

1

ACTIVITY RECORD FOR BILLING

Name: VIH-00190886 IP-00060158
Mrs HARSHAL SANGHI
20-09-1995 30 Y 8 M 8 D (F)
UHID N Dr. NABAT LAKHANI
Date of Admission: _____ Consultant: _____ Dept: _____
Time: 12:57pm Date of Discharge: _____ Time: _____
Room / Bed No: 222 Ward: Clw Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/8/26	@ 203/11pm	LW	Room (203)	[Signature]

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
28/5/26	IV placement	①	3089727	a
	cross checked by	check	28/5/26	

ANY OTHER INFORMATION

.....

.....

.....

.....

.....

.....

Date: 30/5/26


Time: 1 AM

Prepared By: *[Signature]*

<p>Staff Nurse</p> <p><i>[Signature]</i></p>	<p>Shift / Ward</p> <p><i>[Signature]</i> 30/5/26 1 AM</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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SURGERY DETAILS

Sl.No. VIH-00190886 IP-00060158
 Patient Name Mrs HARSHAL SANGHI Date : 28/5/26
20-09-1995 30 Y 8 M 8 D (F)
Dr. NABAT LAKHANI
 Patient Name  Age : 30y Sex: F
 UHID No. : 190886 IP No: 60158
 Date of Surgery : 28/5/26 BB-1 OT : OT 1 OT 2 OT 3
 Name of the Surgery : Normal delivery

Time in : 5:30pm Time Out : 6:30pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	DR. Sharma Nabat	
2. Anaesthetist		
3. Asst. Surgeon		
4. OT Technician		
5. Circulating Nurse	Manga	
6. Asst. Nurse		

Special Equipment : Laparoscopy Bronchoscope Harmonic Morcelator C - ARM Cystoscopy

Signature of the Surgeon  
 Signature of Circulating Nurse

Order No. : 3084854 Ordered by :

442130

4 2000 1008

2100

Proj - 135,000

~~Pharmaceuticals~~
Inventory - 1860

136860



1000

1000

MISSION

ADMISSION SHEET

Registration Details :



Admission No : IP-00060158

Admit Date : 28-May-2026

Admit Time : 12:57 PM UHID : VIH-00190886

Patient Details :

Patient Name : Mrs HARSHAL SANGHI

Age : 30 Y 8 M 8 D

Guardian : Mr GAUTAM GOYAL

DOB : 20-09-1995

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : FLAT NO-110, VASAVI GRANDE VISTA
TIRUMALGHERRY, Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9573379552

E-mail : gautam16cool@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 222

Ward Name : N 2F-LABOUR WARD

Room No : LW 222

Admission Type : First Visit

Contact Details :

Name : Mr GAUTAM GOYAL

Relationship : Husband

Contact Address : FLAT NO-110, VASAVI GRANDE VISTA
TIRUMALGHERRY, Trimulgherry Hyderabad
Telangana INDIA 500015

Phone No : 9573379552 / 8790475555


Signature

Doctor Details :

Doctor Name : Dr. NABAT LAKHANI

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

VIH-00190886 IP-00060158
 Mrs HARSHAL SANGHI
 20-09-1995 30 Y 8 M 8 D (F)
 Dr. NABAT LAKHANI



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 28/5/26

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify L/W

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: _____ Doctor Notified on Admission: Yes No
 Name of the Doctor: DR. Greenberg
 Time Notified: 1pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism s. 5yrs on P. Thyroxine 25mcg</u>	<u>- Nil -</u>	<u>Yes</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>10/9/25</u>	Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: <u>POC</u>	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 2 P 1 L 1 A _____

Previous LSCS: NO

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other _____

Vital Signs / Measurements: Temp: 98.4°F HR: 88b/min RR: 20b/min
 BP: 117/80mmHg Weight: 61.7kg Height: 162cm 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 15 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0 (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

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

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

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

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With Family

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 Mrs. Harshal Sanghi

Name of Person Orientation was given to: Mrs. Harshal Sanghi

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Manga Devi

Date & Time: 28/5/20 @ 1:10pm

①

PATIENT TRANSFER FORM

VIH-00190886 IP-00060158
Mrs HARSHAL SANGHI
20-09-1995 30 Y 8 M 8 D (F)
Dr. NABAT LAKHANI



Treating Consultant Name

Date & Time of Admission

28/5/26 @ 12:57pm

Date & Time of Transfer Order

28/5/26 M 12:57pm

Transfer Ordered by

Dr. Nikhitta

Reason for Transfer

For observation

From Unit

LW

To Unit

Room - (203)

Information to Attendant

Yes No

Number of Sheets in Clinical File

30

Number of Imaging Films

2

Personal belongings including clinical documents. If any handed over to attendant

Yes No

If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	1) paracetamol (15) Bacicillin (1)	(1)
2.	2) Diclofenac - (10) Saral (1)	(1)
3.	3) pantoprazole (15)	(1)
4.	4) tramadol - (10)	(1)
5.	5) paracetamol (1) Duphalac (1)	(1)

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Nikhitta

Name & Signature of Person who is Transferring

G. pooja

Name of Person Ordered Transfer

Dr. Nikhitta

Patient & Clinical Records Received by :

[Signature]

Date & Time of Patient Received :

28/5/26 11:20 pm

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

Unavailable Bed

Nurse not Available

Available Bed not ready



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 10/9/2025 EDD:
 Corrected EDD: 13/6/26 GA: 37+5 weeks

Obstetric Formula: G2 P1 L1
 ML-4 Y 2 S, NCM

Menstrual History: Regular: Yes No

Obstetric History:

G1 - Male / FTNVD / 2.6 kg / Hypothyroidism
 G2 - PP, Spontaneous conception

Obstetric Examination

Fundal Height: AUH / RCH VKP / 11^{1/2} months / BFX 5 months

Present Pregnancy Record: Unbooked to RCH.

Ut. Activity: Relaxed Mild Mod Severe

Previous ANK at MYSHA Hospital.

Liquor: Adequate Oligo Poly

T1 } Uneventful
 T2 }
 T3 }

PP: Cephalic Breech Others _____

RISK FACTORS:

Head Fifths Palpable: _____

- Hypothyroidism (125 mcg)

FHS: Normal Tachy Brady Absent

⊕ 150 bpm

Per Speculum Examination Not done.

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced 50%

Os: Closed _____ Dilated 3cm

Height: 170 cm

Membranes: Present Absent

Weight: 67.7 kg

Allergies: Nil

Liquor: Clear Meconium Blood Stained

Breast: Normal Abnormal

Presenting Part: Vertex Breech Others

General Examination:

Consciousness: clear

Pallor: ⊖

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

Icterus: ⊖

Edema: ⊖

Temp: Afebrile

PR: 82 bpm

Pelvis: Adequate Doubtful

BP: 117/80 mmHg

DTR: ⊕

CVS: S2 ⊕

RS RAE ⊕

Liver/Spleen: ⊕

Urine Output: Adequate

DIAGNOSIS

G2 P1 L1 with 37+5 weeks with hypothyroidism with prev NVD
 in latent labour for Delivery



<p>Family History: Mother - DM</p>	<p>Surgical History: Nil</p>
<p>Medical History: Hypothyroidism since 5 years on T₄ THYRORENE 125 mcg.</p>	<p>Medication History: Allergic - Nil</p>
<p>Plan of Care: <u>CS to Dr. Nabal Mann</u></p> <ul style="list-style-type: none"> - Admission - (N) diet - Consent - Pains preparation - HR monitoring - NCT um baby - Monitor vitals - Follow drug chart - Birthing Ball Exercises - Inform SOS - T. MISOPROSTOL 20mcg 1st dose kept IV @ 12:40 PM - Send CBP <p>work by manager 28/5/26 @ 1:35 PM</p>	<p>Investigations: <u>BLOOD GROUP - 'B' POSITIVE</u></p> <p>28/5/26 HIV } NR HBsAg } HCV } VDRL }</p> <p>CBP - 12.8 / 3880 / 2.17L</p> <p>TFFA scan (4/12/24) SLIUP 21 ± 2 weeks CL - 32mm No Anomalies</p> <p>Growth scan (28/5/26) SLIUP 33 ± 2 weeks Cephalic PI - Anterior AFI - SDP + 5.6cm Doppler - (N) CFW - 2187gms</p> <p>NT scan (11/12/24) SLIUP 13 ± 2 weeks NT - 0.6mm Nasal bone (+) CL - 31mm</p> <p><u>FPS - Low risk</u></p>

Doctor Name: Dr. Gneeshma
 Signature: [Signature]
 Date & Time: 28/5/26, 1 PM

Consultant Name: Dr. NABAT LAKHANI
 Signature: [Signature]
 Date & Time: 28/5/26, 1 PM



(C)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 12:30 PM	O/E pt is c/c/c GC - fair Afebrile BP - 117/80 mmHg PR - 82 bpm S/E - NAD P/A - ut r TG Cephalic Iuxtable FHR ⊕ 154 bpm V/E - cx: 50% effaced OS - 3cm PPVx 1-2 mem ⊕	Adv: - (N) diet - w/f POL - FHR monitoring - NST 4th hourly - Monitor vitals - Follow drug chart - Ambulation - Adequate hydration - Infuse SOS
1st dose TC MISOPROSTOL 25mg kept PV @ 12:40 PM		
<p>noted by mangra 28/5/26 c/x to Dr. Nabat mangra @ 12:30 PM</p>		
28/5/26 4 PM	O/E - pt is c/c/c GC - fair Afebrile BP - 112/76 mmHg PR - 87 bpm S/E - NAD P/A - ut r TG Cephalic FHR ⊕ 148 bpm V/E - cx: 50% effaced OS - 4cm PPVx 1-2 mem ⊕	Adv: - (N) diet - w/f POL - FHR monitoring - NST 4th hourly - monitor vitals - Follow drug chart - Ambulation - Adequate hydration - Infuse SOS

Dr. G. G. G.

Dr. Nikhita

Noted by Pradyota @ 4 PM




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 4:30pm.	<u>C/I to Dr. Nabat</u> P/A - Veritable. P/V - Cx - 50-60% effaced. Os - 4-5cm.	
ARM done ↓	Born Present PPVx (1-2)	
<u>Liquor → clear</u>		<u>Adv -</u> - Clean liquors - Enema - Cont. FHR monitoring - Pad for observation - NST-4th hourly. - Inform SOS.
	Noted by Prathiyasha @ 4:30pm <u>C/S/B Dr. Soumyajit mam</u>	
28/5/26 5:20pm	O/E - pt is c/c Gc - Fair Afcbeile. Vitals stable. P/A - 2c/30sec/10min. V/E - Cx 60-70%. Os - 5-6cm. PPVx (1)	<u>Adv:</u> - clear liquors - Enema w/F POL - Continuous FHR - pad for observation - Inform SOS.
	memb ⊖, liquor → clear	<u>Dr. Nikita</u>

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 Mrs HARSHAL SANGHI IP-00060158
 20-09-1995 30 Y 8 M 8 D (F)
 Dr. NABAT LAKHANI

2

ISS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order				
28/5/2026 6 PM	Delivery notes	Dr. Nabat Dr. Kashmi / Dr. Nikita				
		Manga sister, psatyusha sister				
	under aseptic conditions, perineum painted & draped. At the time of crowning at peak of contraction RMLE given under 2% lignocaine.					
	A male baby of weight 2.3912 kg of Apgar 7/10, 9/10 delivered at 5:45 PM on 28/05/2026.					
	Baby cried immediately, cord clamped & cut, baby handed over to pediatrician. One true knot of cord noted - placenta & membranes expelled, episiotomy sutured in layers. No perineal tears or extensions. Hemostasis secured. PR done. NAD.					
	<table border="1"> <tr> <td>Male</td> <td>5:45 PM</td> </tr> <tr> <td>2.3912</td> <td>28/05/2026</td> </tr> </table>	Male	5:45 PM	2.3912	28/05/2026	
Male	5:45 PM					
2.3912	28/05/2026					
		 Dr. Nikita				

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>28/5/2026</u> 6 PM.	<u>PND-0</u> O/E - pt is c/c/c G/C - Fair Afebrile. BP - 119/83 mmHg PR - 90 bpm. S/E - NAD. P/A - WNL/W/R. Soft, NT. L/E - NAB. Baby $\leftarrow \begin{matrix} A \\ M \end{matrix}$ BF ⊕	<u>Adv:</u> - Soft diet - w/f bleeding PV - Adequate Hydration - monitor vitals - Follow drug chart - Tufosm sos. DR. Ds. Nikhita
noted by prathyusha @ 6pm		
<u>28/5/2026</u> 9 PM	<u>PND-0</u> O/E - pt is c/c/c G/C - Fair. Afebrile BP - 110/72 mmHg. PR - 86 bpm. S/E - NAD P/A - WNL/W/R Soft, NT. L/E - NAB. Baby $\leftarrow \begin{matrix} A \\ M \end{matrix}$ BF ⊕	<u>Adv:</u> - Soft diet - w/f bleeding PV - Adeg. Hydration - monitor vitals - Follow drug chart - Tufosm sos. DR. Ds. Nikhita
<u>urine passed</u> <u>pt can be</u> <u>shifted</u> <u>to room</u>		
noted by Rai @ 9pm		



3

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>29/5/2026</u> 8 AM.	PND-1 O/E - pt is c/c/c	Adv: - (N) diet
	G/C - Fair	- w/f bleeding pv
	Afebrile.	- Ambulation
urine passed	BP - 115/69 mmHg	- Hydration
motion not passed.	PR - 82 bpm.	- monitor vitals
	S/E - NAD	- Follow duty chart
Pt. can be discharged	P/A - ut ~ w/R.	- Inform sos.
	Soft, NT	
	L/E - NAB.	
	Baby ← A BF ⊕ M	Dr. Nikhita
		Noted by Deepika
		29/5/26 @ 8 AM
<u>29/5/26</u> 1:45 PM.	<u>PND-1</u>	Nil Specific complaints
	O/E pt is c/c/c	Adv
	eye fair	- (N) diet
	Afebrile	- Ambulation
UP	BP - 110/69 mmHg	Hydration
MNP	PR - 83 bpm	- Monitor vitals
	S/E NAD	- Follow duty chart
	P/A ut ~ w/R	- w/f bleeding pv
	Soft NT	- Inform sos
	L/E NAB	
	Baby HS BF ⊕	Dr. Naveen

The first part of the paper
 is devoted to a general
 discussion of the
 various methods
 which have been
 employed for the
 determination of
 the rate of
 reaction. It is
 shown that the
 most reliable
 method is the
 one which involves
 the measurement
 of the change in
 concentration of
 one of the
 reactants or
 products over a
 period of time.

The rate of reaction
 is defined as the
 change in concentration
 of a reactant or
 product per unit
 time. It is usually
 expressed in terms
 of moles per liter
 per second. The
 rate of reaction
 is affected by
 several factors,
 such as the
 concentration of
 the reactants,
 the temperature,
 and the presence
 of a catalyst.

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>29/5/26</u> 8pm	<u>PND-1</u>	
Urine passed Motion not passed	o/e pt is c/c/c eye fair afeb. BP- 112/77mmHg. PR- 76bpm. S/E NAD P/A ut n/r soft L/E NAB Baby MS BF ⊕	<u>Adv</u> - (N) Diet - w/f bleeding PV - Monitor Vitals - follow dry chart - Ambulation - Hydration - Inform S/S.
		<u>Dr Nausheen</u>
<u>30/5/26</u> 5am.	<u>PND-2</u>	
UP NVP pt can be discharged	o/e pt is c/c/c eye fair afeb BP- 115/70mmHg. PR- 82bpm S/E NAD P/A ut n/r soft L/E NAB Baby MS BF ⊕	<u>Adv</u> - (N) Diet - w/f bleeding PV - Monitor Vitals - follow dry chart - Ambulation - Hydration - Inform S/S.
noted by A. K. Shaha 30/5/26		<u>Dr Nausheen</u>

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 Mrs HARSHAL SANGHI
 20-09-1995 30 Y 8 M 8 D (F)
 Dr. NABAT LAKHANI

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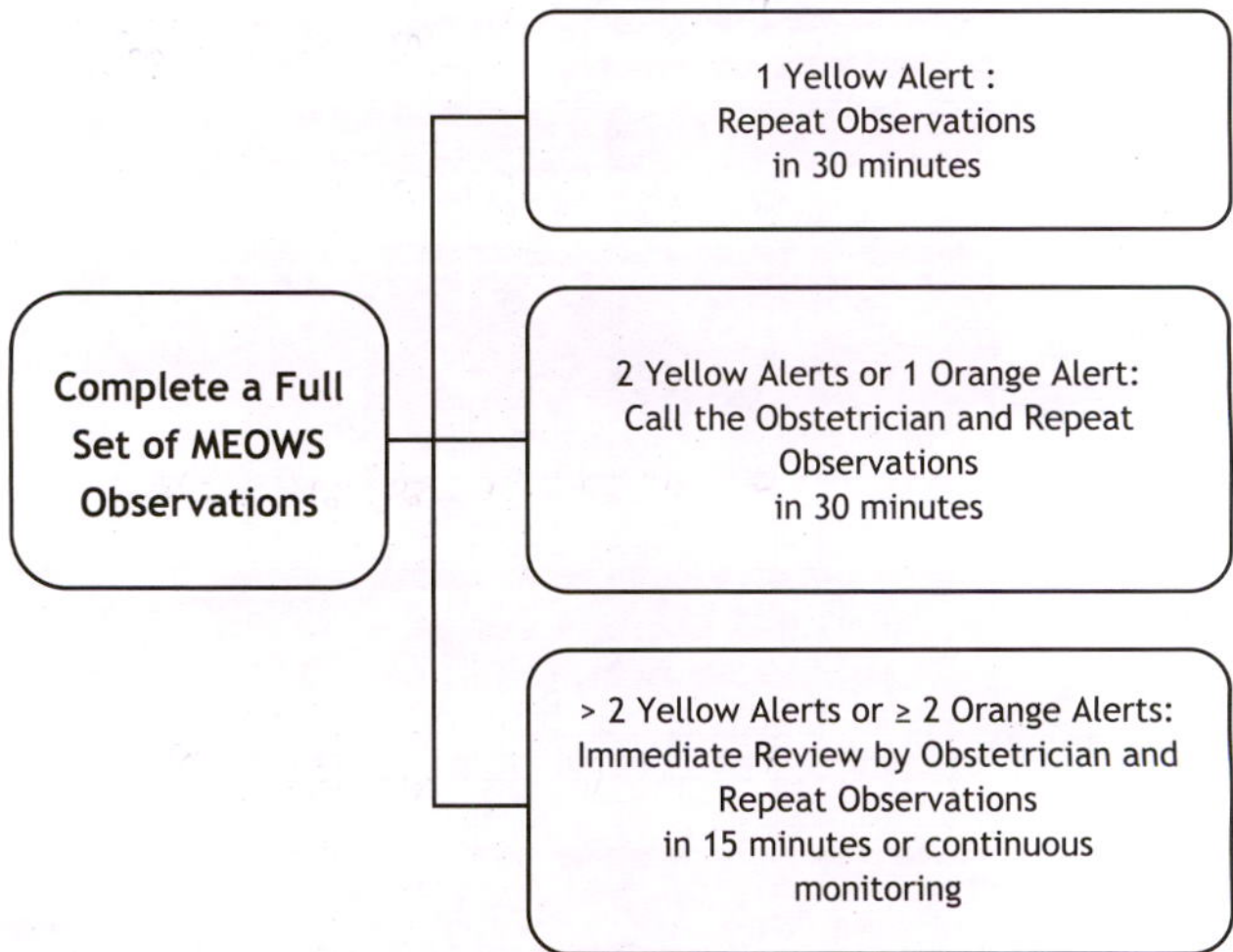


Early warning Observation Score Chart - Obstetrics

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

28/5/26		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
		Time																								
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20							19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10																									
Saturations	94 - 100 %							99	99	99	99	98	98	98	98	98	98	98	98	98	98	98	98	98	98	98
	< 94 %																									
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36								36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1	36.1
	35																									
< 35																										
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80								80	81	86	82	80	82	81	81	81	81	81	81	81	81	81	81	81	81
	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								0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES								0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial																										

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

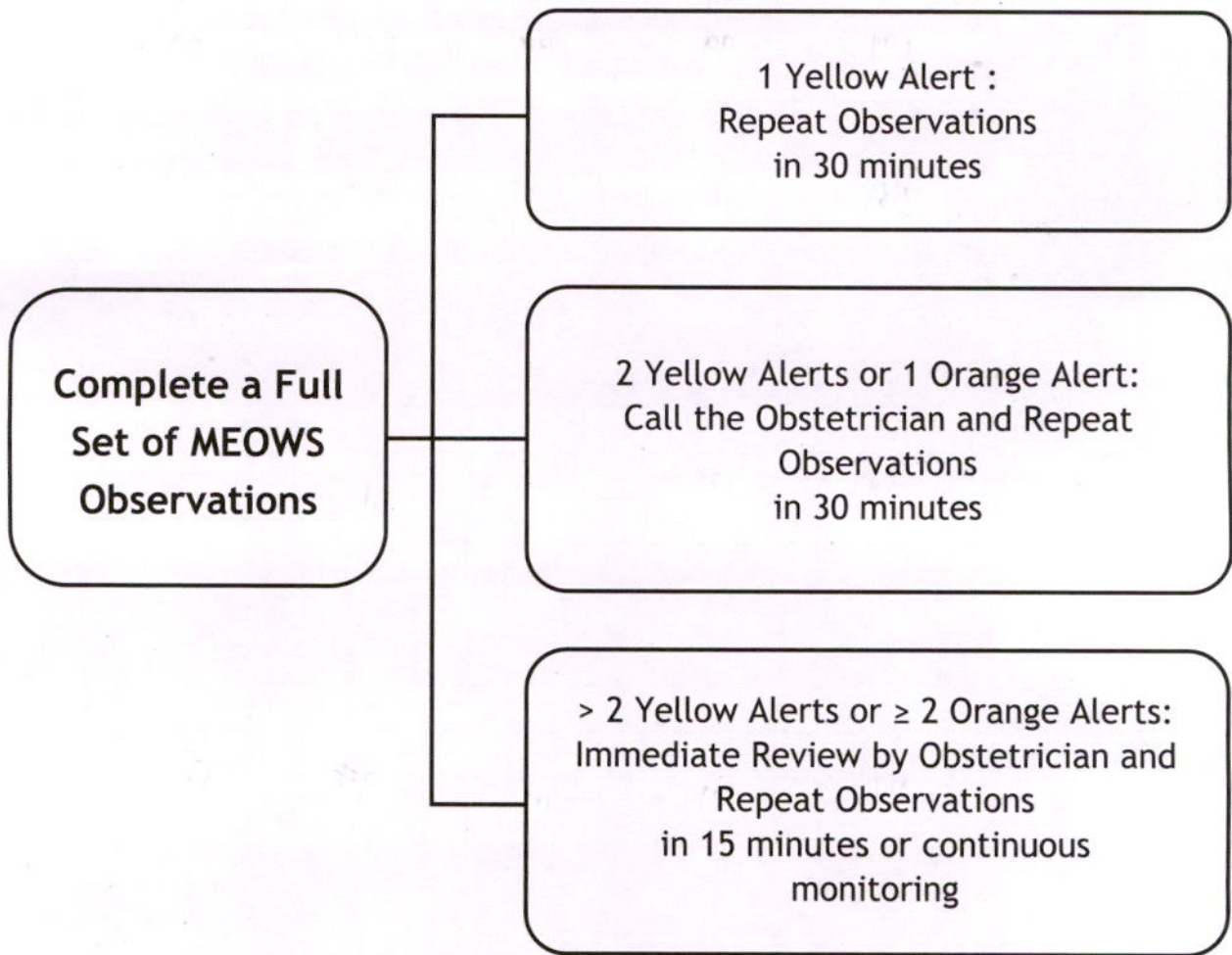


Early Warning Observation Score Chart - Obstetrics

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				19				19				19				19							
	0 - 10																										
Saturations	94 - 100 %			99				99				99				99				99							
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36			36.2				36.2				36.2				36.2				36.2							
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80			82				85				86				81				81							
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100			110				111				111				97				92							
	90																										
	80																										
	70																										
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
90																											
80																											
70																											
60			65				70				69				58				60								
50																											
40																											
NEURO RESPONSE [✓]	Alert			✓			✓				✓				✓				✓								
	Voice																										
	Pain																										
	Unresponsive																										
URINE mls / hour	> 30			✓			✓				✓				✓				✓								
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal			✓			NA				NA				NA				NA								
	Heavy / Foul																										
Liquor	Clear / Pink			✓			NA				NA				NA				NA								
	Green																										
TOTAL YELLOW SCORES				0			0				0				0				0								
TOTAL ORANGE SCORES																											
Nurse Initial				DD			DD				DD				DD				DD								

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00190886 IP-00060158
 Mrs HARSHAL SANGHI
 20-09-1995 30 Y 6 M 8 D (F)
 Dr. NABAT LAKHANI



FLUID CHART

Sheet No. : (1)

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.

		Intake			Output					IV Site Thrombophlebitis 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 :							
28/5	02:00 pm	H ₂ O 50ml							✓	0	} 28/5/26	
	03:00 pm	H ₂ O 50ml								0		
	04:00 pm	H ₂ O 100ml, RL 100ml					✓			0		
	05:00 pm	H ₂ O 100ml, RL 100ml							✓	0		
	06:00 pm	H ₂ O 100ml, RL 100ml								0		
	07:00 pm	H ₂ O 100ml, RL 100ml								0		
Total Intake : 500ml + 400ml					Total Output : 0ml							
28/5	08:00 pm	H ₂ O 100ml							✓	0	} 28/5/26	
	09:00 pm	H ₂ O 100ml								0		
	10:00 pm	H ₂ O 100ml								0		
	11:00 pm									0		
	12:00 am									0		
	01:00 am									0		
Total Intake :					Total Output :							
28/5	02:00 am								✓	0	} 28/5/26	
	03:00 am									0		
	04:00 am	A 20								0		
	05:00 am									0		
	06:00 am								✓	0		
	07:00 am									0		
Total Intake :					Total Output :							
Total 24 hrs. Intake					Total 24 hrs. Output							

<u>DATE</u>	<u>TIME</u>	<u>FHR</u>	<u>CONTRATIONS</u>
28/5/26	12pm	143b/mnt	
	12:30pm	138b/mnt	
	1pm	140b/mnt	Nil
	1:30pm	139b/mnt	
	2pm	135b/mnt	
	2:30pm	138b/mnt	Nil
	3pm	142b/mnt	
	3:30pm	139b/mnt	
	4pm	140b/mnt	
	4:30pm	130b/mnt	
	5pm	128b/mnt.	

— delivery —

VIH-00190886

IP-00060158

Mrs HARSHAL SANGHI

20-09-1995

30 Y 8 M 8 D

(F)

Dr. NABAT LAKHANI



FLUID CHART

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.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage			Urine
			Mouth	I.V	N.G							
29/5	08:00 am											Deepika 29/5/26 @2pm
	09:00 am	gdyt										
	10:00 am											
	11:00 am	H2O								✓		
	12:00 pm											
	01:00 pm											
Total Intake :					Total Output :							
29/5	02:00 pm											padma 29/5/26 @3pm
	03:00 pm	diel										
	04:00 pm	H2O								✓		
	05:00 pm											
	06:00 pm											
	07:00 pm	H2O								✓		
Total Intake :					Total Output :							
	08:00 pm											Aashu 30/5/26 @2a
	09:00 pm	Rice								✓		
	10:00 pm	H2O										
	11:00 pm											
	12:00 am									✓		
	01:00 am	H2O										
Total Intake :					Total Output :							
	02:00 am											Aashu 30/5/26 @2a
	03:00 am											
	04:00 am	H2O								✓		
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :					Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output

VIH-00190886 IP-00060158
 Mrs HARSHAL SANGHI
 20-09-1995 30 Y 8 M 8 D (F)
 Dr. NABAT LAKHANI

1

MEDICATION RECONCILIATION FORM

Drug Allergies: NIL 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:

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. THYROXINE	125mcg	PO	ONCE DAILY	28/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. IRON	1 TAB	PO	ONCE DAILY	28/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. CALCIUM	1 TAB	PO	ONCE DAILY	28/5/26	<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. Guedhwa

Date & Time : 28/5/26, 12:45 PM

Nurse Name & Signature : manga devi, (PD)

Date & Time : 28/5/26 @ 12:45 PM

VIH-00190886
 Mrs HARSHAL SANGHI
 20-09-1995
 Dr. NABAT LAKHANI
 IP-00060158
 30 Y 8 M 8 D (F)

2



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil 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: W Shifted to: Room C 203

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. PANTOPRAZOLE	40 MG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	TAB. CEFIXIME	200 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	TAB. THYROXINE	125 MCG	PO	ONCE DAILY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	TAB. ACECLOFENAC + SERRATIO PEPTIDASE + PARACETAMOL	100 + 325 MG	PO	12TH HOURLY		<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	SYP. LACTULOSE	15 ML	PO	ONCE DAILY		<input checked="" 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. NEKHITA 9 PM

Date & Time: 28/05/2026

Nurse Name & Signature: Pain

Date & Time: 28/5/26 @ 9pm

VIH-00190886
 Mrs HARSHAL SANGHI IP-00060158
 20-09-1995 30 Y 8 M 8 D (F)
 Dr. NABAT LAKHANI



DRUG CHART

Date of Admission: 28/5/26 Drug Allergies: NIL 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. 67.7kg Ward. 11W

Chithro 28/5/26
Chithro 28/5/26
Chithro 28/5/26
Chithro 28/5/26
MERCY Durgam: 28/5/2026

DRUG : T. THYROXINE				Date Time	28/5 9:15 AM	2015																
Dose	Route	Frequency	Start Date																			
125mcg	PO	ONCE DAILY	28/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
ON EMPTY STOMACH.																						
Daily Doctor's Endorsement by a Sign																						
DRUG : TAB. CEFIXIME				Date Time	28/5 9 AM	2015																
Dose	Route	Frequency	Start Date																			
200MG	PO	12TH HOURLY	28/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
DR. NEKHETA																						
Daily Doctor's Endorsement by a Sign																						
DRUG : TAB. PANTOPRAZOLE				Date Time	28/5 6 AM	2015																
Dose	Route	Frequency	Start Date																			
40MG	PO	ONCE DAILY	28/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
DR. NEKHETA																						
Daily Doctor's Endorsement by a Sign																						
DRUG : TAB. ACECLOFENAC + PCM + SERPAPTOPOLIDASE				Date Time	28/5 10 AM	2015																
Dose	Route	Frequency	Start Date																			
100 + 325	PO	12TH HOURLY	28/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
DR. NEKHETA																						
TAB. ZERODOL SP.																						
Daily Doctor's Endorsement by a Sign																						

Patient N



I.P. No.

Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

Date 28/5/25

DRUG : SYP. LACTULOSE				Date	28/5														
				Time	10														
Dose	Route	Frequency	Start Dt.																
15ML	PO	ONCE DAILY	28/5																
Name & Signature of the Doctor starting the Drugs:				10 pm 															
Additional Instructions:				AT BED TIME.															
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.																			

VIH-00190886 IP-00060158
 Mrs HARSHAL SANGHI
 20-09-1995 30 Y 8 M 9 D (F)
 Dr. NABAT LAKHANI



	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

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.																			



Weight. 67.7kg Ward. 11w

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG : BETADINE OINTMENT		Dose								
		Dr. Sign.								
Route	Start Date	Dose								
LOCAL	28/5	Dr. Sign.								
Name & Signature of the Doctor		Dose								
DR. NEKHATA		Dr. Sign.								
Additional Instructions:		Dose								
		Dr. Sign.								

VARIABLE DOSE		Date	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG : BETADINE LOTION		Dose								
		Dr. Sign.								
Route	Start Date	Dose								
LOCAL	28/5	Dr. Sign.								
Name & Signature of the Doctor		Dose								
DR. NEKHATA		Dr. Sign.								
Additional Instructions:		Dose								
		Dr. Sign.								

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
28/5/26	12:40PM	T. MISOPROSTOL	25 mcg	PV	[Signature]	[Nurses]
28/5/26	4:40pm	PROCTOCLYSIS ENEMA	100ml	PR	[Signature]	[Nurses]
28/5/26	4:40pm	INS. DROTAVERINE	40mg	IV	[Signature]	[Nurses]
28/5/26	9pm	INS. CEFOTAXIME	1gm (AFTER TEST DOSE)	IV	[Signature]	[Nurses]
28/5/26	5:35 PM.	INS. DROTAVERINE	40mg	IV	[Signature]	[Nurses]
28/5	6:00pm	SUPPOSITORY DICLOFENAC	100 MG	PR	[Signature]	[Nurses]
28/5	6:20pm	INS. TRANEXAMIC ACID	500 MG	IU	[Signature]	[Nurses]
29/5	11-Am	SUPPOSITORY BISACODYL	20 MG	PR	[Signature]	Deepika Sreha

VERIFIED BY: Name Signature

203

Ref. No. F/INPR/12



Patient Name : VIH-00190886 IP-00060158
Mrs HARSHAL SANGHI
20-09-1995 30 Y 8 M 8 D (F)
Registration No.: Dr. NABAT LAKHANI



medication
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
<u>20/5/26</u>	00.00	<u>6AM</u>		
	1.00	<u>г. ИНУРЕХИМЕ / 125 mg / po</u>	<i>[Signature]</i>	<i>[Signature]</i>
2.00	<u>г. ПАРАЦЕТАМОЛ / 40 mg / po</u>			
	3.00			
	4.00	<u>9AM</u>		
	5.00	<u>г. СЕБИХИМЕ / 200 mg / po</u>		
	6.00			
	7.00	<u>10AM</u>		
	8.00	<u>г. ZERODOL - sp / 100 + 325 mg / po</u>		
	9.00			
	10.00	<u>9PM</u>		
	11.00	<u>г. СЕБИХИМЕ / 200 mg / po</u>		
	12.00			
	13.00	<u>10PM</u>		
	14.00	<u>г. ZERODOL - sp / 100 + 325 mg / po</u>		
	15.00	<u>сyr - LACTULOSE / 15 ml / po</u>		
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			