

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174598

Admit Date : 01-Jun-2026

Admit Time : 12:41 PM UHID : BAH-00391866

Patient Details :

Patient Name : Mrs A.ANANYA

Age : 29 Y 10 M 17 D

Guardian : MR. K.SUMANTH

DOB : 15-07-1996

Gender : Female

Religion : Hindu

Occupation :

Martial Status : Married

Address (H) : #403,DHANUNJAYA TOWERS Banjara Hills
Hyderabad Telangana INDIA 500034

Phone No : 8106008529

E-mail : nomailid@gmail.com

Admission Details :

Bed Type : SUITE

Bed No : SUITE 5 (425)

Ward Name : 4F-BIRTHRIGHT
PREMIUM

Room No : SUITE 5 (425)

Admission Type : First Visit


Contact Details :

Name : MR. K.SUMANTH

Relationship : Husband

Contact Address : #403,DHANUNJAYA TOWERS Banjara Hills
Hyderabad Telangana INDIA 500034

Phone No : / 8106008529


Signature

Doctor Details :

Doctor Name : Dr. NISHANTH REDDY INAVOLU

Specialisation : DIABETOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

①

ACTIVITY RECORD FOR BILLING


Name : _____

UHID No. : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

BAH-00391866 IP5-00174598
Mrs A.ANANYA
15-07-1996 29 Y 10 M 17 D (F)
Dr. NISHANTH REDDY INAVOLU



Consultant: _____ Dept : _____

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				

BAH-00391866 IP5-00174598
 Mrs A. ANANYA
 15-07-1996 29 Y 10 M 17 D (F)
 Dr. NISHANTH REDDY INAVOLU



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 1/6/26 Time of Admission :

Allergies: NKA Not know any drug allergies

PRESENTING COMPLAINTS :

G2 P1L1 @ 17th wks, @ fever: 5 days
 @ rash 4 days.

for evaluation.

Booked at 12th wks

27/4/26: NT + FTS + SLIUG, 12th wks, NT: 1.50mm

AC ~ 79%, CRL-31mm, FTS-Lowmm, Doppler

2/3/26: CBP - 11.6/6300/2.9mcu LFT-@, cal: 9.8, Mg → 2
 uric acid → 4.9, S. cut: 3.8, urea: 35, electrolytes @

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage: ML-2016, NCM.	Parity: G2 P1L1
Previous Periods: regular.	Mode of Delivery: I → 2021, FT NVD
LMP: 24/1/26, EDD: 31/10/26	Last Child Birth: ♀, 3.2kg, A4H
Contraception: -NIL	LCB - 2021.

ESR-29
 CRP-19.4

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
W/O: HTN: 2019 → on medication. B/L. W/O: Renal artery stenosis on medication.	NIL



FAMILY HISTORY:

father & paternal (maternal)
Grand parents } HTN
DM
Mother - hypo.
- thyroid

MEDICATION HISTORY:

1. T. Tabetal 100mg - BD
2. T. prednisolone 5mg - OD
3. T. Tacrolimus 2mg - stopped

INITIAL ASSESSMENT:

Date <u>1/6/26</u>	Breasts	Local/Speculum Examination
Ht. _____ Wt. _____	<u>(N)</u>	
BMI _____		
B.P. <u>121/59 mmHg</u>		
Pallor <u>absent</u>		Bimanual Pelvic Examination
CVR <u>S1 S2 (+)</u>	Abdominal Examination	
Respiratory System <u>BTE (+)</u>	<u>Ut - 16 wls</u>	
Thyroid <u>(N)</u>	<u>reud.</u>	

Temp: 100°F IPR: 98

Renal artery stenosis
Chronic HTN & preNVD & 1/4° block of stenosis

PROVISIONAL DIAGNOSIS:

G2 P1 L1 @ 17 wks @ fever @ rash @ encephalopathy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
<p><u>plan</u></p> <ul style="list-style-type: none"> • admission • Drugs charted • w/ft Sqs of Deluphants • Monitor vitals - q4h • Fetal Dopplers - TID • Inform SOs • Strict-I/O charting. 	<p><u>IMV charting</u></p> <ul style="list-style-type: none"> • admission <u>B+ve.</u> • LFT • S. creat • CBP • CRP • fever profile ↓ • NS, antigen + Ig G M, flu panel, Malaria. • #lv pnds - 100ml/hr • T. hydrocortisone 100mg daily • T. MONTEK-2c - OD (7pm) • T. Pantoprazole 40mg BD

Name of the Doctor: Dr. Sravasthi

Signature of Doctor

Date & Time: 1/6/26, 12:30pm.

BAH-00391866 IP5-00174598
 Mrs A. ANANYA 29 Y 10 M 17 D (F)
 15-07-1996
 Dr. NISHANTH REDDY INAVOLU



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/20 4:50pm	c/s/b Mr. Nishanth	
	<u>Day 6 of Illness</u>	
	- G2R1, C 17 w/in 9/4	K/C/O R.A.S - m.i. Tac
	- 10 - Fever - high grade	+ i-phenazone 5/10
	- cough - dry	
	- cold	
	↓ Shower in i-avenue	
	↓ Developed rash on face	
	- Irritated eyes	
	H-cold	
	G-cold	
	P-cold	
	RA - 10/10	
	- S.C.L.D	
	- R.C.D	
	<u>ADU</u>	
ADU C/S/COP COP	Throat swab in Flu tube	- I-phenazone 5/10
	↓ Dr. Nishanth	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/06/2026	G ₂ P ₁ L ₁ 17 th PDCy fever with rash for evaluation	
6:15pm	<ul style="list-style-type: none"> ✓ Chronic RTN ✓ B/c Renal artery stenosis 	
	Patient feeling better	<u>Advice</u>
<u>IVF @ 100ml/hr</u>	Afebrile vitals - BP - 128/59 (15) PR - 81bpm SpO ₂ - 99% on RA Temp - 95.6°F P/A - vitals Relaxed FHR checked on Scan 138bpm	<ul style="list-style-type: none"> ✓ Oral hydration + IV hydration ✓ soft diet ✓ Drug as charted ✓ Moni for vitals / Temp x 2nd hourly ✓ Self void urine measurements
<u>voided twice</u>		
<u>urine not measured.</u>		
<ul style="list-style-type: none"> ✓ Trace ✓ urine c/s ✓ FL panel ✓ Dengue NS1, IgM 	<ul style="list-style-type: none"> ✓ CRP - TB - 11.7 CRP - 54 WBC - 4.87 PLT - 1.97 creatinine - 0.6 ✓ LFT - TB - 1.5, CB - 1.2 / SGOT - 41 / SGPT - 36 ✓ Malaria Parasite - Negative 	<ul style="list-style-type: none"> ✓ Monitor FHR x 2nd hourly ✓ urine c/s ✓ Inform SCL
	(C/E) PKC cells - 6-8 Ketone Bodies - Absent WBCs (+)	
		by Dr. Deepika

BAH-00391866 IP5-00174598
 Mrs A. ANANYA
 15-07-1996 29 Y 10 M 17 D (F)
 Dr. NISHANTH REDDY INAVOLU



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>1/06/2026</u>		
<u>9PM</u>	<p>Comfortable afebrile vitals - BP - 137/64 (21) PR - 86 bpm SpO₂ - 92% on RA Temp - 97°F PR on Doppler - 146 bpm</p>	<p>C/o/w Dr Sakikala Dr Nishanth Dr. Nanthan</p>
		<p>Advice</p>
		<p>Continue same treatment - good hydration self void urine measurement</p>
	<p>✓ To check about serum albumin with Dr Nishanth (2/6/26)</p>	
	<p>✓ Trace fw panel</p>	
	<p>✓ IV Hydrocortisone</p>	<p>to be continued - Dr Nishanth will decide on stops upon review.</p>
	<p>✓ patient does not want to measure urine - wishes to do so from tomorrow</p>	<p>By Dr Deepika</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26 8:15 AM	<p>⇒ G₂P₄ / 17+2 weeks / previous NVD / renal artery stenosis = chronic HTN / fever & rash & convulsions</p> <p>- No further episodes of fever - Last episode on 12:00 PM @ 1/6/26 - Itching has subsided - O/GI - Vac - Pain</p> <p>BP - 123/59 [72] PR - 72 bpm SpO₂ - 99% on RA Temp - 96.7 F P/A - ut ~ PCV FHS [146 bpm] = dopplers</p>	<p><u>Advice:</u></p> <ol style="list-style-type: none"> Trace A&US Urine c/s; Dengue & Blue panel Oral Hydration; Adequate hydration through IV Self monitoring of urine output Drugs as charted Monitor vitals / Temp / FHS <p>Tab Traefree 7 days 3rd hrly.</p> <p>Swathi</p>
<p>Aus - CUE - 6-8 Epithelial cells - 5-6</p> <p>⇒ MP - negative ⇒ CRP = 54 ⇒ Hb = 11.7 Ht = 107.2 TC = 4.62 ⇒ Creat = 0.6 ⇒ LFT = Sr. Albumin = 2.9 Proteins = 5.7 SGOT = 41 SALT = 26 TB = 15 CB = 112</p>	<p>Noted by doctor also</p>	

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 15-07-1996
 Dr. NISHANTH REDDY INAVOLU



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/20 1:30pm	<p>ck/13 Dr. Nishanth</p> <p>- Pt. Reviewing</p> <p>- No Further Entering Form</p> <p>- cough ⊕</p> <p>- Rxn ↓</p> <p>Mr - c/c/c</p> <p>Gr - 12ci</p> <p>Pk - 7mm</p> <p>Rd - 130/67mm</p> <p>Pri - Sa. L ⊕</p> <p>R - Rtn ⊕</p>	
	<p>1/2</p> <p>↓ ↓ Inj. MyoDolone 2mg / IV / 12</p>	
	<p>AN</p> <p>- CBI / CRT</p> <p>↓</p> <p>3/6/20</p>	
		<p>↓</p> <p>Dr. Nishanth</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>2/6/25 3:00pm</p>	<p>Pt is stable NO c/o o/cet AC face</p>	
	<p>BP-120/60 [84]</p>	<p><u>Advice</u></p>
	<p>PR-84bpm</p>	<p>① Soft diet</p>
	<p>SpO₂-100% on RA</p>	<p>② Adequate Hydration</p>
	<p>Temp-97°F</p>	<p>③ Self monitoring of urine output</p>
	<p>PA= vit w/ prog</p>	<p>④ Drugs as charted</p>
	<p>relaxed</p>	<p>⑤ Monitor vitals / Temp / PR</p>
	<p>FWS ⊕ seen & seen</p>	<p>3rd baby</p>
<p>- Dengue IgM, NS-1 negative</p>		<p>⑥ Send CBP & CRP on ✓</p>
<p>- Blue panels negative.</p>		<p>3/6/2025 6:00am</p>
		<p><u>Srinithi</u></p>
		<p>Noted by Srinithi</p>

BAH-00391866 IP5-00174598
 Mrs A.ANANYA
 15-07-1996 29 Y 10 M 18 D (F)
 Dr. NISHANTH REDDY INAVOLU



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/26		
7:20pm	<p>At comfortable.</p> <p>O/E acc facu, temp 98.5 F</p> <p>PR. 73bpm</p> <p>BP 14/10 mmHg</p> <p>CMAP 85</p> <p>SpO₂ 98% on RA</p> <p>PA est 2/8wks</p> <p>Relaxed</p> <p>Plac ⓪.</p>	<p>Adv</p> <ul style="list-style-type: none"> - soft diet, plenty oral fluids - clamp as per checked - vitals temp PR, BP, SpO₂ 2ndly - self voiding urine output measurement - hypom K⁺
	<p>CBP & CRP @</p> <p>6AM 3/6/26</p>	
		<p><i>[Signature]</i></p> <p>Dr. [Name]</p>
		<p><i>[Signature]</i></p> <p>Noted by Smedheya.</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9:20 AM	GRL 17+3 wks / Chronic HTN c Renal artery stenosis / fever c rash & Evaluation	
	At comfortable No fever Spike since yesterday.	<p><u>Aew</u></p> <ul style="list-style-type: none"> - soft diet, plenty of oral fluids - drugs as per charted
	On D ₃ of Azithromycin	<ul style="list-style-type: none"> - vitab, PR Umay - with active
CRP → 237	O/E G/G fail temp - 97.9°F PR - 84/min BP - 124/80 mmHg SpO ₂ - 100% / mask P/A with isochroic Relaxed FHR ⊕	<ul style="list-style-type: none"> - Urine output monitoring (self void) - reassured - Inj for
CRP → 10.3 / 4.80 / 2.20 L		
9:50 AM - c/d/w	Dr. Nishanth	
	<p><u>Aew</u></p> <ul style="list-style-type: none"> - Tab Azithromycin 500mg OD x 5 days - Tab Muntel 4 x 5 days - Tab Prednisolone 10mg for 3 days flb 5mg OD to continue - Calamine lotion for U/A 	<p>noted by Dr. Shanthi</p> <p><i>[Signature]</i> Dr. Samene</p>



DRUG CHART

Date of Admission: 1/6/26 Drug Allergies: Aller A 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 : <u>JNS PARACETAMOL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>lg</u>	<u>IV</u>	<u>SOS</u>	<u>2/6/26</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>Syntho</u>																				
Additional Instructions:																				
<u>IF temp > 98°F</u>																				

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:																						

Signature
VERIFIED BY : Name

BAH-00391866 IP5-00174598
 Mrs A. ANANYA
 15-07-1996 29 Y 10 M 17 D (F)
 Dr. NISHANTH REDDY INAVOLU



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG: Tab. LF Ray
 Date/Time: 1/6 2/6 3/6
 Dose: 1 tab Route: P/O Frequency: O.D Start Dt.: 1/6
 Name & Signature of the Doctor Starting the Drugs: Dr. Praveen
 Additional Instructions: at lunch
 Daily Doctor's Endorsement by a Sign

DRUG: T. SUPPORT
 Date/Time: 1/6 2/6
 Dose: 1 tab Route: P/O Frequency: O.D Start Dt.: 1/6/26
 Name & Signature of the Doctor Starting the Drugs: Dr. Praveen
 Additional Instructions: at 2 PM
 Daily Doctor's Endorsement by a Sign

DRUG: Tab. HYDROCORTISONE
 Date/Time: 1/6 2/6
 Dose: 1 tab Route: P/O Frequency: B.D Start Dt.: 1/6/26
 Name & Signature of the Doctor Starting the Drugs: Dr. Suresh
 Additional Instructions: Stop. Dr. Suresh
 Daily Doctor's Endorsement by a Sign

DRUG: Sy. RES WAs
 Date/Time: 1/6 2/6
 Dose: 10ml Route: P/O Frequency: TID Start Dt.: 1/6/26
 Name & Signature of the Doctor Starting the Drugs: Dr. Suresh
 Additional Instructions:
 Daily Doctor's Endorsement by a Sign

Signature
 VERIFIED

I.V. FLUIDS CHART

Weight: Ward:



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
1/6/16	2:15 PM	RINGER LACTATE	I _w	100ml/hr	[Signature]	Sona Shoba	1/6/20	[Signature]	Sona Shoba
1/6/16	9 PM	RINGER LACTATE	I _w	100ml/hr	[Signature]	Sandhya Anitha 1/6		[Signature]	Sandhya Anitha
2/6/26	2 AM	RINGER LACTATE 500ml	I _v	100ml/hr	[Signature]	Sandhya Anitha 2/6		[Signature]	Sandhya Anitha
2/6/26	6 AM	RINGER LACTATE 500ml	I _v	100ml/hr	[Signature]	Sandhya Anitha 2/6		[Signature]	[Signature]
2/6/26	9 AM	RINGER LACTATE 500ml	I _v	100ml/hr	[Signature]	[Signature] Sona 2/6		[Signature]	Sona Yamuna
2/6/26	2:40 PM	RINGER LACTATE 500ml	I _v	100ml/hr	[Signature]	Sona Yamuna 2/6		[Signature]	Sandhya Anitha
2/6/26	10 PM	RINGER LACTATE 500ml	I _v	100ml/hr	[Signature]	Sandhya Anitha 2/6		[Signature]	Sandhya Anitha
2/6/26	3 AM	RINGER LACTATE 500ml	I _v	100ml/hr	[Signature]	Sandhya Anitha 3/6		[Signature]	[Signature] Sreelakshmi
3/6	9 AM	RINGER LACTATE 500ml	I _v	100ml/hr	[Signature]	[Signature] Sreelakshmi 3/6		[Signature]	[Signature] Sreelakshmi

Signature

VERIFIED BY - Name

BAH-00391866 IP5-00174598
 Mrs A. ANANYA
 15-07-1996 29 Y 10 M 17 D (F)
 Dr. NISHANTH REDDY INAVOLU



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: Ward

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. Lobet	100mg	P/O	BD	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. prednisone	5mg	P/O	O.D	1/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	T. Dopaxton	10mg	P/O	BD	1/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. Supert	Atab.	P/O	O.D	1/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	T. Vitc-c	Atab	P/O	OD	1/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6	T. Iron	Atab	P/O	O.D	1/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
7	T. Escapirin	150mg	P/O	O.D	1/6	<input checked="" 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: 1/6/26, 12:30pm

Nurse Name & Signature: Suj

Date & Time: 1/6/26 @ 4pm

THEORY OF THE ...

1894

The first part of the theory is the ...
 which is the ...
 and the ...
 and the ...
 and the ...
 and the ...
 and the ...

The second part of the theory is the ...
 which is the ...

The third part of the theory is the ...
 which is the ...

BAH-00391866 IP5-00174598
 Mrs A.ANANYA
 15-07-1996 29 Y 10 M 17 D (F)
 Dr. NISHANTH REDDY INAVOLU



RESULT SHEET

Date	1/6/26	3/6/26		
Time	2:20	6:20Am		
Hb	11.7	10.3		
PCV	34.7	31.0		
RBC	3.91	3.47		
WBC	4.87	4.80		
N/L				
Platelets	197	220		
CRP	54.0	37.0		
ESR				
PCT				
RBS Malarial	negative			
Na				
K				
Cl				
Ca/Mg				
Phosphate				
Urea				
Creatinine	0.6			
ALP	179			
SGPT	36			
SGOT	41			
T.Bill/Conj	1.5 < 1.2	0.3		
T.Protein	5.7			
S.Albumin	2.9			
S.Globulin	2.8			
A/G Ratio	1			
Uric Acid				
S.Amylase				
Sr.Lipase				
Blood Lactate				
S.Cholesterol				
PT/INR				
APTT				
CSF Protein / Sugar				
Cells				
N/L				

Obstetrics and Gynaecology Early Warning Signs

Complete a Full
Set of MEOWS
Observations

1 Yellow Alert :
Repeat Observations
in 30 minutes

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

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

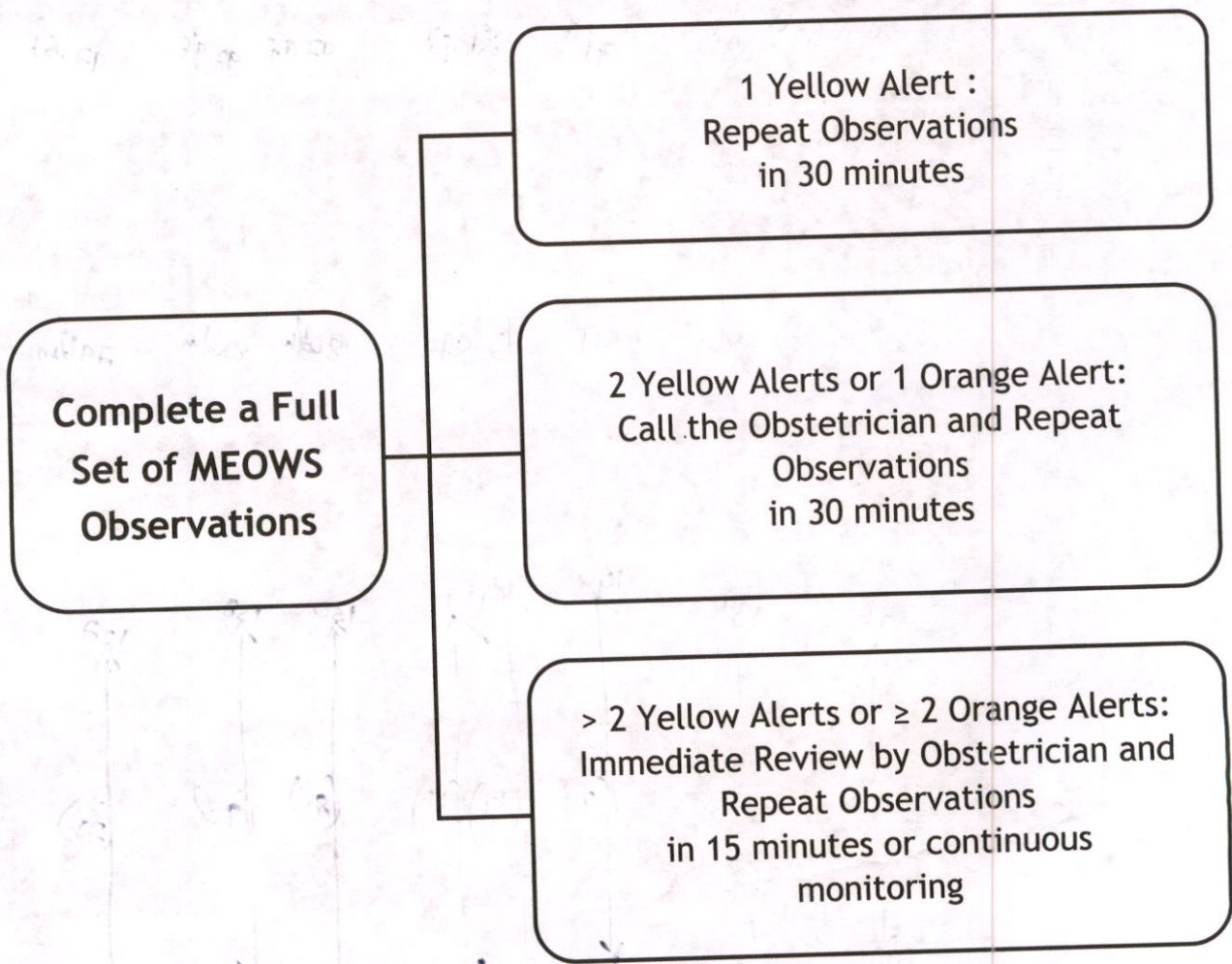
* The Modified Early Warning Score (MEOWS)

2/6/26
 7 AM 143 bpm
 9 AM 141 bpm
 7:00 AM 142 to 145
 10 AM 144 to 147
 12 pm
 1 pm Temp 97.6 R

Temp
 98.3 R
 96.2 R
 94.7 R
 96.9 R
 97.6 R

^{7:00}
 1 pm - 150 to 153 bpm

**Obstetrics and Gynaecology
Early Warning Signs**

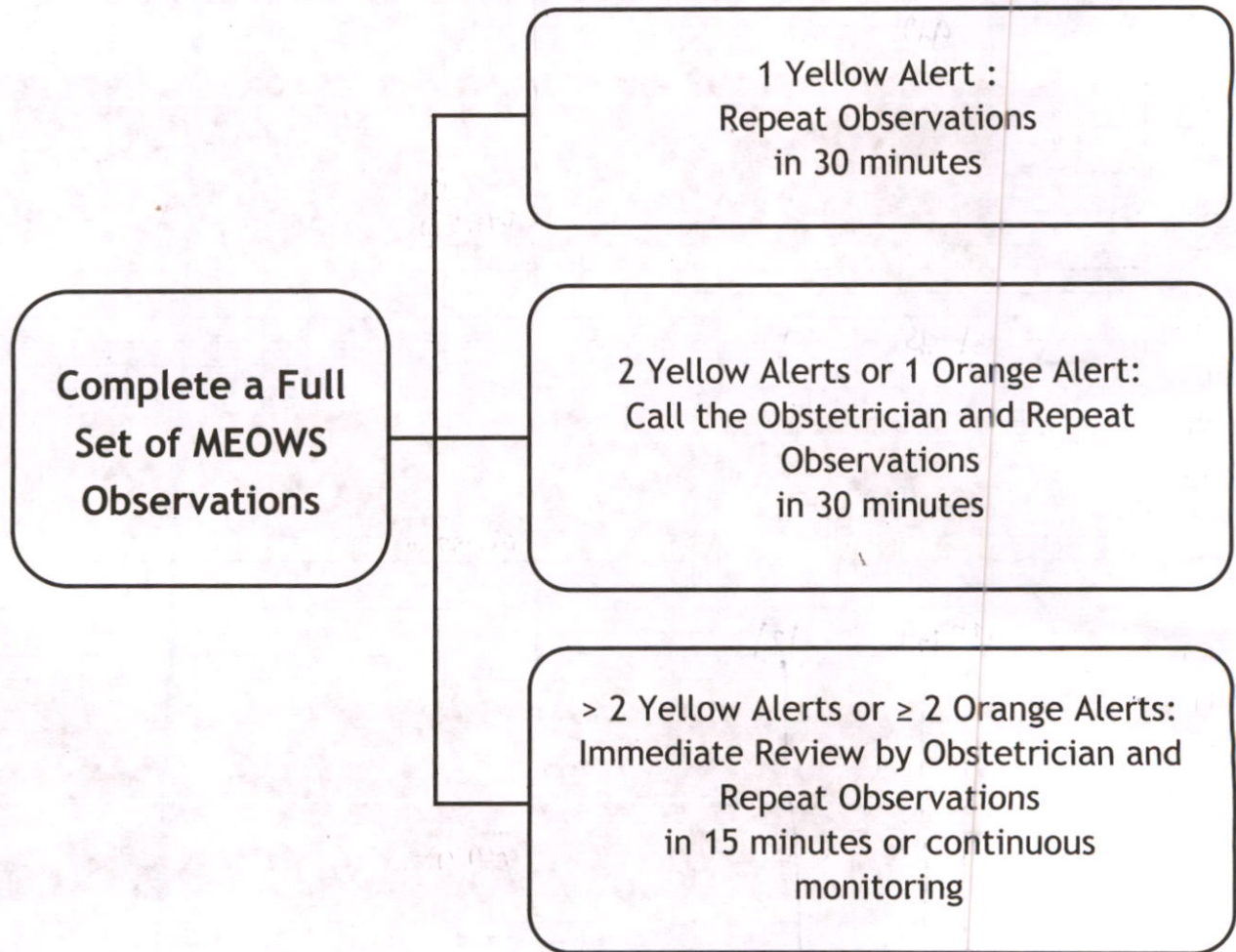


* The Modified Early Warning Score (MEOWS)

5/6/26.

FHR - 135 - 145b/m - 9AM

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00391866 IP5-00174598
 Mrs A.ANANYA
 15-07-1996 29 Y 10 M 17 D (F)
 Dr. NISHANTH REDDY INAVOLU



FLUID CHART

Sheet No. : ①

1/6/26

- 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			
1/6	08:00 am											} Sony	
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm		H ₂ O							0			
	01:00 pm									0			
Total Intake :						Total Output : Passed							
1/6	02:00 pm	RL		100ml						0		} Sony	
	03:00 pm	RL	H ₂ O	100ml					✓	0			
	04:00 pm	RL		100ml						0			
	05:00 pm	RL	H ₂ O	100ml					✓	0			
	06:00 pm	RL		100ml		✓			✓	0			
	07:00 pm	RL	H ₂ O							0			
Total Intake : Taken						Total Output : Passed							
1/6	08:00 pm	RL	soft diet	100ml					✓	0		} Sandhya	
	09:00 pm	RL	H ₂ O	100ml						0			
	10:00 pm	RL	H ₂ O	100ml					✓	0			
	11:00 pm	RL		100ml						0			
	12:00 am	RL	H ₂ O	100ml						0			
	01:00 am	RL	H ₂ O	100ml					✓	0			
Total Intake : taken						Total Output : passed							
02/06/2026	02:00 am	RL		100ml						0		} Sandhya	
	03:00 am	RL		100ml						0			
	04:00 am	RL		100ml						0			
	05:00 am	RL		100ml						0			
	06:00 am	RL	H ₂ O	100ml					✓	0			
	07:00 am	RL		100ml						0			
Total Intake : taken						Total Output : passed.							

Total 24 hrs. Intake

Total 24 hrs. Output

BAH-00391866 IP5-00174598
 Mrs A. ANANYA
 15-07-1996 29 Y 10 M 17 D (F)
 Dr. NISHANTH REDDY INAVOLU



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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
2/6/26	08:00 am	RL	tho	100ml							0	Seely
	09:00 am	RL	100ml	100ml							0	Seely
	10:00 am	RL	tho	100ml							0	Seely
	11:00 am	RL		100ml					400ml		0	Seely
	12:00 pm	RL	Meal	100ml							0	Seely
	01:00 pm	RL	tho	100ml					300ml		0	Seely
Total Intake :			Taken 150ml & 800ml			Total Output :					passed 700ml	
2/6	02:00 pm	RL	tho	100ml					350ml		0	Song
	03:00 pm	RL	tho	100ml							0	Song
	04:00 pm	RL	100ml	100ml					300ml		0	Song
	05:00 pm	RL	tho	100ml							0	Song
	06:00 pm	RL		100ml					400ml		0	Song
	07:00 pm	RL	tho	100ml					350ml		0	Song
Total Intake :			Taken 600ml			Total Output :					passed 1400ml	
2/6	08:00 pm	RL	H ₂ O	100ml							0	Sandhya
	09:00 pm	RL	H ₂ O	100ml					350ml		0	Sandhya
	10:00 pm	RL	tho	100ml							0	Sandhya
	11:00 pm	RL	tho	100ml							0	Sandhya
	12:00 am	RL	H ₂ O	100ml					400ml		0	Sandhya
	01:00 am	RL										
Total Intake :			Taken 600ml			Total Output :					passed 750ml	
3/6/26	02:00 am	RL		100ml							0	Sandhya
	03:00 am	RL	H ₂ O	100ml							0	Sandhya
	04:00 am	RL	100ml	100ml							0	Sandhya
	05:00 am	RL		100ml							0	Sandhya
	06:00 am	RL		100ml					400ml		0	Sandhya
	07:00 am	RL		100ml							0	Sandhya
Total Intake :			taken 700ml			Total Output :					passed 750ml	

Total 24 hrs. Intake	2,950ml	Total 24 hrs. Output	3,250ml
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BAH-00391866 IP5-00174598
 Mrs A.ANANYA
 15-07-1996 29 Y 10 M 18 D (F)
 Dr. NISHANTH REDDY INAVOLU



FLUID CHART

Sheet No. : 3

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
3/8	08:00 am	al	tho 100ml	100ml							0	Shaf	
	09:00 am	al		100ml					300ml		0	Shaf	
	10:00 am	al		100ml			mp				0	Shaf	
	11:00 am	al	tho 100ml	100ml							0	Shaf	
	12:00 pm	al		100ml					400ml		0	Shaf	
	01:00 pm			100ml							0	Shaf	
Total Intake :			800ml			Total Output :						700ml	
	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

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.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	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							