

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023402

Admit Date : 27-Jun-2026

Admit Time : 12:01 AM UHID : HCV-00036065

Patient Details :

Patient Name : Mrs K GIRIJA KUMARI

Age : 29 Y 2 M 24 D

Guardian : Mr K SWAMI NAIDU

DOB : 03-04-1997

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : Subbavaram Vishakhapatnam Andhra Pradesh INDIA 531035

Phone No : 8988599969/ 7005615701

E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PRI 305

Ward Name : 3F-THIRD FLOOR

Room No : PRI 305

Admission Type : First Visit

Contact Details :

Name : Mr K SWAMI NAIDU

Relationship : D/O

Contact Address : Subbavaram Vishakhapatnam Andhra Pradesh INDIA 531035

Phone No :

Dr. Chuppana Raga Sudha
Signature

Doctor Details :

Doctor Name : Dr. CHUPPANA RAGA SUDHA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : VOLO HEALTH INSURANCE TPA PVT LTD

PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|---------|--------------------------------|----------|-----------|--------------------|
| 22/6/26 | I.V. placement done | ① | 691559 | <i>[Signature]</i> |
| 22/6/26 | Epidular charges | | 691537 | <i>[Signature]</i> |
| 22/6/26 | MVD & Epidural | 2 | | |
| | done by Dr. Raganudh | | 691560 | <i>[Signature]</i> |
| | Time in : 2 AM | | | |
| | Time out : 3 AM | | | |
| | <i>Amount checked by nurse</i> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ANY OTHER INFORMATION

Date: 22/6/26

Time: 9pm

Prepared By: mahalaxmi

| | | | |
|---|---|--------------------------|---------------------------|
| <p>Staff Nurse <i>mahalaxmi</i></p> | <p>Shift / Ward 3rd floor (305)</p> | <p>Billing Assistant</p> | <p>Billing Supervisor</p> |
|---|---|--------------------------|---------------------------|



I.P. ADMISSION R OBSTETRICS

Presenting Complaints *came with complaints of labour pain :- 6:30am (22/6/26)*
Obstetric Formula: *primi*
Obstetric History: *primi*

LMP: *5/10/25* EDD: *-12/7/26.*
Corrected EDD:- GA: *37w 6 days.*
Menstrual History: Regular: Yes No *4/28days*
Obstetric Examination. *ML: Hmorrhoids, 1 year, NCM*
Fundal Height *~ term.*

Present Pregnancy Record

- *Spontaneous conception.*
- *Immunised*
- *Regular antenatal checkups*

RISK FACTORS:

Nil significant

Ut. Activity: Relaxed Mild *3c/30sec/10min.* Mod Severe
Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others _____
Head Fifths Palpable *5/5*
FHS: Normal Tachy Brady Absent

Per Speculum Examination ☹

Draining: Present Absent Bleeding
Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long *80%* Partially effaced Effaced
Os: Closed _____ Dilated *4cm*

Membranes: Present Absent
Liquor: *30%* Clear Meconium Blood Stained
Presenting Part: Vertex Breech Others
Sutton: -3 -2 -1 0 +1 +2
Pelvis: Adequate Doubtful

Height: *156*.....cms
Weight: *70*.....kg s.

Allergies: ☹

Breast Normal Abnormal

General Examination:

Consciousness: (+)

Icterus: ☹

Temp: *Afebrile*

BP: *130/0*

CVS: *S1S2 (+)*

Liver / Spleen: *NAD*

Pallor: ☹

Edema: ☹

PR: *86/min*

DTR: (+)

RS Vesicular breath sounds

Urine Output: *Normal.*

DIAGNOSIS

*Primigravida | 37w 6days post | In latent labour |
for spontaneous progression of labour.*

| | |
|---|---|
| <p>Family History</p> <p>Nil significant</p> | <p>Surgical History</p> <p>Nil H/O FESS → 4 years back</p> |
| <p>Medical History:</p> <p>Nil significant</p> | <p>Medication History:</p> <p>Nil significant.</p> |
| <p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admission 2) A&E preparation. 3) Consent for vaginal birth. 4) CTG with hourly monitoring 5) FHR monitoring every 30 mins 6) w/lt uterine actn 7) w/lt labour progression. 8) Norm monitor vitly 9) Inform S.O.S. | <p>Investigations: BGT → 0 + M</p> <p><u>5/5/20</u></p> <p>Hb: 11.8 gm/dl Plt: 3.7 lakhs GCT: 138 mg/dl.</p> <p>HIV HBsAg HCV VDRL } Non Reactive.</p> <p><u>2/6/20</u></p> <p>SLUG - 34 w 2 days</p> <p>Presentation: cephalic Placenta: anterior AFD: 8.8 EFW: 2.104 Kg (247.16)</p> <p>Doppler: Normal</p> |

Doctor Name: Dr. Asha Lathe

Signature: [Signature]

Date & Time: 27/6/20, 1:30 am

Consultant Name: Dr. Ragesudhs

Signature:

Date & Time:

HCV-00036065 IP22-00023402
 Mrs K GIRIJA KUMARI
 03-04-1997 29 Y 2 M 24 D (F)
 Dr. CHUPPANA RAGA SUDHA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Amal 26/6/26 @ 11:50 pm

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Came with the complaints of labour pains Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Asha Latha
 Time Notified: 11:55pm

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

| Past Medical History | Past Surgical History | Previous Hospital Admission |
|----------------------|-----------------------|-----------------------------|
| no | no | no |

| Gynecology Assessment: | Gynecology Surgical History: | Gynecological History: |
|--|---|--|
| <p><input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>2 days</u></p> <p>Onset of Menarche: <u>12yrs</u></p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>05/04/2026</u></p> | <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p> | <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p> |

Obstetric History: G P L A

Previous LSCS: no

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 98.4F HR: 92b/min RR: 20
 BP: 118/84 Weight: Height: BMI:

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 26..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 20..... (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
 Infusion Pump : Yes No Hand Hygiene Explained: Yes No Others

Above information given to patient.....
 Name of Person Orientation was given to: Mrs. Girija kumar.....
 Orientation not given Reason:

Nurse Signature: [Signature]
 Nurse Name: [Signature]
 Date & Time: 2-4/6/26 @ 11:52 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|---------|---------|---|
| 27/6/22 | 12:30am | CLC/B Dr. Ashakathi (Rg) Dr. Nishik (Pa) |
| | | <u>psgmt / 37w6days / for SPOL</u> |
| | | GE: Fair Afebrile BP: 110/80 mmHg PR: 86/min RR: 14/min H/L: No abnormality detected PLA: uterus ~ term cephalic FHS ⊕ uterus ~ acting → 3 cm / 10 min. Plv: cx: 90% effaced os: 4-5 cm dilated Rp: vertex @ -2 station Pelvis: adequate and gynaecoid |
| | | 1) Rest in LLP (DFMC) 2) CTG 4 hourly monitoring 3) FHR monitoring every 30 mins. 4) w/lt uterine action. 5) w/lt labour progression 6) Monitor vitals 7) Inform S.O.S |
| | | Patient opted for Epidural Analgesia @ 4-5cm dilation and hence the same was sited by anaesthetist by strict aseptic precautions |
| | | <i>Gowda</i> |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/96
1:40am

CLSB Dr. Ashalathu (Res)

GC: fair

uply = stable

PLA: uterine term

cephalic
FHS ⊕
uterus = acting (30 weeks / woman)

PLV: G: fully effaced

S: fully dilated

PP: vertex @ -1' 4' 0' station

feels: adequate and gyrate

Wgt to Labour Room

E. NIKHIL

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15

HCV-00036085

IP22-00023402

Mrs K GIRIJA KUMARI

03-04-1997

29 Y 2 M 24 D

(F)

Dr. CHUPPANA RAGA SUDHA



P
A
I.

☐ F

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|---------|--------|--|
| 24/6/20 | | <u>LABOUR NORMAL & RMLE & LA/EPIDURAL</u> |
| | 3:30am | |
| | | ↓ strict aseptic precautions, parts painted and draped. patient in lithotomy position was encouraged to bear down. 1% xylocaine infiltrated. |
| | | At the time of crowning, Right mediolateral incision given. Baby delivered with vertex as presenting part & 1 loop of cord around neck. |
| | | Baby cried immediately after birth. Early cord clamping done. Baby handed over to paediatrician. |
| | | Placenta and membranes delivered by controlled cord traction. R |
| | | RMLE site was inspected and no other additional tears noted. RMLE site sutured with 2-0 rapid vinyl in layers. |
| | | - Hemostasis secured, sutures subtracted well |
| | | - vaginal toileting done. |
| | | <u>Baby Details:</u> A healthy live female child of weight 2.50kgs was delivered on 24/6/20 @ 2:22am & APGAR 9/10. |
| | | ↓ C. Srinivas |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/20
3:30am

Immediate post Natal Note

P.L. | PND-0

GC: Fair

Afebrile

BP: 110/80 mmHg

PR: 84/min

RR: 16/min

H/L: No abnormality detected

PLA: uterus retracted well

ole: No active bleeding

BLL: Breast soft

Baby well & mother sick

A

- 1) Regular diet with plenty of oral fluids
- 2) cont T. ACECLOPLUS 500mg po statily
- 3) T. PANTOP 40mg po statily.
- 4) Exclusive breast feeding
- 5) W/Lt bleeding plv.
- 6) Perineal care.
- 7) Monitor vitals
- 8) Inform O-S

↓
G. 12/12/20

Noted by Jha

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00036085 IP22-00023402

Mrs K GIRIJA KUMARI

Pati 03-04-1997 29 Y 2 M 24 D (F)

Dr. CHUPPANA RAGA SUDHA



I.P. No.

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|------|--------|---|
| 27 | 6/0026 | S/B Dr. Nilg hat (Res) |
| | | S/B Dr. Soumya (Pa) / Dr. Nooshini (Pa) |
| | | Dr. Nishal (Pa) / Dr. Mihir (Pa) |
| | | P, L, / PND - 0 |
| | | AC frag <u>ash</u> |
| | | Afebrile |
| | | BP - 110/70 mmHg |
| | | PR - 80 bpm |
| | | H/C - No abnormality detected |
| | | PA - uterus retracted well |
| | | of - No active PV bleeding |
| | | B/L - breast soft & baby: mother side |
| | | mme Not passed |
| | | ↓ Encourage to pass mme |
| | | ↓ Mme passed. |
| | | Plan Discharge tomorrow |

- ① Regular diet with plenty of oral fluid
- ② T. ACECLOPUS 500mg P/O 8th July
- ③ T. PANTOP 40mg P/O 24th July
- ④ Exclusive breast feeding
- ⑤ w/o any active PV bleeding
- ⑥ Purified care
- ⑦ monitor intake
- ⑧ mme - 50g

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/06/2024
3pm

C/S By Dr Nikita (Reg)
Dr Soumya (Ps)

Pile - PND'0'

AC: no pain
Afebrile
BP: $\frac{110}{70}$ mmHg
PR: 84 bpm
RR: 16/m
HIC: NAD
Pl - ut retracta
O/E: NAD
B/C Breast soft
Baby well
noth side
muni pane

- Pr
- 1) Reg diet and plenty of fluid
 - 2) Continue anal R_p as per chart
 - 3) WF after 48 pl
 - 4) Exclusive breastfeeding
 - 5) Plinex can
 - 6) Vitab \odot
 - 7) Inform SO.

plan discharge tomorrow

By
Dr

Noted By BalSakhi @ 3.10pm



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name :

Age : Gender M F

I.P. No. :

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|---------|------|---|
| 27/6/26 | 9pm | C/S/B - Dr. Kavyashika (Reg) Dr. Niroshini (PH) |
| | | PILI / PND - 0 |
| | | GC - No palples |
| | | Afebrile |
| | | BP - 110/80 mmHg |
| | | PR - 80/min |
| | | RR - 16/min |
| | | HPI - NAD |
| | | P/A - uterus retracted well |
| | | O/E - NAB P/V |
| | | B/L Breast: soft |
| | | Baby well c mother side |
| | | <ol style="list-style-type: none"> ① Regular diet ② Plenty of oral fluids ③ Continue Rx as per drug chart ④ w/t Bleeding P/V ⑤ Achive Breast feeding ⑥ Perineal care ⑦ vitals monitoring ⑧ Infirm 80s |
| | | <p>OK Dr. Mohan</p> |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/06/2026

8:30 AM

SB Dr. Nikita (Req)

Dr. Nisha (Ph)

PH | PND - 1

AC fins

Ate milk

BP - $\frac{110}{60}$ mm Hg

PR - 80 bpm

RR - 14 cpm

H/L - No abnormality detected

PA - uterine retracted well

PF - No active PV bleeding

AC Breast soft

Bulky: well
another side

Plan Discharge
today.

obs

① Regular diet & plenty
of oral fluid.

② T. Accipens 500mg PO
8th July

③ T. Pantop 10mg PO
29th July

④ w/ any active PV bleeding

⑤ exchama breast feeding

⑥ monitor vitals

⑦ inform S.O.S

Nisha



| | | | |
|----------|-----------|-------|-------------|
| I.P. No. | Sheet No. | Wards | Weight (kg) |
|----------|-----------|-------|-------------|

REGULAR PRESCRIPTIONS

| | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|-------------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. ACECLOPLUS | | | | Date | 27/6/22 | | | | | | | | | | | | | | |
| | | | | Time | 6 | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | | | | | | | | | | | |
| 500mg | po | 8th | 27/6/22 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | [Signature] | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | [Signature] | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|-------------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. PANTOP | | | | Date | 27/6/22 | | | | | | | | | | | | | | |
| | | | | Time | 6 | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | | | | | | | | | | | | | | | | |
| 40mg | po | 2xth | 27/6/22 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | [Signature] | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | [Signature] | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | | | | | | | | | | | |



CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : M. Girija Kumar

Gender : M F IP No. : 29

Age : 29 Department : MW

Date : 27/6/26

I.....S/D/W/O.....

hereby consent for the procedure of.....Epidural anaesthesia.....

For my patient / myself named.....UHID NO.....

The doctor have clearly explained to me in language known to me about the following possible complications of the procedure :.....paraesthesia, intrathecal placement, hypotension.....

The doctor have explained to me about the alternative to the procedures as :.....monitored anaesthesia care and spinal anaesthesia.....

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications :.....

I have been explained about possible complication of sedation such as : fall in blood pressure
Fall in heart rate , suppression of spontaneous breathing . Others.....

I have been explained about the alternative to the sedatives as :.....

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure :.....Dr. V.S. Praneel.....

Name of the Doctor administering the sedation :.....Dr. V.S. Praneel.....

Patient Attendant :
Signature :.....[Signature].....
Name :.....Chapa Shyja Kumar.....
Relationship with Patient :.....Spouse.....
Date & Time :.....27/6/26 12:40 AM.....

Witness :
Signature :.....[Signature].....
Name :.....[Signature].....
Date & Time :.....27/06/2026, 12:04am.....

Doctor (who is taking the consent) :
Signature :.....[Signature].....
Name :.....Dr. V.S. Praneel.....
Date & Time :.....27/6/26 12:40 am.....

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం



పేషెంట్ పేరు :
 లింగం : పు స్త్రీ
 ఐ.డి. నెం.
 వయస్సు.....డిపార్ట్‌మెంట్.....
 తేది :

నేను :S/D/W/O.....

నేను/నా బాలుడు/బాలికఐ.డి.నెం.....

జరుగు.....అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా :

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని గుండె రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు :

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు :

మత్తు ఇచ్చు డాక్టరు పేరు :

సహాయకుడు :

సంతకము :

పేరు :

తేది మరియు సంతకము :

సాక్షి :

సంతకము :

పేరు :

తేది మరియు సంతకము :

డాక్టర్:

సంతకము :

పేరు :

తేది మరియు సంతకము :

Date: _____ Time: _____ Name: _____

Proposed Operation _____ Age: _____

Preoperative Diagnosis Primi / 37w6days / bD SPO2 Sex: _____

| B.P | H.R. | R.R | Temp | Height | Weight | Physical Status | I.P. No. |
|-----|------|-----|------|--------|--------|-----------------|----------|
| | | | | | | 1 2 3 4 5 | |

LABORATORY DATA

| | | | | | |
|------------------------|---------------|------------------|-------------------------|--------------------|--------------|
| Hgb <u>11.8g/dl</u> | Glucose _____ | Protien _____ | HIV _____ | X-ray _____ | Other: _____ |
| PCV _____ | Urea _____ | Alb _____ | HBS Ag <u>3NR</u> | ECG _____ | |
| WBC _____ | Creat _____ | Total Bill _____ | HCV _____ | 2D Echo _____ | |
| Plate <u>3.74 cumm</u> | Na _____ | Dir. Bill _____ | Blood group <u>o+ve</u> | Stress/Anglo _____ | |
| PT _____ | K _____ | LDH _____ | Other _____ | | |
| PTT _____ | Ca++ _____ | Alk phos _____ | | | |
| INR _____ | Mg++ _____ | Amylase _____ | | | |

Allergies:

Medical History: _____ CVS: _____

RESP: _____

CNS: _____ Diabetes: _____

Renal: _____

Hepatic / GE: _____ APD+/- _____

Others: _____

Past Anaesthetic History: _____

Physical Exam _____

Airway _____ MP 1 2 3 Mouth Opening 73FB Mentohyoid Distance: _____ Neck: _____ Teeth: _____

Lungs: B/L AEC

Heart: S1 S2

CNS: _____ Pupils: _____ E.V.M.C 45C

Others: _____ Pallor: +/- _____ Venous Access Site: _____ Spine Exam for regional: palpable

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief _____ Peri-op. plan explained to patient Y/N _____

WILL TAKE BLOOD YES/NO YES PREGNANT LMP YES/NO YES

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:
1. DVT Prophylaxis
2. NBM form: fill further orders
3. Informed Consent Standard / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 98/min SaO2: 98%
R.R.: 22/min Last Feed: _____
B.P./C.T.Y.: 100/70 mmHg

Signature: [Signature]

Patient ID :



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Date : 27/6/2026 Time:

Procedure done by: Dr. V.S. Praneel

CSE/Spinal/Epidural

Position: sitting Space: L2-L3

Technique (LOR/LOS)

Depth: (3+7) 10 cm

Catheter at Skin:

Attempts: one

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

| Time | Infusion Rate (ml/hr) | Bolus (ml) | Level | | Maternal BP And Pulse | FHR | Comments |
|------|-----------------------|------------|-------|-------|-----------------------|-----|----------|
| | | | Left | Right | | | |
| | | | | | | | |
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| | | | | | | | |

Deliver Details : Time: 27/06/26 9:22am APGAR: 8-9/10 SVD / Instrumenta / LSCS (if LSCS Details) FCH

Catheter Removed by and Tip Inspected : DR. praneel
Patient Satisfaction: Ch. Venkatasankar
27/06/2026
03:00 pm

Satisfied

Discharge / Shifting ordered by (Name, Signature, date and time)

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

26/06/2026

DEPARTMENT

OBG

NAME:

M. Gimja Kurnan

UHID / I.P.NO.:

Hur00030065

WARD / BED NO.:

waeg

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



PATIENT TRANSFER FORM

| | | | |
|---|---|---|---------------------------------------|
| Patient Name / I.P. No <i>m - k. Girija kuni</i> | Date & Time of Admission <i>27/6/26</i> | Date & Time of Transfer Order <i>27/6/2026 @ 4:15 AM</i> | |
| Treating Consultant <i>Dr. Ragavudu</i> | Transfer ordered by <i>Dr. Asha latha</i> | Reason for Transfer <i>postnatal Care</i> | |
| From Bed / Ward / Hospital <i>micu</i> | To Bed / Ward / Hospital <i>305</i> | Information to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Number of Sheets in clinical file <i>35</i> | Number of Imaging films <i>nsf-0</i> | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | <i>Jab. Acalab</i> | <i>15</i> | |
| 2. | <i>sub-pmtr</i> | <i>8</i> | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / Notes written by Doctor: | | | |
| Name and Signature of Person filling this part <i>Shan</i> | Name of person ordering transfer <i>Dr. Asha latha</i> | Name & Signature of Nurse Supervisor <i>Shan</i> | Referral note & referral Doctor Name: |
| Patient & Clinical records received by: | | | |
| Signature with Date & Time <i>Shan 27/6/26</i> | | | |

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

SURGERY DETAILS

Sl.No.

Date: 27/6/26

Patient Name: Ms. S. Giniyakuman Age: 29y Sex: female

UHID No. Hw-00036065 IP No: 23402

Date of Surgery: 27/06/2026 OT: OT 1 OT 2 OT 3 OR-1

Name of the Surgery: NVD + Epidural

Time in: 2:00 AM

Time Out: 3:00 AM

| | <u>NAME</u> | <u>AMOUNT</u> |
|----------------------|----------------------|---------------|
| 1. Surgeon | <u>Dr. Ragasudha</u> | |
| 2. Anaesthetist | | |
| 3. Asst. Surgeon | | |
| 4. OT Technician | | |
| 5. Circulating Nurse | <u>Jhansi</u> | |
| 6. Asst. Nurse | <u>Eswaramma</u> | |

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse Jhansi

Order No: 691560 Ordered by: Jhansi

NVD & Epidural

CONSUMABLES

Patent Name: R. Girija Kumar Age:

Gender M F UHS/IP NO. Acv. 36065

Date: 27/6/26 Time: 4A

OF OT

Circulating Staff:..... Technician:.....

| Anaesthesia Disposables | Qty. | | Surgical disposables | Qty. | | Disposables (Baby side) | Qty. | |
|-----------------------------|--------|-----------|-------------------------|-----------|-----------|----------------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube | | | Major Pack <u>NVD</u> | <u>01</u> | | Inj. Vit.K <u>-01</u> | | |
| LMA | | | Sutures | | | Cord clamp <u>-01</u> | | |
| ECG leads : A/P/N | | | <u>2762</u> | <u>01</u> | | Suction Catheter | | |
| HME filter : A/P/N | | | | | | Feeding Tube | | |
| Syringe 10 cc | | <u>01</u> | | | | Vaccum Suction Set | | |
| 05 cc | | <u>02</u> | Gloves <u>6/12</u> | | <u>03</u> | Surgical Gloves <u>6/12 -03</u> | | |
| 02 cc | | <u>02</u> | | | | Gauze Pack | | |
| 01 cc | | | | | | Syringe 1 ml/2 ml <u>-01</u> | | |
| Cautery Plate : A/P/N | | | Surgical blade | | | Surgical Blade #20 22 <u>+01</u> | | |
| IV set | | | NG tube | | | Koochies (S) <u>-01</u> | | |
| RL | | | Cautery Pencil | | | Alcohol Swabs <u>+02</u> | | |
| NS: 10ml/100ml/500ml/1000ml | | | Koochies | | | | | |
| | | | Ointments | | | | | |
| | | | Suction Catheter | | | | | |
| Fentanyl | | | Cap. Mask <u>10+10</u> | <u>20</u> | | | | |
| Morphine | | | Gauze Pack | | | NET cath <u>12-01</u> | | |
| Ketamine | | | Mop Pack | <u>01</u> | | NEW MOM <u>-01</u> | | |
| Propofol | | | Steristrip | | | NEW MOM Pincet <u>-01</u> | | |
| Rocuronium | | | Underpad | <u>02</u> | | Dewader <u>-01</u> | | |
| Glycopyrolate | | | Draw Sheet | | | Diapers <u>-02</u> | | |
| Myopyrolate | | | Abgel | | | Prater gloves <u>+02</u> | | |
| Ondansetron | | | Foleys Catheter | | | | | |
| Pencan 23g/Spinal Needle 22 | | | Urobag | | | Inf. Anestoin <u>-5</u> | | |
| Bupivacine 0.25% | | | Chest Drainage Catheter | | | Inf: MEM <u>-01</u> | | |
| Bupivacine 0.25%(Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | | | |
| | | | Tegaderm | | | | | |
| Suppositories | | | Ioban | | | | | |
| Anamol : 80mg/250mg/170 mg | | | Double J Stent | | | | | |
| Supridol 100mg | | | Vaccum Suction set | | | | | |
| Justin: 12.5 mg/25mg/100mg | | <u>02</u> | Plastic Bed Sheet | | | | | |
| Tab. Misoprost : 200mg | | <u>02</u> | Betadine Solution | <u>01</u> | | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | <u>16</u> | | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Nil
27/6/26

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No: 691557/691558/1660 Ordered by: Phanu

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam



Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS



| | | | |
|--------------|-----------------------------------|-----------------|------------------|
| IP No | IP22-00023402 | Ward | 3F-THIRD FLOOR |
| Patient Name | Mrs K GIRIJA KUMARI | Bed Name | PRI 305 |
| Age/Sex | 29 Y 2 M 24 D / Female | Order No | 22-0000691557 |
| Date | 27/06/2026 03:53 | Prescription No | PRIP22-0292297 |
| Payor | VOLO HEALTH INSURANCE TPA PVT LTD | Dispensed Date | 27/06/2026 06:02 |
| UHID | HCV-00036065 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|---|-------------------------------------|----------|--------------|----------|------------|-----------------|-----------------|
| 1 | DISPOSABLE PATIENT PROBES(PHOENIX) | Phoenix | | SN12654 | 12/30 | 2 (return) | 1,406.25 | 2,812.50 |
| 2 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26C03K91 | 02/31 | 1 | 28.13 | 28.13 |
| 3 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26B20K59 | 01/31 | 2 | 21.56 | 43.12 |
| 4 | DSYRINGS 2.5ML(NIPRO) | NIPRO | GENERAL | 26A06K07 | 12/30 | 2 | 11.25 | 22.50 |
| 5 | D WATER 10 ML AMPULE | Aculife Health Care Pvt.Ltd(Nirilif | H | 2243471 | 09/27 | 1 | 2.71 | 2.71 |
| 6 | EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML | Neon Laboratories Ltd | H | O91689 | 02/28 | 5 | 18.90 | 94.50 |
| 7 | FACE MASK 3 LAYER - ELASTIC | Local | GENERAL | 02260102 | 12/28 | 10 | 10.00 | 100.00 |
| 8 | JUSTIN SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP274058 | 12/28 | 2 | 18.74 | 37.48 |
| 9 | MEM INJ 0.2 MG 1 ML | NEON LABORATORIES LTD | H | 39261 | 09/27 | 1 | 15.90 | 15.90 |
| 10 | MISOPROST TAB 200MCG 4S | CIPLA LIMITED | H | 5GH0383 | 11/26 | 2 | 20.26 | 40.52 |
| 11 | MOPS 30X30 8PLY 5S X-RAY | DATT MEDI PRODUCTS | H | M2642SF031 | 03/30 | 1 | 949.00 | 949.00 |
| 12 | NELTON CATHETER 12FR | Polymed | GENERAL | 2610065A | 12/30 | 1 | 78.00 | 78.00 |
| 13 | NEW MOM DISP MATERNITY PAD FIXATOR - XL | DYNAMIC TECHNO | General | 85803 | 12/30 | 1 | 210.00 | 210.00 |
| 14 | NEW MOM DISP MATERNITY PADS MAXIPAD | DYNAMIC TECHNO | | 104538 | 01/31 | 1 | 194.00 | 194.00 |
| 15 | NITRILE EXAMINATION GLOVES P F - MEDIUM | ELITE MEDICALS | GENERAL | 26FB001 | 01/29 | 16 | 23.43 | 374.88 |
| 16 | POVINANZ SOLUTION 10% 100 ML | | H | N0160136 | 01/28 | 1 | 100.31 | 100.31 |
| 17 | PROTO GOWN (ADULT) (PROTECTCARE) | | GENERAL | 7115062026 | 12/29 | 2 | 450.00 | 900.00 |
| 18 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D30077 | 03/31 | 3 | 91.00 | 273.00 |
| 19 | SURGEON CAP(FEMALE) (PROTECTCARE) | | GENERAL | 211526O22O26 | 02/29 | 10 | 11.25 | 112.50 |
| 20 | UNDER PADS10S 60X90 MATTEY PRO(ROMSONS) | ROMSONS | H | G26D140041 | 03/29 | 2 | 170.00 | 340.00 |
| 21 | VICRYL 2-0 NW 2762 | ETHICON SUTURES-J&J C1 | | T5013 | 11/28 | 1 | 519.00 | 519.00 |
| Total : | | | | | | | 4,349.69 | 7,248.05 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam



Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

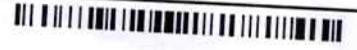
VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS



IP No IP22-00023405

Patient Name Baby B/O K GIRIJA KUMARI

Age/Sex 0 Y 0 M 0 D 3 H / Female

Date 27/06/2026 03:57

Payor SELFPAY

UHID HCV-00041108

Ward 3F-THIRD FLOOR

Bed Name CRDL-PRI-305-1

Order No 22-0000691558

Prescription No PRIP22-0292296

Dispensed Date 27/06/2026 06:01

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|------------------------------------|--------------------------|----------|-----------|----------|---------|---------------|---------------|
| 1 | ALCOHOL SWABS HMD | | GENERAL | 250907 | 08/30 | 2 | 4.09 | 8.18 |
| 2 | BABY DIAPER LARGE 55- HAPPY HUG | HAPPY HUG | | UVL01DIAP | 12/99 | 1 | 130.00 | 130.00 |
| 3 | CORD CLAMP- CHIRO - CLAMP | | | 25G075 | 06/30 | 1 | 83.00 | 83.00 |
| 4 | DSYRINGE 1ML (BD) | BECTON DICKINSON (BD) | GENERAL | 6043348 | 01/31 | 1 | 22.50 | 22.50 |
| 5 | PHYTOCURE-K 1MG INJ 0.5 ML | SWISS CRITICURE | | PK125 | 04/27 | 1 | 47.15 | 47.15 |
| 6 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D30077 | 03/31 | 3 | 91.00 | 273.00 |
| 7 | SURGICAL BLADE 22 | Surgeon | GENERAL | 081125 | 10/30 | 1 | 7.67 | 7.67 |
| Total : | | | | | | | 385.41 | 571.50 |

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SALAPU HARINI

RAINBOW CHILDREN'S MEDICARE LIMITED**Rainbow Children's Hospitals - Visakhapatnam**

Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS

IP No IP22-00023402
Patient Name Mrs K GIRIJA KUMARI
Age/Sex 29 Y 2 M 24 D / Female
Date 27/06/2026 11:58
Payor VOLO HEALTH INSURANCE TPA PVT LTD
UHID HCV-00036065

Ward 3F-THIRD FLOOR
Bed Name PRI 305
Order No 22-0000691660
Prescription No PRIP22-0292356
Dispensed Date 27/06/2026 12:05

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|------------------------------------|------------------|----------|---------------|----------|---------|-----------------|-----------------|
| 1 | DISPOSABLE APRONS STERILE XL | Mediblue | | 01052026 | 01/29 | 2 | 135.00 | 270.00 |
| 2 | NORMAL DELIVERY KIT PROTECTCARE | | General | 1120502022026 | 12/29 | 1 | 1,600.00 | 1,600.00 |
| Total : | | | | | | | 1,735.00 | 1,870.00 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA