

Patient Sticker

SURGERY DETAILS

BAH-00649121 IP5-00174379
Mrs NIDAMANURI MOUNIKA
30-11-1997 28 Y 5 M 28 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA



Date : 28/5/26

Patient Name: ... Date of Birth: ... Age: ...

Gender: ... Ward : BC 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 : AVD + Epidural

Time in : 9.30 Am Time Out : 10.30 Am

	NAME	AMOUNT
1. Surgeon	Dr. Shrutli Reddy	
2. Anaesthetist	Dr. M. S	
3. Assistant Surgeon	Dr. Sneha	
4. OT Technician		
5. Circulating Nurse	Go	
6. Assistant Nurse	Nic Rebecca	

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

Signature of the Surgeon Signature of Circulating Nurse

Order No: 649121/9631129 Order by: Reb

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174379 Admit Date : 27-May-2026 Admit Time : 10:52 AM UHID : BAH-00649121

Patient Details :

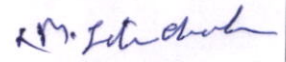
Patient Name : Mrs NIDAMANURI MOUNIKA Age : 28 Y 5 M 27 D
Guardian : MR MANDARAPU SATISH CHANDRA DOB : 30-11-1997
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : MIG 604, SILVER SPRINGS, BEHIND RAVI HOSPITAL, KPHB PHASE 2 KPHB Colony
Hyderabad Telangana INDIA 500072 Phone No : 8008397220/
E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE Bed No : BC DC 419 Ward Name : 4F-BIRTHING CENTRE
Room No : BC DC 419 Admission Type : First Visit

Contact Details :

Name : MR MANDARAPU SATISH CHANDRA Relationship : Husband
Contact Address : Phone No : / 8008397220


Signature

Doctor Details :


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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

Name : _____
 UHID No. : _____
 Date of Admission: _____ Time : _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

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Consultant: _____ Dept : _____
 Date of Discharge : _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5	9 AM	OBS	BB-II	Nandini
24/5	4.30 pm	BB-II	ROOM (321)	Anjali

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/5	Iv placement	1	9629852	Incupa
27/5	PAC	1	9631406	Nandini
27/5	catheterization	1	9631405	Nandini

Mark Good

ANY OTHER INFORMATION

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.....

.....

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

clo leaking per vagina
5 AM

LMP: 5.9.25

EDD: 12.6.26

Corrected EDD: 10.6.26

GA: 38wks

Obstetric Formula:

G2A1

Menstrual History: Regular Yes No

Obstetric History:

G1 - 4 wks, missed miscarriage
BERPC @ Citizens hospital
2025, March

Obstetric Examination

Fundal Height: Term

Present Pregnancy Record:

G2 - present pregnancy,
Spontaneous conception
RISK FACTORS: Bled at 24wks.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: 4/5

FHS: Normal Tachy Brady Absent

Per Speculum Examination

not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

performed

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated finger low

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 153 cm

Weight: 75.3 kg

Allergies: NADA

Breast: Normal Abnormal

General Examination: fair

Consciousness: Yes Pallor: absent

Icterus: absent Edema: absent

Temp: afebrile PR: 90bpm

BP: 117/73 mmHg DTR: Normal

CVS: S1S2 (+) RS - BCLNUSP

Liver/Spleen: Not palpable Urine Output: Normal, SpO2 - 100% on RA.

DIAGNOSIS

G2A1 | 38wks | PROM in early labour

Patient Sticker



<p>Family History:</p> <p>Not</p>	<p>Surgical History:</p> <p>SEPC - 2025, March</p>
<p>Medical History:</p> <p>Not.</p>	<p>Medication History:</p> <p>See Medical Reconciliation form 2</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - NST now flb 3rdly - vitals 4thly - Send CBPE trace - Vaginal Birth Consent - IOL consent - w/f progression of labour - Pain relief for. <p>✓ Case seen by Dr Shruthee</p> <p>✓ patient and husband counselled regarding the need for induction of labor in view of term gestation</p> <p>1 PM</p>	<p>Investigations:</p> <ul style="list-style-type: none"> - B positive <p>19/4/26 CBP - 12.5 / 9.200 / 165L</p> <p>HV / Hb SAg / Hw / VDRL - NR.</p> <p>11/4/26 - 32wks, cephalic, 2012gms. 59L, AC - 31.1cm, APF - 13.7cm, placenta - posterior high. doppler - (N)</p> <ul style="list-style-type: none"> - TIPPA (N) - Fetal - fetal echo - Normal <p>RIT scan - (N), FTS - low Rht</p>

Doctor Name: Dr. Lavanya

Signature: [Signature]

Date & Time: 27/5/26 @ 10:30 AM

Consultant Name: Dr. Shruthee Reddy

Signature: [Signature]

Date & Time: 27/5/26 @ 10:30 AM

Dr. SHRUTHI REDDY PPODDUTUR
 Registration No: 46820

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE

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Patient



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

BirthRight™
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<p>→ G₂A₁ 38 weeks term.</p>	
<p>22/5/26 11:00 AM</p>	<p>- Pt is stable no c/o o/e: GR Fair BP - 120/70 (84) PR - 86 bpm SpO₂ - 100% on RA P/A - ut ~ term relaxed Cephalic FHS ⊕</p>	<p>Advice: ① CTG - 3rd hly. ② Monitor vitals & FHS hly. ③ Drugs as charted ④ w/tx low Mg sulfate.</p>
<p>22/5 Hb - 14.2 Tc - 9.3% D/H - 1.7% NST - reactive</p>		<p><u>Shruti</u></p>
<p>27/5/26 3:45 PM</p>	<p>NST - early decelerations ⊕ poor beat to beat variability.</p>	
	<p>BP - 112/65 (82) bpm. PR - 80 bpm SpO₂ - 97% on RA P/A - ut ~ term. 1/10"/10' FHS ⊕ Plv - C_x - low; soft, mid position, 1/2 inch long, u_x - 3 station membrane absent.</p>	<p>Advice: c/o D/w: Dr. Shruthi Reddy. ① Repeat NST after an hr. ② Adequate hydration</p> <p><u>Shruti</u></p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 6PM	P/A: Active P/V: 80% Effaced os 2 fingers PPV _n - 2 memb ⊖ clear hsk.	- OXYTOCIN after NST - NST now - fenna - vitals ably
		Chy Dr Y. Sneha.
27/5/26 6PM	c/o/w Dr. Shruthi ① NST now ② Hydrate ③ Epidural ④ fenna ⑤ Very close fetal monitoring ⑥ OXYTOCIN if needed after NST	
		Chy Dr Y. Sneha

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 9PM	P/A: Acting well, FHR ⊕ P/V: cu effaced OS 2 fingers PPVn - 2 memb ⊖ clear leak PR: 69 bpm BP: 100/65 mmHg SpO ₂ : 100% RA	- NST now - Drugs as chart - w/ft spont. PO L - vitals 2 hourly Dr Y Snehra
27/5/26 1 AM	104/68 (73) mmHg; 71 bpm; 99% RA P/V: cu effaced OS 2cm PPVn - 2 memb ⊖ clear leak NST Reactive P/A: mild Action.	- w/ft POC - Start OXYTOCIN - Vitals 2 hourly - Cont FHR Dr Y Snehra

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		
5 AM	<p>PT comfortable On Epidural P/A: Acting P/V: Same VE.</p>	<p>NST mono NST mono</p>
		<p>Dr Y Sneha</p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 AM	PILA1 / PND-0	Adm
	Acc: fair BP: 120/70 mmHg PR: 80/min Temp: Afebrile	Soft diet follow drug chart Monitor BP/PR/SpO2 every 15min for 1st hr flb 2nd hrly
	SpO2: 100%	w/ft bleeding Plv
	P/A: uterus retracted well	infusions
	O/E: NAB.	A Sonika Dr. Sonika
	U/o: stable	
28/5/26 11:20 AM	PND-0 / PILA1 / AVD Acc: fair B.P - 100/69 (73) P.R - 72 SpO2 - 100% on RA P/A: Uterus retracted well Bowel sounds ⊕ Plv: NAB	1) Soft diet & plenty of oral fluid 2) Drug as charted 3) w/ft flv bleeding 4) Flv charting 5) Infusions 6) Monitor vitals - Dr. Sravanti

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	PND-0/P.I.H.A./AVD	
7:00pm	pt comfortable.	
	O/E Cervix	Adv
FV	Bp- 106/70mmHg	1) Soft diet
SX	PR- 62 Bpm	2) oral hydration & ambulation
NO- 30mm.	SpO2 - 98% RA	3) Drugs as charted
(Hill 4pm-200ml)	PIA- uterus retraction well	4) I/O charting
	L/E- Bleeding within limits	5) Monitor vitals
		6) w/f active bleeding
		7) Inform sus
		Dr. Divya
		Dr. Divya
		Dr. Divya
29/5/26	PND-1/P.I.H.A./AVD	
8:30am	pt comfortable.	
voiding done here	O/E Cervix	Adv
Stable	Bp- 106/70mmHg	1) Regular diet
Pain	PR- 83 Bpm	2) Oral hydration & ambulation
Stools passed.	SpO2 - 98% RA	3) Drugs as charted
V/E - done.	PIA - uterus retraction well	4) Monitor vitals 6th hly
Plan discharge	L/E - Bleeding normal limits	5) w/f active bleeding
		6) Inform sus
		Dr. Divya
		Dr. Divya

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MEDICATION RECONCILIATION FORM

Drug Allergies: NKDA 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	Tab C-PINK		PO	OD	26/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	Tab ODENSEL		PO	OD	26/5	<input type="checkbox"/> C <input type="checkbox"/> DC
3	Tab ZINCOVIT		PO	OD	26/5	<input type="checkbox"/> C <input checked="" 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. Suneeta

Date & Time: 27/5/20 @ 10:30 AM

Nurse Name & Signature: Sneha

Date & Time: 27/5/20 @ 11 AM

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DRUG CHART

Date of Admission: 27/5/26 Drug Allergies: NKDA Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :				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

REGULAR PRESCRIPTIONS

Weight. Ward.



VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>inj. CEFOTAXIM</u>				Date Time	<u>27/5</u>
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>27/5</u>	<u>11 AM</u>	<u>27/5</u>
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Lavanya</u>					
Additional Instructions:					
<u>After test done.</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. CEFIXIME</u>				Date Time	<u>28/5</u>
Dose	Route	Frequency	Start Date		
<u>200mg</u>	<u>PO</u>	<u>BD</u>	<u>28/5/26</u>	<u>10 AM</u>	
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Y. Sneha</u>					
Additional Instructions:					
<u>x 5 days</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. PARACETAMOL</u>				Date Time	<u>28/5/20</u>
Dose	Route	Frequency	Start Date		
<u>1gm</u>	<u>PO</u>	<u>TID</u>	<u>28/5/26</u>	<u>6 AM</u>	
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Y. Sneha</u>					
Additional Instructions:					
<u>10 PM</u>					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. DICLOFENAC</u>				Date Time	<u>28/5</u>
Dose	Route	Frequency	Start Date		
<u>50mg</u>	<u>PO</u>	<u>TID</u>	<u>28/5/26</u>	<u>11 AM</u>	
Name & Signature of the Doctor Starting the Drugs:					
<u>Dr. Y. Sneha</u>					
Additional Instructions:					
<u>11 AM</u>					
Daily Doctor's Endorsement by a Sign					



Mrs Mounika

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

VERIFIED

VERIFIED

DRUG : T-PANTOP				Date Time	28/5	24														
Dose	Route	Frequency	Start Dt.																	
40mg	PO	BD	28/5/26																	
Name & Signature of the Doctor Starting the Drugs:				6 PM 10 PM <i>Small Dose</i>																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : Symp Duphalac				Date Time	28/5															
Dose	Route	Frequency	Start Dt.																	
15ml	PO	OD	28/5/26																	
Name & Signature of the Doctor Starting the Drugs:				10 PM <i>Small Dose</i>																
Additional Instructions:				10 PM																
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																				

Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

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																			

Signature
Name

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
27/5/20	11:10AM	TAB. PGE ₁	50mcg	PO	Swtli	Sawale, Kramti
27/5/20	3:10PM	TAB. PGE ₁	25mcg	PO	Swtli	NOT GIVEN
27/5	5:10PM	TAB. PGE ₁	25mcg	PO	Swtli	NOT GIVEN
27/5	7:30PM	Inj DROTIN	1amp	IV	Dr Y	Sawale, Nandini
27/5	7:30PM	Inj EPIDOSIN	1amp	IV	Dr Y	Sawale, Nandini
27/5	9:17PM	Inj BUSCOPAN	1amp	IV	Dr Y	Nandini, Sawale
27/5	9:18PM	Inj EPIDOSIN	1amp	IV	Dr Y	Nandini, Sawale
27/5	9:45PM	Inj ZOFFER	4mg	IV	Dr Y	Nandini, Sawale
28/5	6:15AM	Inj DROTIN	1amp	IV	Dr Y	Nandini, Sawale

Signature

VERIFIED BY Name

VERIFIED



I.V. FLUIDS CHART

Weight: Ward:

VERIFIED BY: Name Signature

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
27/5/28	11:10AM	RINGER LACTATE 500ml	IV	100ml/hr	Srthi	Suzuka Karrun	28/5		Suzuka Karrun
28/5	2:30 PM	RINGER LACTATE 100ml	IV	10	Srthi	Suzuka Kranthi	28/5		Suzuka Kranthi
28/5/28	12:00 AM	RINGER LACTATE 500ml	IV	10	Srthi	Nandini Poulab	28/5		Nandini Sudha
28/5	1AM	RINGER LACTATE 500ml + 2µg OXYTOCIN 100 - start at 6ml/hr titrate as per FHR, contraction +U 3-4/30/101	IV	6ml/hr	Srthi	Nandini Sudha	28/5		Nandini Sudha
28/5	4AM	RINGER LACTATE 500ml	IV	100ml/hr		Nandini Sudha	28/5		Nandini Sudha
28/5	6AM	RINGER LACTATE 500ml	IV	100ml/hr		Nandini Sudha	28/5		Nandini Sudha

Patient

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 28 Y 5 M 27 D (F)
 30-11-1997
 Dr. SHRUTHI REDDY/Dr. LAVANYA



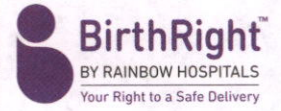
Rainbow[®]
 Children's
 Hospital
 It takes a lot to treat the little.

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

RESULT SHEET

Date	27/5				
Time					
Hb	14.2				
PCV	44.1				
RBC	5.43				
WBC	9.39				
N/L					
Platelets	177				
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					

BAH-00649121 IP5-00174379
 Mrs NIDAMANURI MOUNIKA
 30-11-1997 28 Y 5 M 27 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



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: 27/5/26														28/5/26														
		Time		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7			
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20																													
	0 - 10																													
Saturations	94 - 100 %																													
	< 94 %																													
Administered O ₂ (L/min.)																														
Temp °C	40																													
	39																													
	38																													
	37																													
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	40																													
↑ Systolic Blood Pressure	190																													
	180																													
	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	50																													
↓ Diastolic Blood Pressure	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	60																													
	50																													
	40																													
	NEURO RESPONSE [✓]	Alert																												
		Voice																												
		Pain																												
Unresponsive																														
URINE mls / hour	> 30																													
	< 30																													
Proteinuria	Protein ++																													
	Protein > ++																													
Lochia	Normal																													
	Heavy / Foul																													
Liquor	Clear / Pink																													
	Green																													
TOTAL YELLOW SCORES																														
TOTAL ORANGE SCORES																														
Nurse Initial																														

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

2 Yellow Alerts or 1 Orange Alert:
Call the Obstetrician and Repeat
Observations
in 30 minutes

> 2 Yellow Alerts or \geq 2 Orange Alerts:
Immediate Review by Obstetrician and
Repeat Observations
in 15 minutes or continuous
monitoring

* The Modified Early Warning Score (MEOWS)

BAH-00649121 IP5-00174379
 Mrs NIDAMANURI MOUNIKA
 30-11-1997 28 Y 5 M 28 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA

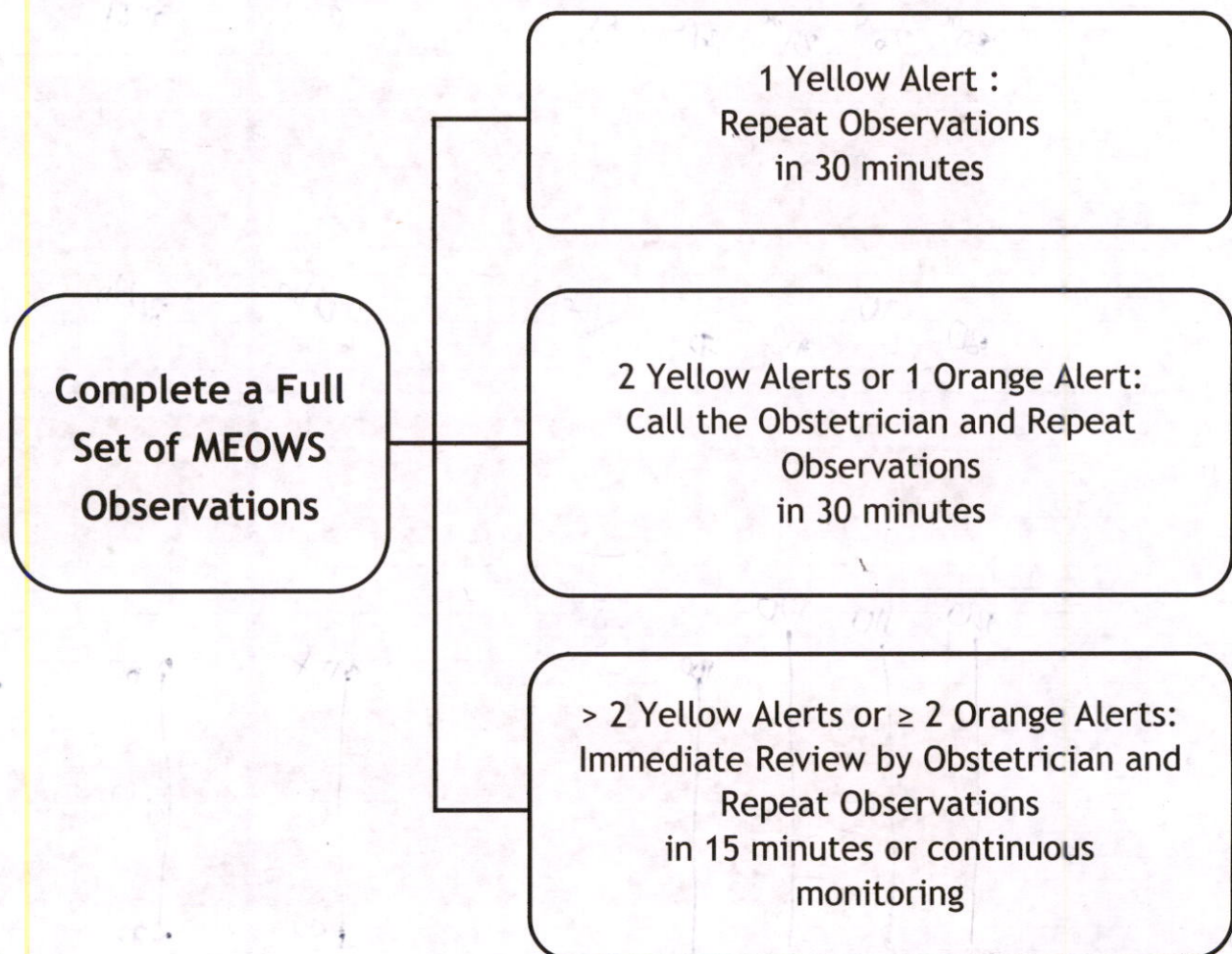


Early Warning Observation Score Chart - Obstetrics

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

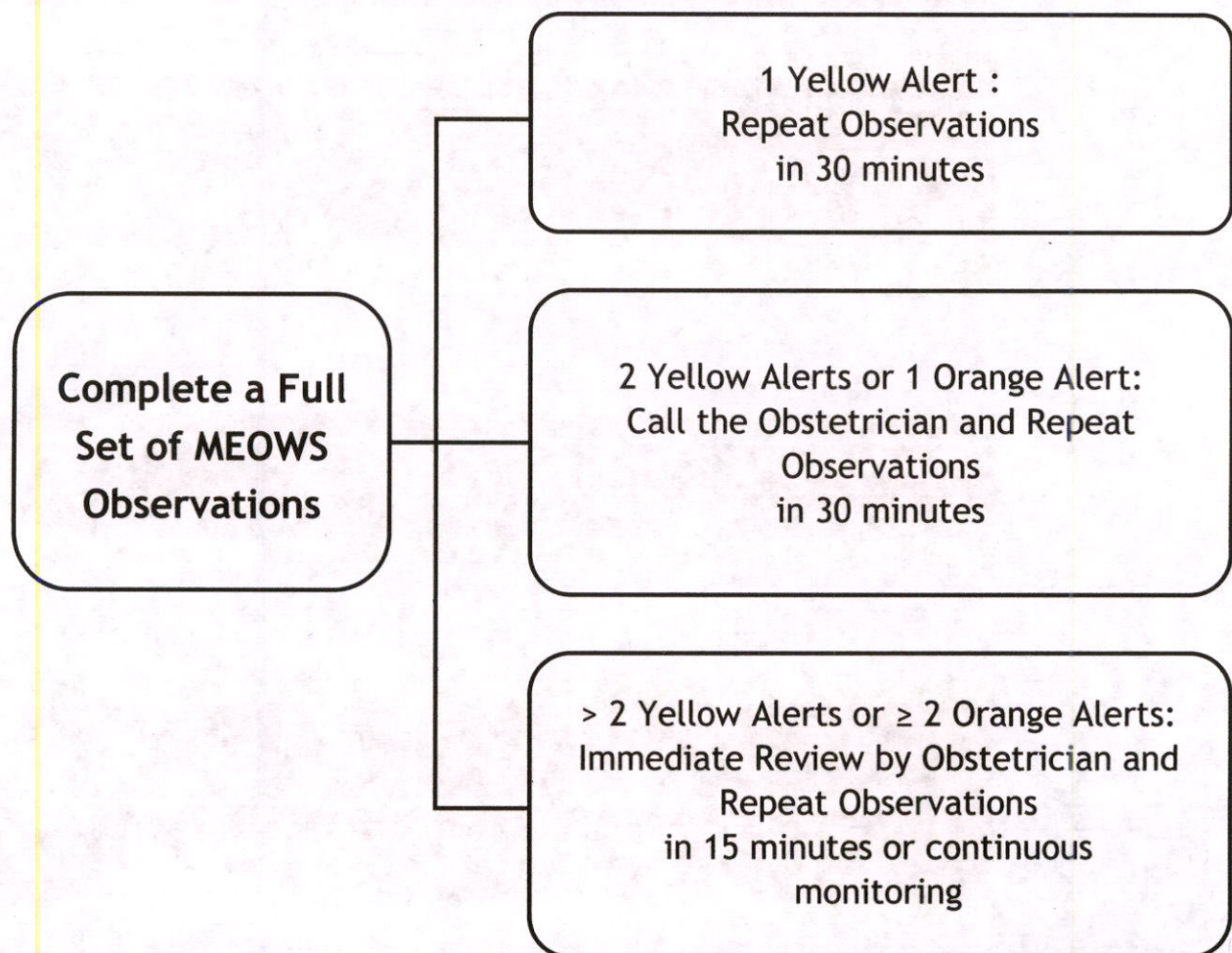
		Date																										
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20	19		20		19		19		19							20				19					19		
	0 - 10																											
Saturations	94 - 100 %	99		99		99		100		99						98				99						99		
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36	37.0		36.0		37.0		37.0		37.0						38.2				38.0					38.2			
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90	80		90		70		72		78						80				82					82			
	80																											
	70																											
	60																											
	50																											
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100	120		110		120		100		Refused						117				100					116			
	90																											
	80																											
	70																											
60																												
50																												
40																												
Diastolic Blood Pressure	130																											
	120																											
110																												
100																												
90																												
80																												
70	70		80		70		60								84				77					78				
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert	A		A		A		A								A				A					A			
	Voice																											
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			
TOTAL ORANGE SCORES																												
Nurse Initial		N	N	N		N		N							N					N					N			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

Patient

BAH-00649121 IP5-00174379
 Mrs NIDAMANURI MOUNIKA
 30-11-1997 28 Y 5 M 27 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	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am	water 100ml					NP			✓	0	Suresh
	12:00 pm									✓	0	Suresh
	01:00 pm	water 100ml								✓	0	Suresh
Total Intake : <i>taken</i>					Total Output : <i>passed</i>							
	02:00 pm	water 100ml		100 ml							0	Suresh
	03:00 pm	water 100ml		100 ml						✓	0	Suresh
	04:00 pm			100 ml			NP				0	Suresh
	05:00 pm	water 100ml		100 ml						✓	0	Suresh
	06:00 pm										0	Suresh
	07:00 pm	water 100ml								✓	0	Suresh
Total Intake : <i>taken</i>					Total Output : <i>passed</i>							
	08:00 pm									✓	0	Nandini
	09:00 pm	RL water		100ml							0	Nandini
	10:00 pm	water									0	Nandini
	11:00 pm	RL		100ml							0	Nandini
	12:00 am								100ml		0	Nandini
	01:00 am	RL water		100ml							0	Nandini
Total Intake : <i>taken</i>					Total Output : <i>passed</i>							
	02:00 am										0	Nandini
	03:00 am	RL water		100ml							0	Nandini
	04:00 am	RL		100ml			NP		200ml		0	Nandini
	05:00 am	RL water		100ml							0	Nandini
	06:00 am										0	Nandini
	07:00 am	water							100ml		0	Nandini
Total Intake : <i>Taken</i>					Total Output : <i>passed</i>							
hrs. Intake												
Total 24 hrs. Output												

BAH-00649121
 Mrs NIDAMANURI MOUNIKA
 30-11-1997 28 Y 5 M 28 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurs
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
28/5	08:00 am	RL		500ml							0	} Def
	09:00 am	Delly							100ml	0		
	10:00 am	tho					NP			0		
	11:00 am	tho								0		
	12:00 pm	tho								0		
	01:00 pm	tho								200ml	0	
Total Intake :			Takan 11-500ml			Total Output : 400ml						
28/5	02:00 pm	tho									0	} Satya
	03:00 pm	Uprna								0		
	04:00 pm								200ml	0		
	05:00 pm						NP			0		
	06:00 pm	tho								0		
	07:00 pm										0	
Total Intake :						Total Output : m-0 U-passed						
28/5	08:00 pm	food tho									0	} Always
	09:00 pm									0		
	10:00 pm						✓		600ml	0		
	11:00 pm	tho								0		
	12:00 am								200ml	0		
	01:00 am	tho								0		
Total Intake :						Total Output : m-1 U-passed						
29/5	02:00 am										0	} Always
	03:00 am	tho								0		
	04:00 am									0		
	05:00 am						NP			0		
	06:00 am	tho								600ml	0	
	07:00 am										0	
Total Intake :						Total Output : m-0 U-passed						

Total 24 hrs. Intake

Total 24 hrs. Output m-1 U-2,000



**Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUATION**

Name: Mounika Age: 28/F Sex: UHID.No: BAH 00649121
 Date: 27/5/26 Time: 11:10 Proposed Operation:
 Diagnosis: G2A1 38WKS
 B.P / CRT: 117/73 H.R: 90 Weight: 73.3 ASA Physical Status: 1 2 3 4 5

19/4/26

Laboratory Data:			
Hgb: <u>12.5</u>	Glucose: <u>126</u>	Protein:	HIV:
PCV: <u>32.00</u>	Urea: <u>9.3y</u>	Alb:	HBS Ag:
WBC: <u>1.65</u>	Creat: <u>1.7</u>	Total Bill:	HCV:
Plate: <u>177</u>	Na:	Dir. Bill:	Blood group:
PT:	K:	LDH:	T3
PTT:	Ca++:	Alk phos:	T4
INR:	Mg++:	Amylase:	TSH
	Cl-:	SGOT/SGPT:	

Allergies: NO KNOWN ALL

Medical History: CVS: —
 RESP: — Diabetes: —
 CNS: —
 Renal: —
 Hepatic / GE: — Physical Activity: NO
 Others: —

Past Anaesthetic History:

Physical Exam:

Airway: MP1 2 3 4 Mouth Opening: med Mentohyoid Distance: 2 Neck: 6 Teeth: 20
 Lungs: AERAE
 Heart: S1 S2
 CNS: ANND

Pregnant: Yes No NA Venous Access Site: UL 28W Spine Exam for regional: SPALES

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA NELLE

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:
 1. DVT Prophylaxis:

2. NIL ORAL $\begin{cases} \rightarrow \text{Water / ORS 2 Hours} \\ \rightarrow \text{Others 6 Hours} \end{cases}$

3. Informed Consent: Standard High Risk

4. Post Operative Pain Management: Discussed with Patient

5. Other Instructions:

Signature: Adi Name: Dr. Aditi W

BAH-00649121 IP5-00174379
 Mrs NIDAMANURI MOUNIKA
 30-11-1997 28 Y 5 M 28 D (F)
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Department of Anaesthesiology

EPIDURAL ANALGESIA RECORD

Date: 9/5/26 Time: 11:15 Procedure done by Dr. Aditi

CSE / Spinal / Epidural Position: Sitting Space: L2-L3 Technique (LOR/LOS)

Depth: 4/12 Catheter at Skin: 10 Attempts:

Parasthesia: Yes/No if yes details: No

Solution Composition: 0.1% Bupivacaine 2mg 1cc fentanyl

Any other issues:

- a) _____
- b) _____

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
11:32	8ml	10ml L0x0.6%	T8	T9	104/67	79	131) comfortable
2:00	8ml		T6	T8	103/70	85	125	

Delivery Details: Time: 3:51 AM APGAR: (SVD) / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: 3:06 PM

Patient Satisfaction: Good

Discharge / Shifting ordered by
 Doctor Signature: _____

Doctor Name: Dr. Jaya Chandra

Date and Time: 9/5/26, 3:06 PM

Mrs MIDAMANURI MOUNIKA
30-11-1997 28 Y 5 M 28 D (F)
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321

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

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 28/5/26

Time: 5pm

Origin: Indian Height: 153cm Weight: 73.3 BMI: 31.3 Kg/m²

Food Allergies: No

Diagnosis: PND-0 / A.V.D.

Type of Diet: Liquid Soft Normal Diabetic
 Vegetarian Non-Vegetarian Vegan

Diet Advised:

Soft diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's

Signature: Sowjanya. K

Name: Mounika

Date & Time: 28/5/26 @ 5pm

Dietician's

Signature: Nikitha

Name: Nikitha

Date & Time: 28/5/26 @ 5pm

