

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00173982      Admit Date : 18-May-2026      Admit Time : 05:39 PM      UHID : BAH-00515368

**Patient Details :**

Patient Name	: Mrs GALMA SHRAVYA REDDY	Age	: 31 Y 8 M 24 D
Guardian	: Mr GALMA SANTOSH REDDY	DOB	: 24-08-1994
Gender	: Female	Religion	: Hindu
Occupation	:	Martial Status	: Married
Address (H)	: FLAT NO 510,BLOCK D ,GANDHI HEIGHTS Kukatpally Hyderabad Telangana INDIA 110005	Phone No	: 7893715463/ 8885456363
		E-mail	: SHRAVYAKONDA@GMAIL.COM

**Admission Details :**

Bed Type : SHARED WARD      Bed No : SW 414      Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 414      Admission Type : First Visit

**Contact Details :**

Name : Mr GALMA SANTOSH REDDY      Relationship : Husband  
Contact Address : FLAT NO 510,BLOCK D ,GANDHI HEIGHTS      Phone No : 7893715463 / 8885456363  
Kukatpally Hyderabad Telangana INDIA 110005

*Mr Santosh*  
Signature

**Doctor Details :**

Doctor Name : Dr. K BHARGAVI REDDY      Specialisation : OBSTETRICS AND GYNECOLOGY  
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 : \_\_\_\_\_

UHID No. : \_\_\_\_\_ Consultant: \_\_\_\_\_ Dept : \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Date of Discharge : \_\_\_\_\_ Time: \_\_\_\_\_

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Mrs GALMA SHRAVYA REDDY  
24-08-1994 31 Y 8 M 24 D (F)  
Dr. K BHARGAVI REDDY

Room / Bed No : \_\_\_\_\_ Suggested Billable bed type : \_\_\_\_\_



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
19/5/26	10:45 pm	BB - 11	3rd floor [346]	[Signature]

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1	Dr. Teheena Sharma (PD)	20/5/26	9617528	[Signature]
2				
3				
4				
5				
6				
7				
8				
9				
10				









# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

Came for IOL

LMP: 17/8/25 <sup>ET- 30/8/25</sup> EDD: 18/5/26

Corrected EDD: GA: 40 weeks

## Obstetric Formula:

G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> M- 2019, W/M

Menstrual History: Regular:  Yes  No

## Obstetric History:

IUF  
 -2022; Spontaneous conception  
 Full term AVD (Kilo) <sup>1/10</sup> poor maintained  
 Female, ♀ - 3.1kg - A & H: baby

## Obstetric Examination

Fundal Height: 47 ~ 48 cm

## Present Pregnancy Record:

I- IUF Conception  
 blood c/mg - Bhargavi

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Booked at 23 + 3 wks.  
 ICT - Negative - 6/11/25

Head Fifts Palpable: \_\_\_\_\_

## RISK FACTORS:

Anti Dv - @ 38 wks

FHS:  Normal  Tachy  Brady  Absent

NST - reactive

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated 1 cm

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 175 cm

Weight: 75 kg

Allergies: N/A

Breast:  Normal  Abnormal

## General Examination:

Consciousness: Conscious Pallor: absent

Icterus: absent Edema: absent

Temp: 97.5 PR: 88 bpm

BP: 107/63 (72) DTR: normal

CVS: normal RS: normal

Liver/Spleen: not palpable Urine Output: SpO<sub>2</sub> 100% on NO

## DIAGNOSIS

G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> | 40 wks | Rh negative pregnancy | for IOL

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<p>Family History:</p> <p>Father - Hb1c DM</p>	<p>Surgical History:</p> <p>Appendicectomy x long ago</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>See reconciliation form</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> <li>① Admission</li> <li>② CTG every 3rd hly.</li> <li>③ Prepare parts.</li> <li>④ Monitor vitals <del>every</del> &amp; FHR. 1hrly</li> <li>⑤ Informed consent.</li> <li>⑥ Induction <math>\pm</math> Solage f miso.</li> </ol>	<p>Investigations:</p> <ul style="list-style-type: none"> <li>- B negative</li> <li>- HIV</li> <li>- HbSta <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">NR</span></li> <li>- HCU</li> <li>- FTS - low abk.</li> <li>- TIFA - <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">N</span></li> <li>- 27/4/26 - 37w4.</li> <li>- Cephalic   @1 - posterior   AFI = 10   EFW = 2.8 [31y.]</li> <li>- 7/5/26 - 40w11.8        M17 - 2.47k        Tc - 8.7k</li> </ul>

Doctor Name: ..... Dr. Sathi .....  
 Signature: ..... Sathi .....  
 Date & Time: ..... 28/5/26, 6:00 AM .....

Consultant Name: ..... Dr. Bhargavi .....  
 Signature: .....  
 Date & Time: .....

DR. BHARGAVI REDDY  
 Registration No. 93315

BAH-00515368 IP5-00173982  
 Mrs GALMA SHRAYYA REDDY  
 24-08-1994 31 Y 8 M 24 D (F)  
 Dr. K BHARGAVI REDDY



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>8:00 PM 8/5/26</p>	<p>⇒ Under strict aseptic conditions, Foley's kept in situ intracervically.            ⇒ Pt is vitally stable.            ⇒ P/A - Ut relaxed.            Cephalic.            FHR (+); NST - reactive.</p>	<p style="text-align: right;"><u>Srinu</u></p> <p style="text-align: right;">A/B <u>Srinu</u></p>
<p>9:00 PM 18/5/26</p>	<p>Pt is stable            o/e: Gc - fair            BP - 114/78 [ao]            PR - 94 bpm.            SpO<sub>2</sub> - 97% on RA; Temp - 98.6° F.            P/A - Ut - irritable            Cephalic FHR (+).</p>	<p style="text-align: right;">Adms</p> <p style="text-align: right;">① To give 2nd dose            T. Magnesium 25mg            N/A Stat.</p> <p style="text-align: right;">② Monitor vitals &amp; FHR hourly            ③ C/C - 3rd hely.            ④ Epidural sitting sbs  <u>Srinu</u></p>
<p>⇒ NST reactive.</p>		



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26 1 AM	<p>Pt is stable</p> <p>O/E - CC - Fair</p> <p>BP - 110/70</p> <p>PR - 84</p> <p>SpO<sub>2</sub> - 100% on RA.</p> <p>P/A - ut inritable</p> <p>RA FUS ⊕</p> <p>NST - reactive.</p>	
	<ul style="list-style-type: none"> <li>- Advice - 3<sup>rd</sup> dose T. Misoprostol 25mg</li> <li>- Monitor vitals &amp; FUS hourly</li> <li>- Drugs as charted.</li> </ul>	<p>plc start</p>
		<p><u>Stable</u></p>
<del>19/5/26 4 AM</del>	<p>Pt is stable.</p> <p>O/E - CC - Fair</p> <p>BP - 110/70</p> <p>PR - 86 bpm</p> <p>SpO<sub>2</sub> - 100% on RA.</p> <p>P/A - ut inritable</p> <p>FUS ⊕</p> <p>NST - reactive</p>	
	<p><u>Advice</u> → Plv - Cx - 2cm dilated cervix, posterior</p> <p>Vx = -3 station, umbilicus ⊕</p> <p><u>Admin</u> 4<sup>th</sup> dose T. misoprostol 25mg plc 2<sup>nd</sup></p> <p>Monitor vitals &amp; FUS hourly</p> <p>Drugs as charted.</p>	<p><u>Stable</u></p>

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p><u>10/5/26</u>            7:45 AM</p>	<p>- Pt is stable.            - over ac-fau            BP- 119/82 [93]            PR- 84bpm            spo<sub>2</sub>- 99% on RA ; Temp- 97.8°            P/A- ut-term.                      mildly active            P/V. cx- 3cm dilated, long 1/2 inch                  V<sub>x</sub> = -3 station.            → Under strict aseptic conditions ARM done.              Clear liquor drained.</p>	<p><u>Advice</u></p> <ol style="list-style-type: none"> <li>① NST now</li> <li>② Start synto @ 8:30 AM.</li> <li>③ Monitor vitals, temp, CNS, lung.</li> </ol> <p><i>Srinivas</i></p>
<p><u>19/5/26</u>            9 AM</p> <p>Epidural            Syntocinon</p> <p>NST-machine            @ 8 AM</p>	<p>G<sub>2</sub> P<sub>1</sub> L<sub>1</sub> / 40<sup>+</sup> us / Rh-ve / Ia</p> <p>G<sub>2</sub> C<sub>1</sub> P<sub>1</sub> V<sub>1</sub></p> <p>B.P: 120/80 mmHg            P.R: 82 bpm            S.Po<sub>2</sub>: 100% on RA            P/A: ut-term                      active ⊕</p>	<ol style="list-style-type: none"> <li>1) NST - 3rd hr</li> <li>2) Monitor vitals - hourly</li> <li>3) Wt POL</li> <li>4) Iupin 80s</li> </ol> <p>- Dr. Srinivas</p>

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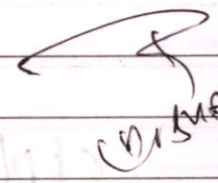


## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/26		
9:15 AM	c/s/B Dr. Bhargavi	
P/A: Aching		
P/V: Cu long/posterior os 3cm		w/lt POL
PPV <sub>n</sub> high.		
* NST @ 8 AM Reactive.		OK Dr Y Suresh
19/5/26		
10:00 AM	c/s/B Dr. Sonika	
c/o pain		Adv
P/A: Aching		① w/lt POL
P/V: Cu long/posterior os 3cm		② vitals 30 mins I/O w/ly
PPV <sub>n</sub> high.		
clear leak		
u/o 200ml, clear		
on oxy 18ml/hr.		
on epidural		OK Dr Y Suresh



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/5/2026		
G.M.S	O'PNUS [AUS] - PPN	
AM	Clo-Nel	
	Gecofair.	- CSP on 20/5/2026
	Vitals - stable.	- RPOC Scan
	P - Solacin.	- Vitals Normal
	SpO2 - 100%	- CXR, troic drip
	Sp-117 / some of my	- Ambulation
	P/A - uterus retracted	- Foley's in 6AM on 20/5/2026
	well.	
	P/U - NAB	- W/Lt PV Bleeding
	- Placental bits, removed	
	- to keep Epidural catheter in situ	 (M) S. MARICAVI
	PND-0 / P212 / AUS / PPH / Rh-ve pregnancy.	Adv:-
	Baby + (BAT)	① Regular diet
	Baby - Mother side.	② Drugs as charted.
	Baby - Mother side.	③ Monitor vitals uty
	P/A - stable.	④ Ambulation.
	Gecofair	⑤ W/Lt bloody Plu.
	Atebride	⑥ Remove Foley's on 20/5/26 at 6AM
	PR - 76/min	⑦ RPOC Scan tomorrow
	BP - 103/66(77)	- Send and trace CBP on 20/5/26 6AM.
	P/A - ut @ well	
	LIE - NAB	











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## RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
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					



Patient Stic



## MEDICATION RECONCILIATION FORM

Drug Allergies: NKA  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: ..... Shifted to: .....

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. LIVOGAN	PO	PO	OD	16/5/14	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. SUGECAL	PO	PO	OD		<input type="checkbox"/> C <input checked="" 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. Smitli, Smitli

Date & Time: 16/5/14 : 5:30PM

Nurse Name & Signature: Suanda

Date & Time: 18/05/14 6PM

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 Dr. K BHARGAVI REDDY



# DRUG CHART

Date of Admission: 17/5/20 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)

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VERIFIED BY : Name \_\_\_\_\_ Sign \_\_\_\_\_



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 Mrs GALMA SHRAVYA REDDY  
 24-08-1994 31 Y 8 M 25 D (F)  
 Dr. K BHARGAVI REDDY



## STAT / ONCE ONLY DRUGS

Name: .....

Weight: ..... kgs

Sheet No: ② .....

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE		
					Doctor	Nurse-1	Nurse-2
19/5/20	4:35 pm	TRANEXAMIC ACID	1 gm	I.V	B	Shobha	Sudha
19/5/20	4:40 pm	OXUTOCIN .	100nb	IM	B	Shobha	Sudha
19/5/20	4:50 pm	PUE 1	800mg	PR	B	Shobha	Sudha
19/5/20	4:50 pm	DICLOFENAC	100mg	PR	B	Shobha	Sudha
19/5/20	4:50 pm	ZOTER	1mg	I.V	B	Shobha	Sudha

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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/5/26	6:00PM	T. MISOPROSTOL	25mg	PO	Dr. K	Sward Kasappa
18/5/26	9:00AM	T. MISOPROSTOL	25mg	PO	Dr. K	Bhantli Swarupa
19/5/26	12:00AM	T. MISOPROSTOL	25mg	PO	Dr. K	Sandhya Swarupa
19/5/26	4:30AM	T. MISOPROSTOL	25mg	PO	Sudhi	Sandhya Swarupa
19/5/26	10:20AM	Dr. DROTIN	1 amp	IV	B	Sandhya Nandini
19/5/26	10:25AM	BUSCOPAN	1 amp	IV	B	Sandhya Nandini
19/5/26	2:30	Dr. DROTIN	1 amp	IV	Dr. K	Shobha Sudha
19/5/26	2:35	Dr. BUSCOPAN	1 amp	IV	Dr. K	Shobha Sudha

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

I.V. FLUIDS CHART

Weight ..... Ward. .... B



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
18/5/26	8 AM	RINGER LACTATE 500ml	IV	100ml/hr	Sathi	Sunanda Kranthi	18/5/26	Sathi	Sandhya Sudhaya
19/5/26	12 AM	RINGER LACTATE 500ml	IV	100ml/hr	Sathi	Sandhya Sudhaya	19/5/26	Sathi	Sandhya Sudhaya
19/5/26	2: PM	RINGER LACTATE 500ml + SYNTOLIN 100	IV	6ml/hr to the 6ml/hr 30ml/hr if no adequate contractions.	Sathi	Sandhya Sudhaya	19/5/26	Sathi	Shobha Sudhaya
19/5/26	4:30 PM	RINGER LACTATE +40 units OXYTOCIN	IU	125 ml/hr	B	Sudha Shree	19/5/26	B	Sudha Shree
19/5/26	5 PM	RINGER LACTATE	IV	100ml/hr	B	Shobha Sudhaya	19/5/26	B	Shobha Sudhaya
19/5/26	6 PM	RINGER LACTATE	IV	100ml/hr	B	Shobha Sudhaya	19/5/26	B	Shobha Sudhaya
19/5/26	7 PM	RINGER LACTATE	IV	100ml/hr	B	Shobha Sudhaya	19/5/26	B	Shobha Sudhaya

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

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## Early Warning Observation Score Chart - Obstetrics

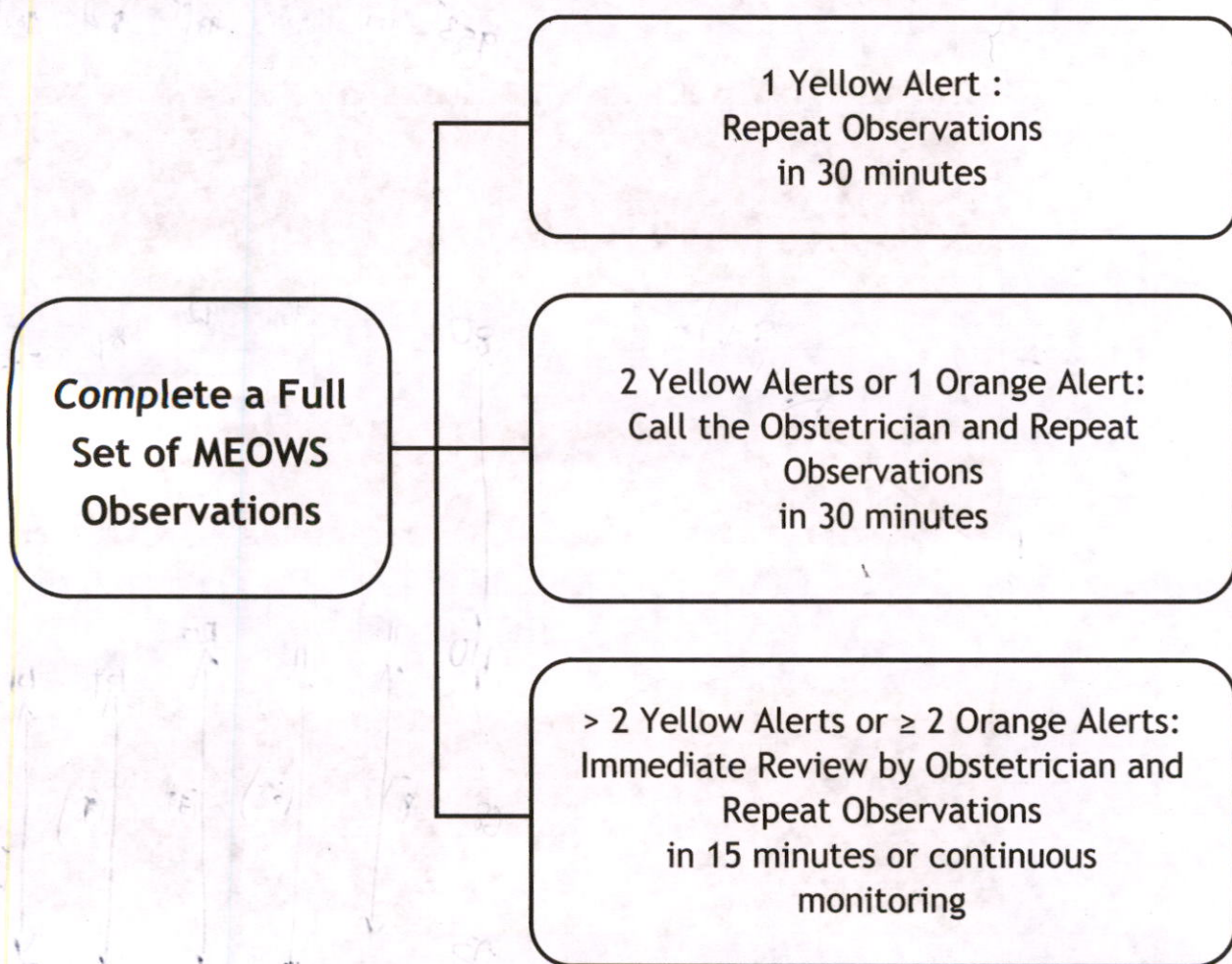
CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date																												
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7				
RESP (write rate in corresp. box)	> 30																													
	21 - 30																													
	11 - 20																													
	0 - 10																													
Saturations	94 - 100 %																													
	< 94 %																													
Administered O <sub>2</sub> (L/min.)																														
Temp <sup>o</sup>	40																													
	39																													
	38																													
	37																													
	36																													
	35																													
	< 35																													
Heart Rate	170																													
	160																													
	150																													
	140																													
	130																													
	120																													
	110																													
	100																													
	90																													
	80																													
	70																													
	Systolic Blood Pressure	190																												
180																														
170																														
160																														
150																														
140																														
130																														
120																														
110																														
100																														
90																														
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																														

18/05/20

Handwritten data and notes on the chart:  
 - Circled column numbers: 7, 9, 11, 1, 3, 5, 7  
 - Resp rates: 19, 19, 19, 20, 20, 20, 20  
 - Saturations: 99, 99, 100, 98, 97, 96, 99  
 - Temp: 95.5, 97.1, 95.4, 97.1, 98.2, 98.2, 95.8  
 - Heart Rate: 80, 73, 95, 92, 84, 76, 84  
 - Systolic BP: 110, 118, 113, 120, 104, 101, 119  
 - Diastolic BP: 68, 73, 68, 68, 68, 70, 82  
 - Neuro Response: Alert, Voice, Pain, Unresponsive  
 - Urine: -  
 - Proteinuria: -  
 - Lochia: -  
 - Liquor: -  
 - Nurse Initials: [Handwritten signatures]

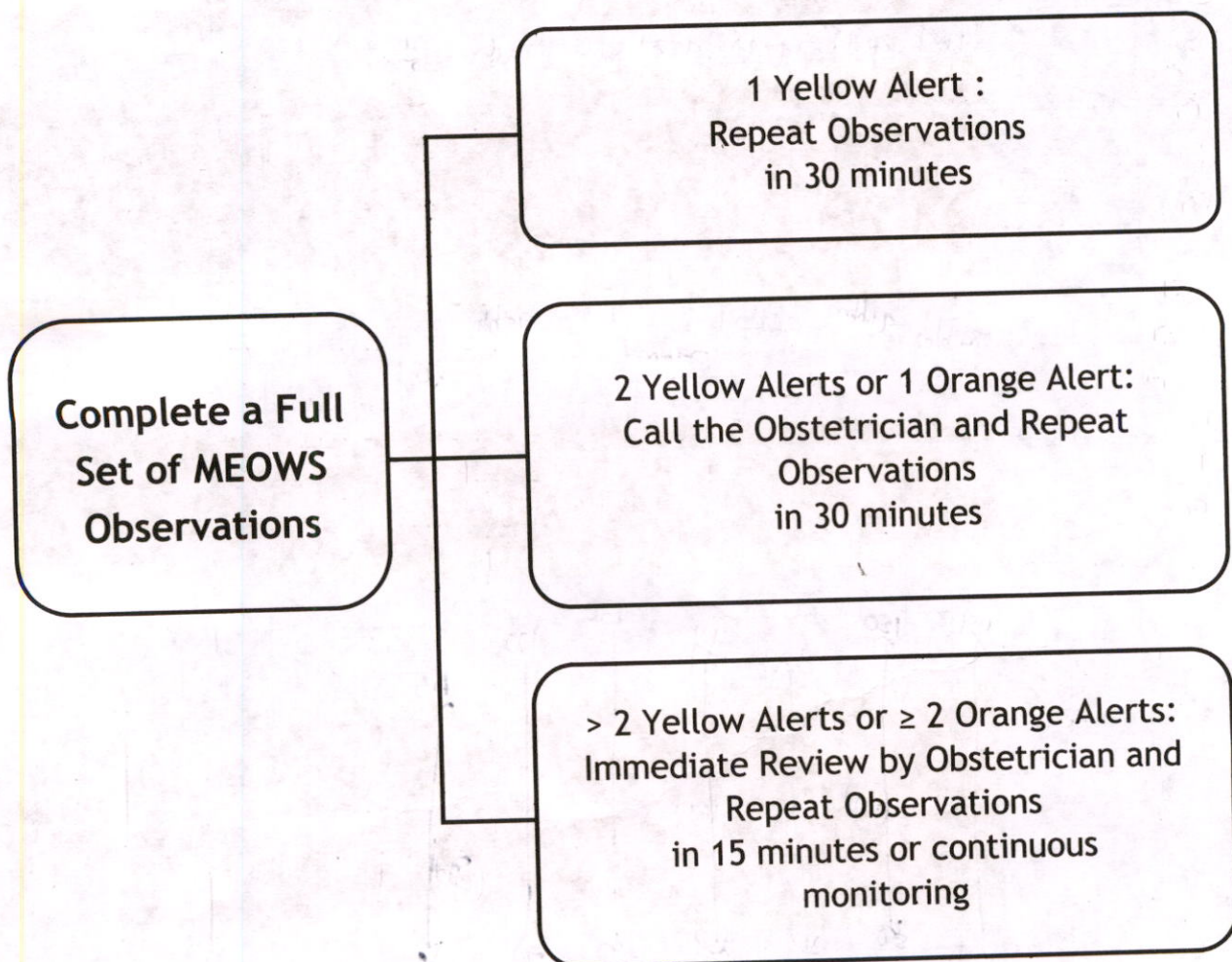
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

BAH-00515368 IP5-00173982  
 Mrs GALMA SHRAYVA REDDY  
 24-08-1994 31 Y 8 M 26 D (F)  
 Dr. K BHARGAVI REDDY



## Monitoring 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 %																												
	< 94 %																												
Administered O <sub>2</sub> (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																												
	50																												
40																													
↑ Systolic Blood Pressure	190																												
	180																												
	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	70																												
60																													
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																													

12/05/26

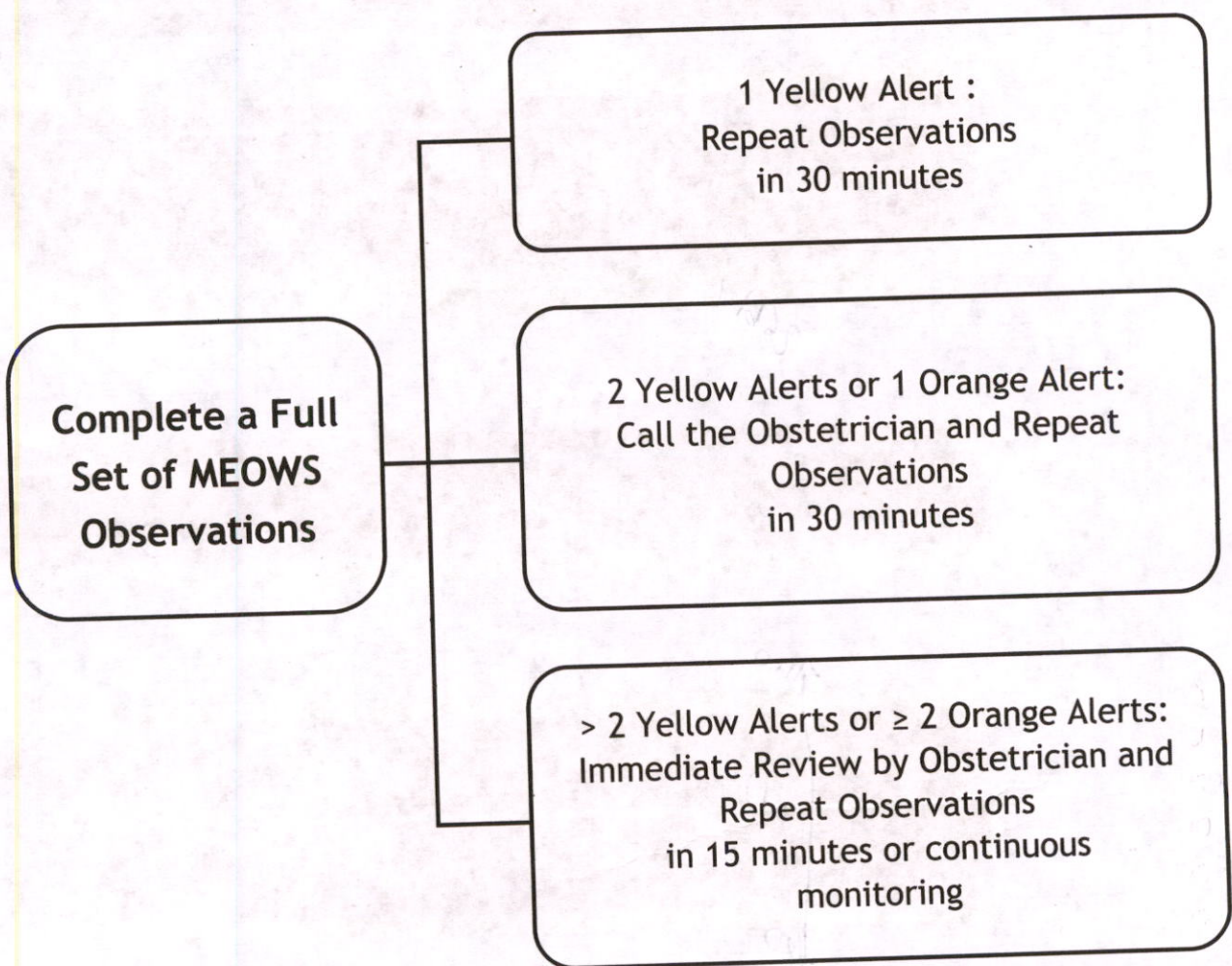
19  
95%

86 bpm

110  
87  
80

0  
0

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

IAH-00515368 IP5-00173982  
 Mrs GALMA SHRAVYA REDDY  
 24-08-1994 31 Y 8 M 24 D (F)  
 Dr. K BHARGAVI REDDY



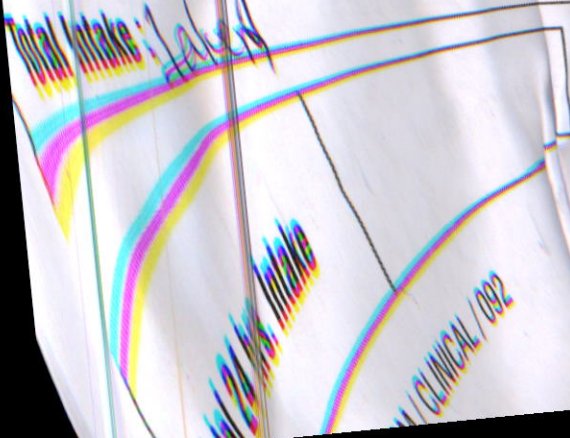
# FLUID CHART

Sheet No. 01

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :			Nil			Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm		H <sub>2</sub> O				N			✓	0	Smruti	
	07:00 pm		H <sub>2</sub> O				P			✓	0	Smruti	
Total Intake :			Taken			Total Output :						passed	
	08:00 pm												
	09:00 pm												
	10:00 pm						✓						
	11:00 pm						✓						
	12:00 am												
	01:00 am		H <sub>2</sub> O							✓	0	Sandhya	
Total Intake :			Taken			Total Output :						passed	
	02:00 am												
	03:00 am												
	04:00 am		H <sub>2</sub> O									0	Sudha
	05:00 am									✓			
	06:00 am												
	07:00 am		H <sub>2</sub> O										
Total Intake :			Taken			Total Output :						passed	

Total 24 hrs. Output



BAH-00515368 IP5-00173982  
 Mrs GALMA SHRAYYA REDDY  
 24-08-1994 31 Y 8 M 25 D (F)  
 Dr. K BHARGAVI REDDY



# FLUID CHART

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

BirthRight  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

Sheet No. : 2

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 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		
	08:00 am	RL	H <sub>2</sub> O	100ml							0	Sadhya
	09:00 am	RL	H <sub>2</sub> O	100ml							0	Sadhya
	10:00 am	RL	H <sub>2</sub> O	100ml					300 ml		0	Sadhya
	11:00 am	RL	H <sub>2</sub> O	100ml							0	Sadhya
	12:00 pm	RL	H <sub>2</sub> O	100ml							0	Sadhya
	01:00 pm	RL	H <sub>2</sub> O	100ml							0	Sadhya
<b>Total Intake : taken</b>												
	02:00 pm	RL	H <sub>2</sub> O	100ml							0	Shobha
	03:00 pm	RL	H <sub>2</sub> O	100ml							0	Shobha
	04:00 pm										0	Shobha
	05:00 pm	RL	H <sub>2</sub> O	100ml							0	Shobha
	06:00 pm	RL	H <sub>2</sub> O	100ml							0	Shobha
	07:00 pm	RL	H <sub>2</sub> O	100ml							0	Shobha
<b>Total Intake : Tula</b>												
	08:00 pm		H <sub>2</sub> O						100ml		0	Sadhya
	09:00 pm		H <sub>2</sub> O						500ml		0	Sadhya
	10:00 pm		H <sub>2</sub> O								0	Sadhya
	11:00 pm		H <sub>2</sub> O						1100ml		0	Sadhya
	12:00 am		H <sub>2</sub> O								0	Sadhya
	01:00 am										0	Sadhya
<b>Total Intake :</b>												
	02:00 am										0	Sadhya
	03:00 am		H <sub>2</sub> O								0	Sadhya
	04:00 am										0	Sadhya
	05:00 am		H <sub>2</sub> O								0	Sadhya
	06:00 am										0	Sadhya
	07:00 am		H <sub>2</sub> O								0	Sadhya
<b>Total Intake :</b>												

**Total 24 hrs. Intake** [ ]

**Total Output :** [ ]  
**24 hrs. Output** [ ]

BAH-00515366  
 Mrs GALMA SHRAVYA REDDY  
 24-08-1994 31 Y 8 M 26 D (F)  
 Dr. K BHARGAVI REDDY  
 IP5-00173982



# FLUID CHART

Sheet No. : .....

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse		
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine				
	08:00 am													
	09:00 am													
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>														
						<b>Total 24 hrs. Output</b>								

BAH-00515368  
 Mrs GALMA SHRAVYA REDDY IP5-00173982  
 24-08-1994 31 Y 8 M 26 D (F)  
 Dr. K BHARGAVI REDDY

# 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 Thrombo-phlebitis 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
<b>Total Intake :</b>						<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

BAH-00515368 IP5-00173982  
Mrs GALMA SHRAVYA REDDY  
24-08-1994 31 Y 8 M 25 D (F)  
Dr. K BHARGAVI REDDY



341



# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 20/5/26 Time: 9:30am

Origin: Indian Height: 175cm Weight: 65kg's BMI: 21.2 kg/m<sup>2</sup>

Food Allergies: No

Diagnosis: PNO-0 (post Normal delivery)

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: *[Signature]*

Name: Shravya Reddy

Date & Time: 20/5/26 ; 9:30am

Dietician's

Signature: *[Signature]*

Name: Saima

Date & Time: 20/5/26 ; 9:30am

