

ADMISSION SHEET

Registration Details :



Admission No : IP5-00174304 Admit Date : 25-May-2026 Admit Time : 03:39 PM UHID : BAH-00476195

Patient Details :

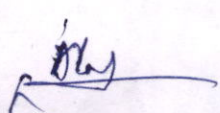
Patient Name : Mrs NAGA LAXMI SRIPRADA HOTA Age : 33 Y 10 M 5 D
Guardian : MR. AKELLA RAVITEJA DATTA DOB : 20-07-1992
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : FLAT NO C 201, GHR TAITANIA, CENTRAL
PARK, KONDAPUR Kondapur Hyderabad Phone No : 7337064141/ 7337064141
Telangana INDIA 500084 E-mail : sripradahota@gmail.com

Admission Details :

Bed Type : MICU Bed No : MICU 426 Ward Name : 4F-BIRTHING CENTRE
Room No : MICU 426 Admission Type : First Visit

Contact Details :

Name : MR. AKELLA RAVITEJA DATTA Relationship : Husband
Contact Address : FLAT NO C 201, GHR TAITANIA, CENTRAL
PARK, KONDAPUR Kondapur Hyderabad Phone No : 7337054141 / 7337064141
Telangana INDIA 500084


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : HEALTH INSURANCE TPA OF INDIA
LTD

1

ACTIVITY RECORD FOR BILLING

Name : BAH-00476195 IP5-00174304
Mrs NAGA LAXMI SRIPRADA HOTA
20-07-1992 33 Y 10 M 5 D (F)
 UHID No. : Dr. SHRUTHI REDDY/Dr.LAVANYA Consultant: _____ Dept : _____
 Date of Ad _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/5	5:45 AM	MUW	OT	Mamdevi
25/5	7:15 AM	OT	ORJ	pooya
26/5	1:45 AM	ORJ	Room (303)	pooya

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Teheena Sharma (PT)	26/5/26		pooya
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
2/5/18	IV placement	1	962631	Nandini
2/5/18	PAC	1		Nandini
2/5/18	catheterization	1		Nandini

Cross checked by Poulabi

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Baby 5:50pm → 8pm

ADMISSION SHEET FOR OBSTETRICS



Presenting Complaints

G3 P1 L1 A1 E 38th wks E
 ① Previous for Eclamps

Obstetric Formula:

ML-2018, NCM

Obstetric History:

I → 2021, sp. conception, EMLKs
 ② 3yrs, (F: ^{Complex} placenta previa), ③, 2.2kg
 NICU X 3 days → Congenital hypothyroid
 Present Pregnancy Record: Sublingual thyroid

→ 2025, Marnu, ~~Early~~ missed Missage
 ② lows → POC → turners syndrome
 MERPC → SERPL

III → PP → Sp. Conception. Booked

RISK FACTORS:

at 12 wks.

W/o placental previa
 in 1st pregnancy
 W/o hemorrhoids - 2 months
 no medication - 18gms local
 app.

Height: 153 cm

Weight: 58 kg

Allergies: Allergies

Breast: Normal Abnormal

General Examination:

Consciousness: com Pallor: absent

Icterus: absent Edema: absent

Temp: Afebrile PR: 72

BP: 90/60 mm DTR: +

CVS: S1S2+ RS BAE+

Liver/Spleen: non palpable Urine Output: adequate

DIAGNOSIS

G3 P1 L1 A1 E prevts ① LKs = 38th wks for Ecl. LKs
 kldo: hemorrhoids.

LMP: 8/8/21

EDD: 7/6/22

Corrected EDD: 7/6/22

GA: 38th w

Menstrual History: Regular Yes No

Obstetric Examination

Fundal Height: Tem

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Not indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Not indicated

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

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Mrs NAGA LAXMI SRIPRADA HOTA
20-07-1992 33 Y 10 M 5 D (F)
Dr. SHRUTHI REDDY/Dr. LAVANYA



Family History: father - HTN	Surgical History: LSCS - 2021 Dilatation of Cervix → 2024 (SERPC)
Medical History: w/o hemorrhoids - 2 months → on Local lignocaine gel.	Medication History: NIL
Plan of Care: <ul style="list-style-type: none">• admission• NBM• IV Camber• Foley's catheter• IV push - 100 mcg• NST - now• PAC• Prepartum parts• Consent - E.L.M• Monitor vitals -• Shift to OT on call.	Investigations: A + ve. <u>23/5/26</u> Hb: 12.5 Vitals - NR Plt: 242 NIPT - Low risk fetal cfDNA: 11.84% TIFFA: SLUG, 20 th w, Placenta → Anter liq. (w), CAG, Single Intra Cardiac echogenic focus in left ventricle. Doppl (w) <u>6/4/26</u> : 31 st w, Cephalic, EFW: 1515 gm (13 th k) AC → 247.7 (4 th), 12.6 cm - AFI Placenta → Anter / Left Lateral / Uterine Doppler - (w)

Doctor Name: Dr. SRAVANTHI

Signature: *[Signature]*

Date & Time: 25/5/26, 4 PM

Consultant Name: Dr. SHRUTHI REDDY

Signature: *[Signature]* (Dr. Lavanya)

Date & Time: 25/5/26, 4 PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/20 7:30pm	Uterus: hematomas POD-0 / P ₂ L ₂ A ₁ / EL. Lns	
O/O: 300ml B-MS	GC: fair B.P: 116/72 mmHg P.R: 80 bpm P/A: Uterus retracted well Plv: NAB	R 1) Monitor vitals 4ty x 2h 2) Dwg as charted 3) w/f Plv Bleeding 4) NRM for 4-6 hrs 5) I/v fluids - 100ml/hr 6) I/O charting 7) with 89 8) Iufen 500
		- Dr. Sravanti (Sri)
25/5/20 12:45pm	Uterus - hematomas POD-0 / P ₂ L ₂ A ₁ / EL. Lns	
O/O: 600ml B-MS Shift to Room	GC: fair B.P - 112/61 mmHg P.R - 72 bpm SpO ₂ - 100% on RA P/A: Uterus retracted well BCT Plv: NAB Remove Foley at 12pm	R 1) Monitor vitals 4ty 2) Allow sips of fluid now 3) Soft diet 6Am - 26/5/20 liquid diet at 10Am 4) I/O charting 5) w/f Plv Bleeding 6) I/v fluids - 100ml/hr - Ringes Leche 7) Iufen 500 8) Ambulation in Bed
Noted by Dr. Lavanya		Dr. Sravanti (P.T.O)

BAH-00476195 IP5-00174304
 Mrs NAGA LAXMI SRIPRADA HOTA
 20-07-1992 33 Y 10 M 5 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



PROGRESS NOTES AND DOCTOR'S ORDER

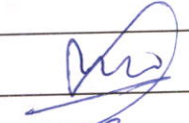
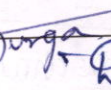
Date & Time	Progress Notes	Doctor's Order
26/5/26	<u>POD-II P212A11 EL-15CS</u>	
<u>7:30 AM</u>		<u>Adv:-</u>
	Pt - stable	① Soft diet.
	G.c - fair	② oral hydration
	Afebrile	③ Ambulation.
Baby Mother side.	PR - 20 min	④ Drugs as charted
	BP - 110/70 mmHg	⑤ Monitor vitals uty
V.O - Adequate clear	PIA - ut retracted well	⑥ Remove Foley's at 12 PM
	UE - No Active Bleeding	⑦ Inform SOS
- Flatus not passed.		by (Dr. Lavanya)
26/5/26	O/E	<u>Adv</u>
<u>1:30 PM</u>	Gc - fair, afebrile	- soft diet, plenty of oral fluids
	vitals - stable	- drugs as per charted
	PIA uterus	- vitals uty
Baby - ms	retracted well	- Ambulate
	mild faecous distension ⊕	- Encourage voiding
CV	BS ⊕	- if not passed by 4 PM inform
FX	Vc - lochia heavy	- Dribble sup P/A
SX		- Adv after lunch
		- Inform dr
		used by <i>[Signature]</i>
		Dr. Lavanya



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 7:30pm	POD-I P2L2A1 Fl-Wu klab - Hemorrhoid	
	pt stable	Adv
Baby-motherside ✓ P ✓ S ✓ (after Dulox)	AC-fair BP 87/78 mmHg PR-76 Bpm. SpO2-98% RA PLA-uterus retracting well. BS(+) Soft.	1) Soft diet 2) Oral hydration 3) Ambulation 4) Drugs as charted 5) Monitor vitals 6) Inform SUs 7) w/f cutting bleeding noted by Pooja Dr. A Dr. Divya
26/5/26 9:35am	POD2 P2L2A1 elective US	Adv
Baby well Vom ✓ fever ✓ rash ✓ - Remove cannula SUS OK due	OK AC-fair, afebrile PR-76 Bpm BP- 80/68 mmHg MAP 60 SpO2-98% RA PLA uterus retracted well c/o tachicardia healing	- soft diet, plenty of oral fluids - drugs as per charted - w/f active Bleeding Plv - Ambulate Inform SUs
plan discharge today		noted by Swape 10/7/2026 Dr. Janyu

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/8/20 2:40pm	A comfortable O/E ac-fevii afebrile vitals stable P/A uterine retracted well 1/2 lochia healthy	Adv soft diet, plenty of oral fluids - drugs as per checked - vitab 6mgly - w/f actmo
Urine ✓ flatus ✓ Beds ✓ Baby - no		Bleeding PV - Ambulate - Inform ds
S/E D/E done		Noted by 
		Swape 07692
29/8/20 8:30pm	POD-2 P2L2 A1 EL. Lax	
B- well Voted pain/flats 9 stools	G. c/pen vitals: stable P/A: uterine retracted well S&L sub @ P/W: NATB	1) Soft diet & plenty of one fluid 2) Drug as checked 3) w/f P/W Bleeds 4) Ambulation
O/E S/E done	Plan Discharge as per package	5) monitor vitals 4hr 6) Staphsus Noted by  Dr. Sravani

BAH-00476195 IP5-00174
 Mrs NAGA LAXMI SRIPRADA HO
 20-07-1992 33 Y 10 M 5 D
 Dr. SHRUTHI REDDY/Dr.LAVANYA



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					

BAH-00476195 IP5-00174304
 Mrs NAGA LAXMI SRIPRADA HOTA
 20-07-1992 33 Y 10 M 5 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA



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: NG Shifted to: NA

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. IRON	1tbl	PO	O.D	15/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. Calcium	1tbl	PO	O.D	15/5	<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. SRAVANTHI

Date & Time: 25/5/20, 3pm

Nurse Name & Signature: Neelam S

Date & Time: 25/5/20 e 3pm

BAH-00476195 IP5-00174
 Mrs NAGA LAXMI SRIPRADA HOT
 0-07-1992 3 Y 10 M 5 D
 D. SHRUTHI REDDY/Dr.LAVANYA

DRUG CHART

Date of Admission: 23/10/2020 Drug Allergies: None 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 Sign



VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : T. PARACETAMOL				Date Time	26/5	27/5	28/5				
Dose	Route	Frequency	Start Date								
1gm	ORAL	QID	25/5	12AM	12AM	12AM	12AM				
Name & Signature of the Doctor Starting the Drugs: Dr. Anveena. <u>Am</u>											
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											
DRUG : T. TRAMADOL				Date Time	26/5	27/5					
Dose	Route	Frequency	Start Date								
100mg	ORAL	TID	25/5	11AM	11AM	11AM	11AM				
Name & Signature of the Doctor Starting the Drugs: Dr. Anveena <u>Am</u>											
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											
DRUG : T. DICLOFENAC				Date Time	26/5	27/5	28/5				
Dose	Route	Frequency	Start Date								
50mg	ORAL	TID	25/5	7AM	7AM	7AM	7AM				
Name & Signature of the Doctor Starting the Drugs: Dr. Anveena <u>Am</u>											
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											
DRUG : T. PANTOPRAZOLE				Date Time	26/5	27/5	28/5				
Dose	Route	Frequency	Start Date								
40mg	PO	BD	25/5	6AM	6AM	6AM	6AM				
Name & Signature of the Doctor Starting the Drugs: Dr. Sravanthi											
Additional Instructions:											
Daily Doctor's Endorsement by a Sign											

STOP @ 9:30 AM.
 20/5/20 @ 9:30 AM.

BAH-00476195 IP540174
 Mrs NAGA LAXMI SRIPRADA HOTI
 20-07-1992 33 Y 10 M 5 D
 Dr. SHRUTHI REDDY/Dr.LAVANYA

Weight..... Ward..... *30*



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

DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

VARIABLE DOSE

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

DRUG :

Route

Start Date

Name & Signature of the Doctor

Additional Instructions:

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5	5pm	Iv CEFOTAXIME	1gm	Iv	<i>[Signature]</i>	Radhya Nandini
25/5	5:20 PM	Iv PANTOPROZOLE	40mg	Iv	<i>[Signature]</i>	Radhya Nandini
25/5	5:20 PM	Iv PERINORM	10mg	Iv	<i>[Signature]</i>	Radhya Nandini
25/5	6 PM	ACID Iv TRANEXEMIC	1gm	Iv	<i>[Signature]</i>	Paulabi Prigo
25/5	6: PM	Iv. OXYTOCIN	6U	Iv	<i>[Signature]</i>	Paulabi Prigo
25/5	6:30 PM	Supp. TRAMADOL	100mg	P/R	<i>[Signature]</i>	Paulabi Prigo
25/5	6:30 PM	Supp. DICLOFENAC	100mg	P/R	<i>[Signature]</i>	Paulabi Prigo
26/5	9:30 PM	Iv PARACETAMOL	1gm	Iv	<i>[Signature]</i>	Sudhanya
26/5	2:30 PM	Supp. DULCOLAX	2	P/R	<i>[Signature]</i>	Lovely Prigo

VERIFIED BY: Name Signature

VERIFIED

I.V. FLUIDS CHART

Weight. Ward. Ble



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
25/1/26	4 PM	Ringer lactate	Iv	100ml/hr	Dr	nandini sreedha	25/1	Dr	poorvi pulabi
25/1/26	6 pm	RINGER LACTATE	Iv	FF	Dr	poorvi pulabi	25/1	Dr	poorvi pulabi
25/1/26	8:30 pm	RINGER LACTATE	Iv	FF	Dr	poorvi sudha	25/1	Dr	poorvi sudha
25/1/26	10:45 pm	RINGER LACTATE	Iv	100 hr	Dr	poorvi sudha	25/1	Dr	poorvi sudha
25/1/26	11 pm	RINGER LACTATE	Iv	100 hr	Dr	poorvi sudha	25/1/26	Dr	Jyoti Jyoti

Signature

VERIFIED BY : Name



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 25/5/26 Time of Arrival: 3 p.m. Time Seen by Nurse: 3:05 p.m.

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

- Severe Pain / Moderate Pain
- Bleeding PV: Slight / Heavy
- Decreased Fetal Movement
- No Fetal Movement
- Preterm rupture of Membranes / Leaking Water PV
- Preterm Labor/ Labor
- Spontaneous Rupture of Membrane / Leaking Water PV
- Other Reason: LSCS

3) Vital Signs: Temperature: 36.1°C Pulse: 76 RR: 20 SpO₂: 99% BP: 103/72 Weight:

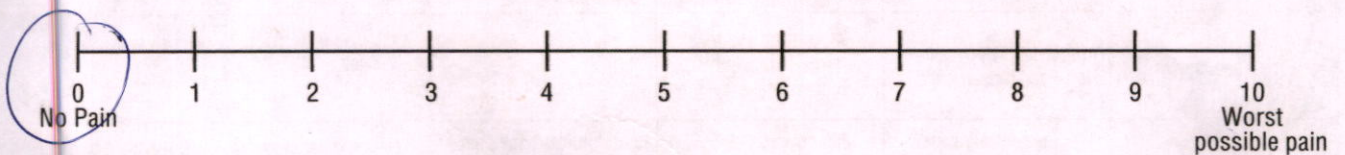
4) Gestational Criteria:

Gravida:	G <u>3</u>	P <u>1</u>	L <u>1</u>	A
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LMP: 31/8/25 EDD: 21/6/26 Gestational Age: 38w1

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 checked="" type="checkbox"/> Yes	<input 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: Nil
- Frequency:
- Interventions:

Past History:

- a) Surgeries: 1 primary LSCS 2021
- b) Medical: well



7) Allergy: Yes 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 / PPRM < 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: 3:35 pm

Nurse Name : Nurse Signature:

Date: 25/5/16 Time: 3:35 pm

BAH-00476195 IP5-00174
 Mrs NAGA LAXMI SR PRADA HOT
 20-07-1992 33 \ 10 M 5 D
 Dr. SHRUTHI REDDY/D. LAVANYA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/08/21

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 test & Anxiety Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Sreenivasulu
 Time Notified: 3:20 pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>None</u>	<u>SCARIC 2018 MIS 2021</u>	<u>None</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: <u>Regular</u>	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche:	Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Last Menstrual Period: <u>31/8/21</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Others:	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 3 P L 1 A 1

Previous LSCS: None @ Dec 2021

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: 98.6 HR: 87 RR: 19
 BP: 119/70 Weight: 58 Height: BMI:

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

BAH-00476195 IP5-00174304
 Mrs NAGA LAXMI SRIPRADA HOTA
 20-07-1992 33 Y 10 M 5 D (F)
 Dr. SHRUTHI REDDY/Dr.LAVANYA

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 26 (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 patient

Name of Person Orientation was given to: Husband

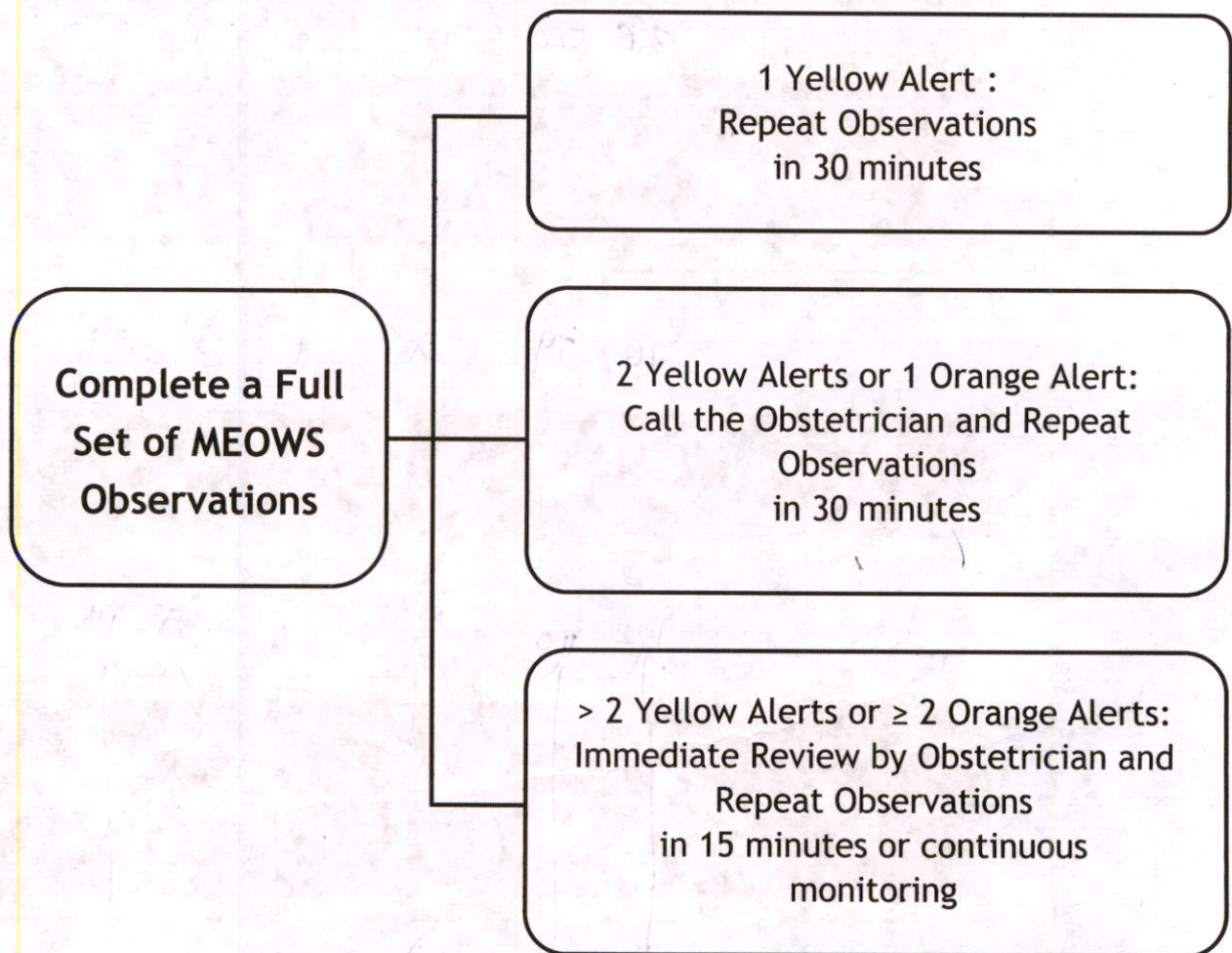
Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Seetha

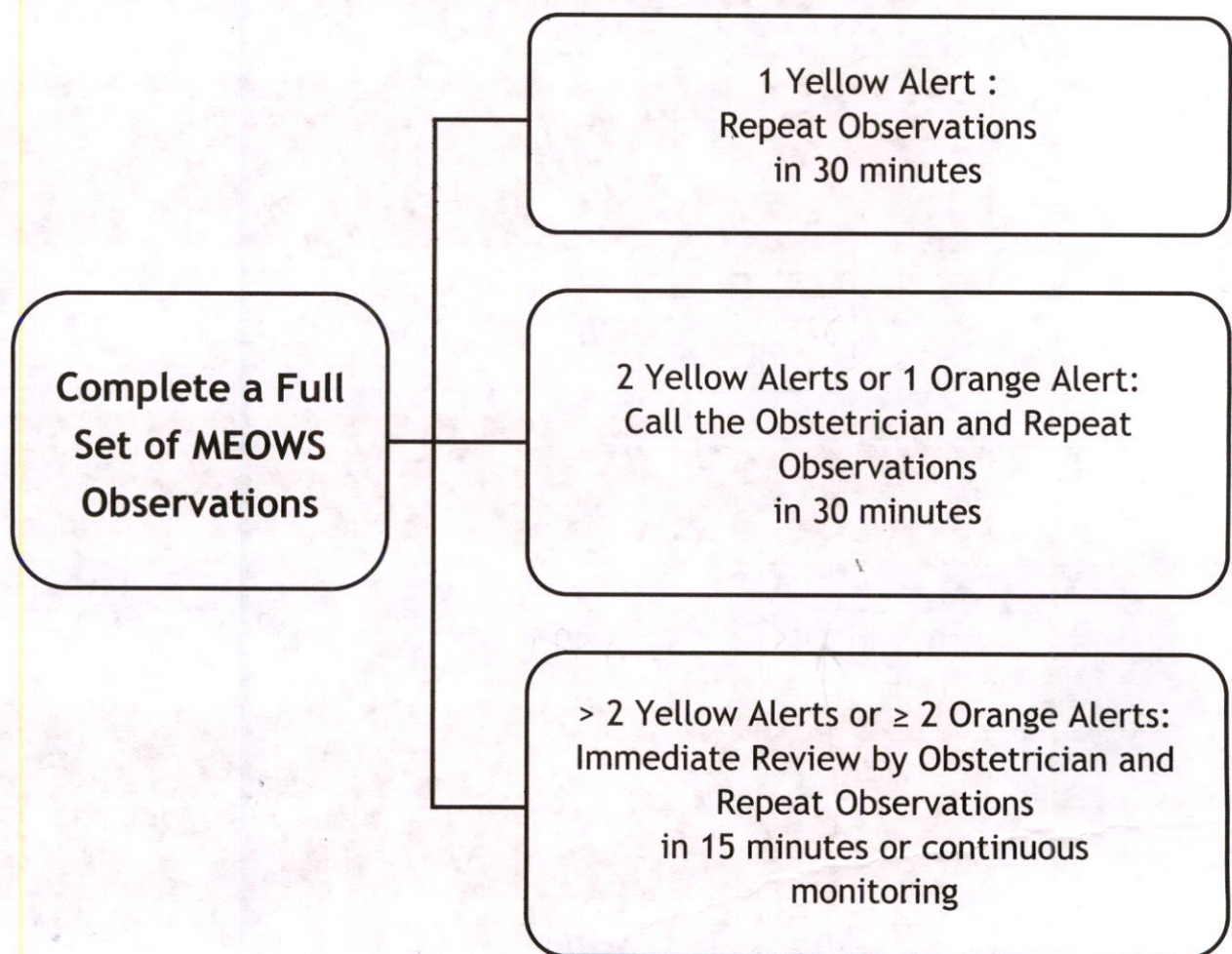
Date & Time: 25/5/2023 3:15 pm

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-00476195 IP5-00174304
 Mrs NAGA LAXMI SRIPRADA HOTA
 20-07-1992 33 Y 10 M 7 D (F)
 Dr. SHRUTH REDDY/Dr.LAVANYA



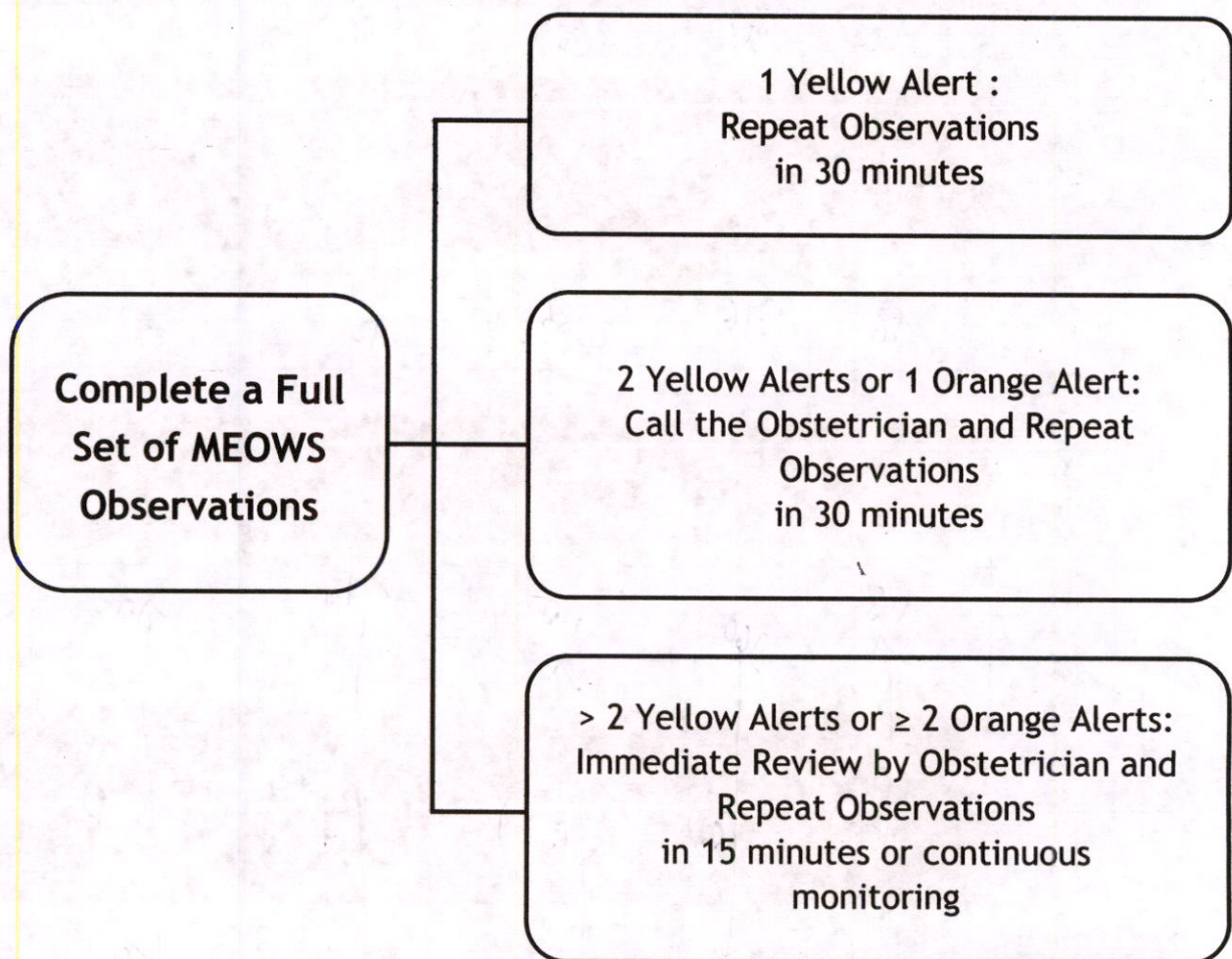
Early Warning Observation Score Chart - Obstetrics

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

27/05/26

		Date	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		20		
Saturations	0 - 10														
	94 - 100 %			99%		99%					98%		98%		
	< 94 %													97%	
Administered O ₂ (L/min.)															
Temp °C	40														
	39														
	38														
	37			36		35							36		
	36														
	35														
	< 35														
Heart Rate	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100														
	90			86		86					92		88		92
	80														
	70														
	60														
	50														
40															
Systolic Blood Pressure ↑	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100			118		100					112		108		102
	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	
TOTAL ORANGE SCORES				0		0						0		0	
Nurse Initial				SR		SR						SR		SR	

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00476195 IP5-001743
 Mrs NAGA LAXMI SRIPRADA HOTI
 20-07-1992 33 Y 10 M 5 D
 Dr. SHRUTHI REDDY/Dr.LAVANYA



FLUID CHART

Sheet No. : 1

25/5/26

- 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			
	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	RL N		100ml						✓	0		Nandini
	04:00 pm	RL B		100ml							0		Nandini
	05:00 pm	RL M		100ml							0		Nandini
	06:00 pm	RL		100ml							0		Nandini
	07:00 pm	RL		100ml						300ml	0		Nandini
Total Intake : taken 600ml						Total Output : 0 = passed							
	08:00 pm	RL N		100ml							0		Shelby
	09:00 pm	RL B		100ml						200ml	0		Shelby
	10:00 pm	RL M		100ml							0		Shelby
	11:00 pm	RL		100ml							0		Shelby
	12:00 am	RL		100ml							0		Shelby
	01:00 am	RL		100ml						600ml	0		Shelby
Total Intake : taken 600ml						Total Output : passed							
	02:00 am	RL H ₂ O		100ml							0		Jyothi
	03:00 am	RL H ₂ O		100ml							0		Jyothi
	04:00 am	RL H ₂ O		100ml							0		Jyothi
	05:00 am	RL H ₂ O		100ml						400ml	0		Jyothi
	06:00 am	RL H ₂ O		100ml							0		Jyothi
	07:00 am	RL H ₂ O		100ml							0		Jyothi
Total Intake : taken 600ml						Total Output : 0 - 400ml							

Total 24 hrs. Intake 1600ml

Total 24 hrs. Output 0 - 15,000ml



FLUID CHART



Sheet No. : (3)

26/5/26

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	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
26/5/26			Mouth	I.V	N.G							
	08:00 am										0	Pooja
	09:00 am		H ₂ O								0	Pooja
	10:00 am	NO I.V									0	Pooja
	11:00 am										0	Pooja
	12:00 pm		H ₂ O						500ml		0	Pooja
	01:00 pm										0	Pooja
Total Intake :					Total Output : U - 500ml, m - 0							
	02:00 pm										0	Pooja
	03:00 pm		H ₂ O								0	Pooja
	04:00 pm	NO I.V				✓			✓		0	Pooja
	05:00 pm		H ₂ O			✓			✓		0	Pooja
	06:00 pm										0	Pooja
	07:00 pm										0	Pooja
Total Intake :					Total Output : U - 2, m - 2							
	08:00 pm										0	Sueha
	09:00 pm	NO I.V	H ₂ O			✓			✓		0	Sueha
	10:00 pm										0	Sueha
	11:00 pm		H ₂ O						✓		0	Sueha
	12:00 am								✓		0	Sueha
	01:00 am		H ₂ O								0	Sueha
Total Intake :					Total Output : M - 1, U - 3							
	02:00 am										0	Sueha
	03:00 am		H ₂ O								0	Sueha
	04:00 am	NO I.V							✓		0	Sueha
	05:00 am										0	Sueha
	06:00 am		H ₂ O						✓		0	Sueha
	07:00 am										0	Sueha
Total Intake :					Total Output : M - 0, U - 2							

Total 24 hrs. Intake : 1Ltr

Total 24 hrs. Output : M-3 U

BAH-00478195 IPS-00174304
 Mrs NAGA LAXMI SRIPRADA HOTA
 20-07-1992 33 Y 10 M 7 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA

FLUID CHART

Sheet No. : 27/5/26

- 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			NG	Diarrhoea	Vomit	Output			IV Site Thrombo-phlebitis Score	Sign. Nurse
			Mouth	I.V	N.G				Drainage	Urine			
	08:00 am										0	Swage	
	09:00 am										0	Swage	
	10:00 am	NO IVF	H ₂ O				NP				0	Swage	
	11:00 am		H ₂ O								0	Swage	
	12:00 pm										0	Swage	
	01:00 pm		H ₂ O								0	Swage	
Total Intake :						Total Output : V-2 M-0							
	02:00 pm										0	Swage	
	03:00 pm		H ₂ O								0	Swage	
	04:00 pm	NO IVF	H ₂ O				NP				0	Swage	
	05:00 pm		H ₂ O								0	Swage	
	06:00 pm										0	Swage	
	07:00 pm		H ₂ O								0	Swage	
Total Intake :						Total Output : V-4 M-0							
	08:00 pm										0	Durge	
	09:00 pm		H ₂ O								0	Durge	
	10:00 pm	NO IVF	H ₂ O				NP				0	Durge	
	11:00 pm		H ₂ O								0	Durge	
	12:00 am										0	Durge	
	01:00 am		H ₂ O								0	Durge	
Total Intake :						Total Output : V-2 M-0							
	02:00 am										0	Durge	
	03:00 am		H ₂ O								0	Durge	
	04:00 am	NO IVF	H ₂ O				NP				0	Durge	
	05:00 am		H ₂ O								0	Durge	
	06:00 am										0	Durge	
	07:00 am		H ₂ O								0	Durge	
Total Intake :						Total Output : V-2 M-0							
Total 24 hrs. Intake			taken			Total 24 hrs. Output			V-10 M-0				

BAH-00476195 IP5-00174304
 Mrs NAGA LAXMI SRIPRADA HOTA
 20-07-1992 33 Y 10 M 7 D (F)
 Dr. SHRUTHI REDDY/Dr. LAVANYA



FLUID CHART



Sheet No. : 3

28/5/26

- 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											0	poor
	09:00 am											0	poor
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output : u- m-							
	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							

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mrs. SRIPRADA Age: 33 Sex: F UHID.No: BAH-00547707
 Date: 25-5-26 Time: 4 PM Proposed Operation: Elective LCCS
 Diagnosis: G3P1L1A1 E 38 weeks / prev LCCS
 B.P / CRT: H.R: Weight: ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 12.5 Glucose: Protein: HIV: X-Ray:
 PCV: Urea: Alb: HBS Ag: NR ECG:
 WBC: 11490 Creat: Total Bill: HCV: 2D Echo:
 Plate: 242 Na: Dir. Bill: Blood group: A+ve Stress/Angio:
 PT: K: LDH: T3 Other:
 PTT: Ca++: Alk phos: T4
 INR: Mg++: Amylase: TSH
 Cl-: SGOT/SGPT:
 Allergies: NKDA

Medical History: CVS: no cardiac issues
 RESP: ANC - untreated Diabetes:
 CNS: no co-morbid
 Renal:
 Hepatic / GE: Physical Activity: Active
 Others: 4% haemorrhoids
Past Anaesthetic History: 4% prev LCCS

Physical Exam: afebrile
 Airway: MP 1 2 3 4 Mouth Opening: > 3F Mento-hyoid Distance: Neck: Teeth:
 Lungs:
 Heart: NAD
 CNS:

Pregnant: Yes No NA Venous Access Site: e Spine Exam for regional: Positive
Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
/	/
/	/
/	/

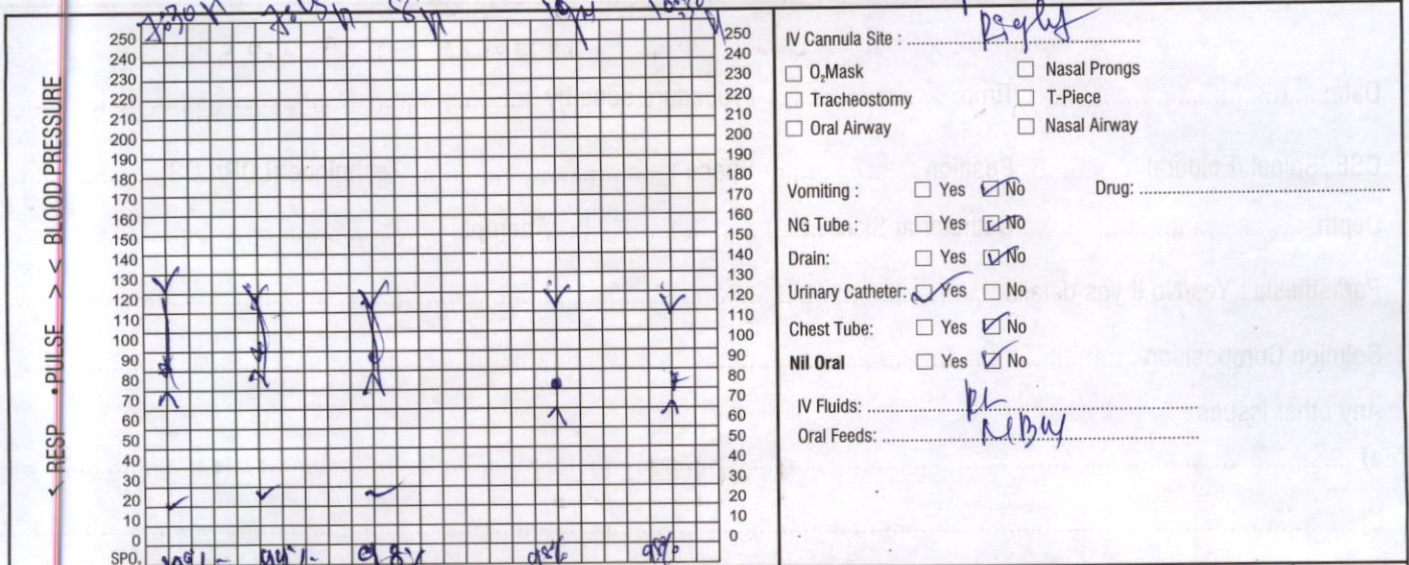
Pre-Operative Instructions:
 1. DVT Prophylaxis :
 2. NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$ > 6hr
 3. Informed Consent: Standard High Risk
 4. Post Operative Pain Management: Discussed with Patient
 5. Other Instructions:

Signature: [Signature] Name: Dr. Anand



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : 7:30 PM Time Discharged :



IV Cannula Site :
 O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway
 Vomiting : Yes No Drug :
 NG Tube : Yes No
 Drain : Yes No
 Urinary Catheter : Yes No
 Chest Tube : Yes No
 Nil Oral Yes No
 IV Fluids :
 Oral Feeds :

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	2	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Aptic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
25/5	7:30 PM	0	Nil	P. Srinivas
25/5	9:30 PM	1/10	Inj Paracetamol given	P. Srinivas
25/5	10 PM	0/10	Nil	P. Srinivas

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : Dr. Ameer

Anaesthesiologist Signature : [Signature]

Date & Time : 25/5/26 @ 12:30 AM

PACU Nurse Name : P. Srinivas

PACU Nurse Signature : [Signature]

Date & Time : 25/5/26 @ 7:30 PM

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Transferred to Unit by (PACU): O.B.S.

Date & Time: 25/5/26 @ 7:30 PM

Patient Sticker



Department of Anaesthesiology EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

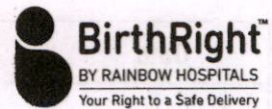
Doctor Name:

Date and Time :

BAH-00657277 IP5-00174
Baby Of NAGA LAXMI SRIPRADA
25-05-2026 0 Y 0 M 0 D 2 H
Dr. VIJAYANAND JAMALPURI



303



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 26/5/26

Time: 8am

Origin: Indian Height: 155cm Weight: 68kg's BMI: 29.2 kg/m²

Food Allergies: No

Diagnosis: POD-1 E/LSCS: (lower segment cesarean section)

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

Diet Advised:

soft High protein diet
include plenty of oral liquids
avoid spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: [Signature]

Signature: Saina

Name: Lakshmi

Name: Saina

Date & Time: 26/5/26 8am

Date & Time: 26/5/26 8am

