

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
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP22-00023324 Admit Date : 20-Jun-2026 Admit Time : 08:35 AM UHID : HCV-00037173

Patient Details :

Patient Name	: Mrs S.ROSHINI	Age	: 38 Y 2 M 23 D
Guardian	: Mr ASHOK	DOB	: 28-03-1988
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: Araku Araku Colony Vishakhapatnam Andhra Pradesh INDIA 531149	Phone No	: 6301415298/ 6301415298
		E-mail	: Ashokcaddy7@g.mail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PRI 303 Ward Name : 3F-THIRD FLOOR
Room No : PRI 303 Admission Type : First Visit

Contact Details :

Name : Mr ASHOK Relationship : W/O
Contact Address : Phone No :

Ashokkamij.
Signature

Doctor Details :

Doctor Name : Dr. NIHARIKA ALLU Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Family Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 5000.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:-----
 UHID No :..... HCV-00037173 IP22-00023324
 Date of Admission :..... Mrs S.ROSHNI 28-03-1988 38 Y 2 M 23 D (F)
 Room / Bed No :..... Dr. NIHARIKA ALLU
 Consultant :..... Dept.:.....
 Date of Discharge:..... Time:.....
 Suggested Billable bed type:.....



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	10:10 AM	MICU	OT-2	Rudra
20/6/26	11:40 AM	OT-2	MICU	Rudra
20/6/26	12:40 pm	MICU	303	Rudra

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	20/6/26	90088	[Signature]
2.	Pratyusha Samuel	20/6/26	90053	[Signature]
3.	Pratyusha Samuel	22/6/26	90290	[Signature]
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by S. Sravatha.

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
20/6/26	iv placement pae catheterization LSCS	01		
	done ✓	①	689944	malathi
	Surgeon - Dr. Nihareika		689945	
	Anest. - Dr. Praveen			
	Time in: 10:30AM			
	Time out: 11:30AM			

copy checked by Suresha.

ANY OTHER INFORMATION

MM: 22/6/26

Date: 22/6/26

Time: ✓

Prepared By:

Staff Nurse S. Suresha	Shift / Ward M. Praveen 22/6/26 10:57AM	Billing Assistant	Billing Supervisor
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HCV-00037173
Mrs S. ROSHINI
28-03-1988

IP22-00023324

38 Y 2 M 23 D (F)

Dr. NIHARIKA ALLU



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

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *come for Elective LSCS.*

LMP: *24/9/2025*

EDD: *-11/7/26*

Obstetric Formula: *G₃P₂L₂*

Corrected EDD:

GA: *38w 3days*

Obstetric History:

Menstrual History: Regular: Yes No

Obstetric Examination

MH: 4/28days

ML: 12 years, NCM

G₁ → FT / LSCS / PROM / Fch / 3.9kg / 11 years et present

Fundal Height *~ 31cm*

G₂ → FT / LSCS / Fch / 3.4kg / 7 yrs et present

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record

Liquor: Adequate Oligo Poly

G₃ → Spontaneous conception.

Immunised

Regular antenatal checkups.

PP: Cephalic Breech Others _____

RISK FACTORS:

Head Fifts Palpable *5/5*

FHS: Normal Tachy Brady Absent

*→ Gestational Diabetes Mellitus : 6th month
↓
on T-METFORMIN 500mg OD full month.
↓
stopped at 7th month.*

Per Speculum Examination ⊖

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination ⊖

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

Height: *147* cm

Weight: *79.30* kg

Allergies: ⊖

Breast: Normal Abnormal

General Examination:

Consciousness: ⊕

Pallor: ⊖

Icterus: ⊖

Edema: ⊕

Temp: *Afebrile*

PR: *84/min*

BP: *100/80 mmHg*

DTR: ⊕

CVS: *S1S2 ⊕*

RS: *(N) Vesicular breath sounds*

Liver / Spleen: *NAD*

Urine Output: *Normal*

DIAGNOSIS

G₃P₂L₂ | 38w 3 days POG | GDM on MNT OHA. | 2 PEP.

for Repeat Elective LSCS ± Blc Tubectomy.



<p>Family History</p> <p>Mother: DM. Father: DM.</p>	<p>Surgical History</p> <p>W/O LSCJ 11 years back 7 years back</p>
<p>Medical History:</p> <p>Gestational Diabetes on <u>ANTI</u> OHAs at 3</p>	<p>Medication History:</p> <p>(-)</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admission. 2) Parts preparation. 3) CTG at admission. 4) Pre-anesthetic checkup. 5) Pre-op medication. 6) Foley's catheterization 7) CRBS at admission 8) Obtain consent for surgery. 9) Monitor vitals 10) Inform S.O.S 11) Shift to OT on call. 	<p>Investigations: BUT - A positive</p> <p><u>13/6/26</u> HB: 12.0 gm/dl Plt: 2.2 Lacks. RBS: 97 mg/dl <u>20/6/26</u> RBS: 119 mg/dl. TSH: 2.94</p> <p><u>20/3/26</u> GCT: 188 mg/dl HIV HBsAg } NR</p> <p><u>13/6/26</u> Late growth scan SLUG - 87w + 3d Presentation: Cephalic Placenta - Posterior AFI - 16.2 cm GFW - 3209 Doppler: Normal</p>

Doctor Name: [Signature]
 Signature: [Signature]
 Date & Time: 20/6/26, 9:30 am

Consultant Name: Dr. A. Niharika
 Signature: [Signature]
 Date & Time: 20/6/26



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 20/6/26 at 8:25 AM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify micu
 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: elective LSCS Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Nihitha
 Time Notified: 8:30 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>LCS</u>	<u>Yes</u>
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: Onset of Menarche: <u>11 yrs</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>24/9/2025</u>	Gynecology Surgical History: Caesarean Section: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 3 P 2 L 2 A 0

Previous LSCS: Yes

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: 97.8 HR: 88 RR: 22
 BP: 120/80 Weight: 71 kgs 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 20 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score (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 husband

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. Roskine

Orientation not given Reason: no

Nurse Signature: Mahesh

Nurse Name: Mahesh

Date & Time: 20/6/26, 8:12 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F/HW / DO... IP22-00023324
 Pati: HCV-00037173 Mrs S. ROSHNI
 Age: 28-03-1988 38 Y 2 M 23 D (F)
 Dr. NIHARIKA ALLU
 I.P. No. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/06/2020	12pm	<u>Immediate post-op notes</u>
		P ₃ L ₃ - POD '0' / gdm on OHA's
		(Elective L&S ctulo nlo 2 ples L&S c gdm on OHA)
		<u>R₀</u>
		LC: no pain
		Afebrile
		Bp - $\frac{110}{70}$ mmHg
		PR - 84 bt/min
		RR - 16/min
		HIL - NAD
		p/a - ut retr abd men
		O/E - NAB
		B/L Breast soft
		Baby: well noth side
		ulap. 100ml, clear.
		1) NPO x 6hrs
		Sips allowed @ 6pm
		Soft diet @ 7pm
		2) IVF - 20% RL } @ 80ml/L 20% NS }
		3) Iij PANTOP 40mg IV 24th day
		4) Iij PCM 1gm IV 8th day
		5) Iij MONOCET 1gm IV 12th day
		6) wlf active bed pl
		7) Exclusive breast feeding
		8) Sugar monitoring - a) before shifting to room b) @ 9pm (PPBS) c) PBS.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Pto

1) Input/Output monitoring

10) Vitals ⊙

11) Ambulation

12) Inform SOS


Baby: -

noted by
huda

Cl's / By Dr. Rati Asali (Jc) / Dr. Lanny (P)

P3L3 - Pod'o' / gornu OHA

(EEVCS ilolo Hlo 2 pss LCS and gornu moun)

20/06/2026
3pm

R₀

UC: no pain

Afebrile

BP - $\frac{110}{70}$ mmHg

PR - 84 bpm / min

RR - 16 / min

HIL - NAD

PIA - ut abata neu

O/E - NAB

Ulop - 20ml, clear

B/Heart soft

Baby: well with sid

1) NPO till 6pm → Sips @ 6pm

2) Continue IV R₀ and IV fluids as per chart

3) Sugar monitoring @ night 11hr
PR

4) w/f active but pl.

5) Exclusive breast feeding

6) Input/Output monitoring

7) Vitals ⊙

8) Ambulation

9) Inform →


Baby: ROS
Camp
SPM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00037173 IP22-00023324

Pa Mrs S.ROSHNI 38 Y 2 M 24 D (F) J F

Dr. NIHARIKA ALLU

I.I



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/06/2020		C/S By Dr. Ashalatha (Reg)
		Dr. Soumya (Pg)
	9pm	P3 L2 - POD' o' / gdm m o n a
		lc: no pain
		Afebrile
		Bp: 110/70 mmHg
		PR: 80 bpm
		RR: 16/mi
		HIL: NAD
		pl: uterine tenderness
		o/e: NAD
		Blk Breast soft
		Baby: well, mother side
		Wtop: 37cm, clear
		"Sp.
		1) Soft diet and plenty of fluid
		2) Continue IV R ₀ and I ₀ fluid as per chart
		3) Strict Input Output @
		4) Wk active pl
		5) Exclusive breastfeeding
		6) Ambulation
		7) Vitals @
		8) Input
		<i>[Signature]</i>
		<i>[Signature]</i>

~~do PRS
do PRS
Review @ 7am~~

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

SIB Dr. Komashika (Reg)

SIB Dr. Anisha (PG)

21/06/2026

8AM

P3L3 | POD-1 | GDM on OHA

AC fins
Afebrile

BP - $\frac{110}{70}$ mmHg

PR - 80 bpm

RR - incpus

HIL - No abnormality detected

PA - ~~None~~ retracted well

oc - No active PV bleeding

B/L Breast soft
Soley well mother side

TVO - 1200ml / since surgery

(clear) FC removed

FFBS - 67mg/dL
(Do FFBS stop)

order

- ① Regular diet with plenty of oral fluid
- ② Ty. MONOCEF 1g IV 12th hly
- ③ Ty. PANTOP 40mg IV 24th hly
- ④ Ty. PARACETAMOL 1g IV 8th hly
- ⑤ Exclusive breastfeeding
- ⑥ w/o any active PV bleeding
- ⑦ Ambulation
- ⑧ monitor vitals
- ⑨ Inform SOS

[Signature]

N. B Santhosh

update

case informed to Dr Nitika APL

order

- change to oral
- ① T-MONOCEF 200mg PO 12th hly
 - ② T-PANTOP 40mg PO 24th hly
 - ③ T-ACECLOPLUS 500mg PO 8th hly
 - ④ Rest same

21/06/2026.
8:30pm

CLUB Dr. Ashalatha (Reg)
Dr. Nisha (Ph)

P3L3 | POD - 1 | ADM on OHA.

acfa's

Afebrile

BP - $\frac{118}{68}$ mmHg

PR - 90 bpm

RR - 18 bpm

HLC - No abnormality detected

PA - uteri retracted well

OC - No active PV bleeding

BIC Breast soft

Baby well mother fed $\frac{1}{3}$

To Do FBS - tomorrow.

adv

① Regular diet with
Plenty of oral fluid

② Continue oral medications
as advised

③ Exclusive breastfeeding

④ w/o any active PV
bleeding

⑤ Monitor vitals

⑥ Inform S.O.S

⑦ r. DOMSTAL 10mg PO
12th July.
Nisha.

~~home~~

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : Dakshini

Age : 354 / F Gender M F

I.P. No. : 37173 / 23324

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		115 (B) Dr. Raviavathi (M)
22	06/26	Dr. Sanyal (Ph) / Dr. Narasimhan (Ph) / Dr. Nishu (Ph) / Dr. Nethi (Ph)
	8am	P3L3 / POD-II / 4pm on OHA
		AL fair <u>ado</u>
		Afebrile
		BP - 114/65 mmHg ① Regular diet with plenty of oral fluids
		PR - 86 bpm
		RR - 12cpm
		Ht - no abnormality ② Tab. MONOCER 200mg Pls 12 th hourly
		Detected
		PA - Wires retracted well ③ Tab. PANTOP 40mg Pls 2 nd hourly
		OE - no active PV bleeding ④ Tb. ACCLOPLUS 500mg Pls 8 th hourly
		Blc Breast soft
		Bulky: well mother side ⑤ Exclusive breastfeeding
		FBS : 89 mg/dL ⑥ w/ no active PV bleeding
		⑦ Ambulation
		⑧ monitor vitals
		⑨ Inform S.O.S
		⑩ T-DOMSTAL 10mg. 12 th hourly
		⑪ Today

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/20
3:00pm

CLS LB Dr. Nikita (Reg)

P3L3 | POD-II | GDM on OHA

R

Gc: fair
Afebrile
BP: 110/80 mmHg
PR: 72/min
RR: 16/min
HLL: No abnormality detected
PIA: uterus retracted well
ole: No active bleeding

- 1) Regular diet with plenty of oral fluids
- 2) continue Rx as per drug chart
- 3) Exclusive breast feeding
- 4) wld bleeding plv.
- 5) Ambulation.
- 6) Monitor vitals
- 7) Inform S.O.

B/L Breast sgt

Baby well & mother side

W. withd

22/6/20
7:00pm

CLS LB Dr. Nikita (Reg)
Dr. Nikita (Pa)

P3L3 | POD-II | GDM on OHA

R

Gc: fair
Afebrile
BP: 120/70 mmHg
PR: 78/min
RR: 14/min
HLL: No abnormality detected
PIA: uterus retracted well
ole: No active bleeding plv

- 1) Regular diet with plenty of oral fluids
- 2) continue Rx as per drug chart
- 3) Exclusive breast feeding.
- 4) wld bleeding plv.
- 5) Ambulation.
- 6) Monitor vitals
- 7) Inform S.O.

B/L Breast sgt

Baby well & mother side

W. withd

N.B Sireesha

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient Name :

Age : Gender M F

I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/06/2026	8 AM	<p>CLSB Dr. Ahalathu (Phys)</p> <p>SLB Dr. Saunya (Phys) / Dr. Nigoshani (Phys)</p> <p>Dr. Nisha (Phys) / Dr. Nishita (Phys)</p> <hr/> <p>D : P3L3 / POP-III / ADM on OHA</p> <p>also</p> <p>AC fangs</p> <p>Afebrile</p> <p>BP - 106/80 mm Hg</p> <p>PR - 86 bpm</p> <p>RR - 12 bpm</p> <p>H/C - No abnormality detected</p> <p>PA - uterine retracted well</p> <p>ECG - No active or bleeding</p> <hr/> <p>BCL Breast rfd</p> <p>Baby on mother side on phototherapy</p> <hr/> <p>Add:</p> <p>TX IBUPROFEN 100mg</p> <p>plb sos ilus</p> <p>handak</p>
		<p>① Regular diet & plenty of oral fluids</p> <p>② T. MONOCEL 200mg P/O 12th July</p> <p>③ T. PANTOL 400mg P/O 24th July</p> <p>④ T. ACECOPHOL 500mg P/O 8th July</p> <p>⑤ cochrine breast feed</p> <p>⑥ T. DOMESTAL 100mg P/O 12th July</p> <p>⑦ Ambulation</p> <p>⑧ w/o any active bleeding</p> <p>⑨ monitor vitals</p> <p>⑩ inform S.O.P</p>


NOTE : DO NOT WRITE OUTSIDE THE MARGINS



RESULT SHEET

Ref. No. : F / HW / RS / INPR / 17

HCV-00037173 IP22-00023324
 Patient Mrs S.ROSHNI
 28-03-1988 38 Y 2 M 23 D (F)
 Age Dr. NIHARIKA ALLU
 I.D. 

Date	13/6/20				
Time	of birth				
Hb	12.0g				
PCV					
RBC					
WBC					
N/L					
Platelets	9.26 lak				
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					
Doctor's Signature					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	Atve					
HIV	NR					
HBsAg						
HCV						
Doctor's Signature	ca					

Culture and Sensitivities :

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.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.):

HCV-00037173 IP22-00023324
 Mrs S.ROSHINI
 28-03-1988 38 Y 2 M 23 D (F)
 Dr. NIHARIKA ALLU



DATE:



Medication Reconciliation Form

Drug allergies:

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team.

(E.G. At the time of admission shifting from ICU to ward, or ward to ICUs)

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO,NG,SC,IV)	FREQUENCY	LAST DOSE DATE / TIME	ON ADMISSION
1.	T.MIGFORMIN	500mg	po	OD	at 33 weeks	<input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> DC
2.						<input type="checkbox"/> C <input 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

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature: *[Signature]*

Date & Time: 20/6/26 9:00am

Nurse name & Signature: *[Signature]*

Date / Time: 20/6/26



Patient Name: HCV-00037173 IP22-00023324 Age :
 Gender: Mrs S.ROSHINI 28-03-1988 38 Y 2 M 23 D (F)
 Consultant: Dr. NIHARIKA ALLU
 Date of Birth:
 Barcode: [Barcode]

DRUG ALLERGIES : *NO*

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a **NEW PRESCRIPTION**. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : <i>IBUPROFEN</i>				Date																	
				Time																	
Dose	Route	Frequency	Start Dt.																		
<i>200mg</i>	<i>po</i>	<i>SOS</i>	<i>23/6.</i>																		
Doctor's Signature		Valid Period	Pharm.																		
<i>[Signature]</i>																					
Additional Instructions																					
<i>200 c/o headache</i>																					
DRUG :				Date																	
				Time																	
Dose	Route	Frequency	Start Dt.																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions																					
DRUG :				Date																	
				Time																	
Dose	Route	Frequency	Start Dt.																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions																					



I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : <i>inj PANTOP</i>				Date	<i>21/6</i>																
				Time	<i>6 pm</i>																
Dose	Route	Frequency	Start Dt.																		
<i>40mg</i>	<i>iv</i>	<i>24hrly</i>	<i>2016</i>																		
Name & Signature of the Doctor starting the Drugs:				<i>stop</i> <i>21/6/2016 of us Am</i>																	
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>																	

DRUG : <i>inj PCM</i>				Date	<i>20/6</i>	<i>21/6</i>																
				Time	<i>6 AM</i>	<i>11 AM</i>																
Dose	Route	Frequency	Start Dt.																			
<i>1gm</i>	<i>iv</i>	<i>8hrly</i>	<i>2016</i>																			
Name & Signature of the Doctor starting the Drugs:				<i>stop</i> <i>21/6/2016 of us Am</i>																		
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>																		

DRUG : <i>inj MONOCEF</i>				Date	<i>20/6</i>	<i>21/6</i>																	
				Time	<i>9 AM</i>	<i>9 AM</i>																	
Dose	Route	Frequency	Start Dt.																				
<i>1gm</i>	<i>iv</i>	<i>12hrly</i>	<i>2016</i>																				
Name & Signature of the Doctor starting the Drugs:				<i>stop</i> <i>21/6/2016 of us Am</i>																			
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>																			

DRUG : <i>T. MONOCEF</i>				Date	<i>21/6</i>	<i>22/6</i>	<i>23/6</i>																
				Time	<i>8 AM</i>	<i>8 AM</i>	<i>8 AM</i>																
Dose	Route	Frequency	Start Dt.																				
<i>200mg</i>	<i>Pls</i>	<i>8hrly</i>	<i>21/6</i>																				
Name & Signature of the Doctor starting the Drugs:				<i>stop</i> <i>21/6/2016 of us Am</i>																			
Additional Instructions:																							
Daily Doctor's Endorsement by a Sign.				<i>[Signature]</i>																			

HCV-00037173
Mrs S.ROSHNI
29-03-1988
38 Y 2 M 24 D (F)
Dr. NIHARIKA ALLU



I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : T. PANTOP				Date	21/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
10mg	PO	24hr	21/6/2016																
Name & Signature of the Doctor starting the Drugs:				Dr. Nishu															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.				[Signature]															

DRUG : P. ACECLOPUS				Date	21/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
50mg	PO	8hr	21/6/2016																
Name & Signature of the Doctor starting the Drugs:				Dr. Nishu															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.				[Signature]															

DRUG : T. DOMSTOL				Date	21/6/2016														
				Time	9 AM														
Dose	Route	Frequency	Start Dt.																
100mg	PO	12hr	22/6/2016																
Name & Signature of the Doctor starting the Drugs:				Dr. Nishu															
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.																			



SURGERY DETAILS

Date: 20/06/2026

Sl.No.

Patient Name: Mrs. S. Roshini Age: 38y Sex: F

UHID No.: HCV-00037173 IP No: 23324

Date of Surgery: 20/06/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery: LSCS UVA

Time in: 10:10 AM Time Out: 11:30 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Niharika	
2. Anaesthetist	Dr. Sowjanya	
3. Asst. Surgeon		
4. OT Technician	Venkatalakshmi	
5. Circulating Nurse	Sridevi	
6. Asst. Nurse	pavani	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Rudra
Signature of Circulating Nurse

Order No: 9944/9945 Ordered by: *Rudra*

LSCS



CONSUMABLES OF OT

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Patent Name: S. Roshini Age: 38 yr
 Gender: M UHS/IP NO: HCV-37173
 Date: 20/06/26 Time:

Circulating Staff: Sridevi Technician:

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		<u>01</u>	Inj. Vit.K		<u>01</u>
LMA			Sutures <u>2347</u>		<u>02</u>	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>01</u>	Gloves <u>PF 7</u>		<u>01</u>	Surgical Gloves <u>6.5</u>		<u>-02</u>
02 cc			<u>SGI 6.5</u>		<u>04</u>	Gauze Pack		
01 cc			<u>SGI 6</u>		<u>02</u>	Syringe 1 ml / 2 ml		<u>01</u>
Cautery Plate <u>A/P/N</u>		<u>01</u>	Surgical blade <u>22</u>		<u>01</u>	Surgical Blade # <u>20</u>		<u>01</u>
IV set			NG tube			Koochies (S)		<u>01</u>
RL			Cautery Pencil		<u>01</u>	<u>swabs</u>		<u>02</u>
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>10 + 10</u>		<u>20</u>	<u>New mom pad</u>		<u>-01</u>
Morphine			Gauze Pack		<u>01</u>	<u>fixator</u>		<u>-01</u>
Ketamine			Mop Pack			<u>D/water</u>		<u>-01</u>
Propofol			Steristrip			<u>D/Aprony</u>		<u>-04</u>
Rocuronium			Underpad		<u>02</u>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter <u>16</u>		<u>01</u>			
Pencan 23g/Spinal Needle 22			Urobag		<u>01</u>			
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>8591</u>		<u>01</u>			
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		<u>01</u>			
Justin: 12.5 mg/25mg/100mg		<u>02</u>	Plastic Bed Sheet		<u>01</u>			
Tab. Misoprost : 200mg			Betadine Solution		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>16</u>			
			Ramdione Scrub					
			Saral					

Dr. Niharika
Surgeon

Dr. Anasoujanya
Anaesthesiologist

parvati
Nurse

OT Technician

Order No:

689968/910

Ordered by:

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	IP22-00023324	Ward	3F-THIRD FLOOR
Patient Name	Mrs S.ROSHINI	Bed Name	PRI 303
Age/Sex	38 Y 2 M 23 D / Female	Order No	22-0000689968
Date	20/06/2026 12:19	Prescription No	PRIP22-0291633
Payor	SELPAY	Dispensed Date	20/06/2026 14:45
UHID	HCV-00037173		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblu	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706106	08/27	1	1,188.00	1,188.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		01032026	02/29	4	135.00	540.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26A23K76	12/30	1	28.13	28.13
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	1	11.25	11.25
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	1	2.71	2.71
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
8	FOLEYS CATHETER 16-UROCATH		GENERAL	G25L120042	11/30	1	259.50	259.50
9	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
10	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		11210MAY2026	12/29	1	2,700.00	2,700.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
15	POVINANZ SOLUTION 10% 100 ML		H	N0160011	12/27	1	100.31	100.31
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	4	91.00	364.00
18	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	2	91.00	182.00
19	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	10	11.25	112.50
20	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
21	SURGICARE NEURO STERILE GLOVE-7.0 PF	3M HEALTHCARE	GENERAL	25J7104D10	09/28	1	140.00	140.00
22	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R022609O9	01/29	1	814.00	814.00
23	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
24	UROBAG (ADULT) - URODYNE		GENERAL	K25L050110	11/30	1	395.00	395.00
25	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
26	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
27	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2	951.00	1,902.00

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

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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	IP22-00023324	Ward	3F-THIRD FLOOR
Patient Name	Mrs S.ROSHINI	Bed Name	PRI 303
Age/Sex	38 Y 2 M 23 D / Female	Order No	22-0000689968
Date	20/06/2026 12:19	Prescription No	PRIP22-0291633
Payor	SELPAY	Dispensed Date	20/06/2026 14:45
UHID	HCV-00037173		

Total :	11,203.99	13,655.43
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI

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

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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	IP22-00023329	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O S.ROSHINI	Bed Name	CRDL-PRI-303-1
Age/Sex	0 Y 0 M 0 D 4 H / Female	Order No	22-0000689971
Date	20/06/2026 12:24	Prescription No	PRIP22-0291631
Payor	SELPAY	Dispensed Date	20/06/2026 14:44
UHID	HCV-00040930		

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 X SMALL 5S- HAPPY HUG	HAPPY HUG		RUVNBOIR	12/99	1	150.00	150.00
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	26D3007	03/31	2	91.00	182.00
7	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
Total :							405.41	500.50

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI



CONSUMABLES OF OT

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Patent Name : S. Rashai Age: 34y
 Gender M F UHS/IP NO. 23324
 Date : 20/06/26 Time : 10:00am

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

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads : A/P/N		03				Suction Catheter		
HME filter : A/P/N		01				Feeding Tube		
Syringe 10 cc		03	Gloves 6 1/2 pf		01	Vaccum Suction Set		
05 cc						Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		01	Koochies					
<u>inj. Oxytocin</u>		04	Ointments					
<u>D. water</u>		02	Suction Catheter					
Fentanyl			Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22		01	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

10/1/26

Surgeon DR. Mishra Anaesthesiologist Dr. Sanyal Nurse OT Technician
 Order No: 689995 Ordered by:

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No IP22-00023324
Patient Name Mrs S.ROSHINI
Age/Sex 38 Y 2 M 23 D / Female
Date 20/06/2026 13:34
Payor SELFPAY
UHID HCV-00037173

Ward 3F-THIRD FLOOR
Bed Name PRI 303
Order No 22-0000689995
Prescription No PRIP22-0291630
Dispensed Date 20/06/2026 14:44

OT(A)

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BUI26002	12/27	1	30.65	30.65
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26A23K76	12/30	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	3	21.56	64.68
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	2	2.71	5.42
5	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
6	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
7	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1C261228	02/29	1	93.94	93.94
9	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	2	69.39	138.78
10	SPINAL NEEDLE 26G	BECTON DICKINSON (BD)	GENERAL	2507O44	06/30	1	221.72	221.72
11	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D1O	11/28	1	140.00	140.00
Total :							1,213.00	1,506.92

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI