

ADMISSION SHEET



Registration Details :

Admission No : IP5-00174319 Admit Date : 25-May-2026 Admit Time : 11:05 PM UHID : BAH-00646665

Patient Details :

Patient Name	: Mrs HARIKA MUDDIBOINA	Age	: 36 Y 0 M 12 D
Guardian	: Mr MUDDIBOINA , NAGARAJU	DOB	: 13-05-1990
Gender	: Female	Religion	:
Occupation	:	Martial Status	: Married
Address (H)	: H NO - 10-10-269, GROUND FLOOR , SYED MOHAMMED MANZIL , INDRA GANDHI PURAM , Fatehnagar Hyderabad Telangana INDIA 500018	Phone No	: 8892256156/ 9493937599
		E-mail	: NOMAIL@GMAIL.COM

Admission Details :

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

Contact Details :

Name : Mr MUDDIBOINA , NAGARAJU Relationship : Husband
Contact Address : H NO - 10-10-269, GROUND FLOOR , SYED MOHAMMED MANZIL , INDRA GANDHI PURAM , Fatehnagar Hyderabad Telangana INDIA 500018 Phone No : 8892256156 / 9493937599



Signature

Doctor Details :

Doctor Name : Dr. K BHARGAVI REDDY Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Primigravida @ 38th wks for IOL

LMP: 26/8/20

EDD: 3/6/20

Corrected EDD: 3/6/20

GA: 38th wks

Obstetric Formula:

ML-2020, NCM

Menstrual History: Regular: Yes No

Irregular

Obstetric History:

MI-PP-SP. Conception booked at 21st wks

Obstetric Examination

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Present Pregnancy Record:

RISK FACTORS:

hypoplastic NB at 20th wks
 Repeat scan at RCH -> hypoplastic on one side.
 Cervical stick placed at 16 wks removed at 37th wks

Per Speculum Examination

Not Indicated

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed 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

Height: 150 cm

Weight: 70 kg

Allergies: NKDA

Breast: Normal Abnormal

General Examination:

Consciousness: com Pallor: absent

Icterus: absent Edema: absent

Temp: Afebrile PR: 72

BP: 110/60 DTR: +

CVS: S1S2+ RS DAE+

Liver/Spleen: non-palpe Urine Output: adequate

DIAGNOSIS

Primigravida @ 38th wks for IOL (Induction of Labor)



DNS → Septoplasty - Gyn back

Family History:
 NIL

Surgical History: Left - cleft lip - Surgery at 8 months
 Lap. Ovarian Cystectomy - 2022
 Left Leptoscopic polypectomy - 2015, Aug

at 8 months:
 Flap
 Dermoid
 Cyst

Medical History:
 NIL

Medication History:
 + T-Iron 0.1
 + T-Calcium 0.1

Plan of Care:

- admission
- Monitor vitals
- Consent - NVD, IOL
- NST - now
- NST - 3rd day
- Wt - progression of labor
- send CBP & Trace
- Prepare part
- Shift Epidural (dos)
- Enema (dos)
- Drug as charted.

Investigations:

A +ve
 Virals - NR

5/4/26
 Hb: 11.6
 Plt: 2.0
 NT: 1.0mm. Double mass: Low risk
 NIPT: Low risk.

Scan done at 20⁺ wks; showed hypoplastic nasal bone.

Scan done at 21⁺ wks, NB - hypoplastic on one side (3.0mm), Placenta A/H EFw (388 gm) (17%), AC 16%, CB 3.8cm

advised amniocentesis - 7 wks hypoplasia NB → couple opted for NIPT.

10/5/26 : 36⁺ wks, SLUG, Cephalic 29.85 gm (55%), AC: 85%, AF: 14cm Placenta A/H, Doppler (+)

Doctor Name: Dr. Bhargavi
 Signature: [Signature]
 Date & Time: 25/5/26, 11:30pm

DR. BHARGAVI REDDY
 Consultant Name: Dr. Bhargavi Reddy
 Signature: [Signature]
 Date & Time: 26/5/26, 7:30 AM

BAH-0046665 IP5-00174319
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y O M 15 D (F)
 Dr. K BHARGAVI REDDY

EFFICIENCY CHECK LIST OF CASE SHEET

Sl.No.	List of Records	No. of Pages	Legibility	Completeness	Remarks
1	Admission sheet	1			
2	Discharge Summary	1+1			
3	Nursing Initial assessment	2			
4	Patient Transfer form	1			
5	In-patient Medical record	4			
6	Doctors progress sheets	4			
7	Nursing plan of care and handover sheets	4			
8	Consultation sheet	1			
9	General consent for treatment	1			
10	Consent for Surgery				
11	Consent for blood transfusion				
	Consent for chemotherapy				
13	Consent for high risk				
14	Consent for Restraint				
15	LAMA consent				
16	Consent for special procedure / Sedation	1			
17	Consent for Formula feed				
18	Consent for MTP				
19	Consent for Radiological Investigations				
20	Consent for HIV test				
21	Anaesthesia notes (Pre Anaesthesia & post)	1			
22	Neonatal Admission/Delivery/Physical Exam				
23	Medication Reconciliation	1			
24	Emergency Triage record	1			
25	Pre operative check list	1			
26	Surgical safety checklist	1			
27	Operation Theatre notes	1			
28	Nurses clinical Presentation	3			
29	TPR & BP chart	2			
30	Intake and Out take chart (fluid chart)	2			
31	Drug chart (Regular Prescription)	1			
32	Investigation Values (result sheet)	1			
33	Nebulization chart				
34	Nutritional review chart	1			
35	Intensive care unit (ICU Charts)				
36	Consent for Admission in PICU / NICU				
37	The Humpty dumpty scale				
38	Braden Q Scale				
39	Bed side check list				
40	PICU bed formula Dilution feeds	1			
41	Gastro monitoring chart				
42	Rch ED doctors note	1			
43	BP Monitoring chart				
44	RBS monitoring chart	10			
	Total No. of Pages	43			

ERROR LOG

LOCATION : OT / Birthing Centre / BirthRight Premium / 3rd Floor (Zone A,B,C) / NICU / PICU /
2nd Floor Ward / Oncology / 1st Floor Wards.

OBSERVATION :

DATE :

SIGNATURE OF MRD INCHARGE / EXECUTIVE



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 2 AM	Primigravida / 38 ⁺ wks / IOL	
	G.C: Grav B.P: 110/70 P.R: 69 SPO ₂ : 100% on RA P/A: Uterine term relaxed FHR (+) Trace CBP	R 1) Monitor vitals - 4hrly 2) NST - 3rdly 3) Dwg as charted 4) w/f progression of Labour 5) 2 nd dose of T.PGE ₁ 2500mcg given at 2pm 6) Infuse SO ₂
	- Dr. Sravanthi Shui	
26/5/26 5:30 AM	Primigravida / 38 ⁺ wks / IOL	MB Tunny 015923 2/10/26
NST monitor Trace - CBP	G.C: Grav B.P: 112/72 mmHg P.R: 72 bpm SPO ₂ : 100% on RA P/A: Uterine Term relaxed P/V: Cervix 2cm long Posterior OS: 1-2F M (+)	R 1) Monitor vitals - 4hrly 2) NST - 3rdly 3) w/f progression of Labour 4) 3 rd dose of T.PGE ₁ given at 5:30 AM 5) Infuse SO ₂ - Dr. Sravanthi Shui

BAH-00646655 IP5-00174
 Mrs MUDDIBINA HARIKA
 13-05-1990 36 Y 0 M 13 D
 Dr. K BHARGAVI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/2026	Pain / 38+6 wks / Induction / Cast	
7 AM	No. Nil	A&S
	Cervix fair.	
	T-2 P-107/100	① 4g CEFOTAXIME
	BP-125/87	1gm IV
	Placenta - Mild.	after test done
	Contractions +	② Ergo.
	Fetus ⊕	③ NST New.
	Plc - ca-50-off 2cm.	④ w/f Progress
	BOM ⊕	(cervix fair)
	ARM done - Cleanly	⑤ fetal heart
		monitoring.
	Counselled couple	
	option of Pair Delivery	
noted by		
Saidya (016635)		
7:20 AM		
	DR. BHARGAVI REDDY Registration No: 93315	

EAH-00646665 IP5-00174
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 13 D
 Dr. K BHARGAVI REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/1/2026 8:10 AM	Painu 38+6 wks Indication of labour	Adv
Aperiodic CBP → R:1 12,550 269	de ac facie, atonik PR - 102 bpm BP - 120/82 mmHg SpO2 - 99% on RA P/A uterus mild aching FHR @ 135 bpm.	- w/f progression of labour - CTG okay - vitals steady - Pain relief SOS - Inform NS
NIB Sandeys 016638		Dr. Sandeys
26/5/2026 10:30 AM	40 mild pains on Synto - 30 ml/hr Vitals - Stable	Advice ✓ Watch for Progress of labour ✓ Continue same treatment ✓ Monitor FHR ✓ Continue Oxytocin infusion ✓ Inform NS
NIB Sandeys 016638		By Chandrashekar

BAH-00646665 IP5-00174319
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 13 D (F)
 Dr. K BHARGAVI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>26/5/2016 12 PM</p>	<p>Symptoms - 36 ml/hr vitals - BP - 120/72 PR - 82 bpm SpO₂ - 99% on RA P/A - vitals mildly rising V/E - Cx 50 l, 2cm clear lungs (+) Vx (-2)</p>	<p><u>Advice</u></p> <ul style="list-style-type: none"> ✓ Lam exercises ✓ titrate epidural ✓ Monitor FHR ✓ Entermom SLS <p>By Dr Deepika</p>
<p>26/5/2016 12:50 PM</p>	<p>Doesn't want Epidural. Assure for us.</p>	<p>Assure for us PAC Consent</p> <p>DR. BHARGAVI REDDY K Registration No: 93215</p>

BAH-0064/665 IP5-00174319
 Mrs MUDD BOINA HARIKA 16 Y 0 M 13 D (F)
 13-05-1990
 Dr. K BHAI GAVI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

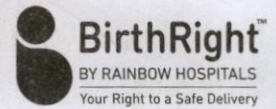
Date & Time	Progress Notes	Doctor's Order
26/5/26 3:30pm	POD-0 / USGS O/E GC-fair, afebrile PR-98bpm BP 112/76mmHg SpO ₂ -98% (on RA) P/A uterine rechecked well US Bleeding wire	Adv - NBM for USGS - drugs as per charted - w/f active Bleeding IV - IV fluids - RL/AS @ 100ml/hr - Vitab every 15min for 2hrs - Inform NS
26/5/26 6:30pm	U/O-300ml (empty/clear) Baby - well POD-0 / Em-USGS (Maternal management) O/E GC-fair BP-115/82mmHg PR-92bpm SpO ₂ -98% (on RA) P/A-ut(2) well I/E-BWML	Dr. Samir Adv 1UF @ 100ml/hr till 7:00am, 1) Allow sips of water. 2) oral soft diet from 9:00pm 3) liquid diet from 8:00pm 4) Monitor vitals qth hourly 5) w/f active Bleeding 6) Monitor I/O charting 7) Inform NS 8) Foley removal at 8:00am on 27/5/26 Noted by turns
Shift to Room	mb Sandya 0166m Dr. Dny	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 7:30pm	POD-I / Lscs	
B-well	Gc: fair vitals: stable P/A: Uterus	1) Soft diet & plenty of oral fluid
voided passed flatus stools	retracted well Bowel soft ⊕ P/v: Lochia Inealty	2) Drug as charted 3) w/f flv Bleeding 4) Ambulation 5) Breast feeding 6) Tufem sos
		Noted by @dote 27/5/26 - Dr. Sravanti @ 7:45pm
28/5/26 8:45PM	POD-II / Lscs / P/LI	
B-well	G C: fair vitals: stable P/A: Uterus retracted well Bowel soft ⊕	1) Regular diet & plenty of oral fluid
V ✓ Passed - flatus stools	P/v: Lochia Inealty	2) Drug as charted 3) w/f flv Bleeding 4) Ambulation 5) Tufem sos
D/E / Due S/E	7 plan discharge by per page	- Dr. Sravanti

BAH 00646665 IP5-00174
 Mrs M JDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 13 D
 Dr. K B ARGAVI REDDY



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr. Bhargavi</i>	Date of Delivery: <i>26/5/2026</i>
Assistant Surgeon: <i>Dr. Deepika</i>	Time of Delivery: <i>1:40 PM</i>
Anaesthetist's Name: <i>Dr. Akhile</i>	Gender of Baby: <i>Male</i>
Type of Anaesthesia: <i>Spinal</i>	Weight of Baby: <i>3.238</i>
Neonatologist: <i>- Dr. Romya</i>	AGPAR Score: <i>9/10</i>
Scrub Nurse: <i>Sis. Shobana</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Operative Diagnosis: <i>Primigravida 38¹⁵ Induction of labor.</i>	
<input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication: <i>Maternal Request</i> Urgency <input type="checkbox"/> Immediate Threat to life of woman or fetus <input type="checkbox"/> Maternal or fetal compromise not immediately life threatening <input checked="" type="checkbox"/> No maternal or fetal compromise but needs early delivery <input type="checkbox"/> Delivery timed to suit woman and staff	
Decision time: <i>12:30</i> Knief to rectus:	
CTG Description: <i>Reactive</i>	
If there was a delay give the reasons:	
Surgical Procedure: <i>Emergency LSCS under Spinal Anesthesia</i>	
Post Operative Diagnosis: <i>P1L1 - PPD - 0</i>	
Peri-Operative Complications: <i>Nil</i>	
Amount of Blood Loss: <i>~ 400ml</i>	Blood Transfused (in ML): <i>Nil</i>
Name and Number of Surgical Specimen sent for examination: <i>Nil</i>	

BAH-00646665 IP5-00111
Mrs MUDDIBOINA HARIKA
13-05-1990 36 Y 0 M 13 D
Dr. K BHARGAVI REDDY



POST-SURGICAL CARE PLAN FORM

Procedure Done:	Emergency lower segment caesarean section
Post-Surgical Diagnosis:	P.L.
Post-Operative Monitoring Parameters /Frequency:	BP/PR/SpO ₂ - hourly monitoring
Wound Care:	Dressing x 48 hours
Drain /Special Lines/Catheters:	<ul style="list-style-type: none">✓ Foley's insitu✓ Urine output hourly monitoring
Special Patient Positioning and Requirements:	Nil
Nutritional Instructions:	<ul style="list-style-type: none">✓ NBM for 4-6 hours✓ liquid diet after 4-6 hours✓ soft diet - 10-12 hours
When to Start Mobilization:	<ul style="list-style-type: none">✓ as soon as anesthesia wears off✓ Ambulation after foley's Removal
Special Referrals:	Nil
The new order for all required medications documented in the doctor order/medication sheet: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any Other Post-Operative Care Needed including Required Follow Up	Nil
Operating Surgeon (Signature & Stamp)	
Date:	26/5/2026
Time:	2:40 PM
Plan of care will be readjusted if necessary.	

RA4-00646665 IP5-00174
 Mr: MUDIBOINA HARIKA
 13-01-1990 36 Y 0 M 13 D
 Dr. K. HARGAVI REDDY



RESULT SHEET

Date	25/5/26				
Time	~ 11:45 pm				
Hb	12.1				
PCV	37.0				
RBC	4.22				
WBC	12.58				
N/L	60/34				
Platelets	2.69/lk				
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-00646665 PF-001747
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 13 D
 Dr. K BHARGAVI REDDY



MEDICATION RECONCILIATION FORM

Drug Allergies: NKPA 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: 3rd Floor

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	1tb	PO	OD	25/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. Calcium	1tb	PO	OD	25hr	<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: Qui, Dr. Sravanti

Date & Time: 25/5/20, 11pm

Nurse Name & Signature: Purna (TM)

Date & Time: 25/5/20 @ 11pm.

BAH-00646665 IP5-00174319
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 13 D (F)
 Dr. K BHARGAVI REDDY



Sheet No:

REGULAR PRESCRIPTIONS

Weight 7.0 kg Ward OR I

DRUG : TAB - PANTOPRAZOLE				Date	28/5															
				Time	2:30															
Dose	Route	Frequency	Start Dt.																	
40 mg	PO	BD	26/5/26																	
Name & Signature of the Doctor Starting the Drugs:				Dr. K Bhargavi Reddy <i>(Signature)</i>																
Additional Instructions:				1st dose 1st dose 1st dose 1st dose																
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																				
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																				

VERIFIED

Signature

VERIFIED BY

BAH-00848665 IP5-00174319
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 14 D (F)
 Dr. K BHARGAVI REDDY



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

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																				

VERIFIED BY : Name Signature

BAH-00646665 IP5-0 174
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 13 D
 Dr. K BHARGAVI REDDY



DRUG CHART

Date of Admission: 25/5/26 Drug Allergies: NKDA Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

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 : _____



REGULAR PRESCRIPTIONS

Weight. 70 kgs Ward. obs

VERIFIED

VERIFIED

VERIFIED

VERIFIED

DRUG : <u>Oral CEFOTAXIME</u>				Date Time	27/5 28/5
Dose	Route	Frequency	Start Date		
1gm	IV	BD	26/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. Paracetamol</u>				Date Time	27/5 28/5
Dose	Route	Frequency	Start Date		
1g	PO	QID	26/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. Paracetamol</u>				Date Time	27/5 28/5
Dose	Route	Frequency	Start Date		
100mg	PO	TID	26/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. Diclofenac</u>				Date Time	26/5 27/5 28/5
Dose	Route	Frequency	Start Date		
50mg	PO	TID	26/5		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Start Date	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5	11PM	T-PGE1	25mcg	PO	[Signature]	Tunna gushpa 11:10 PM
25/5	2AM	T-PGE1	25mcg	PO	[Signature]	Tunna gushpa 06:55 AM
26/5	5AM	T-PGE1	25mcg	PO	[Signature]	Tunna gushpa 07:35 AM
26/5	7:30AM	Proctolytic's Enema	100ml	PR	[Signature]	Sandhya 07:35 AM
26/5	NA	INT PROTIN	1amp	IV	[Signature]	Not Given
26/5	NA	INT BVSORPAN	1amp	IV	[Signature]	Not Given
26/5	12:45 PM	PANTOPRAZOLE	40mg	Iv	[Signature]	Shaeali Sandhya
26/5	12:50 PM	PERINOR	10mg	Iv	[Signature]	Shaeali Sandhya 12:55 PM
26/5	14:15 PM	TRANEXAMIC ACID	10	Iv	[Signature]	Rajeshwari 01:20 PM

Signature
VERIFIED BY: Name

VERIFIED
11:10 PM
06:55 AM
07:35 AM
07:35 AM
12:55 PM
01:20 PM



I.V. FLUIDS CHART

Weight: 70kg Ward: BC obstetrics

VERIFIED

Signature

VERIFIED BY : Name

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
26/5	7:50AM	RINGER LACTATE LACTATE 500ml	IV	500ml hr	ky	Sandya Sudha	26/5	[Signature]	Sandya Sudha
26/5	8AM	RINGER LACTATE 500ml + 10U Inj OXYTOCIN	IV	6ml hr	ky	Sandya Sudha	26/5	[Signature]	Sandya Sudha
		Start at 6ml/hr increase by 6ml/hr every 20-30 mins watch for uterine contractions 3-4c"/10s/10min					26/5		
26/5	1:15 pm	RINGER LACTATE	IV	500 ml/hr	[Signature]	Sandya Bhaskar	26/5	[Signature]	Rajesh Bhaskar
26/5	1:45 pm	RINGER LACTATE	IV	500 ml/hr	[Signature]	Rajesh Bhaskar	26/5	[Signature]	Rajesh Bhaskar
26/5	2 pm	RINGER LACTATE	IV	500 ml/hr	[Signature]	Sandya Bhaskar	26/5		Sandya Bhaskar
26/5	3 pm	RINGER LACTATE	IV	100ml hr		Sandya Bhaskar	26/5	[Signature]	[Signature] [Signature]
26/5/28	10 pm	RINGER LACTATE 500ml	IV	100 ml hr	Cy	Martha Anand	27/5/28		Martha Anand

BAH-00646665 IP5-011743
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 13 D
 Dr. K BHARGAVI REDDY



MULTI-DISCIPLINARY PLAN OF CARE FORM



Diagnosis: Primigravida / 38th wks / for IOL

Date Time	Discipline	Type	Patient Needs / Problem List	Goal	Plan / Intervention	Signature	Team Verification
25/5/26 11:10 pm	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Primigravida / 38 th wks	Safe Delivery	Induction of Labour	Dr. Sravath	<input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:
25/5/26 @ 11:30 pm	<input type="checkbox"/> Medical <input checked="" type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op	Fear & Anxiety	Reduce fear & Anxiety	Psychological Support	Tunne,	<input checked="" type="checkbox"/> Medical <input type="checkbox"/> Others:
27/5/26 11am	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others: dietitian	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input checked="" type="checkbox"/> Post Op	POD-1 / Em. LSCS	Soft diet	Soft High protein diet	Saima	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input checked="" type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:
	<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:	<input type="checkbox"/> Initial <input type="checkbox"/> Modified <input type="checkbox"/> Per-Op <input type="checkbox"/> Post Op					<input type="checkbox"/> Medical <input type="checkbox"/> Nursing <input type="checkbox"/> Others:

EAH-006466 :5 IP5-00174:
 Mrs MUDDHAYNA HARIKA
 13-05-1990 36 Y 0 M 13 D
 Dr. K BHARGAVA REDDY



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	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																11	12	1	2	3	4	5	6	7		
RESP (write rate in corresp. box)	> 30																											
	21 - 30																											
	11 - 20																	19				19					18	
	0 - 10																											
Saturations	94 - 100 %																	98%				97%					97%	
	< 94 %																											
Administered O ₂ (L/min.)																												
Temp °C	40																											
	39																											
	38																											
	37																											
	36																											
	35																											
	< 35																											
Heart Rate	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
	60																											
	50																											
40																												
Systolic Blood Pressure	190																											
	180																											
	170																											
	160																											
	150																											
	140																											
	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
60																												
50																												
Diastolic Blood Pressure	130																											
	120																											
	110																											
	100																											
	90																											
	80																											
	70																											
60																												
50																												
40																												
NEURO RESPONSE [✓]	Alert																											
	Voice																											
	Pain																											
	Unresponsive																											
URINE mls / hour	> 30																											
	< 30																											
Proteinuria	Protein ++																											
	Protein > ++																											
Lochia	Normal																											
	Heavy / Foul																											
Liquor	Clear / Pink																											
	Green																											
TOTAL YELLOW SCORES																												
TOTAL ORANGE SCORES																												
Nurse Initial																												

25/5/20

NA

34c

92

80

110

100

80

60

69

121

76

8

0

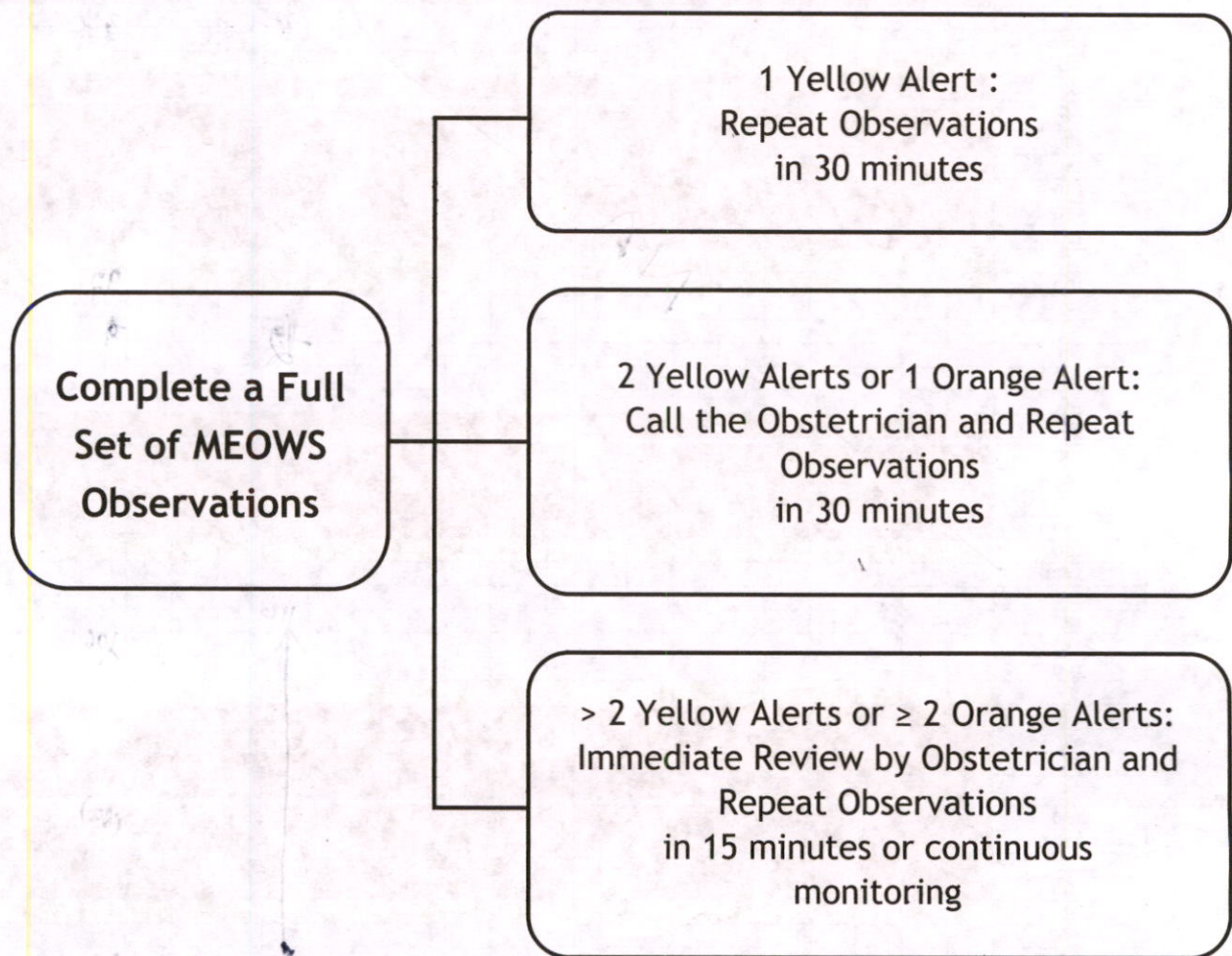
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Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00646665 IP54 0174
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y O M 13
 Dr. K BHARGAVI REDDY



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	8	9	10	11	12	1	2	3	4	5	6	7	
		Time	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30														
	21 - 30														
	11 - 20		18	18	20		19	18	18			19		18	
	0 - 10														
Saturations	94 - 100 %		98	99	99		98	98	98			98x		99x	
	< 94 %														
Administered O ₂ (L/min.)															
Temp °C	40														
	39														
	38														
	37		37.0	37.0	37.0										
	36														
	< 35														
Heart Rate	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100		107	101											
	90				91					90					
	80							86	88	83					
	70														
	60														
	40														
Systolic Blood Pressure	190														
	180														
	170														
	160														
	150														
	140														
	130														
	120														
	110														
	100		121	121	123		111	111	110			110		117	
	90														
	80														
	70														
60															
50															
Diastolic Blood Pressure	130														
	120														
	110														
	100														
	90														
	80														
	70														
	60														
	50														
	40														
	NEURO RESPONSE [✓]	Alert		✓				0							
		Voice													
		Pain													
Unresponsive															
URINE mls / hour	> 30		✓	✓		0						✓		✓	
	< 30														
Proteinuria	Protein ++														
	Protein > ++														
Lochia	Normal		✓	✓	✓							✓		✓	
	Heavy / Foul														
Liquor	Clear / Pink		✓	✓	✓							✓		✓	
	Green														
TOTAL YELLOW SCORES			0	0	0							0		0	
TOTAL ORANGE SCORES															
Nurse Initial			B	S	B		S	S	S			S		S	

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)

BAH-00646665 IP5-00174319
 Mrs MUDDIBONA HARIKA
 13-05-1990 36 Y 0 M 14 D (F)
 Dr. K BHARQAVI REDDY

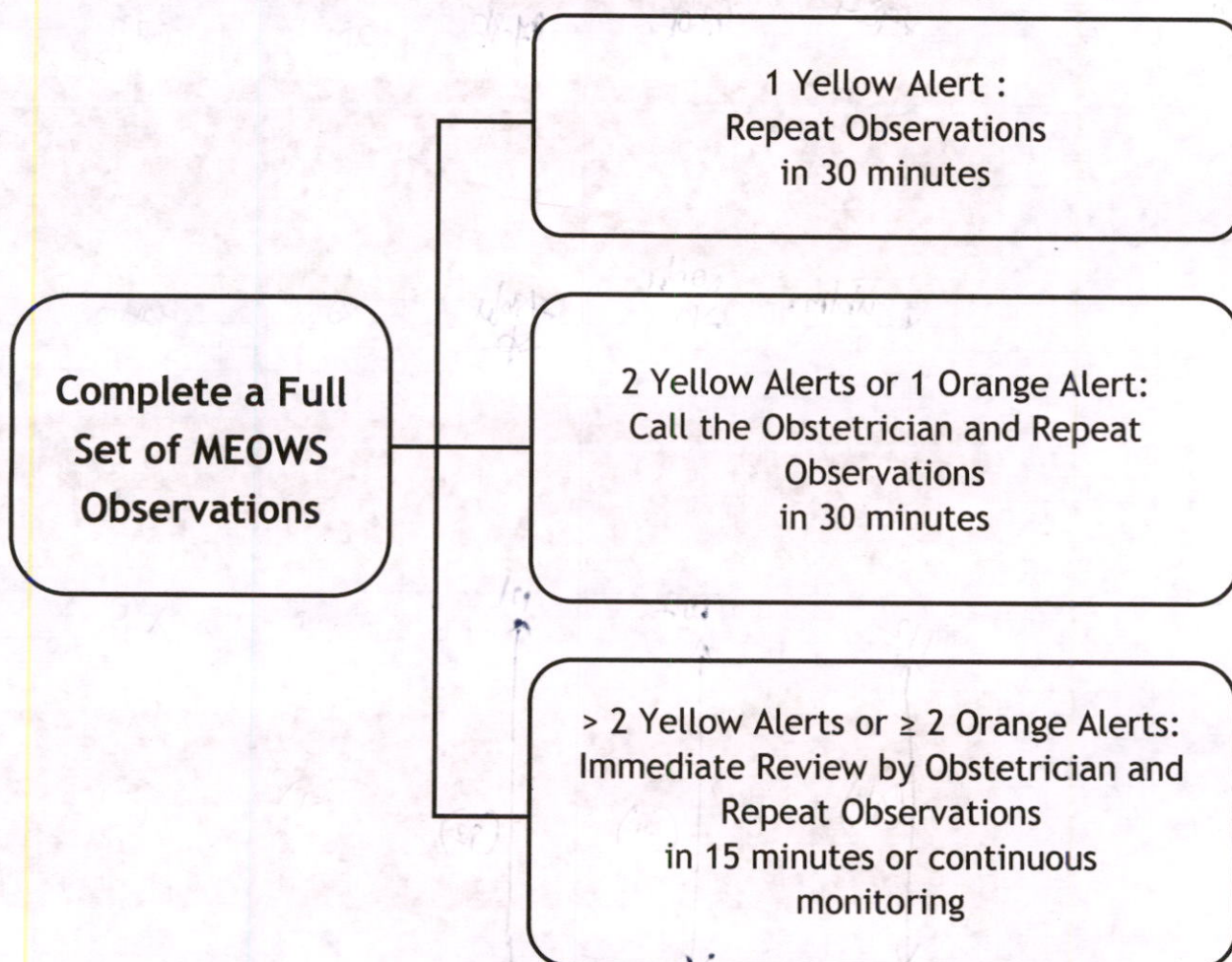


arning Observation Score Chart - Obstetrics

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

		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			18				18					20				20							19		20	
	0 - 10																										
Saturations	94 - 100 %			98%				99%					99%				99%							99%		99%	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
60																											
50																											
40																											
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			N				N					N				N				N				N		
	Heavy / Foul																										
Liquor	Clear / Pink			C				C					C				C				C				C		
	Green																										
TOTAL YELLOW SCORES			0					0					0				0				0				0		
TOTAL ORANGE SCORES			0					0					0				0				0				0		
Nurse Initial			S					S					S				S				S				S		

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00646665 IP5-00174?
 Mrs MUDDIBOINA HA RIKA
 13-05-1990 36 Y 1 M 13 D
 Dr. K BHARGAVI REDD'



FLUID CHART



Sheet No. : 1

25/6/26

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
- 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	H ₂ O								✓	0	Tunny	
	12:00 am	H ₂ O								✓	0	Tunny	
	01:00 am	H ₂ O								✓	0	Tunny	
Total Intake : Taken						Total Output : U-2 IM ♂							
	02:00 am										0	Tunny	
	03:00 am	H ₂ O								✓	0	Tunny	
	04:00 am	H ₂ O								✓	0	Tunny	
	05:00 am									✓	0	Tunny	
	06:00 am	H ₂ O								✓	0	Tunny	
	07:00 am									✓	0	Tunny	
Total Intake : Taken						Total Output : U-3 IM ♂							
Total 24 hrs. Intake			Taken			Total 24 hrs. Output			U-5 IM ♂				

BAH-00646665 IP5-001743
 Mrs MUDDIBOINA HANIKKA
 13-05-1990 36 Y 1 M 13 D
 Dr. K BHARGAVI REDDY



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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
26/5/20	08:00 am	Syrte H2O	Syrte							✓	0	Sandya a
	09:00 am	Syrte H2O	local								0	Sandya a
	10:00 am	Syrte	local						✓		0	Sandya a
	11:00 am	Syrte H2O	local								0	Sandya a
	12:00 pm	RL NB	local						✓		0	Sandya a
	01:00 pm	RL									0	Sandya a
	Total Intake : Taken			Total Output : passed								
26/5/20	02:00 pm	RL	local								0	Sandya a
	03:00 pm	RL	local						300ml		0	Sandya a
	04:00 pm	RL	local								0	Sandya a
	05:00 pm	RL	local								0	Sandya a
	06:00 pm	RL H2O	local						200ml		0	Sandya a
	07:00 pm	R to	local								0	Sandya a
	Total Intake : Taken			Total Output : 500 ml								
26/5/20	08:00 pm	RL	local								0	Sandya a
	09:00 pm	RL water	local						100ml		0	Sandya a
	10:00 pm	RL	local								0	Sandya a
	11:00 pm	RL Pidy	local								0	Sandya a
	12:00 am	RL	local						300ml		0	Sandya a
	01:00 am	RL									0	Sandya a
Total Intake :			Total Output : m-o-v 400ml									
26/5/20	02:00 am										0	Sandya a
	03:00 am		water								0	Sandya a
	04:00 am										0	Sandya a
	05:00 am		water								0	Sandya a
	06:00 am								100ml		0	Sandya a
	07:00 am		water								0	Sandya a
Total Intake :			Total Output : m-o-v 400ml									
Total 24 hrs. Intake		taken										
Total 24 hrs. Output		m-o-v 1,600ml										

FLUID CHART

Sheet No. : 9

1. All measurements in ml. 27/5/26
2. 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										500ml	0	Sweet
	09:00 am	water										0	Sweet
	10:00 am						NP					0	Sweet
	11:00 am	water 100ml								✓		0	Sweet
	12:00 pm	water										0	Sweet
	01:00 pm											0	Sweet
Total Intake : Taken						Total Output : m-0 u-500ml							
	02:00 pm											0	Sweet
	03:00 pm	water					✓					0	Sweet
	04:00 pm									✓		0	Sweet
	05:00 pm	water										0	Sweet
	06:00 pm	100ml										0	Sweet
	07:00 pm	water										0	Sweet
Total Intake : 100ml						Total Output : m-1 u-2							
	08:00 pm											0	Sweet
	09:00 pm	water								✓		0	Sweet
	10:00 pm											0	Sweet
	11:00 pm	water					NP					0	Sweet
	12:00 am									✓		0	Sweet
	01:00 am											0	Sweet
Total Intake :						Total Output : m-0 u-2							
	02:00 am											0	Sweet
	03:00 am											0	Sweet
	04:00 am	water								✓		0	Sweet
	05:00 am						NP					0	Sweet
	06:00 am											0	Sweet
	07:00 am											0	Sweet
Total Intake :						Total Output : m-0 u-1							
24 hrs. Intake		Taken.				Total 24 hrs. Output		m-1 u-4					

BAH-00646665 IP5-00174319
 Mrs MUDDIBOINA HARIKA
 13-05-1990 36 Y 0 M 14 D (F)
 Dr. K BHARGAVI REDDY



FLUID CHART



Sheet No. : 4

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

BAH-00646665 IP5-00174319
Mrs MUDDIBOINA HARIKA
13-05-1990 36 Y 0 M 14 D (F)
Dr. K BHARGAVI REDDY



335



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 27/5/26

Time: 8:30am

Origin: Indian Height: 150cm Weight: 70kg's BMI: 31.1 Kg/m²

Food Allergies: No

Diagnosis: POP-1 / Em. 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

Signature: Harika

Name: Harika

Date & Time: 27/5/26 @ 8:30am

Dietician's

Signature: Salma

Name: Salma

Date & Time: 27/5/26 @ 8:30am

