

Rainbow  
 ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 5 D (F)  
 Dr. NANDINI L



DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	30/5/26 @ 1:30 PM		<i>[Signature]</i> Nursing	
Activity Sheet updated by Pharmacy	1:51	1:57	<i>[Signature]</i> Pharmacy	

2/15/19

# ACTIVITY RECORD FOR BILLING

Name: .....  
 UHID No: .....  
 Date of Admission: .....  
 Room / Bed No: .....

ANC-00010919  
 Mrs KRUTHIKA L  
 25-03-1996  
 Dr. NANDINI L  
 IP28-00004484  
 30 Y 2 M 3 D (F)

Consultant: ..... Dept: .....  
 Date of Discharge: ..... Time: .....  
 Suggested Billable bed type: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/5/26	1 AM	LDR	M Floor	DR
29/5/26	1 AM	M Floor	OT	DR
29/5/26	9.55 am	OT - 2	Postward	DR
29/5/26	12.30 pm	Postop	M03	DR

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Lakshmi Reddy	29/5/2026	147556	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
29/5/20	CTG ✓	1	4036	PP
29/5/20	pre anaesthetic	1	7401	PP
29/5/20	CTG ✓	①	4039	PP
29/5/20	cv placement	①	47464	PP
29/5/20	Blood observation	①	47462	PP
29/5/20	Catheterisation	①	47502	PP
<del>29/5/20</del>	<del>Lactation</del>			
29/5/20	Nutritional Assessment	1		PP

**ANY OTHER INFORMATION:**

.....

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.....


.....

.....

.....

.....

Date: 30/5/20 Time: 1:30 pm Prepared By: .....

Staff Nurse 	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00010919 IP28-00004484  
Mrs KRUTHIKA L  
25-03-1996 30 Y 2 M 4 D (F)  
Dr. NANDINI L



## SURGERY DETAILS

Date : 29/05/26  
Patient Name: Mrs. Kruthika Date of Birth: 25/03/1996 Age: 30 Yrs  
Gender: Female Ward: 14 Floor UHID No.: ANC 10919/4484  
Date of Surgery: 29/05/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery: Medial Lsg to Sterilisation

Time In : 8.10 am

Time Out : 9.55 am

	NAME	AMOUNT
1. Surgeon	Dr. Nandhini L	
2. Anaesthetist	Dr. Mahalakshmi	
3. Assistant Surgeon	Dr. Raaga	
4. OT Technician	Mr. Anish / Mr. Smith	
5. Circulating Nurse	Ms. Shankari	
6. Assistant Nurse	Ms. Fahil	

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon  
*Nandhini Sobba*

Signature of Circulating Nurse  
*Shankari*

Order No: .....

Order by: .....

## SURGERY DETAILS

Name of the Surgery: Prostatectomy  
 Date of Surgery: 10/10/2008  
 Gender: Male      Ward: 10  
 From: Mr. G. Jones      Date of Referral: 09/10/2008  
 Referral No: 123456

Type of: Open

- NOT
1. Surgeon: Mr. G. Jones
  2. Assistant Surgeon: Mr. J. Smith
  3. Anesthetist: Mr. P. Brown
  4. OT Technician: Mr. D. White
  5. Circulator: Ms. S. Green
  6. Assistant Nurse: Ms. L. Black

Laparoscopy       Endoscopy  
 C-ARM       Uroscopy  
 Nitro Gasa       Others: \_\_\_\_\_

Signature of the Surgeon: [Signature]



# CONSUMABLES OF OT

Circulating staff : S.N. Anbarasan Technician : MR. Rishi Date : 29/5/26 Time : 8:10 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSGS</u>		<u>01</u>	Inj Vit.K ✓		<u>01</u>
LMA			Sutures <u>23H7</u>		<u>03</u>	Cord Clamp ✓		<u>01</u>
ECG leads <u>(A) P/N</u> ✓		<u>03</u>	<u>4242</u>		<u>02</u>	Suction Catheter		
HME filter : A / P / N			<u>1326</u>		<u>01</u>	Feeding Tube		
Syringes : 10 cc ✓		<u>01</u>	<u>4221</u>		<u>01</u>	Vaccum Suction Set		
05 cc ✓		<u>03</u>	Gloves <u>6 1/2 P.F</u>		<u>01</u>	Surgical Gloves		
02 cc ✓		<u>01</u>				Gauze Pack		
01 cc ✓		<u>01</u>				Syringe <u>1ml/2ml</u> <u>20ML</u>		<u>01</u>
Cautery plate <u>(A) P/N</u> ✓		<u>01</u>	Surgical blade <u>22</u>		<u>01</u>	Surgical Blade # 20		
IV set ✓		<u>01</u>	NG tube			Koochies (S)		
RI ✓		<u>02</u>	Cautery pencil		<u>02</u>	D/water		<u>01</u>
10ml / 100ml / 500ml / 1000ml			Koochies			Spinal needle <u>25</u>		<u>01</u>
<u>Inj. Evatoan</u>		<u>05</u>	Ointments			<u>6 (w)</u>		
<u>Inj. Supridol</u>		<u>01</u>	Suction Catheter			Needle <u>26x1 1/2</u>		<u>01</u>
Fentanyl			Cap, Mask		<u>03</u>	Emerald syringe <u>5ml</u>		<u>01</u>
Morphine			Gauze Pack ✓		<u>06</u>	<u>Nasal Cannula (Mac)</u>		<u>01</u>
Ketamine			Mop Pack		<u>02</u>	P.F 6		<u>02</u>
Propofol			Steristrip			P.F 6 1/2		<u>06</u>
Rocuronium			Underpad		<u>02</u>	S.C 6		<u>01</u>
Glycopyrolate			Draw sheet			S.C 6 1/2		<u>01</u>
Myopyrolate			Abgel			P.F 7		<u>02</u>
Ondansetron ✓		<u>01</u>	Foleys catheter		<u>01</u>	2 Gauze		<u>02</u>
Pencan 25g/ Spinal Needle 22			Urobag		<u>01</u>	100 ml NS		<u>01</u>
Bupivacaine 0.25%			Chest Drainage Catheter			Spinal Needle <u>25VT</u>		
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>(Q)</u>		<u>01</u>
Antibiotics			Bandage					
<u>Inj - Bioxemic</u>		<u>02</u>	Tegaderm					
Suppositories			loban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		<u>01</u>			
Justin : 12.5 mg / 25mg / <u>100mg</u>		<u>01</u>	Plastic Bed Sheet		<u>02</u>			
Tab. Misoprost : 200mg			Betadine Solution		<u>02</u>			
<u>Inj - Anaxim heavy</u>		<u>01</u>	Microshield					
<u>Inj - Bupropion</u>		<u>01</u>	Cotton Balls					
<u>Inj - Mezon</u>		<u>01</u>	Latex-Gloves <u>NIT</u>		<u>10 pair</u>			
<u>Inj - Dexam</u>		<u>05</u>	Ramdione Scrub					
			Saral					

Surgeon : Dr. Nandini L.

Anaesthesiologist : Dr. Anandakrishni

Nurse : Shanvi

OT Technician : C. G. Ravi

Order No. : ..... Ordered by : Shanvi



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,  
Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004484	Ward	5F-PRE/POST
Patient Name	Mrs KRUTHIKA L	Bed Name	PRE & POST OP 503
Age/Sex	30 Y 2 M 4 D / Female	Order No	28-0000147553
Date	29/05/2026 12:26	Prescription No	PRIP28-0069345
Payor	SELPAY	Dispensed Date	29/05/2026 12:27
UHID	ANC-00010919		

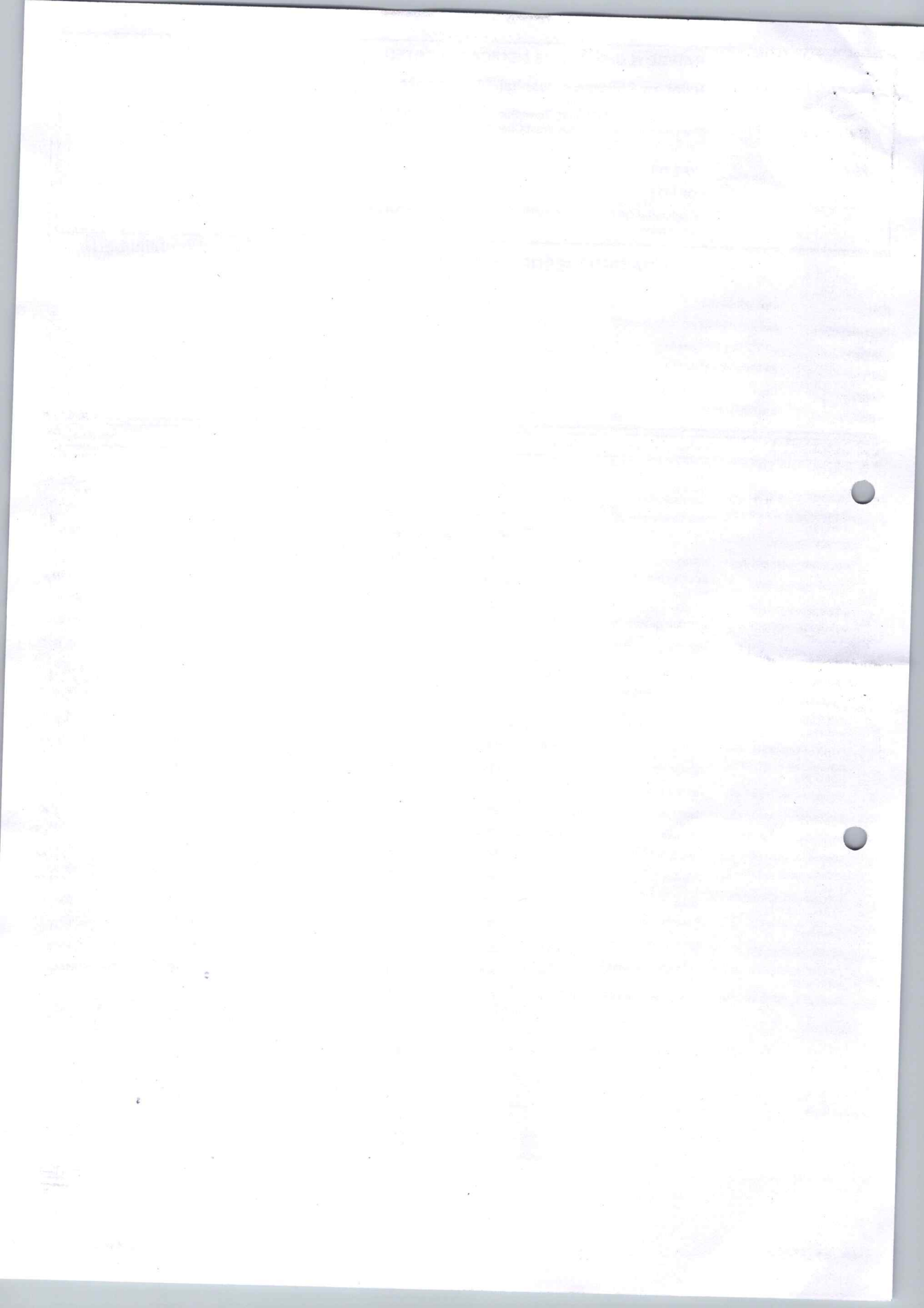
S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	045118	09/28	1	31.10	31.10
4	DEXARIL 4MG INJ		H	0DEX25008SR	06/27	1	10.88	10.88
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	2	25.78	51.56
6	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B16K55	01/31	5	21.56	107.80
8	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	1	50.63	50.63
9	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	1	10.31	10.31
11	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254093	09/28	1	2.58	2.58
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	5	18.90	94.50
13	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
14	INTRAFLW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
15	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
16	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
17	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	12/26	1	2.44	2.44
18	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
19	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	0K26A040293	12/30	1	255.00	255.00
20	PREGELLED SURGICAL PLATES(ADULT)	Erbee		02510172407	10/27	1	1,275.00	1,275.00
21	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	3	69.39	208.17
22	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
23	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
24	SUPRIDOL INJ 50 MG 1 ML	Neon Laboratories Ltd	H	KP1287039	07/27	1	12.56	12.56
						<b>Total :</b>	<b>3,256.95</b>	<b>3,655.32</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : RISHI S



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar



Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
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### INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004484	Ward	5F-PRE/POST
Patient Name	Mrs KRUTHIKA L	Bed Name	PRE & POST OP 503
Age/Sex	30 Y 2 M 4 D / Female	Order No	28-0000147535
Date	29/05/2026 11:32	Prescription No	PRIP28-0069342
Payor	SELPAY	Dispensed Date	29/05/2026 11:33
UHID	ANC-00010919		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadimed	GENERAL	250303004	03/28	2	1,188.00	2,376.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		PARCH1010526	04/29	2	100.00	200.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641042	01/30	5	100.00	500.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	0BLNP274050	09/28	1	18.74	18.74
6	KLICK CLAMP	ROMSONS		0G25I040080	08/30	1	39.00	39.00
7	LSCS DRAPE PACK	Mediblue	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	2	850.00	1,700.00
9	NITRILE EXAMINATION GLOVES P F - MEDIUM	ELITE MEDICALS		ENPF030020	11/28	20	25.00	500.00
10	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif	H	2C260605	02/30	1	22.41	22.41
11	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
12	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	6	128.00	768.00
13	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
14	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	2	128.00	256.00
15	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
16	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
17	TRUGUT CHROMIC CATGUT SN4241	Sutures India		0A240638	06/29	1	217.00	217.00
18	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	2	223.00	446.00
19	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
20	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5059	08/30	3	951.00	2,853.00
<b>Total :</b>							<b>7,321.32</b>	<b>13,332.32</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name

ANC-00010919  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 4 D (F)  
 Dr. NANDINI L

IP28-00004484



## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Nandhini</u>	Date of Delivery: <u>29/05/26</u>
Assistant Surgeon: <u>Dr. Raaga</u>	Time of Delivery: <u>8.40am</u>
Anaesthetist's Name: <u>Dr. Mahalakshmi</u>	Gender of Baby: <u>Female</u>
Type of Anaesthesia: <u>SA</u>	Weight of Baby: <u>3.240kg</u>
Neonatologist: <u>Dr. Raghu / Dr. Eshwari</u>	AGPAR Score: <u>8/10 9/10</u>
Scrub Nurse: <u>Ms. Eshwari</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-operative Diagnosis: CPH / 32 wks / Previous ces.

- Urgency:  Elective  Emergency
- Indication: Previous ces.
- Immediate Threat to life of woman or fetus
  - Maternal or fetal compromise not immediately life threatening
  - No maternal or fetal compromise but needs early delivery
  - Delivery timed to suit woman and staff

Decision time: .....

CTG Description: Reactive

If there was a delay give the reasons: .....

Surgical Procedure: Elective LSCS + STERILIZATION

Post Operative Diagnosis: P2L2

Peri-Operative Complications: nil.

Amount of Blood Loss: 600ml Blood Transfused (in ML): —

Name and Number of Surgical Specimen sent for examination:  
B/L tissue

**Examination Findings when Appropriate:**

Presentation:  Cephalic  Breech  Other .....  
5th Palpable: .....  
Station:  -3  -2  -1  0  +1  +2  
Caput:  +  ++  +++  
Bladder Catheterized:  Yes  No  
Cervical Dilatation: 0 ..... cm  
Fetal Position: .....  
Moulding:  None  +  ++  +++  
Meconium:  None  +  ++  +++  
Urine:  Clear  Blood Stained

Skin Incision:  Pfannenstiel  Transverse  
Uterine Incision:  Lower Segment  Classical  Midline  Other .....  
Previous Scar:  Intact  Thinned out  Inverted T  J Incision  
Incision Through Placenta:  Yes  No  Ruptured  No Scar  
Delivery of head:  Manual  Forceps  
Liquor:  Clear  Meconium:  I  II  III  Blood  Offensive  Not Offensive  
Delivery of Placenta:  Manual  CCT .....  Complete  Incomplete  Piecemeal  
Cord Appearance: ..... normal .....  
Appearance of placenta: ..... normal .....  
Cord around the neck:  Yes  No  
Uterus, tubes and ovaries:  Normal  Not Normal  
Cavity explored:  Yes  No  
Sterilization:  Yes  No

*Adhesions to Ant abd wall & uterus.*

*Modified Pomeroy*

1 - vicryl Suture  
1 - capth Suture  
1 - vicryl Suture  
2 - 0 monoycl Suture

Uterine Closure:  One Layer  Two Layers  
Peritoneal Closure:  Pelvic  Abdominal  None  
Sheath Closure: .....  
Fat Closure:  Yes  No  
Skin Closure:  Subcuticular  Mattress  
Vaginal Evacuated:  Yes  No  
Drain:  Yes  No  
Catheter:  Yes  No  
Swap & Instruments count correct?  Yes  No  
Intra-Operative Antibiotics Cover:  Yes  No  
Post-Operative Notes: NPO (LBD) btl fluids  
No charting  
Dr - Supacel 1.5 gm IV 10-1  
Dr Pan 40mg IV 10-1  
Dr - Pava 1 gm IV 10-1  
IVF 200ml  
20ms @ 125ml/hr  
10ms  
CBG 6th hour

Doctor Name: *Indira Gobby*  
Date & Time: .....

Doctor Signature: *Indira Gobby*

ANC-00010919  
Mrs KRUTHIKA L  
25-03-1996 30 Y 2 M 3 D (F)  
Dr. NANDINI L

Patient Stick



# IP ADMISSION

# TRICS

### Presenting Complaints

Patient admitted for safe confinement

Obstetric Formula:

Able to pm well

Obstetric History:

G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> / 37w+4d  
prev LSCS

① Boy, LSCS, 6 yrs old A & L.  
② spontaneous conception  
All scans done.

LMP:

September 2025 <sup>Date unknown</sup>

EDD:

14/6/2026

Corrected EDD:

GA:

Menstrual History: Regular:  Yes  No

### 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

### Per Speculum Examination *NA*

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination *NA*

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

### RISK FACTORS:

- Hypothyroid  
- GDM.

Height: 165 cm

Weight: 82 kg

Allergies: Nil

Breast:  Normal  Abnormal

General Examination:

Consciousness: Yes

Pallor: No

Icterus: No

Edema: No

Temp: 98 F

PR: 96/min

BP: 120/80

DTR: B/L N V B S ⊕

CVS: S1 S2 heard

RS

Liver/Spleen: Normal

Urine Output: Nil

### DIAGNOSIS

G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> / 37 weeks + 4 days  
Oxre | prev LSCS | Hypothyroid  
GDM.



<b>Family History:</b> Father - T2DM.	<b>Surgical History:</b> Prev LSCS in 2020
<b>Medical History:</b> - keto Hypothyroid from 3 <sup>rd</sup> month of present pregnancy - keto adm from 5 <sup>th</sup> month of pregnancy	<b>Medication History:</b> T. Thyronom 50mg od T. Metformin 500mg Bd.
<b>Plan of Care:</b> - Admission - CTG BD - IV line, 1 @ RL @ maintenance from 5am. - Preopne pack - Resume 1 @ PRBC - Inj. Supacof 1.5g IV stat - Inj. Pan 40mg IV stat - Inj. Emeset 4mg IV stat. - To send FBS, urine ketones and serum electrolytes @ 5am. - CBC 6 <sup>th</sup> July.	<b>Investigations:</b> - CBC - Coagulation profile - Cross matching  <u>25/5/26</u> SLIVG = 36 to 37 weeks FHR - 147 bpm AFI - 11.1 AFI - SLP - 4.2cm CA - 3.2cm cephalic, no cord around neck. <u>16/5/26</u> Hb - 12.0, plt - 2027. FBS - 89 PPBS - 189 TSH - 3.15 Serology - NR

- To take - T. Thyronom 50mg @ 5am & sips  
- To skip oHA Tomorrow morning

Doctor Name: Dr. Mohanpiya  
Signature: [Signature]  
Date & Time: .....

Consultant Name: Dr. Nandini L.  
Signature: .....

Patient Stick



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/2026 12.30pm	Lactation Report Name as Randa - Devarithe	
	(G1) - good history (1st baby)	
	Mother's breasts - limp nipples - everted	p/h
	Traces of colostrum seen Suck/laugh - good Advice given.	Randa
29/5/2026 12.30pm	S/ De Raaga B - Pt reviewed	
	o/e breast Appetite	
	Vitals stable	Adv
	P/A Bp - BSO Mucous we Breast dry	Shife to wash EBU bit only.
	o/e Bwnc o/e CBO - Clean have diary.	→ Follow diary chart → w/p ↑ bleeding Pl





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/16 10:30p	SBY Dr Chautha	
	up to comfort	
	mild state	
COP-PEAKS	<del>pp</del> soft well contract sub dia	
	No WOB	<del>AD</del> call
10:45am	POD - 1	
	no complaints	Adv <del>AD</del> 126mg
	P/A - soft/BSP Breasing clean & dry	- IVF - 30 - 2RL 10MS
T - (2)		- dry. Perinorm N Stat
PR - 76/46		- C. lactare 2-2-2
BP - 110/80		- FBS PPBS / to morrow
		- plan discharge to morrow

to  
 Bobby





## MEDICATION RECONCILIATION FORM

Drug Allergies: NIL  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: OT-2 Shifted to: M 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. THYRONORM	50 mcg	P/O	OD	29/5/26 6am	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	T. METFORMIN	500	P/O	BD	28/5/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Mahalaxmi Maha 96373

Date & Time: 29/05/26 @ 9:40<sup>a</sup>

Nurse Name & Signature: Sri. Anbarasi

Date & Time: 29/5/26 @ 9:00<sup>a</sup>

ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 4 D (F)  
 Dr. NANDINI L



## MEDICATION RECONCILIATION FORM

Drug Allergies: NIL  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.  
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ICU Shifted to: Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ SUPACEF	1.5gm	IV	1-0-1	29/5/16	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ - PAN	40 mg	IV	1-0-1	29/5/16	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ PARA	18gm	IV	1-1-1	29/5/16	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	JUSTIN SUPPOSITORY	100 mg	P/R	1-0-1	29/5/16	<input checked="" 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: (De laage k)

Date & Time: 29/5/16 at 12:30 pm

Nurse Name & Signature: Deu

Date & Time: 29/5/16 at 12:30 pm

**MEDICATION RECONCILIATION FORM**

Medication Reconciliation will be done at the time of admission and discharge. If there is a change in the treatment team or change from one unit to another unit, (Example: at the time of admission or shifting from ICU to Ward, or from Ward to ICU) Shifting From: ICU to Ward

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	ROUTE	PREVIOUS	LAST DOSE Date Time	ON ADMISSION (SHIFTING)
1	Aspirin	PO	Yes	10/10/2018 12:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Paracetamol	PO	Yes	10/10/2018 12:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Amoxicillin	PO	Yes	10/10/2018 12:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Insulin	IV	Yes	10/10/2018 12:00	<input type="checkbox"/> Yes <input type="checkbox"/> No
5					<input type="checkbox"/> Yes <input type="checkbox"/> No
6					<input type="checkbox"/> Yes <input type="checkbox"/> No
7					<input type="checkbox"/> Yes <input type="checkbox"/> No
8					<input type="checkbox"/> Yes <input type="checkbox"/> No
9					<input type="checkbox"/> Yes <input type="checkbox"/> No
10					<input type="checkbox"/> Yes <input type="checkbox"/> No

Medication History Recorded & Verified by: [Signature]  
 Doctor Name & Signature: [Signature]  
 Date & Time: 10/10/2018 12:00  
 Nurse Name & Signature: [Signature]  
 Date & Time: 10/10/2018 12:00

Patient Sticker

ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 3 D (F)  
 Dr. NANDINI L



# DRUG CHART

Date of Admission: 28/5/20 Drug Allergies: nil  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)

VERIFIED BY : Name ..... Signature .....

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

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

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



ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 4 D (F)  
 Dr. NANDINI L



Sheet No: 10

**REGULAR PRESCRIPTIONS**

Weight 22.25g Ward M.F

DRUG : INJ. PARACETAMOL				Date-Time
Dose	Route	Frequency	Start Dt.	
1gm	IV	1-1-1	29/5/26	10:30 AM
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG : T. lactam				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 .....



Patient Sticker

ANC-00010919  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 3 D (F)  
 Dr. NANDINI L

IP28-00004484

Weight. 22kg Ward. M Floor



VARIABLE DOSE		Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :		Dose	Dose	Dose	Dose
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.
Route	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	
		Dr. Sign.	Dr. Sign.	Dr. Sign.	Dr. Sign.	
Route	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.	

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
29/5/26	7 AM	Inj. Supacef	1.5g	IV	[Signature]	SS 01798
29/5/26	6:35 AM	Inj. Pan	40mg	IV	[Signature]	SS 01798
29/5/26	6:35 AM	Inj. Emetet	4mg	IV	[Signature]	SS 01798
29/5/26	8:33 AM	Inj. Supacef	0.1ml	ID	[Signature]	SS 01798
29/5/26	8-45 <sup>am</sup>	ly. TRAPIC	1gm	IV	[Signature]	[Signature]
29/5/26	9-50 <sup>am</sup>	SUPPOSITORY JUSTIN	100mg	P/R	[Signature]	[Signature]
30/5/26	12 PM	Inj. painorm	5mg	IV		Neel 60171

VERIFIED BY: Name ..... Signature .....



I.V. FLUIDS CHART

Weight. 82kg Ward. M Floor

VERIFIED BY : Name ..... Signature .....

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
29/5/26	1:10 AM	10 RL	<del>I.V.</del>	100 ml/hr	<del>SS</del>	SS over	29/5/26 2 AM	<del>SS</del>	SS over
29/5/26	5 AM	RL	I.V.	100 ml/hr	SS	over	29/5/26		over
29/5/26	8:10 am +	IVF 20 RL	IV	over the	Malya	6:19 hr	29/5/26	Malya	6:19 hr
29/5/26	9:55 AM	10 RL + 20 units Syntho	IV	@ 125 ml/hr	Malya	6:19 hr	29/5/26	Malya	6:19 hr
29/5/26	11:30 am	10 RL	I.V.	@ 125 ml/hr		Malya 6:19 hr	29/5/26		
29/5/26	6 PM	10 NS	I.V.	@ 125 ml/hr		SS over	29/5/26		
29/5/26	10:30 PM	10 RL	I.V.	@ 125 ml/hr		SS over	30/5/26 2:30 PM		
30/5/26	2:30 PM	10 NS	I.V.	@ 125 ml/hr		SS over	30/5/26 6:30 PM		SS over
30/5/26	6:30 AM	10 RL	I.V.	@ 125 ml/hr		SS over	30/5/26 at 11 AM		Navy
30/5/26	11 AM	10 NS				NS over			

Patient Sticker

ANC-00010919 IP28-00004484  
Mrs KRUTHIKA L  
25-03-1996 30 Y 2 M 3 D (F)  
Dr. NANDINI L

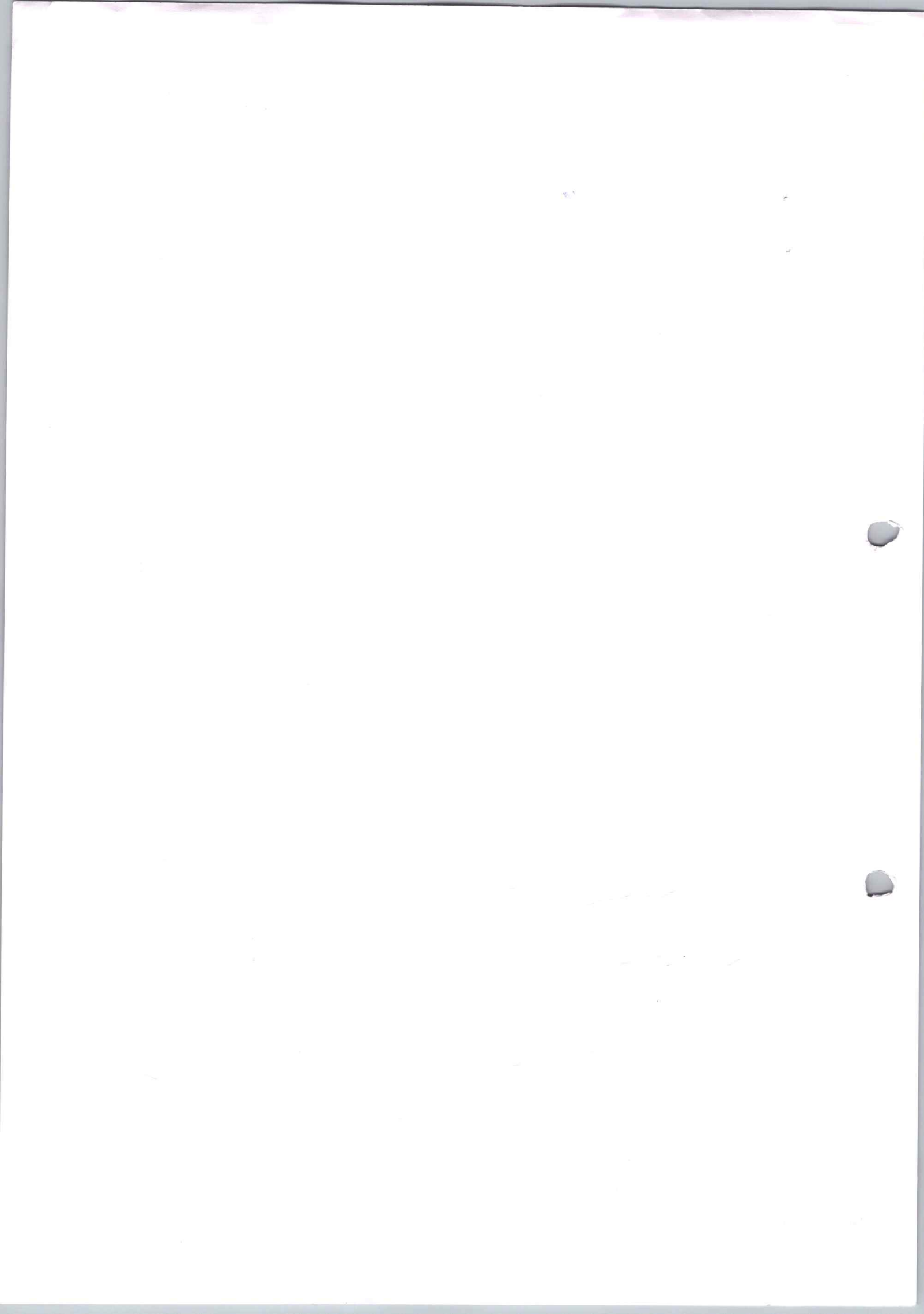


Early

# n Score Chart - Obstetrics

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

		Date																									
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
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																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	Systolic Blood Pressure	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																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											





# 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		7	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			20b/m	20b/m	20b/m				20b/m				20b/m				20b/m				20b/m			
	21 - 30			20	20	20				20				20				20				20			
	11 - 20			20	20	20				20				20				20				20			
	0 - 10																								
Saturations	94 - 100 %			98	98	98				98				98				98				98			
	< 94 %																								
Administered O <sub>2</sub> (L/min.)				RA	RA	RA				RA				RA				RA				RA			
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																									



# 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	
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																										
	50																										
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	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																											

Patient Sticker  
 ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 3 D (F)  
 Dr. NANDINI L



# FLUID CHART

Sheet No. :     C    

- 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			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
<b>Total Intake :</b>			12.15 AM Received			<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	N					✓		✓	✓	0		SS
	01:00 am	P		250ml → RL							0		SS
<b>Total Intake :</b>			250ml			<b>Total Output :</b>							
	02:00 am			250ml → RL							0		SS
	03:00 am	0									0		SS
	04:00 am	N									0		SS
	05:00 am	P									0		SS
	06:00 am	0		100ml							0		SS
	07:00 am	0		100ml						✓	0		SS
<b>Total Intake :</b>			200ml			<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>			450ml			<b>Total 24 hrs. Output</b>							
						U - 2 times							
						M - 1 times							



**FLUID CHART**

Sheet No. : ..... 2 .....

29/5/16

- 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		
	08:00 am	N		RL 1000 ml	inbans					✓	0	} <u>SS</u>
	09:00 am	P		RL 500 ml						✓	0	
	10:00 am	O		RL 125						✓	0	
	11:00 am	N		RL 125	connected					100	0	
	12:00 pm	P		125						150	0	
	01:00 pm	O		125						200	0	

**Total Intake :** 2000 ml **Total Output :** 4500 ml over hourly

	02:00 pm	H <sub>2</sub> O	100 ml	125 ml						150 ml	0	} <u>SS</u>
	03:00 pm			125 ml						100 ml	0	
	04:00 pm	H <sub>2</sub> O	100 ml	125 ml						200 ml	0	
	05:00 pm	Tc	200 ml	125 ml						200 ml	0	
	06:00 pm	Apple juice	200 ml	125 ml						150 ml	0	
	07:00 pm	H <sub>2</sub> O	100 ml	125 ml						100 ml	0	

**Total Intake :** 700 + 750 = 1450 ml **Total Output :** 900 ml

	08:00 pm	H <sub>2</sub> O	100 ml	125 ml						100 ml	0	} <u>SS</u>
	09:00 pm	Juice	100 ml	125 ml						100 ml	0	
	10:00 pm	H <sub>2</sub> O	100 ml	125 ml	RL connected					100 ml	0	
	11:00 pm			125 ml	100 ml → 2nd para					150 ml	0	
	12:00 am			125 ml						100 ml	0	
	01:00 am			125 ml						100 ml	0	

**Total Intake :** 300 ml + 850 ml → 1150 ml **Total Output :** 650 ml

	02:00 am			125 ml	NS connected					100 ml	0	} <u>SS</u>
	03:00 am			125 ml						100 ml	0	
	04:00 am			125 ml						150 ml	0	
	05:00 am			125 ml						100 ml	0	
	06:00 am	H <sub>2</sub> O	100 ml	125 ml	RL connected					150 ml	0	
	07:00 am	H <sub>2</sub> O	100 ml	125 ml	100 ml → 2nd para					100 ml	0	

**Total Intake :** 200 ml + 850 ml → 1050 ml **Total Output :** 700 ml

**Total 24 hrs. Intake** 5650 ml

**Total 24 hrs. Output** 2600 ml + 3 times

0 → 1200 ml }  
2 → 4450 ml } → 5650 ml



**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.

30/5/26		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine		
			Mouth	I.V	N.G							
	08:00 am			100ml						100ml	0	Nandini
	09:00 am	H <sub>2</sub> O	100ml	100ml						100ml	0	
	10:00 am			100ml							0	
	11:00 am	Juice	100ml	100ml							0	
	12:00 pm			100ml							0	
	01:00 pm	H <sub>2</sub> O	150ml	100ml							0	
<b>Total Intake :</b>			350 + 600ml			<b>Total Output :</b>					0 - 200ml	
	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.

		Intake				Output					IV Site Thrombo- phlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	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>							

ANC-00010919  
 Mrs KRUTHIKA L  
 25-03-1996  
 Dr. NANDINI L  
 IP28-00004484  
 30 Y 2 M 3 D (F)

Patient Stick



**NURSING HAND OVER FORM**

<b>SITUATION</b>	Diagnosis:	52 p/141 37 weeks						Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known
	Surgery / Procedure:							If Yes Specify: .....
<b>BACKGROUND</b>	Date	28/5	28/5	29/5	29/5	29/5	29/5	
	Shift	N	N	M	N	E	N	
	Medical Condition (Any special condition to be noted):	-	-	-	-	-	-	
<b>ASSESSMENT</b>	Diet:	NPO	NPO	NPO	NPO	Liquid	Jejunum	
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98.6	98.2	98.0	98.2	98.1	98.1
		Res:	20bn	20bn	20bn	20bn	20bn	20bn
		SpO <sub>2</sub> :	100%	99%	98%	98%	99%	98%
		Pulse:	80bn	82bn	82bn	80bn	79bn	79bn
		BP:	110/80	122/80	110/70	112/70	100/70	100/70
		LOC:	Alert	Alert	Alert	Alert	Alert	Alert
Fall Risk Score:	35	35	35	35	35	35		
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10		
Skin Integrity	Intact	Intact	Intact	Intact	Intact	Intact		
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	-	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	NPO	NPO	NPO	NPO	Liquid	Jejunum	
	Critical Lab Test / Values:	-	-	-	-	-	-	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:								
Handed Over By Name :		D. Suresh	Suresh	Abraham	Ramya	Ramya	Nandini	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		29/5	29/5	29/5	29/5	29/5	29/5	
Time:		12:15 AM	7 AM	10 AM	12:30 PM	1:30 PM	8 AM	
Taken Over By Name :		Suresh	Abraham	Ramya	Ramya	Ramya	Nandini	
Signature / ID :		[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]	
Date:		29/5/20	29/5/20	29/5/20	29/5/20	29/5/20	29/5/20	
Time:		12:15 AM	8:10 AM	10 AM	1 PM	2 PM	8:30 AM	



### NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <u>G2P1L1 Elective LSCS</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....						
	Surgery / Procedure:	Post OP Day:						
<b>BACKGROUND</b>	Date: <u>30/5</u> Shift: <u>M</u>							
	Medical Condition (Any special condition to be noted):	<u>-</u>						
	Diet: <u>soft diet</u>							
<b>ASSESSMENT</b>	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>						
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.2°F</u>					
		Res:	<u>18b/m</u>					
		SpO <sub>2</sub> :	<u>99.1</u>					
		Pulse:	<u>142b/m</u>					
		BP:	<u>115/82</u>					
		LOC:	<u>Alert</u>					
		Fall Risk Score:	<u>35</u>					
	Pain Score:	<u>1/10</u>						
	Skin Integrity:	<u>Intact</u>						
<b>Recommendations</b>	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	<u>-</u>						
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>soft diet</u>						
	Critical Lab Test / Values:							
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DVT Prophylaxis:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ADL (Dependent / Non Dependent):	<u>dependent</u>							
Post Operative Procedure Special Orders:		<u>-</u>						
Handed Over By Name :		<u>Nandhu</u>						
Signature / ID :		<u>Nandy</u>						
Date:		<u>30/5/26</u>						
Time:		<u>2:30pm</u>						
Taken Over By Name :								
Signature / ID :								
Date:								
Time:								

ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L 30 Y 2 M 3 D (F)  
 25-03-1996  
 Dr. NANDINI L



**NURSING CARE RECORD**

Date: 28/5/12

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation
  - Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning						
Afternoon						
Night	<p>12 Am =&gt; to assess for patient condition</p> <p>12 Am =&gt; assess for pain level</p>	2 Am	<p>=&gt; assess for patient condition</p> <p>=&gt; assess for pain level</p>	<p>Urinals were sent</p>	<p>Reassessment done</p>	<p>PR 02102</p>

ANC-00010919  
 Mrs KRUTHIKA L  
 25-03-1998  
 Dr. NANDINI L  
 30 Y 2 M 4 D  
 (F)  
 IP28-00004484

**NURSING CARE RECORD**



Date: 29/05/20

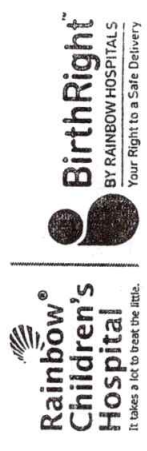
- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning 10am	Assess the patient's condition Maintain Pain Medication	7:10 Assess the patient's General condition 7:10 Assess the patient's Pain Medication, Breathing	Assess the patient's condition. - Check vitals.	Patient stable.	Re-assessment	Shrines
Afternoon	Assess the patient's condition Check vitals.	Assess the patient's condition. - Check vitals.	Assess the patient's condition generally.	Patient stable.	Re-assessment done.	Shrines
Night	Assess the patient's condition generally As per order medicine given Comfortable patient	Assess the patient's condition generally.	As per order medicine given Comfortable patient	Pt stable Vitals abnormal	Re-assessment done	Shrines

ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L 30 Y 2 M 4 D (F)  
 Dr. NANDINI L



1 800 818 0000



# NURSING CARE RECORD

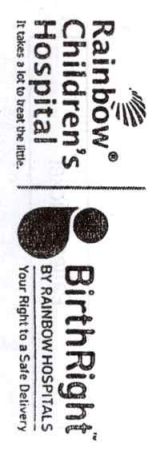
Date: 30/5/20

- Goals**
- Maintain Airway and Oxygenation
  - Maintain Personal Hygiene
  - Identify Potential Complications
  - Relieve Pain & Discomfort
  - Prevent Infection
  - Any Others. Specify.....
  - Maintain Fluid Balance
  - Meet Elimination Needs
  - Improve Activity Tolerance
  - Ensure Safety
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education

Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	Assess the patient general condition - monitor vital signs.	9am	Assessed the patient general - monitored vital signs	patient is stable	Reassessment alone	Nandini 60724
Afternoon						
Night						

Patient Sticker

# NURSING CARE RECORD



Date: .....

- Goals**
- Maintain Airway and Oxygenation
  - Relieve Pain & Discomfort
  - Maintain Fluid Balance
  - Improve Activity Tolerance
  - Maintain Good Nutritional Status
  - Maintain Skin Integrity
  - Maintain Personal Hygiene
  - Prevent Infection
  - Meet Elimination Needs
  - Ensure Safety
  - Early Ambulation Reduce Anxiety
  - Patient & Family Education
  - Identify Potential Complications
  - Any Others. Specify.....

	Time	Plan of Care	Time	Implementation	Evaluation	Re-Assessment	Nurse Name & Signature
Morning	7:15		8:00				
Afternoon							
Night							

Patient Sticker

ANC-00010819  
 Mrs KRUTHIKA L  
 25-03-1996  
 Dr. NANDINI L  
 IP28-00004484  
 30 Y 2 M 3 D (F)



**ES NOTES**

(POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
29/5/16	12 AM	patient got admission patient G2 p14 37 weeks. => elective LSCS at 8.30 am => patient vitals were steady => preparation done => patient CTG send to Dr. handini
	1 AM	=> patient shifted to ward.
		<u>Receiving notes</u>
29/5/16	12.15 AM	patient received from LDR duty staff patient active alert awake patient stable patient vitals stable no fever spike
	1.10 AM	new IV line secured left anesthetic win 18G RL 500ml outflow connected CTG connected FHR -> 148 bpm CTG reactive blood unit reservation done
	1.25 AM	CTG send to DR-mohana priya mam advise to stop CTG CTG disconnected patient is slept
	4 AM	vitals checked and recorted
	5 AM	RL 100ml/hr connected
	6 AM	ETV fluid disconnected patient path done

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/5/16



# NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
29/5/16	6:33AM	inj - supacet 0.5ml IV given no Allergy reaction
	6:35AM	inj - par 1mg inj - Emet 1mg IV given
	7AM	inj - supacet 1.5g IV given patient shift to OT
	8:10	OT notes:
29/05/2016		Patient received from Desup to OT-2 at 8:10am. Patient vitals stable. Patient ID band checked, SS, Form, Chest Analysis, Consent & Surgeon Consent done.
	8:15 <sup>am</sup>	Calculation done in OT. Anaesthetic prep medicine given. Patient & Desup done. Inj Supacet IV 1.5 given Punc at 7am.
	8:27 <sup>am</sup>	Incision started. Patient vitals stable. Baby delivered at 8:40am. Remalt. O/S inspection Patient placenta delivered into to skin suture start. Bleeding normal. Stereotax done. Patient vitals stable. Monitor vitals Intake, output Sugar. Patient post closed done Dressing done. Patient routine shift ward. Monitor Bleeding, Pain. Justin kept post Patient shifted to ward. tube send LHC Lab.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



**NURSES NOTES**

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies

NP/

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	4pm	check the patient vitals. Vitals is stable and its recorded
	6pm	Administer the medication as per drug chart order.
	7pm	Administer the medication as per drug chart order.
	8pm	patient vitals checked and recorded
	8:30pm	patient started low dose given by night duty staff.
29/1/16	8am	patient hand over taken from evening duty staff patient active alert awake patient stable cv line present and pattern WBD present urine clear no hematuria NS 125ml/hr maintain B) Both Breast is soft U) uterus is soft B) Bowel sound is present U) urine passed WBD present L) lochia rubra present E) Episiotomy not applicable H) Human sign negative E) Emotionally stable

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



**NURSES NOTES**

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies .....

*NK*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
29/8/26	10am	Patient received from OT S/N while receiving Patient Ps conscious & oriented. In line pulse. Pvc el with Synto 200 on flow. CBD present Pn Npo. pr. Bleeding minimal. uterus contracted well. vitals He. Spnt Baby on Mother Side <i>7 New 21/8/26</i>
	11am	patient vitals stable. Synto 200 on flow 25ml/hr on flow urine output adequate & clear <i>7 New 22/8/26</i>
	12-30pm	patient seen by Dr. Raagam pr. Bleeding checked. uterus contracted well. Bleeding minimal pt kept on Npo <i>7 New 23/8/26</i>
	1pm	vital signs are stable. labran conducted soon Dr. Nolehanam S/O. Dr. Raagam bleeding is normal patient shifted to ward handoff over given to Mr. Haris staff <i>7 New 24/8/26</i>
29/8/26		<i>Patient receiving notes.</i>
	1pm	Patient received from IIR patient is conscious & oriented Jv line present. Jv RL 100ml/hr

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00010919 IP28-00004484  
 Mrs KRUTHIKA L  
 25-03-1996 30 Y 2 M 4 D (F)  
 Dr. NANDINI L



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
29/5/26	10AM	inj - para 1g <sup>50</sup> given patient is slept RL 125ml /hr connected
	12AM	vitals checked and recorded patient is slept
	1PM	vitals stable no fever spike
	6AM	patient care done inj - pan 4mg
	8AM	inj - para 1g <sup>inj</sup> → separate 1g IV given vitals checked and recorded
		patient hand over to next duty staff
<b>MORNING DUTY NOTES</b>		
30/5/26	2:30PM	patient details handing over taken from night duty staff Sugashini
		patient is stable and conscious
	10AM	patient's CBD removed motivated to self void
	12PM	Dr. Nandhini mam seen patient she advised inj. perinorm IV and T-lactare advised and IV fluids continue
	1PM	patient says that pain inj. para 1g given
	1-30PM	patient file moving to billing <sup>Nale 160 mg</sup> vitals checked and recorded vitals are stable.

28  
01/06/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

