

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174438 Admit Date : 28-May-2026 Admit Time : 10:55 AM UHID : BAH-00629649

Patient Details :

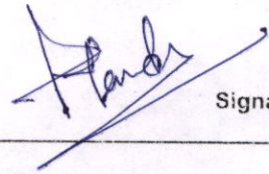
Patient Name : Mrs RIYA LAYEK PANDA Age : 27 Y 3 M 13 D
Guardian : Mr RAHUL PANDA DOB : 15-02-1999
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : H NO 8-2-293/157/A, 3RD FLOOR, Phone No : 7894266108/ 8250944791
VENKATESHWAR NAGAR, ROAD NO 14, E-mail : PANDA.RAHUL174@GMAIL.COM
Banjara Hills Hyderabad Telangana INDIA
500034

Admission Details :

Bed Type : SHARED WARD Bed No : SW 419 Ward Name : 4F-BIRTHING CENTRE
Room No : SW 419 Admission Type : First Visit

Contact Details :

Name : Mr RAHUL PANDA Relationship : Husband
Contact Address : H NO 8-2-293/157/A, 3RD FLOOR, Phone No : 7894266108 / 8250944791
VENKATESHWAR NAGAR, ROAD NO 14,
Banjara Hills Hyderabad Telangana INDIA
500034


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 : SELFPAY

ACTIVITY RECORD FOR BILLING

Name : **BAH-00629649 IP5-00174438** -----

UHID No **Mrs RIYA LAYEK PANDA .
15-02-1999 27 Y 3 M 13 D (F)
Dr. SHRUTHI REDDY/Dr.LAVANYA** Consultant: ----- Dept : -----

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse

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
28/5/20	IV placement	One	9632393	Turkhan
29/5/20	Ppoc	-	027062	kamy
29/5/20	MERPL		963272	kamy

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 28/5/26 Time of Admission :
 Allergies : NKDA Not know any drug allergies

PRESENTING COMPLAINTS :

G3A2 @ 9th wk @ Missed Miscarriage.
 for MERPL
26/5/26
 USG s/o - Missed miscarriage of 9th wks of G.A.
 Single fetal arm bone - seen.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : <u>2022, NCM.</u> Previous Periods : <u>regular</u> LMP : <u>21/2/26</u> Contraception : <u>NIL</u>	Parity : } Mode of Delivery : } <u>NIL</u> Last Child Birth : } <u>G3A2 → I → 2024, Jan, 8th wks, missed miscarriage</u> <u>II → 2024, Oct, 9th wks, missed misc.</u> <u>III → PP → SP. Caesarean</u>

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
<u>Hypothyroid : 2yrs.</u>	<u>SERPL ← 2024, Jan</u> <u>2024, Oct.</u>



<p>FAMILY HISTORY:</p> <p style="text-align: center;">NIL</p>	<p>MEDICATION HISTORY:</p> <p>T. Thyronon 25mg - x5 days</p> <p>T. Thyronon 50mg x2 days</p>
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INITIAL ASSESSMENT :

<p>Date <u>28/5/26</u></p> <p>Ht. _____ Wt. _____</p> <p>BMI _____</p> <p>B.P. <u>120/80</u></p> <p>Pallor <u>absent</u></p> <p>CVR <u>S1S2 (+)</u></p> <p>Respiratory System <u>BAE (+)</u></p> <p>Thyroid <u>(N)</u></p>	<p>Breasts</p> <p style="text-align: center;">(N)</p> <p>Abdominal Examination</p> <p style="text-align: center;">(N)</p>	<p>Local/Speculum Examination</p> <p style="text-align: center;">37.5M</p> <p>Bimanual Pelvic Examination</p>
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PROVISIONAL DIAGNOSIS : G13 A2 E 9th week E missed minge for MERPC E Hypotension

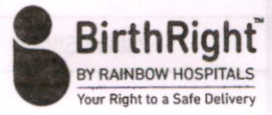
INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
<p><u>11/5/26</u></p> <p>B+ve.</p> <p>Virals - NR.</p> <p>Hb: 10.6 g/dl.</p> <p>Plt: 2.58</p> <p>HPLC - (N)</p>	<ul style="list-style-type: none"> • admission. • w/it expulsion of POC • Monitor vitals • Drug as charted • Pad for observat. • send CBP • POC → for genetic testing WES, CMA testing

Name of the Doctor : Dr. Sravanthi Signature of Doctor [Signature]
 Date & Time : 28/5/26, 12:10pm.

BAH-00629649 IP5-00174438
 Mrs RIYA LAYEK PANDA .
 15-02-1999 27 Y 3 M 13 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2016 2:30pm	<p>Case seen by Dr Shruthi</p> <p>Patient comfortable</p> <p>Vitals - BP - 99/60 (70) PR - 88bpm SpO₂ - 100% on RA</p> <p>P/A - soft VVF - NO Bleeding</p>	<p><u>Advice</u></p> <p>✓ Tab. PGE1 400mcg - Per oral - 4th hourly</p> <p>✓ Monitor vitals</p> <p>✓ Inform SW</p>
	<p>Products of conception for genetic testing</p> <p>↓ <u>CMA, WES.</u></p>	<p>by (Dr Rupika)</p>
28/5/26 5:30pm	<p>⇒ G₃A₂ / 9+2wks / Missed miscarriage = hypothyroid.</p> <p>⇒ Pt is stable.</p> <p>BP - 99/63 (70) PR - 64bpm SpO₂ - 100% on RA P/A - soft.</p> <p>Uc - No active bleeding.</p>	<p><u>Advice</u></p> <p>- T. PGE₁ 400mcg Q 30min 4th hourly po.</p> <p>- Monitor vitals 4th hourly.</p>
2 doses T. PGE ₁ 250mcg	<p>Products of conception for genetic testing</p> <p>↓ <u>CMA, WES.</u></p>	<p><u>Shruthi</u></p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9:30 pm	<p>BP - 92/52. PR - 84 bpm SpO₂ - 98% on RA UA - soft. U/c - Bleeding ⊕. clots Vespetted.</p>	
	<p>Advice: Next dose of T. Plebs @ 10:30 pm. Monitor vitals 4th hly.</p>	<p><i>Shruthi</i></p>
29/5/26 1:30 AM	<p>→ Pt is stable → BP - 100/60 PR - 86 bpm. SpO₂ - 98% on RA. UA - Soft. U/c - bleeding ⊕ clot ⊕</p>	
	<p>Adv U/c/B:- Dr Lavanya Advice: Next dose of T. Plebs @ 3:00 AM. Monitor vitals 4th hly</p>	<p><i>Shruthi</i></p>

BAH-00629649 IP5-00174438
 Mrs RIYA LAYEK PANDA . (F)
 15-02-1999 27 Y 3 M 14 D
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/22 4:30 AM	Pt is stable Sleeping comfortably. BP-100/70 PR - 84bpm spo ₂ - 99% on RA P/A - Soft L/E - NAD	
		<u>Advice</u> Monitor vitals 4th hrly <u>Smrthi</u>
29/5/22 8:00 AM	- Pt had c/o giddiness - BP-100/60 [74] PR - 84bpm spo ₂ - 99% on RA P/A - Soft L/E - NAD	GRBS 105 mg/dl
		<u>Advice</u> => Monitor vitals 4th hrly => IV fluids 150ml/hr => Brain today.
		<u>Smrthi</u>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>29/5/2026</u>		
<u>12PM</u>	<u>Case seen by Dr. Shrinithi</u>	
	Bed side scan done.	Products of conception present
	Labor ward P/C done	under scan guidance.
	Product of conception obtained.	
	Sent for DNA storage + MCC	(Discussed with Srikanth (LAB)).
	Patient withstood procedure well. Vitals - stable <u>voided</u> ✓	Patient fit for discharge
	<u>Discharge Advice:</u>	
	<ul style="list-style-type: none"> ✓ Tab. Dox T 100mg BD x 5 days ✓ Tab. Cephalosporin 500 ✓ Tab. Pantop 40mg BD x 5 days ✓ Review after 10 days 	
	<u>By Ch. Deepika</u>	

BAH-00629649 IP5-00174438

Mrs RIYA LAYEK PANDA .

15-02-1999 27 Y 3 M 13 D (F)

Dr. SHRUTHI REDDY/Dr.LAVANYA



RESULT SHEET

Date	28/5/26				
Time					
Hb	10.9				
PCV	33.1				
RBC	3.83				
WBC	6.61				
N/L					
Platelets	267				
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					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood grouping → B+ve						
WBCs → NR.						

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00629649 IP5-00174438
 Mrs. RIYA LAYEK PANDA .
 15-02-1999 27 Y 3 M 13 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



MEDICATION RECONCILIATION FORM

Drug Allergies: None 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: ICU 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
						<input type="checkbox"/> C <input type="checkbox"/> DC
2						<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
						<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. Sravanti

Date & Time: 28/5/20, 10:20 AM

Nurse Name & Signature: [Signature]

Date & Time: 28/5/20 @ Ward

BAH-00629649 IP5-00174438
 Mrs RIYA LAYEK PANDA .
 15-02-1999 27 Y 3 M 13 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



DRUG CHART

Date of Admission: 29/5/20 Drug Allergies: NUKDA 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

DRUG : <i>T. THYRONORM</i>				Date Time
Dose <i>25mg</i>	Route <i>P/O</i>	Frequency <i>0.0</i>	Start Date <i>28/5</i>	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sravathi</i>				
Additional Instructions: <i>Mon - Fri</i>				
Daily Doctor's Endorsement by a Sign				

DRUG : <i>T. THYRONORM</i>				Date Time
Dose <i>50mg</i>	Route <i>P/O</i>	Frequency <i>0.0</i>	Start Date <i>28/5</i>	
Name & Signature of the Doctor Starting the Drugs: <i>Dr. Sravathi</i>				
Additional Instructions: <i>Sat - Sunday</i>				
Daily Doctor's Endorsement by a Sign				

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

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

VERIFIED

VERIFIED



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/12/26	10:50 AM	T-PGE1	800mg	P/V	[Signature]	Kanna, Jyothi
28/12/26	2:30 PM	T-PGE1	400mg	P/O	[Signature]	Kanna, Runne
28/12/26	6:30 PM	T-PGE1	400mg	P/O	[Signature]	Karuna, Tunna
28/12/26	10:30 PM	T-PGE1	400mg	P/O	[Signature]	Swapna, Nandini
28/12/26	4 PM	INJ-PARACETMPL	1gm	IV	Dr. Divya	Tunna, Karuna
28/12/26	3:00 AM	T-PGE1	400mg	PO	[Signature]	Swapna, Bodhe

VERIFIED

Signature

10:52 AM
11:33 PM
10: P.



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 28/5/2026 Time of Arrival: 11 AM Time Seen by Nurse: 11:10 AM

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: termination

3) Vital Signs: Temperature: 98.1 F Pulse: 86 RR: 21 SpO₂: 100% BP: 109/71 Weight: 60

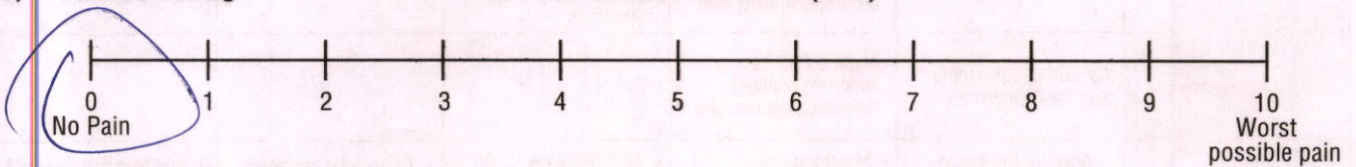
4) Gestational Criteria:

Gravida:	G <u>3</u>	P <u>1</u>	L <u>0</u>	A <u>2</u>
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LMP: 21/2/26 EDD: _____ Gestational Age: 9+2 weeks

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" 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 type="checkbox"/> Yes	<input checked="" 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: Nin
- Frequency: ↑
- Interventions: ↑

6) Past History:

- a) Surgeries: SERPC
- b) Medical: Hypothyroid

1) Allergy: No, If Yes :

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

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/ SROM > 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: 11:10 AM

Nurse Name : Lavanya Nurse Signature: [Signature]

Date: 28/3/26 Time: 11:10 AM

BAH-00629649 IP5-00174438
 Mrs RIYA LAYEK PANDA .
 15-02-1999 27 Y 3 M 13 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/5/28

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 for termination Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Sravanthi
 Time Notified: 11 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroid.</u>	<u>SERPC.</u>	—

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>4-5 days</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period:</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 3 P 1 L 0 A 2

Previous LSCS:

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: 98.1°F HR: 86 RR: 21
 BP: 109/70 Weight: 60kg Height: BMI:

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



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 28 (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

Cultural & Spiritual Needs: Yes No if Yes specify 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 No

Social History: Lives With Husband

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 Husband

Name of Person Orientation was given to: Husband

Orientation not given Reason: NA

Nurse Signature: [Signature]

Nurse Name: Swarna

Date & Time: 28/5/20 @ 11 AM



CHECKLIST FOR THROMBOPHLEBITIS



S. No.	SITE OBSERVATION	STAGE / ACTION	SCORE	28/5 DAY-1			DAY-2			DAY-3			Remarks
				M	E	N	M	E	N	M	E	N	
1	IV site appears healthy	No signs of phlebitis / Observe cannula	0	0	0	0							
2	One of the following signs is evident : * Slight pain near the IV Site / * Slight redness near IV Site	Possibly first signs of phlebitis / Observe cannula	1	-	-	-							
3	Two of the following Signs are evident: Pain at IV site Redness	Early stage of phlebitis / Resite Cannula	2	-	-	-							
4	All of the following Signs are evident : Pain along Path of cannula Redness around Site Swelling	Medium stage of phlebitis / Resite Cannula Consider Treatment	3	-	-	-							
5	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord	Advanced stage of phlebitis or the start of thrombophlebitis / Re site Cannula Consider Treatment	4	-	-	-							
6	All of the following Signs are evident and Extensive : Pain along Path of cannula Redness around Site Swelling palpable Venous cord pyrexia	Advanced stage of thrombophlebitis / Initiate treatment Re site Cannula	5	-	-	-							
Signature of the Nurse				Reena Thumra Sarpin									

NOTE : Phlebitis greater than grade 2 should be reported to physicians and other appropriate health care personal ongoing observation of the site should continue for 48 hours post removal to detect post infusion phlebitis.

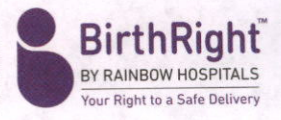
Signature of Shift In Charge :

Signature : Name : Rebeca

Signature of Ward In Charge :

Signature : Name : Veeva

BAH-00629649 IP5-00174438
 Mrs RIYA LAYEK PANDA .
 15-02-1999 27 Y 3 M 13 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA

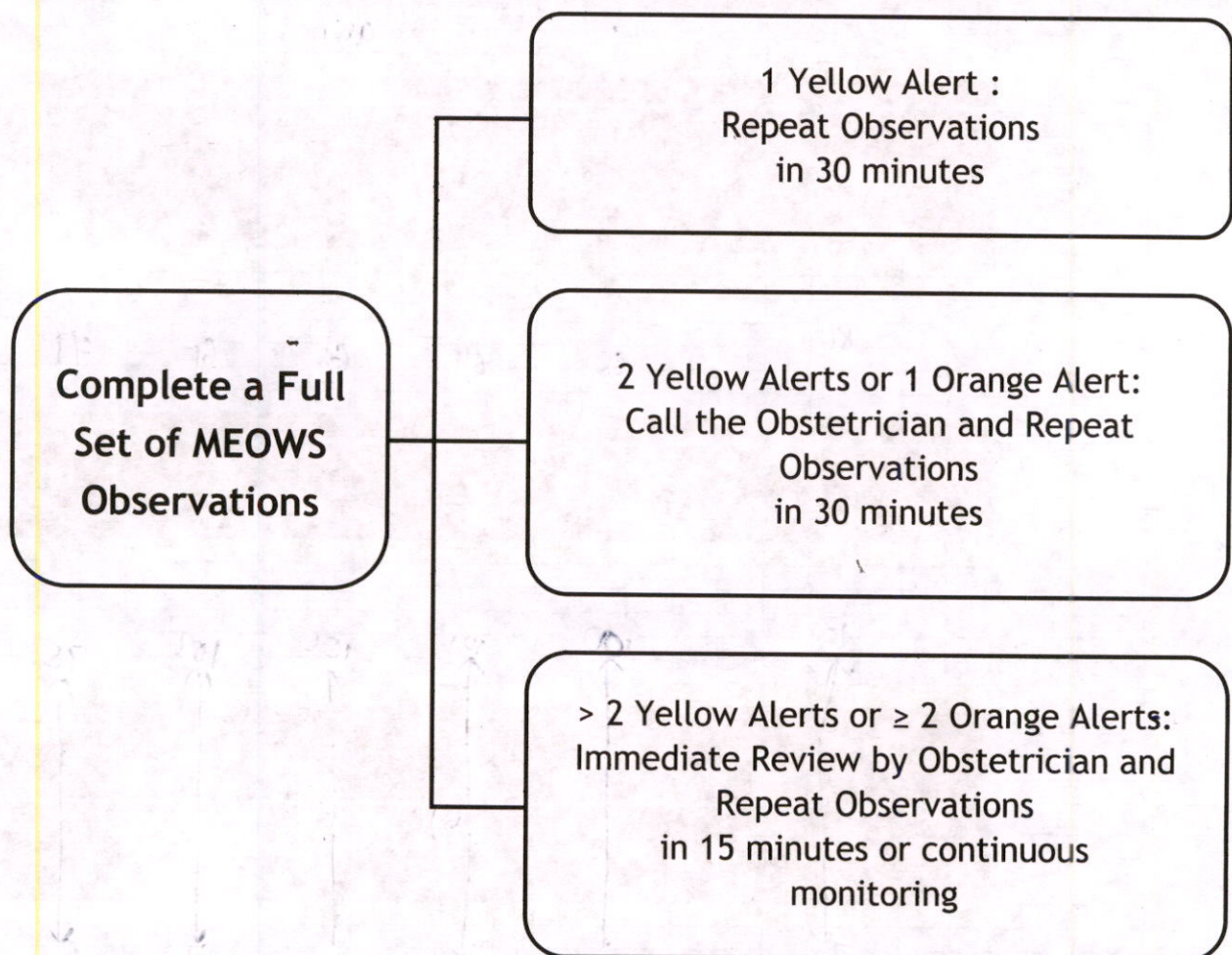


Early Warning Observation Score Chart - Obstetrics

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																										
	0 - 10																										
Saturations	94 - 100 %				99					98					99						98					98	
	< 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				86						68				64						68					61	
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100				109						100				101						105				102		
	90																										
	80																										
	70																										
60																											
50																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60				77						60				65						65				61		
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert				✓					A				A						✓				✓		
		Voice																									
		Pain																									
Unresponsive																											
URINE mls / hour	> 30				✓						✓			✓						✓				✓			
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal				✓															0				✓			
	Heavy / Foul																										
Liquor	Clear / Pink				✓															0				✓			
	Green																										
TOTAL YELLOW SCORES					0					0				0						0				0			
TOTAL ORANGE SCORES					0					0				0						0				0			
Nurse Initial					SR					SR				SR						SR				SR			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00629649 IP5-00174438

Mrs RIYA LAYEK PANDA .

15-02-1999 27 Y 3 M 13 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											
28/5	09:00 am											
	10:00 am											
	11:00 am	water 100ml							✓	0		Swamy
	12:00 pm									0		Swamy
	01:00 pm	water 100ml							✓	0		Swamy
Total Intake : taken 200ml				Total Output : Passed								
	02:00 pm									0		Tunny
	03:00 pm	bro 100ml							✓	0		Tunny
	04:00 pm									0		Tunny
	05:00 pm	bro								0		Tunny
	06:00 pm	Re bro 100ml	150ml						✓	0		Tunny
	07:00 pm	Re	150ml							0		Tu
Total Intake : taken 200ml				Total Output : U - 2, M - 0								
	08:00 pm	Re	150ml							0		Swamy
	09:00 pm	Re	150ml							0		Swamy
	10:00 pm	Re							✓	0		Swamy
	11:00 pm	bro								0		Swamy
	12:00 am	100ml								0		Swamy
	01:00 am									0		Swamy
Total Intake : taken				Total Output : Passed								
29/5	02:00 am								✓	0		Swamy
	03:00 am	bro 100ml								0		Swamy
	04:00 am									0		Swamy
	05:00 am								✓	0		Swamy
	06:00 am									0		Swamy
	07:00 am	Re bro 100ml								0		Swamy
Total Intake : 100ml				Total Output : Passed								

Total 24 hrs. Intake

Total 24 hrs. Output

Patient Sticker

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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	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												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
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