

ADMISSION SHEET

Registration Details :



Admission No : IP5-00173851 Admit Date : 15-May-2026 Admit Time : 06:04 AM UHID : BAH-00639596

Patient Details :

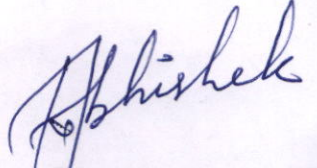
Patient Name : Mrs S KAJAL SINGH Age : 27 Y 5 M 29 D
Guardian : Mr ABHIKESH KUMAR SINGH DOB : 16-11-1998
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : #8-3-169/60/449 INDIRA NAGAR PHASE-II Phone No : 9381061547/ 8210629613
Borabanda Hyderabad Telangana INDIA 500018 E-mail : nomailid@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 ^{ABHIKESH} ABHIKESH KUMAR SINGH Relationship : Husband
Contact Address : #8-3-169/60/449 INDIRA NAGAR PHASE-II Phone No : 9381061547 / 8210629613
Borabanda Hyderabad Telangana INDIA 500018


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 : SELFPAY

ACTIVITY RECORD FOR BILLING

Name : _____ BAH-00639596 IP5-00173851 _____
 UHID No. : _____ Mrs S KAJAL SINGH 18-11-1998 27 Y 5 M 29 D (F) _____
 Dr. K BHARGAVI REDDY _____ Consultant: _____ Dept : _____
 Date of Admiss _____ Date of Discharge : _____ Time: _____
 Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/12/26	6:15 am	BB-16	Room (305)	Kanne

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/5/26	Iv placement done	1	9610145	} Rafiq
15/5/26	PAC done	1	9610144	
15/5/26	Calhelen's Don done	1	9610145	

ANY OTHER INFORMATION

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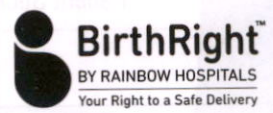
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Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

BAH-00639596
 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY
 IP5-00173851



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Cl. bleed Plu.
 11:45 PM

Obstetric Formula:

G2A1

Obstetric History:

1st - 2015 Biochemical

Pregnancy

Present Pregnancy Record:

2nd PP - Spontaneous
 Conception

RISK FACTORS:

Booked at 7th

Height: cm

Weight: 67.1 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness:

Pallor: -

Icterus: -

Edema: +

Temp: 37.2

PR: 100/min

BP: 110/70

DTR: -

CVS: 152

RS: 20

Liver/Spleen: -

Urine Output: -

LMP: 15/9/15

EDD:

Corrected EDD: 22/5/26

GA: 39 wks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: 36cm

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

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 1 finger

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

DIAGNOSIS

G2A1 at 39 wks with SRM.

<p>Family History:</p> <p><i>Nil</i></p>	<p>Surgical History:</p> <p><i>Nil</i></p>
<p>Medical History:</p> <p><i>Nil</i></p>	<p>Medication History:</p> <p><i>- as Bron / Calcein -</i></p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - for Delivery. - Admission - Preparation - Screen - oxy cep taxine for <i>IV after Test Don</i> - 10ST after Show <i>15th hour</i> - uterine contracting - fund blood availability - watch for Progress. 	<p>Investigations:</p> <p><i>- B/A posth 7. - 97</i></p> <p><i>HIV</i></p> <p><i>HAB } NL</i></p> <p><u>10/5/26</u></p> <p><i>HS - 10.7</i></p> <p><i>PL - 1151.</i></p> <p><u>11/5/2026</u></p> <p><i>SLT, 247 / cephalic.</i></p> <p><i>wt - 2264 (26th centile)</i></p> <p><i>AC - 10th centile.</i></p> <p><i>AP - 12.2cm. Doppler ⊕.</i></p>

DR. BHARGAVI REDDY
 Registration No: 93373

Doctor Name: *Dr. Bhargavi Reddy*
 Signature: *[Signature]*
 Date & Time: *15/5/2026, GA*

Consultant Name: *Dr. Bhargavi Reddy*
 Signature: *[Signature]*
 Date & Time: *15/5/2026, GA*



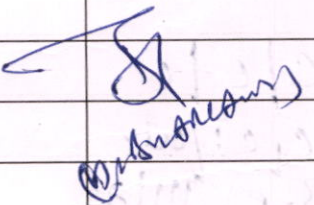
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/16/20 9 AM	G2A1 / 39 wks / In Labor	
Epidural	C/O: pain abdomen	R
Syntocinon - 200mcg	C/C: fair	1) Monitor vitals
	B.P: 110/60	2) CTG - 3rd tray
	P.R: 72	3) w/f progress of labor
	P/A: ut - 3 quarters active	4) I/w fetus - 100% / hr, RL
HB - 10.7 / 10.5	2-3 cm / min / 30 sec / 1.	5) Intra ser.
		6) Drug as charted
		- Prostaglandin
10/16/20 12:16 PM	G2A1 / 39 wks / In Labor	
Epidural	C/C/C	R
Syntocinon	C/C: fair	1) w/f progress of labor
	B.P: 111/72	2) Monitor vitals - 4th tray
	P.R: 70	3) w/f fetus - 100% / hr
	P/A: ut - 40 wks active	4) CTG - 3rd tray
	3-4 cm / min / 30-35" / 1 min	5) Drug as charted
C	FHR ⊕	6) Intra ser.
	CTG rechecked @ 8 AM	

BAH-00639596 IP5-00173851
 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/5/26 2:20 pm	PND-0 / PMA ₁ / SVD / PPT (Aortic) 500ml	
	Gc: fair B.P: 110/70 P-R: 72	1) Monitor vitals - 4hr 2) watch for P/h bleeding
Flu	P/A: Uterus Rebound well Soft	3) Soft diet 4) No clots
	P/h: NAB	5) Drug as charted 6) Fupin 500
	1) folep 1unit x 24hr Send CBP - 6AM 16/5/26 → NO VIE until further orders	- Dr. Srantri
		 Dr. Srantri
	DR. BHARGAVI REDDY K Registration No: 93315	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/12/24	PNDPO	Adv
BP: 120/70 (75)	PR: 82/min	<ul style="list-style-type: none"> → regular diet → follow drug chart
SpO2: 100%	<ul style="list-style-type: none"> PA: uterus retracted well AE: Bleeding within normal limits 	<ul style="list-style-type: none"> → Monitor BP/TPEL & utm hourly → Ambulation → plenty of oral fluid
U/O 1300 ml		<ul style="list-style-type: none"> → Remove Foley's tomorrow 6AM → CBP tomorrow 6AM
→ Shift to room		<ul style="list-style-type: none"> → w/f bleeding p/v
		<ul style="list-style-type: none"> → Albonik Dr G Sonalka
		<p>NOTE by Sr Kavay (01208)</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/5/26 8:30 AM	PND-0 / P/GA, / PPH (Atonic)	
f ✓ S X	OK Gc-fair Bp- 99/62 mmHg PR- 86 BPM SpO ₂ - 98% - RA PLA- Ut @ weel plv- BWNL	Adv 1) Regular Diet 2) Ambulation & Hydration 3) Monitor ep/pal/po Ath bowly 4) Drugs as charted 5) W/F active Bleeding 6) Perform S/S
A Hb- 9.7 WBC- 17.5 PLT- 9.2L		
Plan Discharge by Evening, S/E- due.		D&D DR- Delye
		Dr. Subramanyam
	DR. BHARGAVI REDDY K Registration No. 993.	

BAH-00639596 IP5-00173851
 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY



RESULT SHEET

Date	10/09/20.				
Time	11:03AM				
Hb	10.7				
PCV	35.4				
RBC	4.49				
WBC	8.47				
N/L					
Platelets	1.51				
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					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Blood group	Bve	} op kanti				
Hiv, HBsAg VDRL	NR					

Culture and Sensitivities :

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Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :

BAH-00639596 IP5-00173851
 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY



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: Shifted to:

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	<u>Iron</u>	<u>1tbl</u>	<u>PO</u>	<u>once</u>	<u>14/5</u>	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
	<u>CALCIUM</u>	<u>1tbl</u>	<u>PO</u>	<u>once</u>	<u>14/5</u>	<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: [Signature]

Date & Time: 15/5/2020 6AM

Nurse Name & Signature: [Signature]

Date & Time: 15/5/2020 6:10AM

BAH-00639596 IP5-00173851
 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY

DRUG CHART

Date of Admission: 15/5/2026, 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)


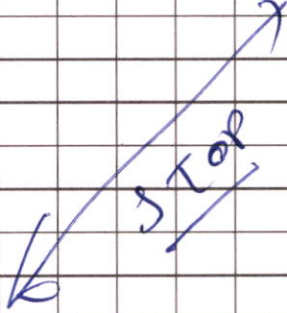

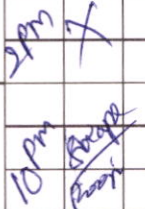

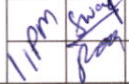


DRUG :				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

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 Signature



DRUG : T. CEFIXIME				Date Time																	
Dose	Route	Frequency	Start Date																		
200mg	P/O	BD	10/5																		
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : T. PARACETAMOL				Date Time	15/5	16/5															
Dose	Route	Frequency	Start Date																		
4gm	P/O	TID	15/5	6 AM	X																
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : T. DICLOFENAC				Date Time	15/5																
Dose	Route	Frequency	Start Date																		
50mg	P/O	BD	15/5	11 AM	X																
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : T. PANTOPRAZOL				Date Time	15/5																
Dose	Route	Frequency	Start Date																		
40mg	P/O	BD	15/5	6 AM	X																
Name & Signature of the Doctor Starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					

VERIFIED

VERIFIED

VERIFIED

BAH-00639596 IP5-00173851
 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY

Weight. Ward.



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	
Start Date	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	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
25/5/26	12:05 AM	INT CETOTAXIME	1 gm	PO	R	Sandhya Kannu
15/5/26	9:30 AM	INT - DROTIN	1 amp	IV	R	Sandhya Kannu
15/5/26	9:30 AM	INT - BUSCOPAN	1 AMP	IV	R	Sandhya Kannu
16/5/26	12:15 PM	INJ EPIDOCIN	1 amp	IV	R	Sandhya Kannu
16/5/26	12:45 PM	INJ EPIDOCIN	1 amp	IV	R	Sandhya Kannu
16/5/26	2 PM	INJ TRANEXAMIC ACID	1 gm	IV	R	Kannu
16/5/26	2:10 PM	INJ METFORMIN	1 amp	IV	R	Kannu
16/5/26	2 PM	INJ ZOFER	1 mg	IV	R	Kannu

Signature
Name

I.V. FLUIDS CHART

Weight. 67.1kg Ward.



Position of I.V. Fluid (in minutes, ... ml/hr = Mcg/kg/min. etc)		Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
15/1/26	12:00 AM	PIPERACILIN LACTATE	I.V	100 ml/hr	S	day Sandhya	15/1/26	Kamya Swamy
15/1/26	7:40 AM	PIPERACILIN LACTATE + 100mcg oxetocin	I.V	100 ml/hr	S	day Sandhya	15/1/26	Kamya Swamy
<p>@ 12 ml/hr - initiate every 30 min by. 6ml/hour - watch for uterine contractions 3-4 contractions / note 1 hour.</p>								
16/1/26	2:30 PM	I.V SYNTOCIN 100mcg/hr	I.V	100 ml/hr	R	Kamya Swamy	R	Kamya Swamy

Signature

VERIFIED BY : Name

BAH-00639596
Mrs S KAJAL SINGH
18-11-1998
Dr. K BHARGAVI REDDY

IPS-00173851



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Trip. CEFOTAXIME **Date/Time** 15/5
Dose 4gm **Route** Iv **Frequency** BD **Start Dt.** 15/5
Name & Signature of the Doctor Starting the Drugs:
Dr. Sankar
Additional Instructions:

Daily Doctor's Endorsement by a Sign **Date/Time** 15/5
DRUG : SUP DOPHALAC
Dose 15ml **Route** PO **Frequency** HS **Start Dt.** 15/5
Name & Signature of the Doctor Starting the Drugs:
[Signature]
Additional Instructions:

Daily Doctor's Endorsement by a Sign **Date/Time**
DRUG :
Dose **Route** **Frequency** **Start Dt.**
Name & Signature of the Doctor Starting the Drugs:
Additional Instructions:

Daily Doctor's Endorsement by a Sign **Date/Time**
DRUG :
Dose **Route** **Frequency** **Start Dt.**
Name & Signature of the Doctor Starting the Drugs:
Additional Instructions:

Patient Sticker

Sheet No:

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time
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REGULAR PRESCRIPTIONS

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

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Weight Ward

Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.	Date Time
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Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Dose	Route	Frequency	Start Dt.	Date Time
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Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Dose	Route	Frequency	Start Dt.	Date Time
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Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

Dose	Route	Frequency	Start Dt.	Date Time
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Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

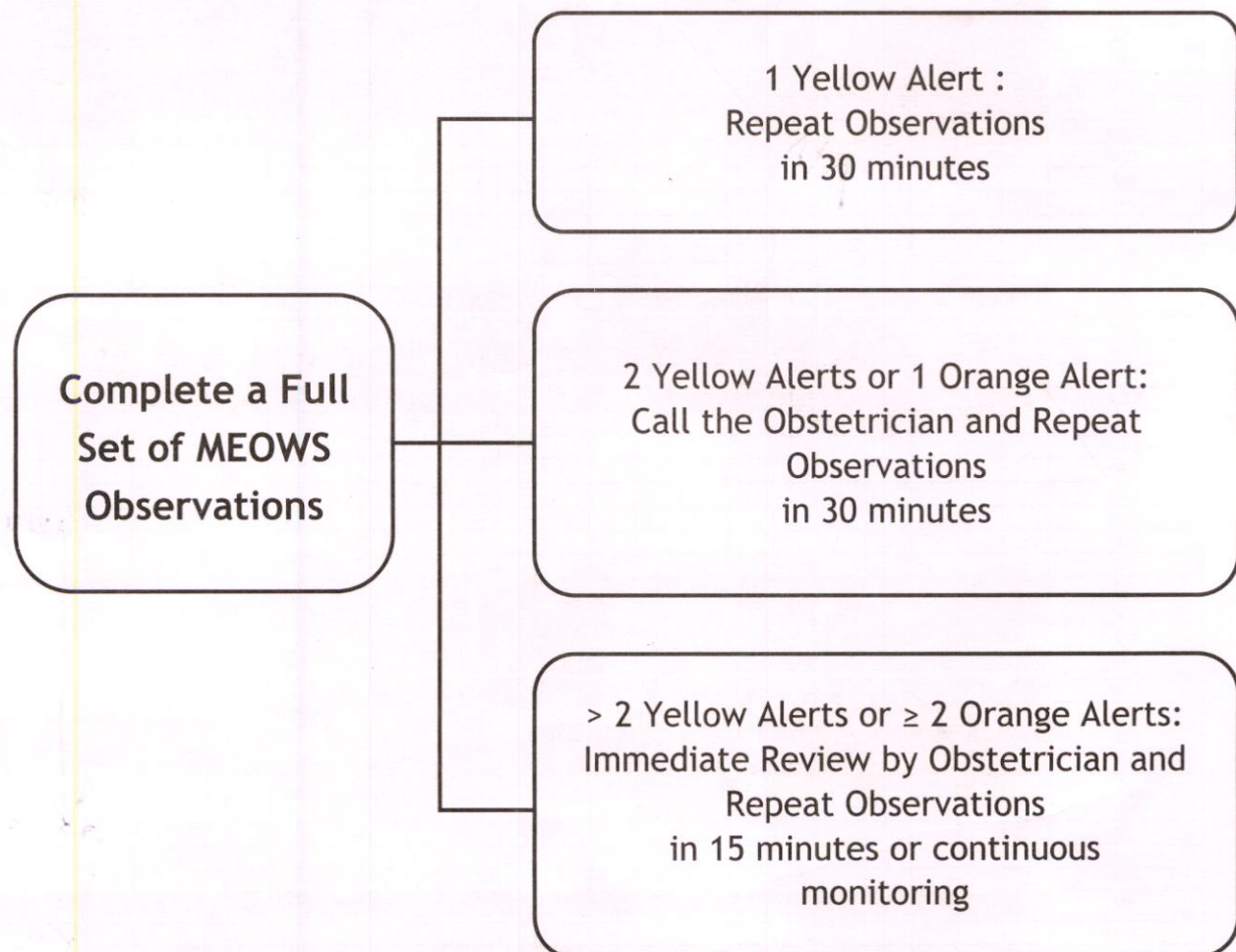
Daily Doctor's Endorsement by a Sign

Dose	Route	Frequency	Start Dt.	Date Time
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Name & Signature of the Doctor
Starting the Drugs:

Additional Instructions:

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

BAH-00639596 IP5-00173851
 Mrs S KAJAL SINGH
 16-11-1998 27 Y 6 M 0 D (F)
 Dr. K BHARGAVI REDDY

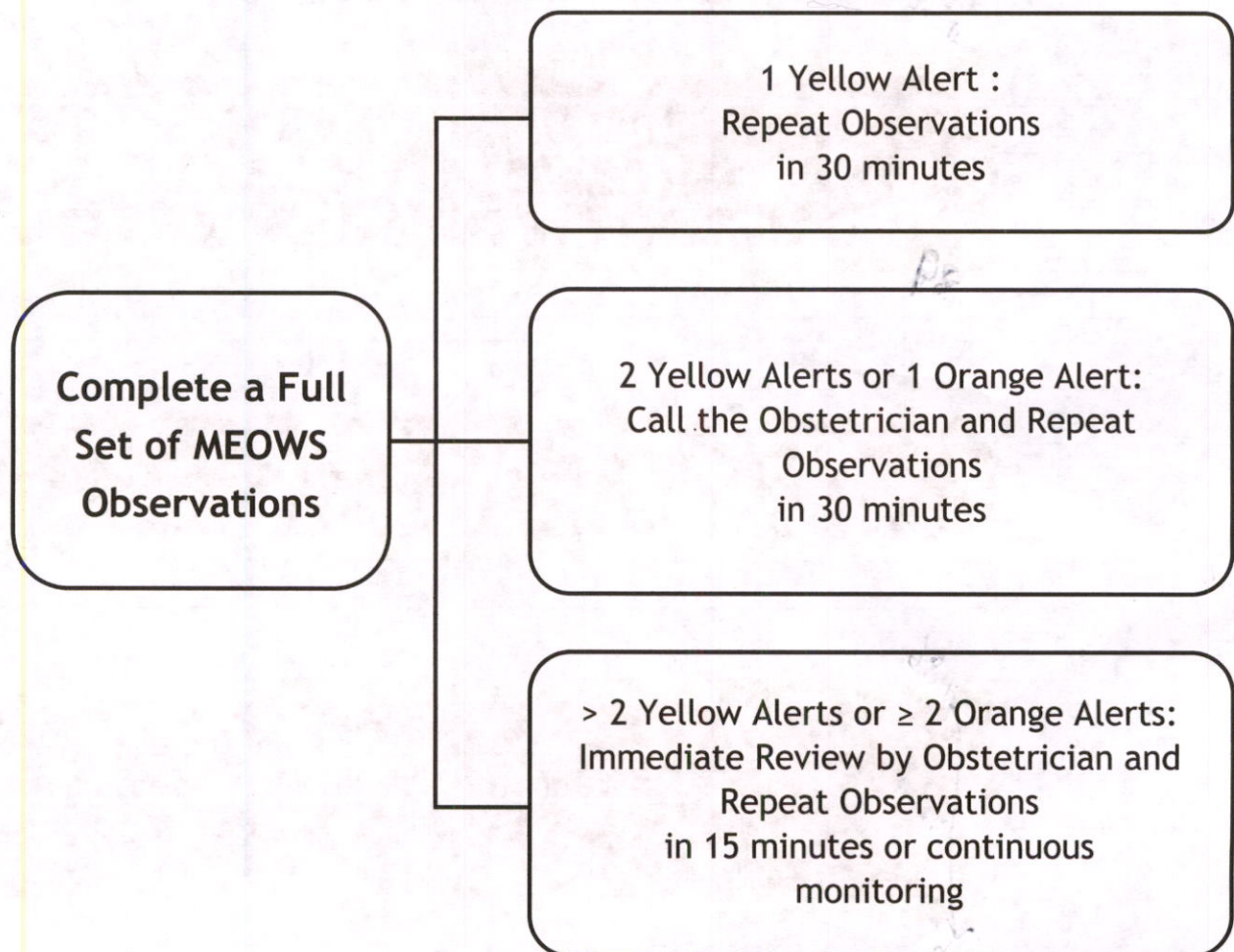


Early Warning Observation Score Chart - Obstetrics

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

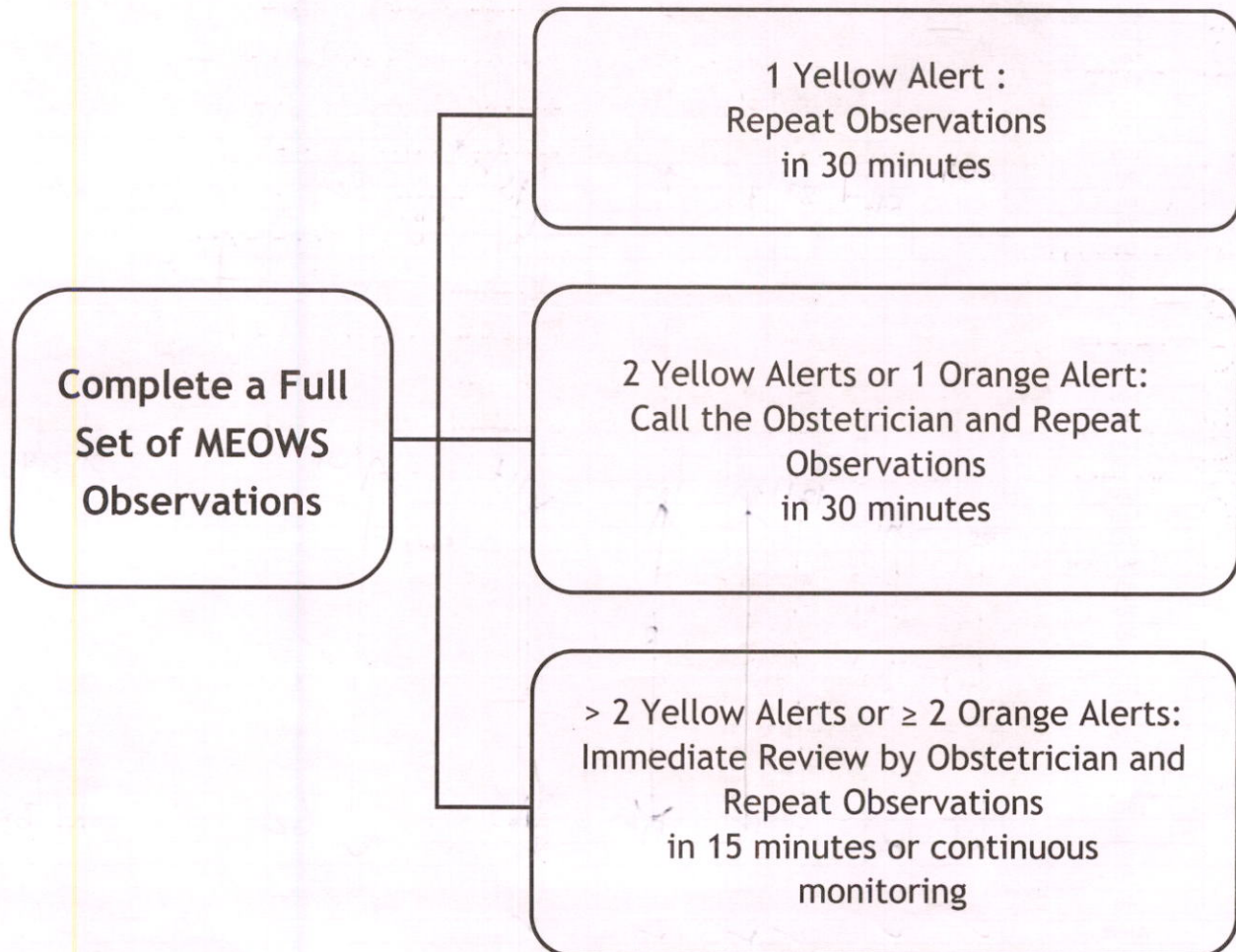
		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
		Time																									
RESP (write rate in corresp. box)	> 30																										
	21 - 30	22																									
	11 - 20																										
	0 - 10																										
Saturations	94 - 100 %	97																									
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37	36																									
	36																										
	35																										
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110	88																									
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	Systemic Blood Pressure	190																									
		180																									
170																											
160																											
150																											
140																											
130																											
120																											
110																											
100																											
90																											
80																											
70																											
60																											
50																											
Diastolic Blood Pressure		130																									
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
	50																										
	40																										
	NEURO RESPONSE [✓]	Alert	✓																								
		Voice																									
		Pain																									
		Unresponsive																									
	URINE mls / hour	> 30																									
		< 30																									
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal	✓																									
	Heavy / Foul																										
Liquor	Clear / Pink	✓																									
	Green																										
TOTAL YELLOW SCORES		0																									
TOTAL ORANGE SCORES		0																									
Nurse Initial		22																									

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-00639596 IP5-00173851
 Mrs S KAJAL SINGH
 16-11-1998 27 Y 6 M 0 D (F)
 Dr. K BHARGAVI REDDY



16/5/26

FLUID CHART

Sheet No. : (3)

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.

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	H ₂ O												
	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

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



FLUID CHART



Sheet No. : 1

1. All measurements in ml.
2. Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.
3. 24 hrs. total to be entered in the kardex in RED.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
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	ur			soop								
	07:00 am												
Total Intake :						Total Output :							
500 ml						passed							
Total 24 hrs. Intake			500 ml			Total 24 hrs. Output			passed				

15/5/26

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			
											0	swathy	
	08:00 am	RL	colly	100ml							0	swathy	
	09:00 am	RL	H ₂ O	100ml							0	swathy	
	10:00 am	RL	H ₂ O	100ml					500ml		0	swathy	
	11:00 am	RL		100ml							0	swathy	
	12:00 pm	RL	H ₂ O	200ml							0	swathy	
	01:00 pm		water milk juice								0	swathy	
Total Intake : taken						Total Output : passed U-500ml m-0							
	02:00 pm	RL		100ml							0	swathy	
	03:00 pm	RL	H ₂ O	100ml					300ml		0	swathy	
	04:00 pm	RL		100ml							0	swathy	
	05:00 pm	RL		100ml							0	swathy	
	06:00 pm		H ₂ O						400ml		0	swathy	
	07:00 pm										0	swathy	
Total Intake :						Total Output : M-0 U-700ml							
	08:00 pm										0	poopi	
	09:00 pm		juice								0	poopi	
	10:00 pm										0	poopi	
	11:00 pm										0	poopi	
	12:00 am		juice						950ml		0	poopi	
	01:00 am										0	poopi	
Total Intake :						Total Output : U-950ml m-0							
	02:00 am										0	poopi	
	03:00 am		juice								0	poopi	
	04:00 am										0	poopi	
	05:00 am										0	poopi	
	06:00 am		juice						300ml		0	poopi	
	07:00 am										0	poopi	
Total Intake :						Total Output : U-300ml m-0							
Total 24 hrs. Intake						Total 24 hrs. Output			U-2500ml m-0				

**Department of Anaesthesiology
 PRE-ANAESTHETIC EVALUATION**



Name: Mrs KAJAL SINGH Age: 27y Sex: F UHID.No: BAH-00639596

Date: 19/5/26 Time: 6:20 AM Proposed Operation:

Diagnosis: C.A. 239WK 2 SPOM

B.P / CRT: H.R: Weight: 67.1kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: <u>10.7</u>	Glucose:	Protein:	HIV:	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>NR</u>	ECG:
WBC:	Creat:	Total Bill:	HCV: <u>NR</u>	2D Echo:
Plate: <u>1.51)ath</u>	Na:	Dir. Bill:	Blood group: <u>B+ve</u>	Stress/Angio:
PT:	K:	LDH:	T3:	Other:
PTT:	Ca++:	Alk phos:	T4:	
INR:	Mg++:	Amylase:	TSH:	
	Cl-:	SGOT/SGPT:		

Allergies: NIL

Medical History: CVS: NR SIGNIFICANT
 RESP: Diabetes:
 CNS:
 Renal:
 Hepatic / GE: Physical Activity: METBY
 Others:

Past Anaesthetic History:

Physical Exam:

Airway: MP 1 2 3 4 Mouth Opening: Adequate Mentohyoid Distance: 3FB Neck: (N) Teeth: (N)

Lungs: BAC(+), clear

Heart: S1S2 (+)

CNS: NAD

Pregnant: Yes No NA Venous Access Site: Peripheral (+) Spine Exam for regional: Midline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
<u>T.Fc</u>	<u>OD</u>
<u>T.Ca</u>	<u>OD</u>

Pre-Operative Instructions:

- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right\}$ Explained!
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions:

Signature: [Signature] Name: Dr. SK Ayer

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 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fasting Status:
Physical Status:	<input type="checkbox"/> Patient Identified	<input type="checkbox"/> Consent Present	<input type="checkbox"/> Chart Reviewed

H.R:	B.P / CRT:	SpO ₂ :	R.R:	Last Feed:
------	------------	--------------------	------	------------

Pre-OP Diagnosis: Operation: Date :

Surgeon: Anaesthesiologist: Technician:

TIME											
N ₂ O /AIR /O ₂ LPM											Antibiotic
HALO /SO /SEVO											Suppository
Drugs:											Blood Loss
											NOTES
FI _{O₂} / SaO ₂											
ETCO ₂											
ECG											
Temperature											
Urine Output											
Fluids											
Blood											
B.P	240										
V Systolic	220										
A Diastolic	200										
X Mean	180										
• Heart Rate	160										
Tourniquet on Time	140										
Tourniquet off Time	120										
Throat Pack In	100										
Throat Pack Out	80										
	60										
	40										
	20										
	10										
	0										

LAB Values

ABG:

GRBS:

Others:

<input type="checkbox"/> Equipment Checked and Functional <input type="checkbox"/> BP <input type="checkbox"/> Cuff Site: <input type="checkbox"/> Art Site: <input type="checkbox"/> EKG Lead <input type="checkbox"/> Temp Site <input type="checkbox"/> FI _{O₂} Monitor <input type="checkbox"/> Agent Monitor <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Capnograph <input type="checkbox"/> Ventilator <input type="checkbox"/> Nerve Stimulator Position: <input type="checkbox"/> Pressure Points Checked Eye Care: <input type="checkbox"/> Oint <input type="checkbox"/> Tape <input type="checkbox"/> Padding <input type="checkbox"/> Awake	Temp: <input type="checkbox"/> HME <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Cling Film <input type="checkbox"/> OH Warmer <input type="checkbox"/> Hugger's <input type="checkbox"/> Cotton Wool <input type="checkbox"/> Other Times: Anaes Start: OP Start: OP End: Leave OR: Anaesthesia: <input type="checkbox"/> GA <input type="checkbox"/> Monitored Anaesthesia Care <input type="checkbox"/> Regional Line (Size & Location) <input type="checkbox"/> CVP: <input type="checkbox"/> ART: <input type="checkbox"/> IV: <input type="checkbox"/> IV: <input type="checkbox"/> IV:	Induction <input type="checkbox"/> IV <input type="checkbox"/> Inhal <input type="checkbox"/> Pre O ₂ <input type="checkbox"/> RSI <input type="checkbox"/> Others <input type="checkbox"/> Mask <input type="checkbox"/> SGA <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal ETT# at cm <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Cuff <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Topical <input type="checkbox"/> Drug: <input type="checkbox"/> Awake <input type="checkbox"/> Direct Vision <input type="checkbox"/> Video Laryngoscopy <input type="checkbox"/> Stylette / Bougie <input type="checkbox"/> Fiberoptic Blade# Attempts: Difficulty Why?	Regional: Extremity Specify: <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal Others: Position: Site: Needle Size: Depth: Parasthesia <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter at skin cm Drug Name & Conc: Bolus: Infusion: Block Level: Comments: Transportation to <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Other Relaxant Reversed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Name of the Doctor : Signature of the Doctor :
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BAH-0639596 IP5-00173851
 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : Time Received : Time Discharged :

< RESP • PULSE > BLOOD PRESSURE	250					250	IV Cannula Site :
	240					240	<input type="checkbox"/> O ₂ Mask <input type="checkbox"/> Nasal Prongs
	230					230	<input type="checkbox"/> Tracheostomy <input type="checkbox"/> T-Piece
	220					220	<input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway
	210					210	Vomiting : <input type="checkbox"/> Yes <input type="checkbox"/> No Drug:
	200					200	NG Tube : <input type="checkbox"/> Yes <input type="checkbox"/> No
	190					190	Drain: <input type="checkbox"/> Yes <input type="checkbox"/> No
	180					180	Urinary Catheter: <input type="checkbox"/> Yes <input type="checkbox"/> No
	170					170	Chest Tube: <input type="checkbox"/> Yes <input type="checkbox"/> No
	160					160	Nil Oral <input type="checkbox"/> Yes <input type="checkbox"/> No
	150					150	IV Fluids:
	140					140	Oral Feeds:
	130					130	
	120					120	
	110					110	
	100					100	
	90					90	
	80					80	
	70					70	
	60					60	
	50					50	
	40					40	
	30					30	
	20					20	
	10					10	
0					0		
SPO ₂							

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						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:
ACTIVITY						
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apnea = 0						
RESPIRATION						
BP ≥ 20 of Pre Anaesthetic level = 2 BP ≥ 20-50 of Pre Anaesthetic level = 1 BP ≥ 50 of Pre Anaesthetic level = 0						
CIRCULATION						
Fully awake = 2 Arousable on calling = 1 Not responding = 0						
CONSCIOUSNESS						
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0						
COLOR						
TOTAL						

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name :

Anaesthesiologist Signature:

Date & Time:

PACU Nurse Name :

PACU Nurse Signature:

Date & Time:

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):

Date & Time:

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 Mrs S KAJAL SINGH
 18-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: 15/5/26 Time: 6:45 AM Procedure done by Dr. Ayesha

CSE / Spinal / Epidural Position: sitting Space: L2-24 Technique (LOR/LOS)

Depth: 4cm Catheter at Skin: 9cm Attempts: 2

Parasthesia: Yes/No if yes details:

Solution Composition: 0.1% LEVOBUPRIVACAINE + 2mcg/ml FENTANYL

Any other issues:
 a)
 b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		
6:48 AM		3ml						1% LIDOCaine
7:20 AM	8 ml/hr		T10	T10	117/78	87/min	146/min	
8:50 AM	8 ml/hr	8 ml	T10	T8	120/78	100/min	149/min	1% LIDOCaine
10:20 AM	8 ml/hr	8 ml of prepared soly	T10	T8	123/86	95/min	144/min	
12 pm		8 ml of prepared soly + 5ml 2% LOX + ADR			114/75	96/min	132/min	

Pulled the epidural catheter till 8cm.

Delivery Details: Time: 2:09 pm APGAR: 9/10 SVD Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected: Yes

Patient Satisfaction: comfortable

Discharge / Shifting ordered by
 Doctor Signature: [Signature]
 Doctor Name: Dr. Rejaini
 Date and Time: 15/05/26 6:55 pm



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 16/5/26 Time: 9:20 am

Origin: Indian Height: 155cm Weight: 67.1kg BMI: 27.9 kg/m²

Food Allergies: No

Diagnosis: PND-1 | P/G/A1 | PPH (atonic) - post Normal delivery

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

Diet Advised:

Normal diet

include plenty of oral liquids
avoid, spicy, chilled and outside foods

Patient's / Attendant's

Dietician's

Signature: _____

Signature: Saima

Name: Kajal Singh

Name: Saima

Date & Time: 16/5/26 ; 9:20am

Date & Time: 16/5/26 ; 9:20am

BAH-00639596
 Mrs S KAJAL SINGH
 16-11-1998 27 Y 5 M 29 D (F)
 Dr. K BHARGAVI REDDY
 IP5-00173851



Sheet No: **REGULAR PRESCRIPTIONS** Weight Ward

DRUG : <i>Tij. LEFOTAXIME</i>				Date Time
Dose	Route	Frequency	Start Dt.	
<i>Am</i>	<i>Jw</i>	<i>BD</i>	<i>15/5</i>	<i>11 AM</i>

Name & Signature of the Doctor Starting the Drugs:
Dr. Sanku

Additional Instructions:
11 PM Sleep

Daily Doctor's Endorsement by a Sign

DRUG : <i>SYP DUPHALAC</i>				Date Time
Dose	Route	Frequency	Start Dt.	
<i>15ml</i>	<i>PO</i>	<i>HS</i>	<i>15/5</i>	<i>10 PM</i>

Name & Signature of the Doctor Starting the Drugs:
Dr. Sanku

Additional Instructions:
10 PM Sleep

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

Signature
VERIFIED BY:

Patient Sticker

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																			

Signature

VERIFIED BY : Name