15pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/05/2026		
<u>3:30PM</u>		
	↓ aseptic precautions, parts, painted and draped.	
	Intra-cervical Foley's bulb instilled with 40cc distilled water.	
	Traction given.	
	✓ FHR ⊕ / Regular / 146 bpm Vitals - BP - 108/71 (81) PR - 94 bpm SpO ₂ - 97% on RA	
		<u>Advice</u>
		✓ NST ↓
		✓ Tab. PCEt 25mg - PO after NST
		By (Dr Dupika)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>27/5/26</u>		
5:30 PM	Pt comfortable vitals stable	
	FHR (+)	- NST 3hly
	Foleys empty	+ w/it POL
		- shift to observation
	Trace CBP	Dr. S
	& Inform	Dr. Suresh
<u>28/5/26</u> 7 PM	G2A1 38+ weeks / FGR (7%) for POL	
	Gc: fair	Dr
	B.p - 123/83 (80) mm	1) Monitor vitals
	P.R - 74 bpm	2) Drug as charted
	SpO ₂ - 100% on RA	3) w/it POL
	Temp - 98°F	4) NST - 3rd hly
	P/A: Ut - Term	5) Infer Sos
	relax	
	FHR (+)	
		- Dr. Sravanti
		Dr

BAH-00499328 IP5-00174390
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 10-12-1994 31 Y 5 M 18 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 11:30 PM	Pt comfortable PR: 89 BP: 122/74 (R4) SpO ₂ : 100% P/A: Irritable P/V: Foleys insitu	- wlt POL - Drugs as chart - NST TID - vitals, FHR hourly
		Dr Y Sneha
28/5/26 3:30 AM	c/o Pain ⊕ wants epidural PR: 86 bpm BP: 120/80 mmHg SpO ₂ : 100% RA P/A: Acting P/V: sp. Evulsion of foleys Cx 1/2" / soft / mp os 2-3 cm ARM done - clear leak.	- enema - wlt POL - NST @ 4 AM
		Dr Y Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/12/26 10:20 AM	PND - 0	
	GC: fair BP: 119/69 PR: 84b/m Spo ₂ : 99% P/A: uterus retracted well of Ilo clumpy V/E: NAB.	1) Soft diet 2) plenty of oral fluid 3) Drug as charted 4) w/f Plv Bleeding 5) Amputation 6) Ilo clumpy 7) I uterus - Dr. Bravanti
28/12/26 1:22 pm	PND - 0 / SVD / P/L/A	
B well U/O: 400ml GC V/E Shift to room	GC: fair B.P: 105 (66) with P-R: 68bpm Spo ₂ : 100% on RA P/A: Uterus retracted well soft Plv: NAB Remove Foley's at 5pm on 28/12/26.	1) Soft diet 2) plenty of oral fluid 3) Drug as charted 4) w/f Plv Bleeding 5) Amputation 6) Ilo clumpy 7) I uterus - Dr. Bravanti

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 7:00pm	PND-0/SUD/PiliA1 o/f Gc-fair Bp- 106/76mmHg PR- 72BPM Spo2- 98% RA P/A - uterus retracting well Plv- BwNL	Discomfort in contraction Adv 1) Regular diet 2) oral hydration & ambulation 3) w/f active bleeding 4) No charting 5) Inform sus
voided ✓ fv 100-5x		Dr. Divya
		Noted by Sr. Laxmi 06384 at 8pm
29/5/26 8:30AM	PND-1/SUD/PiliA1 pt comfortable o/f Gc-fair Bp- 121/81mmHg PR- 74BPM Spo2- 98% RA P/A - uterus retracting well Plv- BwNL	Adv 1. Regular diet 2. oral hydration & ambulation 3. w/f active bleeding 4. Monitor vitals with baby 5. Drugs as charted 6. Inform sus
Baby - well. voided. flatus passing stools passed!		Dr. Divya
V/E ✓ plan discharge		Dr. Divya

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 Mrs SAI KEERTHANA CHEELAM
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 Dr. SHRUTHI REDDY/Dr.LAVANYA



RESULT SHEET

Date	27/5/26			
Time	3:36 PM			
Hb	11.8			
PCV	37.2			
RBC	4.43			
WBC	9.57			
N/L	77/18			
Platelets	244			
CRP				
ESR				
PCT				
RBS				
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine				
ALP				
SGPT				
SGOT				
T.Bill/Conj				
T.Protein				
S.Albumin				
S.Globulin				
A/G Ratio				
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

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MEDICATION RECONCILIATION FORM

Drug Allergies: NRDA 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: NA Shifted to: NA

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. IRON	1 tab	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
2	T. CALCIUM	1 tab	PO	OD		<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Deepika

Date & Time: 24/05/2026, 3:00PM

Nurse Name & Signature: Rajeshwari

Date & Time: 24/5/2026 3:00pm



VERIFIED

DRUG : T. PANTOP				Date Time	28/5/2015
Dose	Route	Frequency	Start Date		
10mg	Po	BD	28/5/20		
Name & Signature of the Doctor Starting the Drugs:				6AM 6PM Not given Not given	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : T. PARACETAMOL				Date Time	28/5/2015
Dose	Route	Frequency	Start Date		
1gm	Po	TID	28/5/20		
Name & Signature of the Doctor Starting the Drugs:				6AM Not given 12PM Not given 6PM Not given	
Additional Instructions:				10PM 6PM Not given Not given	
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG T. DICLOFENAC				Date Time	28/5/2015
Dose	Route	Frequency	Start Date		
50mg	Po	TID	28/5/20		
Name & Signature of the Doctor Starting the Drugs:				7AM Not given 3PM Not given	
Additional Instructions:				11PM Not given	
Daily Doctor's Endorsement by a Sign					

VERIFIED

DRUG : SYP DOPHALAC				Date Time	28/5
Dose	Route	Frequency	Start Date		
15ml	Po	HS	28/5/20		
Name & Signature of the Doctor Starting the Drugs:				10PM Not given	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	Dose		Dose		Dose		Dose	
DRUG :	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	
	Dose		Dose		Dose		Dose	
DRUG :	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
27/5/2026	3:30 pm	INJ- CEFOTAXIM	1 gram	IV	lyp	Rajeev Swarnika
27/5/2026	4:15 pm	TAB- PGE1	25mg	P/O	lyp	Rajeev Swarnika
27/5	8pm	T. PGE1	25mg	PO	Dr Y.	Swarnika Sudha
27/5	11pm	T. PGE1	25mg	PO	Dr Y.	Swarnika Sudha
28/5	2:30 AM	T. PGE1	25mg	PO	Dr Y.	Swarnika Sudha
28/5	3:30 AM	Inj CEFOTAXIME	1 gm	IV	Dr. Y.	Swarnika Sudha
28/5	5 AM	T. PGE1	25mg	PO	Dr. Y.	Swarnika Sudha
28/5	3:20 AM	fruma	100ml	PR	Dr. Y.	Swarnika Sudha
28/5	8 AM	Inj DROTTIN	1 amp	IV	Aravind	Shobha Sudha

VERIFIED VERIFIED

Signature

I.V. FLUIDS CHART

Weight. 61.7 Ward. OBS



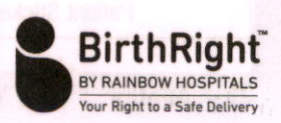
27/5/2026

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
27/5/2026	12 AM	RINGER LACTATE 500ml	IV	100ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
28/5/26	8 AM	500ml OXYTOCIN 10U + RINGER LACTATE 500ml start @ 6ml/hr - increase by 6ml/hr every 30 mins till 96ml/hr till contract	IV	6ml/hr	[Signature]	[Signature]			[Signature]
							3-4/30-40/10'		
28/5	3 AM	RINGER LACTATE 500ml	IV	100ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
28/5	6 AM	RINGER LACTATE 500ml	IV	100ml/hr	[Signature]	[Signature]	28/5	[Signature]	[Signature]
		RINGER LACTATE 100ml	2	100ml	Not need				

Signature

VERIFIED BY Name

BAH-00499328
 Mrs SAI KEERTHANA CHEELAM
 10-12-1994 31 Y 5 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



OBSTETRIC ASSESSMENT FORM

Date: 27/5/26 Time of Arrival: 2:45 pm Time Seen by Nurse: Sis. Rajesri

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

Severe Pain / Moderate Pain Preterm rupture of Membranes / Leaking Water PV
 Bleeding PV: Slight / Heavy Preterm Labor/ Labor
 Decreased Fetal Movement Spontaneous Rupture of Membrane / Leaking Water PV
 No Fetal Movement Other Reason:

3) Vital Signs: Temperature: 98.2 F Pulse: Sub RR: 18/Min SpO₂: 99% BP: 106/71 Weight: 61.7kg

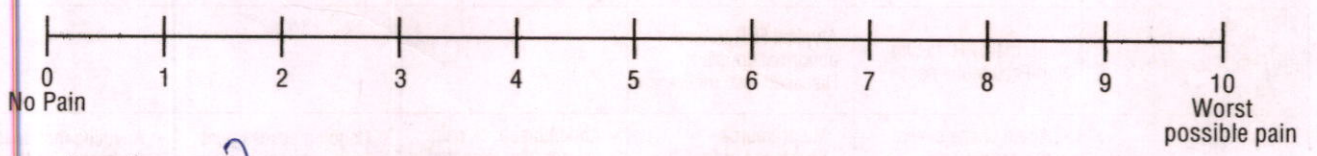
4) Gestational Criteria:

Gravida:	G <u>2</u>	P <u>0</u>	L <u>0</u>	A <u>1</u>
----------	------------	------------	------------	------------

LMP: 2/9/25 EDD: 9/6/26 Gestational Age: 38⁺ 1 week

Uterine Contraction	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Fluid Color:
Vaginal bleeding	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)



• Location:
 • Duration: Days / Weeks / Months (Strike out which is not applicable)
 • Character: Low
Abdominal pain
 • Frequency:
 • Interventions:

6) Past History:

a) Surgeries: Intit
 b) Medical: UTI



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

- None
- Chronic Hypertension
- Gestational Hypertension
- Diabetes
- Gestational Diabetes
- Low placenta
- Others if yes, specify

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

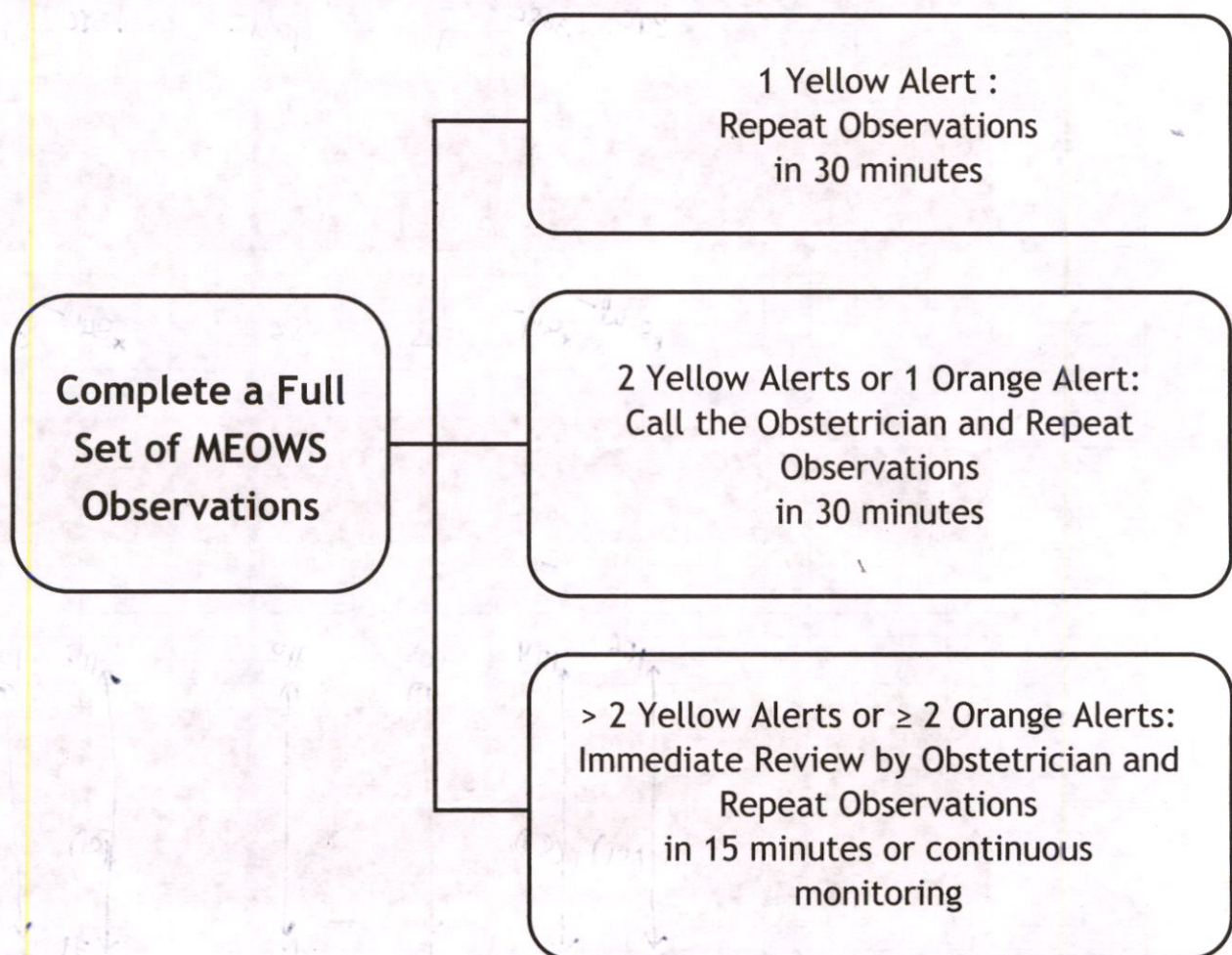
OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SRM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea/vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: 2:45pm

Nurse Name : Rajewai Nurse Signature: RAJEEWAI

Date: 24/5/26 Time: 3:00pm

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

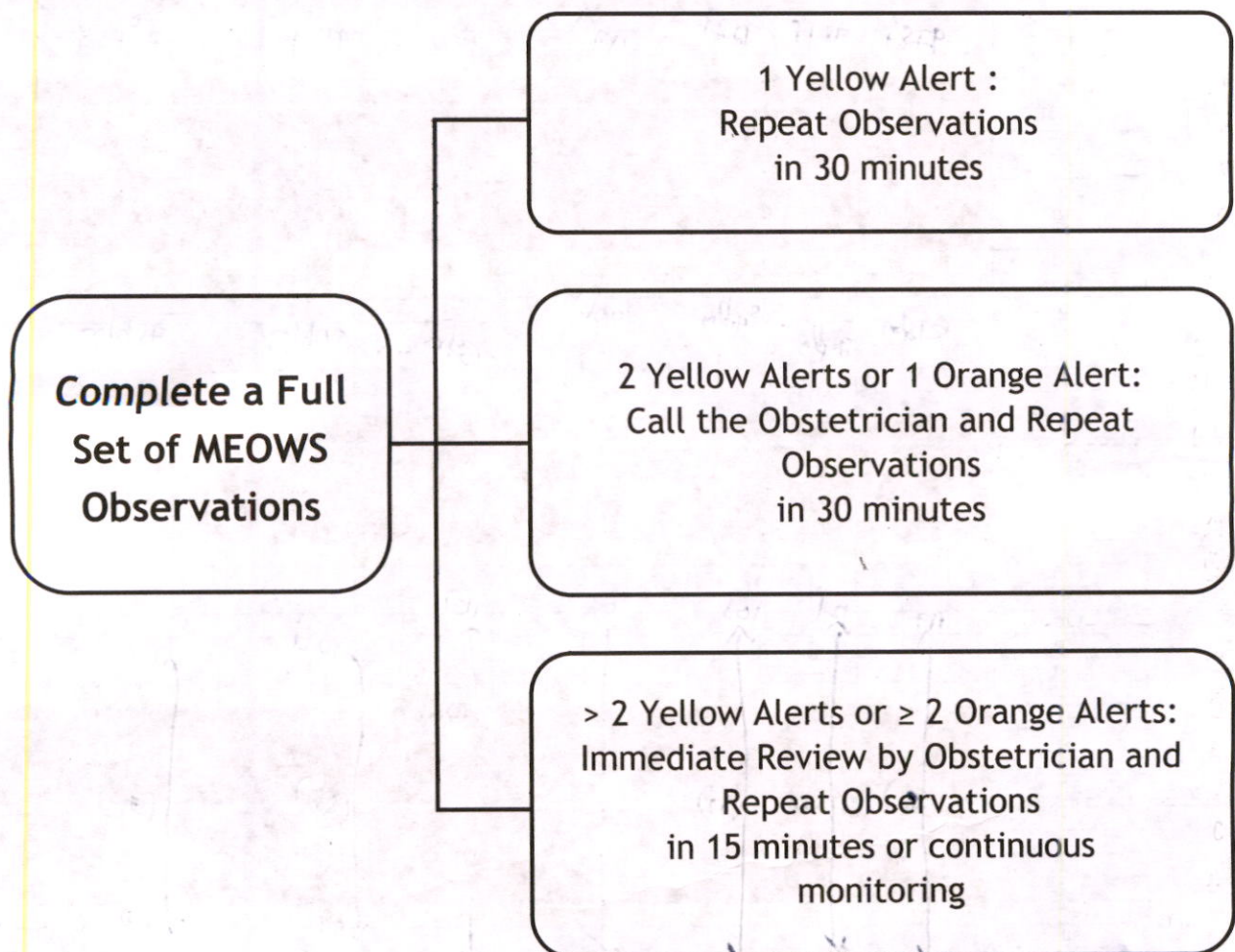
28/5/26

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	28/5/2026																								
		Time	8	9	10	11	12	1	2	3	4	5	6	6	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20		19	19	19					19			20b/m			19b/m					20b/m				19b/m		
	0 - 10																										
Saturations	94 - 100 %		98	99	100					100			98			97					98				97		
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36		97.8	98.1	97.2					99.4			98.2			97.5					97.2				97.1		
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80		81b/m	82b/m	83b/m			80b/m			78b/m			80b/m			75b/m				75b/m				76b/m		
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert		✓	✓	✓					✓			✓			✓					✓				✓	
		Voice		✓	✓	✓					✓			✓			✓					✓				✓	
		Pain		✓	✓	✓					✓			✓			✓					✓				✓	
Unresponsive																											
URINE mls / hour	> 30		✓	✓	✓					✓			✓			✓					✓				✓		
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal		✓	✓	✓					✓			✓			✓					✓				✓		
	Heavy / Foul																										
Liquor	Clear / Pink		✓	✓	✓					✓			✓			✓					✓				✓		
	Green																										
TOTAL YELLOW SCORES			0	0	0					0			0			0					0				0		
TOTAL ORANGE SCORES			0	0	0					0			0			0					0				0		
Nurse Initial			S	S	S					S			S			S					S				S		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00499328 IP5-00174390
 Mrs SAI KEERTHANA CHEELAM
 10-12-1994 31 Y 5 M 17 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART

Sheet No. : ①

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
	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	H ₂ O										
	04:00 pm											
	05:00 pm	H ₂ O							✓		0	} passed
	06:00 pm	✓									0	
	07:00 pm								✓		0	
Total Intake :			orally taken			Total Output :					passed	
	08:00 pm										0	Swaps
	09:00 pm	H ₂ O									0	Swaps
	10:00 pm								✓		0	Swaps
	11:00 pm	H ₂ O									0	Swaps
	12:00 am	Re		100ml							0	Swaps
	01:00 am	H ₂ O							✓		0	Swaps
Total Intake :			taken			Total Output :					Passed	
	02:00 am	Re		100ml							0	Swaps
	03:00 am	Re	H ₂ O	100ml							0	Swaps
	04:00 am	Re	H ₂ O	100ml					✓		0	Swaps
	05:00 am	Re	H ₂ O	100ml							0	Swaps
	06:00 am	Re	H ₂ O	100ml							0	Swaps
	07:00 am	Re	H ₂ O	100ml							0	Swaps
Total Intake :			taken			Total Output :						
Total 24 hrs. Intake		800ml										
Total 24 hrs. Output		15 ml										

BAH-00499328 IP5-00174390
 Mrs SAI KEERTHANA CHEELAM
 10-12-1994 31 Y 5 M 18 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART




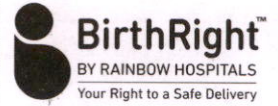
Sheet No. : ②

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.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
28/5/20	08:00 am	RL H ₂ O		100ml							0	sandhya	
	09:00 am	RL		100ml							0	sandhya	
	10:00 am	RL H ₂ O		100ml					300ml		0	sandhya	
	11:00 am	RL orally		100ml							0	sandhya	
	12:00 pm	RL H ₂ O		100ml							0	sandhya	
	01:00 pm		H ₂ O							300ml		0	sandhya
Total Intake : taken						Total Output : passed.							
28/5	02:00 pm		H ₂ O								0	shobha	
	03:00 pm										0	shobha	
	04:00 pm	no IVP	Orally						200ml		0	shobha	
	05:00 pm										0	shobha	
	06:00 pm		H ₂ O								0	shobha	
	07:00 pm										0	shobha	
Total Intake : Taken						Total Output : passed							
28/5	08:00 pm										0		
	09:00 pm		H ₂ O								0		
	10:00 pm	no IVP									0		
	11:00 pm	IVP	H ₂ O								0	pratik	
	12:00 am										0		
	01:00 am										0		
Total Intake :						Total Output :							
gats	02:00 am		H ₂ O								0		
	03:00 am										0		
	04:00 am										0		
	05:00 am	no IVP	H ₂ O								0	pratik	
	06:00 am	IVP									0		
	07:00 am										0		
Total Intake :						Total Output :							
Total 24 hrs. Intake		orally taken											
Total 24 hrs. Output		U = 800ml M = 0											

**Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION**

BAH-00499328 IP5-00174390
Mrs SAI KEERTHANA CHEELAM
10-12-1994 31 Y 5 M 18 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA




Name: Age: UHID.No :
Date: 28/5/20 Time: 9:00 Proposed Operation: EPIDURAL FOR LABOUR PAIN
Diagnosis: Gr A 382W14
B P / CRT: 120/80 H.R: 90 Weight: 61.7 ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>11.8</u>	Glucose: /	Protein: /	HIV: /	X-Ray: /
PCV: <u>37.2</u>	Urea: /	Alb: /	HBS Ag: /	ECG: /
WBC: <u>9.52</u>	Creat: /	Total Bill: /	HCV: /	2D Echo: /
Plate: <u>244</u>	Na: /	Dir. Bill: /	Blood group: /	Stress/Angio: /
PT: /	K: /	LDH: /	T3: /	Other: /
PTT: /	Ca++: /	Alk phos: /	T4: /	
NR: /	Mg++: /	Amylase: /	TSH: /	
	Cl-: /	SGOT/SGPT: /		

Allergies: No known allergies

Medical History: CVS: -

RESP: - Diabetes: -

CNS: -

Renal: -

Hepatic / GE: - Physical Activity: -

Others: -

Past Anaesthetic History: -

Physical Exam: -

Airway: MP 1 2 3 4 Mouth Opening: Adyn Mentohyoid Distance: 2 Neck: 2 Teeth: 2

Lungs: AETBB

Heart: SIS

CNS: NAD

Pregnant: Yes No NA Venous Access Site: Spine Exam for regional: -

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

- DVT Prophylaxis:
- ~~NIL ORAL~~ → Water / ORS 2 Hours
→ Others 6 Hours
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Mr. Aduri

BAH-00499328 IP5-00174390
 Mrs SAI KEERTHANA CHEELAM
 10-12-1994 31 Y 5 M 18 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 29/5/26 Time: 4:00 Procedure done by Mr Adithi

CSE /Spinal /Epidural Position: lith Space: L3-4 Technique (LOR/LOS)

Depth: 4 1/2 Catheter at Skin: 9 1/2 Attempts: 2

Parasthesia : Yes/No if yes details : NO

Solution Composition : 0.1% Bupivacaine + 2ug/cc fentanyl

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
4:45	6	10	.	.	124/81	77	140	comfortable

Delivery Details : Time : 10:02 AM APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : at 3 PM, Dr Jayachandran

Patient Satisfaction : Good

Discharge /Shifting ordered by
 Doctor Signature: [Signature]

Doctor Name: Dr. Jayachandran

Date and Time: 29/5/26, 3:19 PM

BAH-00499328 IP5-00174390
Mrs SA KEERTHANA CHEELAM
10-12-1994 31 Y 5 M 18 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA

CONSENT FOR LABOUR ANALGESIA

Authorization By: Patient Patient Attendant

I, the undersigned do hereby acknowledge the following:

- I have been made aware by the doctors in language known to me the details of the procedure as follows:

Epidural Analgesia Intravenous Analgesia (Remifentanyl)

- I have been made aware of the possible complications from the procedures as follows:

For Epidural: Fall in blood Pressure, Numbness, Itching, Headache, Shivering, Occasional incomplete pain relief, Need for Re-Siting the epidural.

For Remifentanyl: Drowsiness, nausea, vomiting, need for oxygen supplementation, itching, fall in blood pressure, heart rate and Respiratory Rate.

- I understand that labour analgesia is offered to reduce labour pain and make the birthing process more comfortable, by reducing pain and stress and promoting better cooperation during childbirth.
- I have been clearly explained about the benefits, risk, and alternative of the procedures.
- I authorize Dr. Aditi and his / her team to perform the above procedure(s) upon the patient / myself.
- I acknowledge that I fully understand the above information. I have had the opportunity to ask questions, and they have been answered to my satisfaction in a language I understand. I affirm that this consent is given by me in my full senses.

Patient / Patient Attendant:

Signature: Kery

Name: Keethana

Relationship with patient:

Date & Time: 28/5/20 4:00pm

Witness:

Signature: [Signature]

Name: Vikram

Date & Time: 28/5/20 4:00pm

Doctor (who is taking consent):

Signature: Aditi Name: Dr Aditi N Date: 28/5/20 Time: 4:00pm

ప్రసవ నొప్పి నివారణ కోసం అనుమతి పత్రం

అనుమతి ఇచ్చినవారు: రోగి రోగి అటెండెంట్

వైద్యులు నాకు తెలిసిన భాషలో క్రింది విధానాల గురించి సమగ్రంగా వివరించారు:

- ఎపిడ్యూరల్ అనాల్జీసియా
 శిరస్రావం ద్వారా నొప్పి నివారణ (రెమిఫెంటానిల్)

• ఈ విధానాల వల్ల సంభవించగలిగే సమస్యలను కూడా నాకు వివరించారు:

ఎపిడ్యూరల్ సంబంధించినవి:

రక్తపోటు తగ్గడం, మందత్వం/ స్వర్ణలేమి, దద్దుర్లు/ దురద, తలనొప్పి, వణుకు, అప్పుడప్పుడు పూర్తిగా నొప్పి తగ్గకపోవడం, ఎపిడ్యూరల్ మళ్లీ పెట్టాల్సిన అవసరం.

రెమిఫెంటానిల్ సంబంధించినవి:

నిద్రమత్తు, వాంతి భావం, వాంతులు, ఆక్సిజన్ అవసరం పెరగడం, దద్దుర్లు/ దురద, రక్తపోటు తగ్గడం, గుండె వేగం తగ్గడం, శ్వాస రేటు తగ్గడం.

- ప్రసవ నొప్పిని తగ్గించడం, ప్రసవ ప్రక్రియను సౌకర్యవంతంగా చేయడం, నొప్పి మరియు ఒత్తిడిని తగ్గించడం, ప్రసవ సమయంలో సహకారం మెరుగు పరచడం కోసం లేబర్ అనాల్జీసియా అందించబడుతుందని నేను అర్థం చేసుకున్నాను.
- ఈ విధానాల ప్రయోజనాలు, ప్రమాదాలు మరియు ప్రత్యామ్నాయాల గురించి నాకు స్పష్టంగా వివరించబడింది.
- డాక్టర్ _____ గారికి మరియు వారి బృందానికి, పై విధానం(లు)ను నాకు / రోగికి నిర్వహించడానికి నేను అనుమతి ఇస్తున్నాను.
- పై సమాచారాన్ని నేను పూర్తిగా అర్థం చేసుకున్నాను. నాకు ప్రశ్నలు అడిగే అవకాశం లభించింది, మరియు ఆ ప్రశ్నలకు నాకు అర్థమయ్యే భాషలో సంతృప్తికరంగా సమాధానాలు అందాయి. ఈ అనుమతి నేను పూర్తిగా స్వచ్ఛమైన చిత్తంతో ఇస్తున్నానని ధృవీకరిస్తున్నాను.

రోగి / రోగి అటెండెంట్:

సంతకం:

పేరు:

రోగితో సంబంధం:

తేదీ & సమయం:

సాక్షి:

సంతకం:

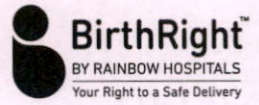
పేరు:

తేదీ & సమయం:

డాక్టర్ :

సంతకం: పేరు: తేదీ & సమయం:

BAH-00499328 IP5-00174390
 Mrs SAI KEERTHANA CHEELAM
 10-12-1994 31 Y 5 M 18 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



INDUCTION OF LABOR CONSENT

Name: Mrs. Sai Keethana Age: 31 yrs Gender: Male Female
 UHID.No: BAH-00499328 Date: 27/05/2026

You are scheduled for an induction of labor on 27/05/2026 (date) at 32th (weeks of gestation).

The reason for your induction is Term gestation, Fetal weight - 7.1, AC <1st centile

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labor (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complications due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

Patient
 Signature: Keey
 Name: Sai Keethana
 Date & Time: 27/5/26 3pm

Patient Attendant:
 Signature: oget
 Name: Vikram
 Relationship with Patient: Husband
 Date & Time: 27/05/2026 3pm

Doctor:
 Signature: Gy
 Name: Dr. Rupika
 Date & Time: 27/5/2026, 3pm

Witness
 Signature: Ry
 Name: Swapne
 Date & Time: 27/5/26 3pm

IN



FOR VAGINAL BIRTH

Patient Name : Mrs. Sai Keerthana UHID No : BAH-00499328
Gender: Male Female Date : 27/05/2026 Time : 3PM

I hereby authorized the performance of the following procedure:

- The Procedure has been explained to me in general terms and I understand that:
- The indication requiring the procedure of vaginal birth is pregnancy.
- The purpose of this procedure of vaginal birth pregnancy.
- The purpose of this procedure is to deliver the bay vaginally.

The outcome of the vaginal birth is the delivery of infant through birth canal either naturally or with possible use of force vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vaginal and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsuccessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of: infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfort, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,

I understand and accept that there are complications, benefits, alternatives including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most cases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist.

Name of the Doctor performing the procedure: Dr. Shruthi Reddy

Consentee :
Signature : Keay

Name : Sai Keerthana

Date & Time : 27/5/26 3pm

Witness :
Signature : Rafeshwari

Name : Rafeshwari

Date & Time : 27/5/2026 3pm

Patient Attendant
Signature : Vikram Reddy J.

Name : Vikram Reddy J.

Relationship with Patient: Husband

Date & Time : 27/5/26 3pm

Doctor (who is taking the consent) :
Signature : Dr. Deepika

Name : Dr. Deepika

Date & Time : 27/05/2026, 3PM

సహజ ప్రసవం కొరకు సమ్మతి పత్రము

రోగి పేరు :

యూ.హెచ్.బి.డి.

తేదీ

ఈ ప్రక్రియ యొక్క వివరములను నేను ఆమోదించాను:

- ఈ ప్రక్రియ నాకు సాధారణ వద్దతిలో బివరించబడింది మరియు నేను అర్థం చేసుకున్నాను:
 - గర్భం దాల్చిన వారికి సహజ ప్రసవ ప్రక్రియ అవసరమవుతుంది.
 - ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం (యోని) ద్వారా సహజ ప్రసవం చేయడం.
 - ఈ ప్రక్రియ యొక్క ఉద్దేశ్యం జిడ్డను సహజమయిన వద్దతిలో ప్రసవించటం
- సహజ ప్రసవం (యోని జననం) యొక్క ప్రక్రియ సహజంగా లేదా శక్తిని ఉపయోగించి గర్భాశయం ద్వారా శిశువును ప్రసవించడం. వాక్యూమ్ ద్వారా శిశువును వెలికితీయడం, ఎసిసియోటమీ (యోని మరియు యోని మధ్య ఖాళీలో యోని మార్గమును సుగమం చేయుట కొరకు చేసిన కోత (కట్), సహజ ప్రసవం కొరకు చేయు ప్రక్రియలలో భాగము.
- సహజ ప్రసవం బిజయవంతం కాకపోతే, తగిన అనస్తీషియా ఇచ్చి పాల్తికడుపు కోతతో సిజేరియన్ ద్వారా డెలివరీ చేయవలసిన అవసరం కలగవచ్చు

సహజంగా లేదా పరికరం సహాయంతో అంటే ఫోర్స్ లేదా వాక్యూమ్ సహాయంతో జిడ్డను ప్రసవించే ప్రయత్నంలో, ప్రమాదాలు ఉండవచ్చు: అంటువ్యాధులు, అలెర్జీ, నువ్వులు, రక్త నష్టం, రక్త మార్పిడి అవసరం వడటం, నొప్పి మరియు అసౌకర్యం, మూత్ర నాళానికి గాయం, శిశువుకు గాయం అయ్యే అవకాశం (బ్రెస్టేషన్, హామటోమీ, పుర్రె గాయం అయి అవకాశం, నరాలకు గాయం మరియు మెదడు గాయం) మరియు భవిష్యత్తులో కటి ప్రదేశంలోని ఎముకల వలయం పనిచేయకపోవడం

నాకు మరియు నా జిడ్డకు మరణం లేదా తీవ్రమైన వైకల్యం వంటి సమస్యలు తలెత్తు అవకాశం, ప్రయోజనాలు మరియు ప్రత్యామ్నాయాలు ఉన్నాయని నేను అర్థం చేసుకుని అంగీకరిస్తున్నాను.

చాలా సందర్భాలలో, యోని ద్వారా ప్రసవించడం వల్ల తల్లి మరియు జిడ్డ ఆరోగ్యంగా ఉంటారని నాకు తెలుసు; అయితే, ఎటువంటి హామీలు ఇవ్వలేరని నేను గ్రహించాను

ఇక్కడ బివరించిన లేదా సూచించిన బిదానాలకు నేను స్వచ్ఛందంగా సమ్మతిస్తున్నాను. ఈ ప్రక్రియ అర్హతగల గైనకాలజిస్ట్ చేత నిర్వహించబడతాయని నేను తెలుసుకున్నాను

ఈ ప్రక్రియను నిర్వహించే డాక్టరు పేరు:

సహాయకుడు(అటెండెంట్)

సంతకము

పేరు

వైద్యుడు (నివరైతే సమ్మతి తీసుకుంటున్నారో)

సంతకము

పేరు


తేదీ మరియు సమయము

Patient Sticker

SURGERY DETAILS

BAH-00499328 IP5-00174390
Mrs SAI KEERTHANA CHEELAM
10-12-1994 31 Y 5 M 18 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA

Date : 28/5/26

Patient Name: ..  Date of Birth: Age:

Gender: Ward : B-2 UHID No.:

Date of Surgery: 28/5/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : NVD + epidural

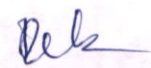
Time in : 9:30 Am

Time Out : 10:30 Am

	NAME	AMOUNT
1. Surgeon	Dr. Shanthi Reddy	
2. Anaesthetist	Dr. M.S	
3. Assistant Surgeon	Dr. Gowda	
4. OT Technician	-	
5. Circulating Nurse	-	
6. Assistant Nurse	Sis. Rebeca	

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

Signature of the Surgeon


Signature of Circulating Nurse

Order No: 499328/9631140

Order by: 