

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP5-00174357      Admit Date : 27-May-2026      Admit Time : 12:01 AM      UHID : BAH-00512784

**Patient Details :**

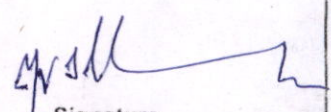
Patient Name : Mrs SHARANYA A.      Age : 31 Y 9 M 28 D  
Guardian : Mr YEMMANURU VENKATA SAI CHAITANYA      DOB : 29-07-1994  
Gender : Female      Religion : Hindu  
Occupation :      Martial Status : Married  
Address (H) : F NO - E-307, VISTA HOMES , VASAVI SIVA      Phone No : 9901478399/ 9840039705  
SAI NAGAR ROAD , KUSHAIGUDA , Kapra      E-mail : NOMAIL@GMAIL.COM  
Hyderabad Telangana INDIA 500062

**Admission Details :**

Bed Type : SHARED WARD      Bed No : SW 418      Ward Name : 4F-BIRTHING CENTRE  
Room No : SW 418      Admission Type : First Visit

**Contact Details :**

Name : Mr YEMMANURU VENKATA SAI      Relationship : Husband  
Contact Address : F NO - E-307, VISTA HOMES , VASAVI SIVA      Phone No : 9901478399 / 9840039705  
SAI NAGAR ROAD , KUSHAIGUDA , Kapra  
Hyderabad Telangana INDIA 500062

  
Signature

**Doctor Details :**


Doctor Name : Dr. HIMABINDU VEERLA      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

**ACTIVITY RECORD FOR BILLING**

Name : **BAH-00512784 IP5-00174357**  
**Mrs SHARANYA A.** -----

**29-07-1994 31 Y 9 M 28 D (F)**  
**Dr. HIMABINDU VEERLA** -----  
UHID No  Consultant: ----- Dept : -----

Date of Admission: ----- Date of Discharge : ----- Time: -----

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
27/5	6:10 Am	OBS	BB-I	Tunna

**Cross Consultation Visit**

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







105



# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints** G2A1  
 Came in clo-leaking per vagina since 9:30pm on 26/5/26, a/w mild tightness of abdomen.  
 LMP: 8/9/2025 EDD: 15/6/2026  
 Corrected EDD: 15/6/2024 GA: 37+1 GA

**Obstetric History:**  
 I - Dec-2024 - TOP @ 23+5 weeks @ RCH, IND - early onset IUGR + oligo + abnormal dopplers female (262gm)  
 Present Pregnancy Record:  
 II - OI conception Booked at 12 wks of GA.  
**Obstetric Examination**  
 Fundal Height: ~ Term  
 Ut. Activity:  Relaxed  Mild  Mod  Severe  
 Liquor:  Adequate  Oligo  Poly  
 PP:  Cephalic  Breech  Others  
 Head Fifts Palpable: \_\_\_\_\_  
 FHS:  Normal  Tachy  Brady  Absent

**RISK FACTORS:**  
 - OBS cholestasis - using T. Udilir 30mg BD since 1 week @ 36 wks. Now using JLD 19/5/26 - BA 76.

**Per Speculum Examination**  
 Draining:  Present  Absent  Bleeding  
 Colour of Liquor:  Clear  Meconium  Blood Stained

Height: 151 cm  
 Weight: 74.4 kg  
 Allergies: N/A  
 Breast:  Normal  Abnormal  
 General Examination:  
 Consciousness: c/c  
 Pallor: } absent.  
 Icterus: absent Edema: }  
 Temp: Afebrile PR: 87 BPM  
 BP: 147/94 (109mmHg) DTR: present.  
 CVS: S1S2 ⊕ RS BAE ⊕  
 Liver/Spleen: not palpable Urine Output: Adequate

**Vaginal Examination**  
 Cervix:  Long  Partially effaced  Effaced  
 Os: Closed Dilated tip of 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 / 37+1 wks of GA / SRM / in early labour / PE  
 - Elevated BA.



<p>Family History: Both parents - DM2</p>	<p>Surgical History: DnC - 2024</p>
<p>Medical History: Nil.</p>	<p>Medication History: SHELCAL, LIUGEN, ALLEGRA LORIV 300MG</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> <li>1) Admission.</li> <li>2) IV cannulation</li> <li>3) NST 3rd hourly</li> <li>4) Monitor vitals.</li> <li>5) w/f progression of labour</li> <li>6) written and informed consent.</li> <li>7) Trace CBp.</li> <li>8) part preparation</li> <li>9) Epidural sus.</li> <li>10) T. PCE, 2mg pol stal.</li> </ol>	<p>Investigations:</p> <p>BCr - +ve Viral - NR 21/4/26 CBp - 12.9 / PLT - 1.5L 18/5/26: 36wks, 2.6kgs (30%), AC - 40f., AFI - 11.1, PLT - Ant/ upper segment, Doppl - NR. MTAS (N) NT - 1.8mm</p>

Doctor Name: Dr. Divya

Signature:

Date & Time: 27/5/26; 12:25 AM

Consultant Name: Dr. HIMABINDU

Signature:

Date & Time: 27/5/26 - 8 AM

①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 1:10 AM.	G2A1 / 37 weeks of GA / SROM / PE in Early labour	
Adv Urine Albumin +.	O/F C/O: Mild abdominal pain BP- 154/105 (119) PR- 79 BPM SpO <sub>2</sub> - 98% RA PIA- uterus mild acting.	Adv 1) T. labeled 90mg po / BD 2) Trace BP 3) Monitor s/p/r / prq every 2nd hourly
26/5/26 Hb-12.6 PT-1.34	L/E - decubing per vagine w/ leaking pv / Bleeding pv	5) w/f progression of labour 6) Inform S/S  Dr. Divya
28/5/26 UAM NST- Reactive Urine Albumin- 1+	Pt - comfortable on Epidural G-entail Atelrix PR- 80/min. BP- 142/106 mmHg (115) SpO <sub>2</sub> - 98% RA PIA- ut acting, cephalic, FHS ⊕ VIE- CX - 70-80% effaced	Noted by Tunna Adv:- ① Tab. Nicardia Relax 20mg p/ostat. ② Send and trace PE profile. ③ w/f progress of labour ④ FHR Mandatory. ⑤ NST- 3rd way ⑥ Inform S/S 05-30 hrs. Dr. Divya

DMR/0012/04 IPJ/001/4307  
 Mrs SHARANYA A.  
 29-07-1994 31 Y 9 M 28 D (F)  
 Dr. HIMABINDU VEERLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	G2A1 32+2 wts / PE / Shomix early labour	
6 AM	Pt - comfortable on Epidural Gc - fair Afebrile PR - good BP - 146/100 mmHg (112)	Adv:- ① w/lt progress of labour ② FHR Monitoring ③ NST - 3rd hour ④ Drugs as chested ⑤ Monitor vitals uter ⑥ Inform SOS hr (Dr. Sarav)
<u>NST- Reactive</u>		
22/5/26	P/A - ut Actv. Uric acid - 5.1 Protein - 6.1 Cephalic, FHS (+) Cr - 0.6 Albumin - 3.3 VIE - cx - effaced. urea - 9 Hb - 12.6 OS - 3 - ucv Na <sup>+</sup> - 135 WBC - 8.89 PP - vx st - 2' K <sup>+</sup> - 4.3 PH - 7.34 Clear liquor Cl <sup>-</sup> - 106 LDH - 289	- Trace COE, spot PCR.
		Noted by Anjali
24/5/26	S/B. Dr. Himabindu	
8 AM	PA - ut team, active Cephalic FHS + Pr - G - effaced. OS - fully dilated. Membranes + absent - PP at +1 Pelvis - Gynaecoid. FHS - Early Decelerations + 4/nd.	

BAH-00512784 IP5-00174357  
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 29-07-1994 31 Y 9 M 28 D (F)  
 Dr. HIMABINDU VEERLA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>27/5/26            9:20 AM</p>	<p>PND-0, P<sub>1</sub> - AVD / PE - obs. cholestasis            - Immediate delivery            - O/c - cc - fair            BP - 133/94 (102)            RR - 90 bpm            SpO<sub>2</sub> - 100% on RA            P/A - Ut well (2)            L/C - BUNL            U/O - 100ml cupped stool</p> <p>(Po) Tab. Ibuprofen 200mg - given @ 9 AM</p> <p>No bed in bed</p>	<p>Advise            1) soft diet            2) Hydrate ambulate            3) Drugs as charted            4) Monitor vitals &amp; T/O            5) w/f hypotension, tachycardia, bleed, p/w</p> <p>for 15 min for 2 hrs            P/vy 30 min for 2 hrs.</p> <p>Shale</p>
<p>27/5/26            12:30 pm</p>	<p>PND-0 / P<sub>1</sub> - AVD (K100) / PE / obs cholestasis            pt - comfortable            G/C: fair            B - well            B.P - 114/85 mmHg            P.R - 78 bpm            U/O: 300ml clear            SpO<sub>2</sub> - 100% on RA            P/A: Uterus retracted well            Bowel sounds (+)            P/v: No abnormal bleeding            Foley's removal at 5 AM</p>	<p>1) Soft diet &amp; plenty of oral fluid            2) Drug as charted            3) w/f P/v Bleeding            4) T/O charting            5) Monitor vitals &amp; T/O            Infuse if BP &gt; 140/90 w/f 80% of IRB</p>

Dr. Sravanthi 28/5/26

BAH-00512784 IP5-00174357  
 Mrs SHARANYA A.  
 29-07-1994 31 Y 9 M 28 D (F)  
 Dr. HIMABINDU VEERLA



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>21/5/26</u>		<u>Adv</u>
3:20pm	Pt comfortable No s/s Immune Eclampsia vitals = Stable P/A - uterus retracted well Cb - Bleeding mild	- soft diet, plenty of oral fluids - drugs as per charted
Op wound clear		- vitals by tn only - w/f s/s Immune Eclampsia - I/O charting - Inform of BP > 140/90 mmHg - Inform HS
	- Remove Foley's @ 5AM on 22/5/26	noted by v. foofa [Signature] Dr. Samene
<u>22/5/26</u>		
8:30pm	PND-O / PNI / AVO (KWI) / PE / obs - cholera G.C. / pin B.P. - 110/70 mmHg P.R. - 80 bpm P/A: Uterus retracted well, Bulb intact P/V: NAB	1) soft diet & plenty of oral fluid 2) Drug as charted 3) Monitor - vitals - 4h 4) w/f s/s of I.E 5) Inform if B.P > 140/90 mmHg 6) Inform HS
B. well good		
U/O: adequate		
5AM on 28/5/26	foley's removal on 5AM on 28/5/26	[Signature]

Noted by nurse - Dr. Swastika



PROGRESS NOTES AND DOCTOR'S ORDER

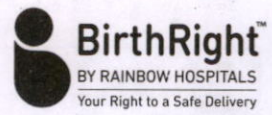
Date & Time	Progress Notes	Doctor's Order
23/5/26	C/O/W Dr. Nisha	
9:40 PM	PND-1 / P/L / AVD (K/W)	
	PE / Obs-cholesterol	
	GC: pain	1) soft diet & plenty of
passed urine	B.P: 120/89 mmHg	- oral fluid
	P.R: 75 bpm	2) Drug as scheduled
	SpO2: 100% on RA	3) w/o plw bleeding
Once voided due	P/A: Uterus retracted	4) Ambulation
V/E	well	5) w/o signs of I.E
	Bulst	6) Treat if BP > 140/90 mmHg
	Plw: NAD	7) Treat as
Discharge advice	T. AMLO 5mg BP	- Dr. Saravathi
	plan discharge after voiding.	
28/5/26	S/O. Dr. Himabindu	
10 AM	Pt - Comfortable	① No diet -
	Ambulatory	② Sit & Bath
	PA - Uterus involuting	③ Remove Dressing
	PV - Lochia healthy	④ Plan for discharge

(Dr. Himabindu)



BAH-00512784 IP5-00174357

Mrs SHARANYA A.  
29-07-1994 31 Y 9 M 28 D (F)  
Dr. HIMABINDU VEERLA



# RESULT SHEET

Date	27/5/21				
Time	@ 12:26 AM				
Hb	12.6				
PCV	37.3				
RBC	4.33				
WBC	8.89				
N/L					
Platelets	1.34				
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-00512784 IP5-00174357  
 Mrs SHARANYA A.  
 29-07-1984 31 Y 9 M 28 D (F)  
 Dr. HIMA BINDU VEERLA



## MEDICATION RECONCILIATION FORM

Drug Allergies: NCPA  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: NA 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. LVOGFN	1 TAB	PO	OD	26/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. SHECALYT	1 TAB	PO	OD	26/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. ALEGRA	120mg	PO	OD	26/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. V DILIV	300mg	PO	TID	26/5/26	<input type="checkbox"/> C <input checked="" 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. Dkuge

Date & Time: 27/5/26 ; 12:40 PM

Nurse Name & Signature: Tunel JM

Date & Time: 27/5/26 @ 1 AM

BAH00512784 IP5-00174357  
 Mrs SHARANYA A.  
 29-07-1994 31 Y 9 M 28 D (F)  
 Dr. HIMABINDU VEERLA



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight .....

Ward .....

<b>DRUG :</b> T. CERIXIME				Date	27/5	28/5														
Dose		Route	Frequency	Start Dt.	Time															
200mg		PO	BD	27/5/26	10AM															
Name & Signature of the Doctor Starting the Drugs:				<p>(Dr. V. Himabindu)</p>																
Additional Instructions:				<p>10PM <del>Strong Drug</del></p>																
Daily Doctor's Endorsement by a Sign				<p>9/5</p>																
<b>DRUG :</b> T. PARACETOMOL				Date	27/5	28/5														
Dose		Route	Frequency	Start Dt.	Time															
1gm		PO	QID	27/5/26	12PM															
Name & Signature of the Doctor Starting the Drugs:				<p>(Dr. V. Himabindu)</p>																
Additional Instructions:				<p>12PM <del>Strong Drug</del></p> <p>6PM <del>Strong Drug</del></p> <p>12PM <del>Low</del></p> <p>6PM <del>Low</del></p>																
Daily Doctor's Endorsement by a Sign				<p>5/5</p>																
<b>DRUG :</b> T. TRAMADOL				Date	27/5	28/5														
Dose		Route	Frequency	Start Dt.	Time															
tab		PO	TID	27/5/26	7PM															
Name & Signature of the Doctor Starting the Drugs:				<p>(Dr. V. Himabindu)</p>																
Additional Instructions:				<p>7PM <del>Low</del></p> <p>3PM <del>Low</del></p> <p>11PM <del>Strong Drug</del></p>																
Doctor's Endorsement by a Sign																				
<b>CERMARIN SRP</b>				Date	27/5															
Route		Frequency	Start Dt.	Time																
PO		OD	27/5/26	10PM																
Signature of the Doctor Starting the Drugs:				<p>(Dr. V. Himabindu)</p>																
Additional Instructions:				<p>10PM <del>Strong Drug</del></p>																
Endorsement by a Sign																				

VERIFIED

VERIFIED







## DRUG CHART

Date of Admission: 26/5/26 Drug Allergies: NKA  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)

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

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

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

VERIFIED BY : Name ..... Sigr



REGULAR PRESCRIPTIONS

Weight: ..... Ward: 035

**DRUG :** IMS. CEFOTAXIM Date/Time: 27/5

Dose	Route	Frequency	Start Date
<u>1gm</u>	<u>IV</u>	<u>BD</u>	<u>27/5/26</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Lavanya  
 Am Tunna  
 Pm Alakha

Additional Instructions: Stop after 12 PM dose  
27/5/26

Daily Doctor's Endorsement by a Sign

**DRUG :** TAB. LABETOLOL Date/Time: 27/5

Dose	Route	Frequency	Start Date
<u>200mg</u>	<u>PO</u>	<u>TID</u>	<u>27/5/26</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Lavanya  
 Am Hold  
 Pm Hold

Additional Instructions: Hold

Daily Doctor's Endorsement by a Sign

**DRUG :** TAB. UDILIV Date/Time: 27/5

Dose	Route	Frequency	Start Date
<u>300mg</u>	<u>PO</u>	<u>TID</u>	<u>27/5/26</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Lavanya  
 Am Small Dose  
 Pm Small Dose

Additional Instructions: Small Dose

Daily Doctor's Endorsement by a Sign

**DRUG :** T. NICARDIA RETARD Date/Time: 27/5

Dose	Route	Frequency	Start Date
<u>90mg</u>	<u>PO</u>	<u>BD</u>	<u>27/5/26</u>

Name & Signature of the Doctor Starting the Drugs: Dr. Hema Brudu  
 Am Hold  
 Pm Small Dose

Additional Instructions: Small Dose

Daily Doctor's Endorsement by a Sign

VERIFIED



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
	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		Dose	
Start Date	Dr. Sign.		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
27/5	12:30	T. PGE1	25 mcg	PO	W	Tunny Saranda
27/5/26	1:05 AM	T-LABETOLOL	200mg	PO	W	Tunny Saranda
27/5	1:30 AM	ENEMA	1 PACK	PIR	W	Tunny Saranda
27/5	4 AM	T. NICARDIA RETARD	20mg	PO	W	Tunny Saranda
27/5	5:40 AM	INS. LABETOLOL	20mg	W	W	Tunny Saranda
27/5/26	6:10 AM	inj. LABETOLOL	40mg	W	@Tunny	Tunny Saranda
27/5/26	8:40 AM	2j OXYTOCIN	100	IM	Hindu	Reh Kearti
27/5/26	8:50 AM	2j CARBOPROST	250mcg	IM	Hindu	Reh Kearti
27/5/26	9:30 AM	JUSTIN SUPPOSTORY	100mcg	PR	Reh	Reh Kearti
27/5/26	9:40 AM	T. MISO PROSTOL	400mcg	PR	Reh	Reh Kearti

Signature

Name

VERIFIED

VERIFIED



IP300174357  
 Mrs SHARANYA A.  
 29-07-1994 31 Y 9 M 28 D (F)  
 Dr. HIMABINDU VEERLA



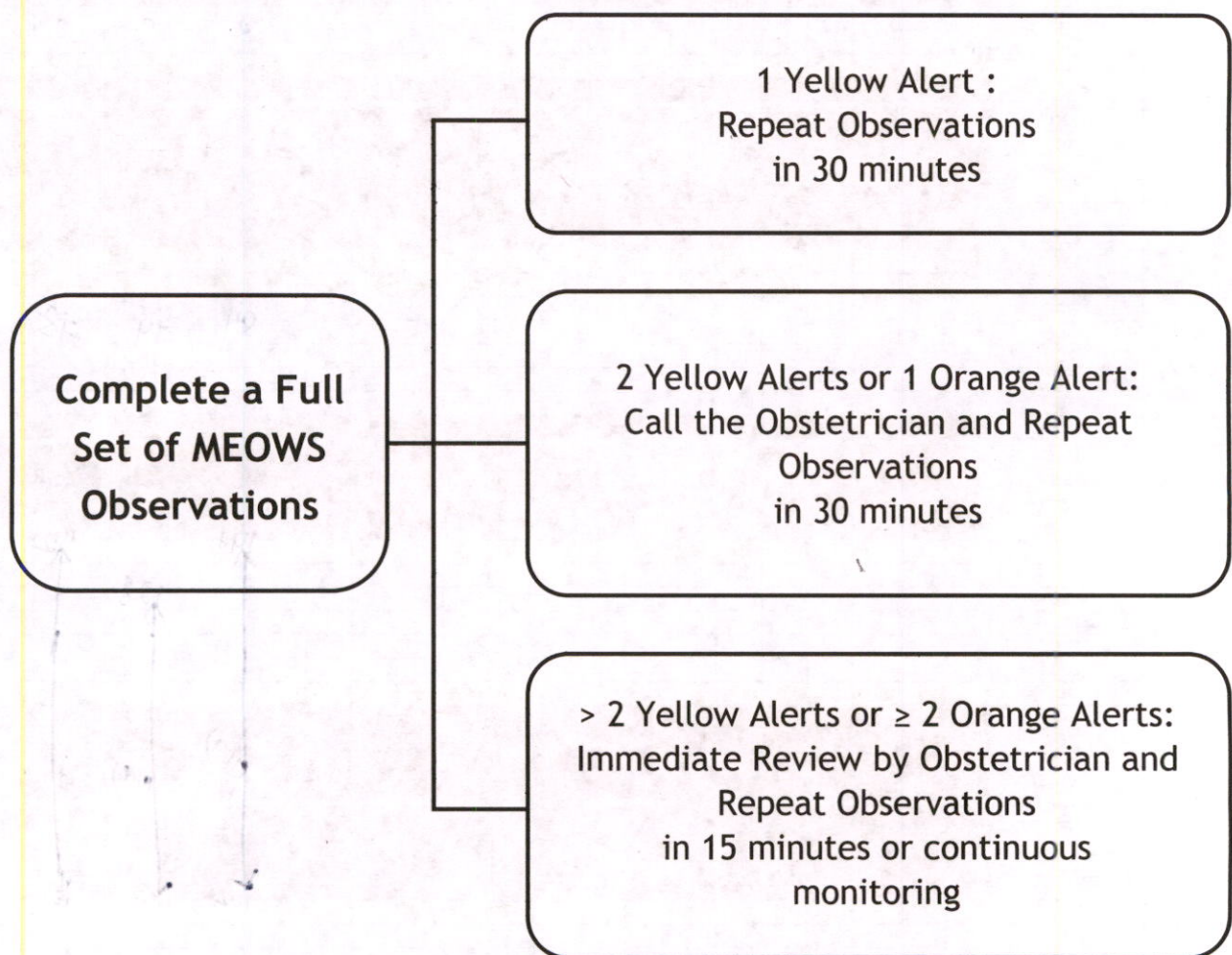
## Early Warning Observation Score Chart - Obstetrics

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														
RESP (write rate in corresp. box)	> 30													
	21 - 30													
	11 - 20													
	0 - 10													
Saturations	94 - 100 %													
	< 94 %													
Administered O <sub>2</sub> (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													
	40													
Systolic Blood Pressure	190													
	180													
	170													
	160													
	150													
	140													
	130													
	120													
	110													
	100													
	90													
	80													
	70													
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													
Licuor	Clear / Pink													
	Green													
TOTAL YELLOW SCORES														
TOTAL ORANGE SCORES														
Nurse Initial														

1 0 1 0  
 1 1 1 0  
 JVB JVB JVB JVB

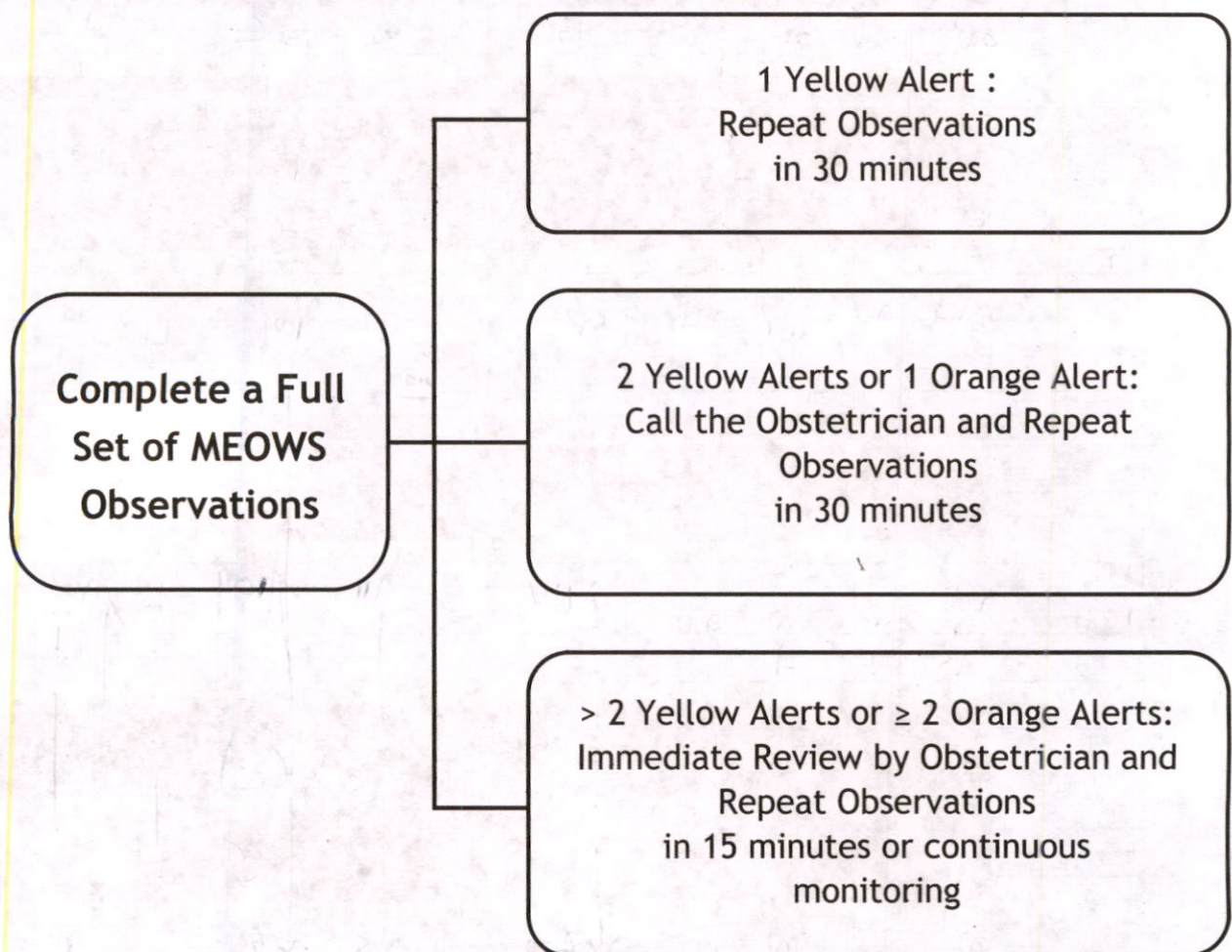
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



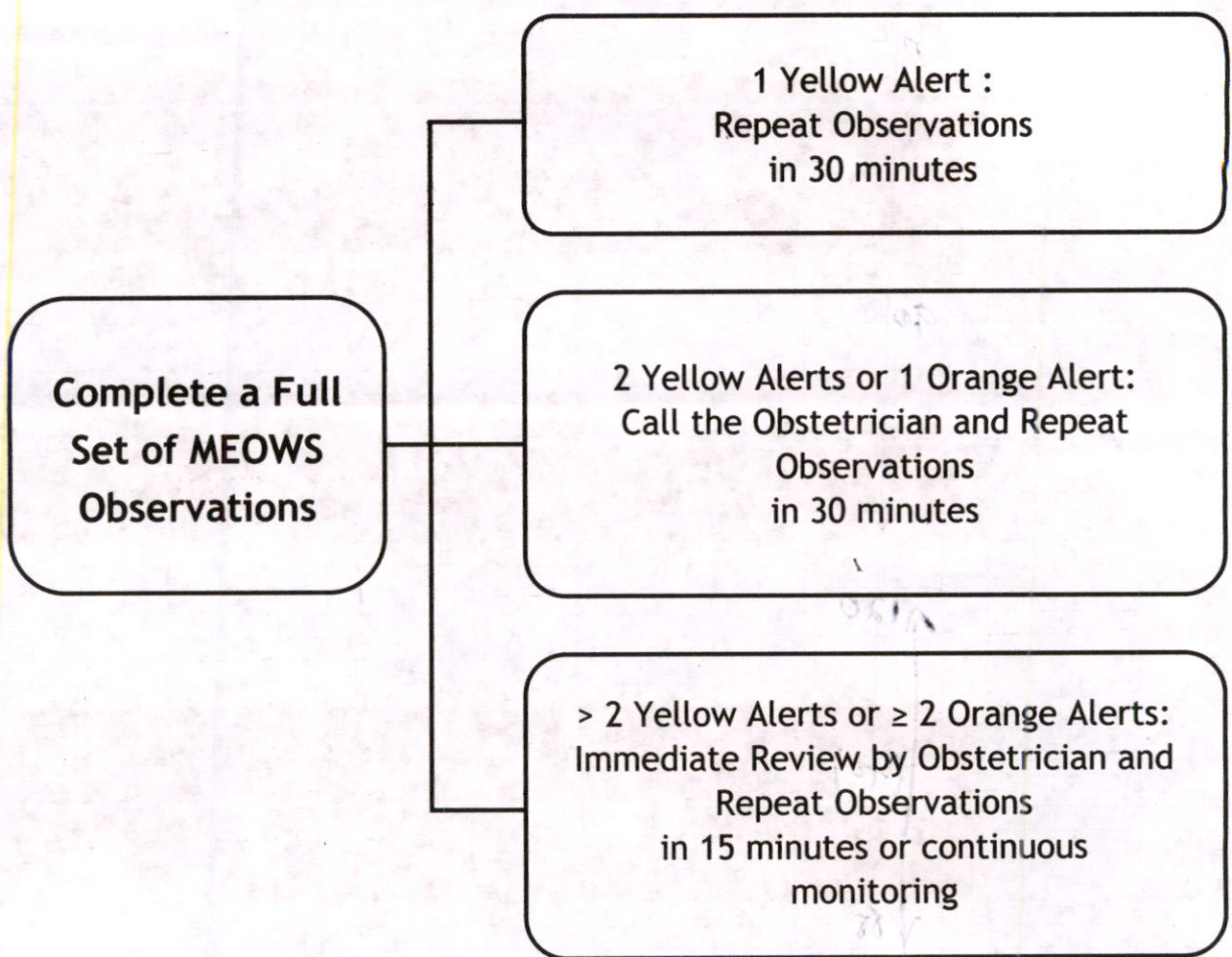
## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)



**Obstetrics and Gynaecology  
Early Warning Signs**



\* The Modified Early Warning Score (MEOWS)

IPS-001/4357  
 Mrs SHARANYA A.  
 29-07-1994 31 Y 9 M 28 D (F)  
 Dr. HIMABINDU VEERLA



# 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 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												
<b>Total Intake :</b>						<b>Total Output :</b>							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
<b>Total Intake :</b>						<b>Total Output :</b>							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm								✓	0		Tony	
	12:00 am	H <sub>2</sub> O							✓	0		Tony	
	01:00 am	H <sub>2</sub> O							✓	0		Tony	
<b>Total Intake :</b> Taken						<b>Total Output :</b> 0 - 2 IM →							
	02:00 am	H <sub>2</sub> O							✓	0		Tony	
	03:00 am									0		Tony	
	04:00 am	H <sub>2</sub> O								0		Tony	
	05:00 am	H <sub>2</sub> O							↓	0		Tony	
	06:00 am									300ml	0	Tony	
	07:00 am	H <sub>2</sub> O								0		Tony	
<b>Total Intake :</b> Taken						<b>Total Output :</b> U - 300ml 9M - 0							
<b>Total 24 hrs. Intake</b>		Taken good				<b>Total 24 hrs. Output</b>		U - 300ml 9M - 1					

27/5/26

# 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 Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
27/5/26	8:00 am	H <sub>2</sub> O									0	Rel	
	9:00 am	H <sub>2</sub> O									0	Rel	
	10:00 am	H <sub>2</sub> O							100ml		0	Rel	
	11:00 am	H <sub>2</sub> O									0	Rel	
	12:00 pm	H <sub>2</sub> O							300ml		0	Rel	
	01:00 pm	H <sub>2</sub> O									0	Rel	
<b>Total Intake :</b>						<b>Total Output :</b> 400ml							
	02:00 pm										0	Rel	
	03:00 pm										0	Rel	
	04:00 pm										0	Rel	
	05:00 pm								1000ml		0	Rel	
	06:00 pm										0	Rel	
	07:00 pm										0	Rel	
<b>Total Intake :</b>						<b>Total Output :</b> 1000ml							
	08:00 pm								900 ml		0	Rel	
	09:00 pm										0	Rel	
	10:00 pm										0	Rel	
	11:00 pm										0	Rel	
	12:00 am								1200 ml		0	Rel	
	01:00 am										0	Rel	
<b>Total Intake :</b>						<b>Total Output :</b> 1300ml							
	02:00 am										0	Rel	
	03:00 am								1200ml		0	Rel	
	04:00 am										0	Rel	
	05:00 am										0	Rel	
	06:00 am								800ml		0	Rel	
	07:00 am										0	Rel	
<b>Total Intake :</b>						<b>Total Output :</b> 2000ml							
<b>Total 24 hrs. Intake</b>		fahu											
<b>Total 24 hrs. Output</b>		4.700ml											

BAH-00512784 IP5-00174357  
 Mrs SHARANYA A.  
 29/07-1994 31 Y 9 M 29 D (F)  
 Dr. HIMABINDU VEERLA



# FLUID CHART



Sheet No. : 3

28/5/20

- 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 poor	
	09:00 am											0		
	10:00 am													
	11:00 am													
	12:00 pm													
	01:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>						<b>Total 24 hrs. Output</b>								

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.

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													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 pm													
	03:00 pm													
	04:00 pm													
	05:00 pm													
	06:00 pm													
	07:00 pm													
<b>Total Intake :</b>						<b>Total Output :</b>								
	08:00 pm													
	09:00 pm													
	10:00 pm													
	11:00 pm													
	12:00 am													
	01:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
	02:00 am													
	03:00 am													
	04:00 am													
	05:00 am													
	06:00 am													
	07:00 am													
<b>Total Intake :</b>						<b>Total Output :</b>								
<b>Total 24 hrs. Intake</b>														
<b>Total 24 hrs. Output</b>														



301

# NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 27/5/26

Time: 2:20pm

Origin: Indian

Height: 151cm

Weight: 74.4kg's

BMI: 32.7kg/m<sup>2</sup>

Food Allergies: paneer

Diagnosis: PND-0

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: Mrs U

Signature: Saima

Name: M.V.S. CHAITANYA

Name: Saima

Date & Time: 27/5/26 @ 2:20pm

Date & Time: 27/5/26 @ 2:20pm

