

ADMISSION SHEET



Registration Details :

Admission No : IP5-00173844 Admit Date : 14-May-2026 Admit Time : 10:53 PM UHID : BAH-00594588

Patient Details :

Patient Name : Mrs TAYYABA Age : 25 Y 3 M 25 D
Guardian : Mr MOHAMMED ILYAS KHAN DOB : 19-01-2001
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : 12-2-389/A/86, Mahaveer Nagar Colony, Phone No : 8978320022/ 9100338522
Gudimalkapur Hyderabad Telangana INDIA E-mail : ilyaskhan1888@gmail.com
500028

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 MOHAMMED ILYAS KHAN Relationship : Husband
Contact Address : 12-2-389/A/86, Mahaveer Nagar Colony, Phone No : 8978320022 / 9100338522
Gudimalkapur Hyderabad Telangana INDIA
500028

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

BAH-00594588 IP5-00173844

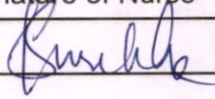
Name : _____ Mrs TAYYABA 19-01-2001 25 Y 3 M 25 D (F) _____
Dr. K BHARGAVI REDDY

JHID No. : _____  sultant: _____ Dept : _____

Date of Admission: _____ Time : _____ Date of Discharge : _____ Time: _____

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/3/20	22:20 PM	OB S	309	

Cross Consultation Visit

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



P ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Cl. Pain - afternoon

LMP: *17/1/25*

EDD:

Corrected EDD: *29/5/2026*, GA: *38+4*

Obstetric Formula:

CSP2L2

Menstrual History: Regular: Yes No

Obstetric Examination

Obstetric History:

*1st - 2025 - 29wks - female - 1.7kg.
 2nd - 2025 - 31wks - female - 3kg*

Fundal Height: *Teem*

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

Present Pregnancy Record:

*1st - 2025 - AT - 38wks - female - 3kg
 2nd - 2025 - Spontaneous*

FHS: Normal Tachy Brady Absent

RISK FACTORS:

Booked at 27+

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated *3cm*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: *159cm*

Weight: *80.9 kg*

Allergies: *Nil*

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: -

Icterus: - Edema: +

Temp: *37.2* PR: *100*

BP: *110/70* DTR: *Perat*

CVS: *S12* RS: *0*

Liver/Spleen: *- NA* Urine Output: -

DIAGNOSIS

CSP2L2 at 38+4 weeks - in early labour.

BAH-00594588

Mrs TAYYABA

19-01-2001

Dr. K BHARGAVI REDDY

IP5-00173844

25 Y 3 M 25 D

(F)



<p>Family History: Mother thyroid disorder Father - DM, HTN</p>	<p>Surgical History: Nil</p>
<p>Medical History: Hypothyroid - 2021</p>	<p>Medication History: - on Iron/calcium</p>
<p>Plan of Care: - for Delivery..</p> <ul style="list-style-type: none"> - Admission - Preparation - Enema - Send CBP. - NST x 3rd hour - vitals monitoring - watch for Spontaneous Progress. - fund Blood availability 	<p>Investigations: - B' Positive</p> <ul style="list-style-type: none"> - HCU - HBSAG } on <p><u>24/5/2024</u> SLT, 3rd L WY Cephalic, CST - 629. centre. AC 20% AP 11.2 PI-AH Doppler wave</p>

Doctor Name: Dr. Bhargavi
 Signature: [Signature]
 Date & Time: 14/5/2024, 10:30

DR. BHARGAVI REDDY
 Registration No: 5
 Consultant Name: Dr. Bhargavi
 Signature: [Signature]
 Date & Time: 14/5/2024, 10:30

BAH-00594588 IP5-00173844
 Mrs TAYYABA
 19-01-2001 26 Y 3 M 26 D (F)
 Dr. K BHARGAVI REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/2026 1:45 PM.	Cl-Nil P- 80/60 Bp-110/70. P/A-act @ well. P/A-VAS.	① Regular Diet ② Plenty of liquids. ③ Urteral retention. ④ w/f Pv Nedsy.
15/5/2026 2 AM	Cl-Nil Cecepar. T-@ P- 87/60 Bp-120/87 SpO ₂ 98. P/A-uteus - Retacted well. P/A-VAS	Ado ① Regular Diet. ② Plenty of liquids ③ Urteral Retention ④ w/f Pv ⑤ Encourage to void.
	Shift to room.	DR. BHARGAVI REDDY K Registration No. 93315 NB Sankhu.

BAH-00594588

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Mrs TAYYABA

19-01-2001

26 Y 3 M 26 D

(F)

Dr. K BHARGAVI REDDY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/1/26 2:10pm	P3L3 PND0 Acc: fair.	No After pains.
	Vitals: Stable	
	P/A - uterus contracted well	
	O/E: Bleeding within normal limits	
		<u>As</u>
	→ Dr. BOSUPAN the lamp → the stat	Continue same treatment
		Monitor vitals 6th hourly inform SOS
		<p>Dr. G. Sankar</p> <p>noted by <i>[Signature]</i> 02/01/26</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26 9:10 AM	PND-1 / P ₃ L ₃	B
	G.C. fair	1) Regular diet
	NO complaints	2) Accultation &
U -	B.P: 110/70	hydration
d -	P.R: 72	3) Monitor vitals - q 4h
s -	P/A: Uterus Retrotendone	4) Drug as charted
Baby-Momw Site	Bowels aus (+)	5) w/h P/V Bleeding
	P/W: NO abdominal dist	6) Teether S/S
V/E -	plan discharge	
		- Dr. Sanku

BAH-00594588 IP5-00173844

Mrs TAYYABA

19-01-2001

25 Y 3 M 25 D

(F)

Dr. K BHARGAVI REDDY



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

RESULT SHEET

Date	14/5/26				
Time	10:59pm				
Hb	12.3				
PCV	36.9				
RBC	4.10				
WBC	10.99				
N/L	775/15.1				
Platelets	243				
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					



REGULAR PRESCRIPTIONS

Weight. Ward.

DRUG : TAB PARACETAMOL				Date Time	15/5	16/5																
Dose	Route	Frequency	Start Date																			
650mg	PO	TID	15/5	6am	12pm	6pm																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : TAB DIPHENHIDRAMINE				Date Time	15/5																	
Dose	Route	Frequency	Start Date																			
15mg	PO	QD	15/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : TAB PARACETAMOL				Date Time	15/5	16/5																
Dose	Route	Frequency	Start Date																			
650mg	PO	QD	15/5																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : TAB DIPHENHIDRAMINE				Date Time	15/5																	
Dose	Route	Frequency	Start Date																			
50mg	PO	TID	15/5	7am	12pm	6pm																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/5	10:30 pm	ENEMA	1	PR	B	Sunil Sudha
15/5/26	12:00 am	BUSCOPAN	1 amp	IV	R	Rajni Sudha
14/5/26	11:45 pm	DROPERIDOL	1 amp	IV	R	Rajni Sudha
15/5/26	12:30 am	OXETOCIN	100mb	IM	R	Rajni Sudha
15/5/26	12:45 am	PHEI	600mg	PR	R	Rajni Sudha
15/5/26	12:45 am	DICLOFENAC	100mg	PR	R	Rajni Sudha
15/5/26	12:00 am	CETOTAXIME	1 gm	IV	R	Rajni Sudha
15	6:15 pm	Coffe Test Done				
15/5/26	1:40 pm	T-BUSCOPAN	1 tab	PO	R	Rajni Sudha
15/5/26	7:30 pm	2mg BUSCOPAN	1 amp	PR	R	Rajni Sudha

VERIFIED BY : Name Signature

BAH-00594588 IP5-00173844
 Mrs TAYYABA
 19-01-2001 25 Y 3 M 25 D (F)
 Dr. K BHARGAVI REDDY



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: 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	Iron,	1 tab	PO	once	13/5	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
	Thyroxine		PO	once	13/5	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	Calcitonin	1 tab	PO	once	13/5	<input type="checkbox"/> C <input checked="" 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]

& Time: 14/5/26 @ 10pm

Name & Signature: [Signature]

Time: 14/5/26 @ 10:30pm

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 Mrs TAYYABA
 19-01-2001 25 Y 3 M 25 D (F)
 Dr. K BHARGAVI REDDY



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

14/5/26

10

10

2

6

RESP: 18, 20, 19
 Saturations: 100%, 100%, 98%

Temp: 37.0, 37.1, 37.1

Heart Rate: 161, 88, 76

Systolic BP: 112, 112, 102

Diastolic BP: 70, 70, 59

NEURO RESPONSE: Alert, Voice, Pain, Unresponsive

URINE: > 30

Proteinuria: Protein ++

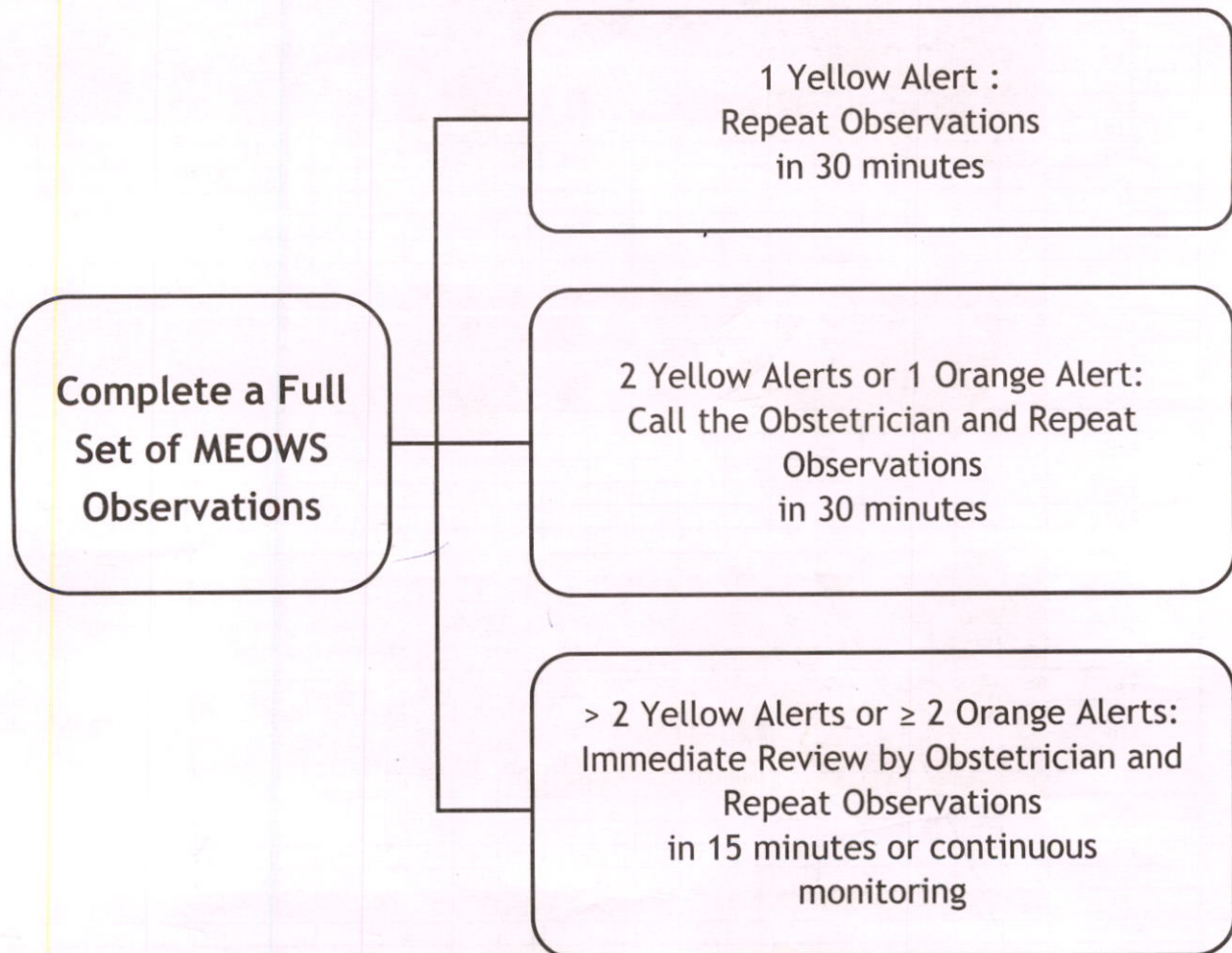
Lochia: Normal

Liquor: Clear / Pink

TOTAL YELLOW SCORES: 0, 0, 0
 TOTAL ORANGE SCORES: 0, 0, 0

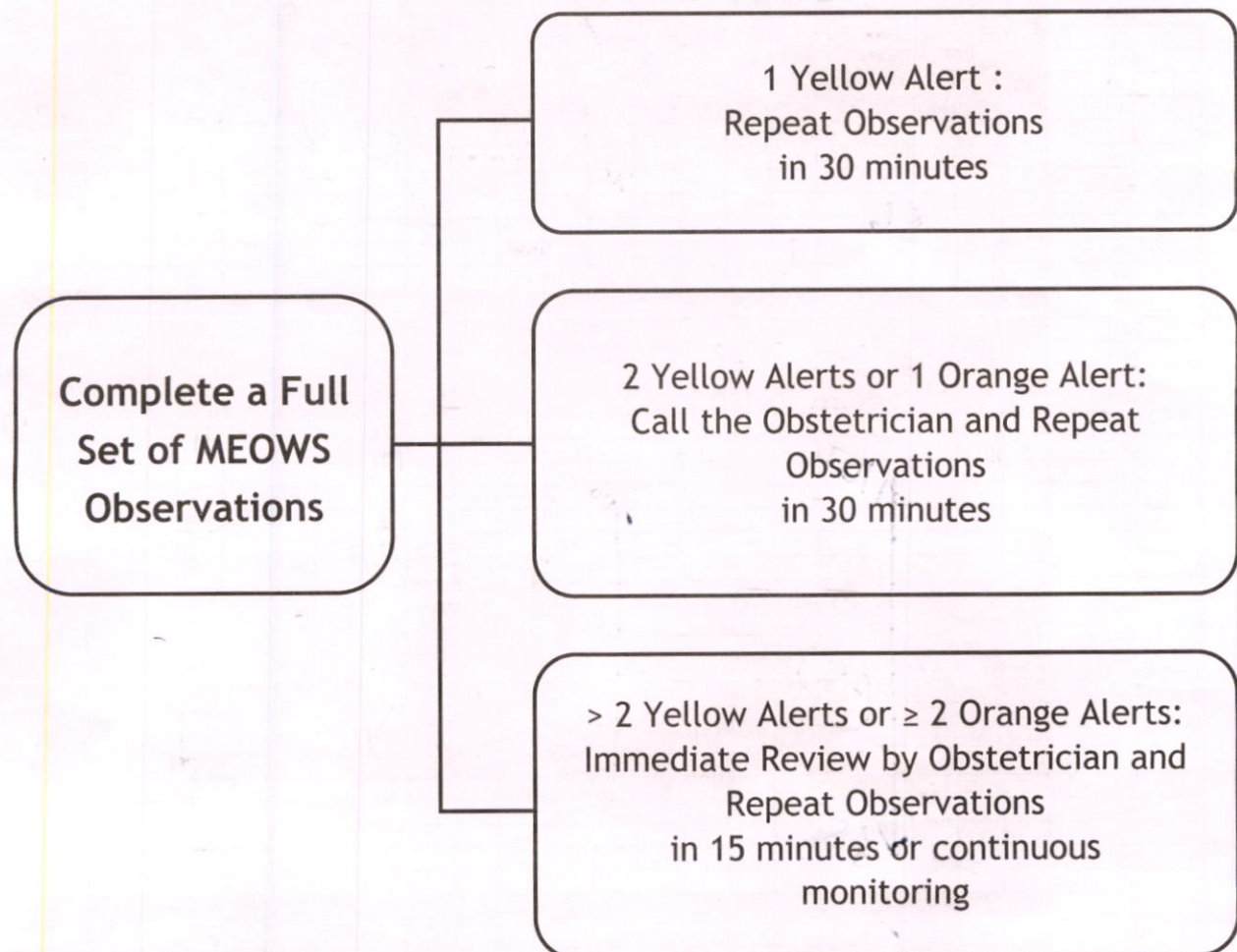
Nurse Initial: [Handwritten initials]

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-00594588 IP5-00173844
 Mrs TAYYABA
 19-01-2001 25 Y 3 M 25 D (F)
 Dr. K BHARGAVI REDDY



FLUID CHART

14/5/26

Sheet No. : 1

- 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											
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	H ₂ O										
	11:00 pm											
	12:00 am	H ₂ O										
	01:00 am											
Total Intake :						Total Output :						
	02:00 am	H ₂ O								✓		Durga
	03:00 am											Pooja
	04:00 am	NA										Sunil
	05:00 am	H ₂ O								✓		Pooja
	06:00 am											Pooja
	07:00 am											Pooja
Total Intake :			Pooja			Total Output :						Paused
Total 24 hrs. Intake						Total 24 hrs. Output						0-2 M-D



15/5/20

FLUID CHART



Sheet No. : 2

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										0	Alcy	
	09:00 am	H ₂ O									0	Alcy	
	10:00 am										0	Alcy	
	11:00 am	H ₂ O									0	Alcy	
	12:00 pm										0	Alcy	
	01:00 pm	H ₂ O									0	Alcy	
Total Intake :						Total Output : m-0 u-2							
	02:00 pm										0	Syothi	
	03:00 pm	H ₂ O									0	Syothi	
	04:00 pm										0	Syothi	
	05:00 pm	H ₂ O									0	Syothi	
	06:00 pm										0	Syothi	
	07:00 pm	H ₂ O									0	Syothi	
Total Intake :						Total Output : u-3 m-0							
	08:00 pm										0	Wink	
	09:00 pm	H ₂ O									0	Wink	
	10:00 pm										0	Wink	
	11:00 pm										0	Wink	
	12:00 am										0	Wink	
	01:00 am	H ₂ O									0	Wink	
Total Intake :						Total Output : u:2 m:0							
	02:00 am										0	Wink	
	03:00 am	H ₂ O									0	Wink	
	04:00 am										0	Wink	
	05:00 am										0	Wink	
	06:00 am	H ₂ O									0	Wink	
	07:00 am										0	Wink	
Total Intake :						Total Output : u:2 m:0							

Total 24 hrs. Intake

Total 24 hrs. Output u:9 m:2



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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 15/5/26 Time: 8 AM

Origin: Indian Height: 159cm Weight: 80.9kg BMI: 33.3 kg/m²

Food Allergies: No

Diagnosis: pms-1 / post normal delivery

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

Diet Advised:

Normal high protein diet
with plenty of oral liquids
Avoid spic, chilled & outside foods

Patient's / Attendant's

Dietician's

Signature: Tayyaba

Signature: Raima

Name: Tayyaba

Name: Raima

Date & Time: 15/5/26 8 AM

Date & Time: 15/5/26 8 AM

