

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023367

Admit Date : 24-Jun-2026

Admit Time : 09:19 AM UHID : HCV-00041012

Patient Details :

Patient Name : Mrs GANTA RENUKA

Guardian : G BHARATHI

Gender : Female

Occupation :

Address (H) : Sagar Nagar Visakhapatnam Andhra Pradesh  
INDIA 530045

Age : 48 Y 11 M 4 D

DOB : 20-07-1977

Religion :

Martial Status :

Phone No : 9742068245

E-mail : no@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PRI 302

Ward Name : 3F-THIRD FLOOR

Room No : PRI 302

Admission Type : First Visit

Contact Details :

Name : G BHARATHI

Relationship : Sister

Contact Address : Sagar Nagar Visakhapatnam Andhra Pradesh  
INDIA 530045

Phone No :

  
Signature

Doctor Details :

Doctor Name : Dr. ER OBSTETRICIAN & GYNAECOLOGIST

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : HDFC ERGO GENERAL INSURANCE  
CO LTD

**ACTIVITY RECORD FOR BILLING**

Name: .....

UHID No : ..... HCV-00041012 IP22-00023367 Consultant : ..... Dept: .....

Date of Admission : ... Mrs GANTA RENUKA 20-07-1977 48 Y 11 M 4 D (F) Dr. ER OBSTETRICIAN & Date of Discharge: ..... Time: .....

Room / Bed No : ..... Suggested Billable bed type: .....



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
24/6/26	2:30 pm.	micu	OT-II	Guyo
24/6/26	7:30 pm	OT-II	MICU	Sharma
24/6/26	12:40 Am	mieu	302	Sharmi

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyoti R. M. K.	25/6/26	10332	Santhosh
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*cross checked by Sireenka.*





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
24/6/26	IV placement	01	690782	<i>Kalath</i>
24/6/26	pre-anesthesia checkup	01	690781	
24/6/26	nebulisation	01	690844	
24/6/26	Catheterization			
	Laparoscopic myomectomy Done by Dr. Sravanthi under V/GA Anesth: Dr. Prasanna In time: 3pm Out time: 7pm		90894	<i>Geerja</i>
24/6/26	Nebulization	①	90895	<i>Geerja</i>
24/06/26	Blood transfusion	①	690920	<i>Shruti</i>
24/06/26	iv placement	①	690921	<i>Shruti</i>

*Cross checked by Suresha.*

**ANY OTHER INFORMATION**

*Sevoflurine used - 4 hours*

Date:

*26/6/26*

Time:

Prepared By:

Staff Nurse <i>Suresha</i>	Shift / Ward	Billing Assistant	Billing Supervisor
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : ..... Time of Admission : .....  
 Allergies : (⊖)  Not know any drug allergies

PRESENTING COMPLAINTS :

→ cl pain abdomen 3 weeks back → sft: right lower abdomen, dist inside  
 dragging type pain, not radiating to right side of back, not associated with  
 vomiting, associated with fever (100°F), mild severity, no aggravating factors,  
 relieved by Meftal spas & Paracetamol x 3 days. ifb MRI: Abdomen & pelvis.  
 → MRI done: 30/5/22: a) enlarged uterus with diffuse endometrial thickening (65:11mm)  
 b) Intramural-subserosal fibroid ⇒ 10x7x8 cms in anterior & right lateral wall of fundus & upper uterine body.  
 c) 7.1x5.6x6.2cm mass in post-wall of lower uterine body & upper cervix with predominant posterior extra-cervix extent.  
 d) Endocervical polyp ifb D&C done on 10/6/22 (Endometrial biopsy).

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage: Unmarried	Parity: Nulliparous
Previous Periods: regular → 5/30 days.	Mode of Delivery: (⊖)
LMP: _____	Last Child Birth: (⊖)
Contraception: (⊖)	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
→ K/clo Hypertension : 19 years on T. Telmisartan 20mg OD.	(⊖) → H/o Haemorrhoidectomy → 2017
→ H/o 1 episode of asthma in 2022.	

Patient Sticker

**FAMILY HISTORY:**

Mother: HTN.  
H/o fibroids to Mother, Sister.  
↓  
both hysterectomized.

**MEDICATION HISTORY:**

→ D. Telmisartan 20 mg OD

**INITIAL ASSESSMENT:**

Date <u>24/6/26</u> Ht. <u>165 cms</u> Wt. <u>86 kgs.</u> BMI _____ B.P. <u>125/86 mmHg</u> Pallor <u>(-)</u> CVR <u>S.S. (+)</u> Respiratory System <u>(+) Vesicular</u> <u>breath sounds</u> Thyroid <u>Normal.</u>	Breasts  <u>B/L Breasts soft</u>  Abdominal Examination  <u>PA soft</u> <u>Non tender</u>	Local / Speculum Examination <u>(-)</u>  Bimanual Pelvic Examination <u>(-)</u>
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**PROVISIONAL DIAGNOSIS:** 48 year old nulliparous unmarried female / Chronic HTN / Leiomyoma for Laparoscopic Myomectomy

**INVESTIGATIONS ORDERED**

**PLAN OF MANAGEMENT**

09/6/26

BCIT - -0' positive

Hb - 11.6 g/dL  
WBC - 7430 cells/cumm  
PIT - 1.46 L/cumm  
PCV - 25.9 vol%  
PSH - 0.961 IU/mL

LFT  
T-Bili - 0.47  
ALT - 13.2  
AST - 13.3  
ALP - 96.9  
A/G - 1.4

HIV  
HCV  
HBsAg (NR)

Creat - 0.9 mg/dL  
CRBS - 86 mg/dL

- ① NBM from 7 AM
- ② IVF - 1000 mL @ 100 mL/hr
- ③ Pre-op medications
- ④ Pre-anesthetic checkup.
- ⑤ consent for surgery
- ⑥ IOPRBC reserve
- ⑦ monitor vitals
- ⑧ Sufam s-o-s.
- ⑨ Chest X-ray, ECG

Name of the Doctor: \_\_\_\_\_

Signature of Doctor 

Date & Time: \_\_\_\_\_



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/6/26 @ 9AM

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify mbu  
 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: Pain abdomen Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Ashalatha  
 Time Notified: 9:05 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>yes</u>	<u>yes</u>	<u>yes</u>

<p><b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable                      Menstrual History: <u>3 TO 4 days</u>                      Onset of Menarche: .....                      Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular                      Last Menstrual Period: <u>17/6/26</u></p>	<p><b>Gynecology Surgical History:</b>                      Caesarean Section: <input checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input type="checkbox"/> Yes                      Others: .....</p>	<p><b>Gynecological History:</b>                      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 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</p>
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Obstetric History: G ..... P ..... L ..... A .....

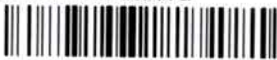
Previous LSCS: NO

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

Family History:  No Abnormalities Detected mother  
 Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other .....

Signs / Measurements: Temp: 98.6 F HR: 86 bpm RR: 20 bpm  
 BP: 121/80 mmHg Weight: 86 kg Height: ..... BMI: .....

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 ..... 0 ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... 28 ..... (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 FAMILY .....

**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. Renuka .....

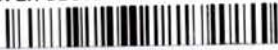
Orientation not given Reason: .....

Nurse Signature: ..... [Signature] .....

Nurse Name: ..... parvati .....

Date & Time: ..... 24/6/26 @ 9:02 Am .....

HCV-00041012 IP22-00023367  
Mrs GANTA RENUKA  
20-07-1977 48 Y 11 M 4 D (F)  
Dr. ER OBSTETRICIAN &



302

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

BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 25/6/26 Time: 10 AM

Origin: INDIA Height: 5'6" Weight: 86kg BMI: 30.8 kg/m<sup>2</sup>

Food Allergies: Nil

Diagnosis: POD-1 lap myomectomy klc lo HTN

Medical History: klclo Hypertension: 19 yrs / H/o asthma @ 2022

Surgical History: H/o Hemorrhoidectomy - 2017

Vegetarian

Non-Vegetarian

Vegan

Diet Advised: Advised To take low Salt

High protein High fiber diet

Patient's / Attendant's

Signature: *[Signature]* 25/06/2026

Name: Renuka

Date & Time: 25/6/26  
10 AM

Dietician's

Signature: *[Signature]*

Name: Jyoti Mhatre

Date & Time: 25/6/26  
10 AM



25/06/2026

12:30 AM

C/S By Dr Kumpashika (Reg)

Dr Soumya (Pg)

POD '0' of L4 myomectomy / Utero htn.

Buprenorphine patch in situ

AC: mild pain ⊕ log abdominal R

Afebrile

BP  $\frac{116}{76}$  mmHg

PR - 88b/min

RR - 18/min

SpO<sub>2</sub> 94% NRA

HIL - NAD

Plc - ut soft

O/c - NAB

U/cp - 1800ml, clear

D/cp - ~ 30ml

1) Allow sips @ 2AM if BS ⊕

2) Continue I/v fluids and I/v R as per chart

3) Strict vital monitoring every hour

4) Strict I/O and Drain output ⊕

5) Vital monitoring

6) Inform so

TO PRK  
Anandh



N.B Suresh

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

Pat HCV-00041012 IP22-00023367  
Mrs GANTA RENUKA  
20-07-1977 48 Y 11 M 4 D (F)  
Dr. ER OBSTETRICIAN &  
I.P. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		SIB Dr Ashalatha (Reg)
25/6/2026	8:00 AM	Dr. Saumya (PN) / Dr. Nishithini (PN) Dr. Nishitha (PN) / Dr. Nishitha (PN)
		POD - lap myomectomy (1c1c6 HTN) Empressophine patch in situ
		ac faint <span style="float: right;">adv</span> afebrile
		BP - 114/74 mmHg
		PR - subps
		RR - 14 cpm
		SPO - 94% ↓ RA
		H/L - No abnormality detected
		PA - Abdomen soft
		bowel sounds (+)
		DE - No active Bleeding.
		TVO - 2000 ml / smg smguy clear
		FC in situ
		Drain out - ~50 ml
		Soulcare (+)
		changed @ 9:20 AM

- ① liquid diet
- ② semisolid diet
- ③ Inj. moxifloxacin 1g IV 12<sup>th</sup> day.
- ④ Inj. PANTOP 40mg IV 2<sup>nd</sup> day
- ⑤ Inj. TRAPIC 1g IV 8<sup>th</sup> day
- ⑥ IVSTN sup PR 8<sup>th</sup> day
- ⑦ stool vitals monitoring every good day
- ⑧ No charting
- ⑨ drain output monitoring
- ⑩ monitor vitals
- ⑪ inform self

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

*Nisha*  
N.B. Santosh

25/06/2026

3 pm

SLB Dr. Ratnavalli (Reg)

Dr. Nisha (PA) / Dr. Nithita (PA)

POD-1 Lap myomectomy / 11/10 HTN /  
Eupressorphine patch on site.

AC fails

Afebrile

BP -  $\frac{120}{80}$  mmHg

PR - 80 bpm

H/L - No abnormality detected

PA - uterus retracted well  
soft

OC - No ~~abnormal~~ active bleeding

also

(1) soft diet with plenty  
of oral fluids

(2) continue IV medications  
as per drug chart

(3) w/ any active bleeding

(4) monitor vitals

(5) inform SOS

Nisha

~~Nisha~~

25/6/2026

8:30 pm

SLB Dr. Nithita (Reg)

Dr. Nisha (PA)

POD-1 Lap myomectomy / 11/10 HTN /  
Eupressorphine patch on site

AC fails

Afebrile

BP -  $\frac{106}{70}$  mmHg

PR - 80 bpm

H/L - No abnormality detected

PA - soft

OC - No active PV bleeding

Assessing: soy. intact

also

(1) soft diet with plenty  
of oral fluids

(2) continue IV medications  
as per drug chart

(3) w/ any active bleeding

(4) monitor vitals

(5) inform SOS

Nisha

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

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

Patient Name : Renuka  
Age : 48y Gender  M  F  
I.P. No. : 23367

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>26/12/20</del>		CLSB - Dr. Nikhat (Pg)
<del>8:30am</del>		Dr. Nirbhini (Pg)
		<u>Dr. Sowmya (Pg), Dr. Nikhat (Pg.)</u>
		<u>POD-2   Lap. Myomectomy   HTN   Buprenorphin patch</u> <u>in situ</u>
		A
		AC: fair
		Afebrile
		BP: 110/60 mmHg
		PR: 86/min
		RR: 14/min
		HIL: No abnormality detected
		PLA: sgt
		O/E: No active bleeding plv
		Wound dressing
		1) Soft diet with plenty of oral fluids
		2) Sy: MONOCEF 1gm IV 12 <sup>th</sup> hly
		3) Sy: PANDOP 40mg IV 2 <sup>th</sup> hly
		4) JUSTIN supp. P/R sthly
		5) w/ active bleeding
		6) monitor vitals
		7) Surform 5-0-1.
		<u>Dressing done</u>
		<u>Wound</u>
		<u>Dr. [Signature]</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/08/21  
10:15 am

Case informed to Dr. Shrawanthi (Visiting consultant)

EC: Fair

Vitals stable

Advised

1) change to oral medication

2) i. T-CEFUROXIME 200mg po btd

ii. T-DAN SOP 400mg po qd

iii. T-ACELOPIL 500mg po qd

2) start Antihypertensive 2 days after discharge

2) Do dressing.

↓  
Ciprofloxacin

Plan discharge today

# RESULT SHEET

Patient Name : .....

Age : ..... Gender :

I.D. No. : .....

HCV-00041012 IP22-00023367  
Mrs GANTA RENUKA  
20-07-1977 48 Y 11 M 4 D (F)  
Dr. ER OBSTETRICIAN &



Date	<i>outside</i> 4/6/26				
Time					
Hb	11.6 g/dl				
PCV	35.				
RBC					
WBC	7430				
N/L					
Platelets	1.46				
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	0tve.					
HIV	} NR					
HBsAg						
HCV						
<b>Doctor's Signature</b>						

Culture and Sensitivities : .....

.....

.....

.....

Radiology :    USG : .....

                  X-Ray : .....

                  ECHO : .....

                  CT : .....

                  MRI : .....

                  Others (ECG, Contrast Studies etc.) : .....



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

<b>DRUG : INJ. MONOCEF</b>				Date	25/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
1g	IV	12 <sup>th</sup> hourly	24/6/2016																
Name & Signature of the Doctor starting the Drugs:				stop on 26/6/2016															
				6 PM stop on 26/6/2016 @ 10:00am															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : INJ. PANTOP</b>				Date	25/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	IV	24 <sup>th</sup> hourly	24/6/2016																
Name & Signature of the Doctor starting the Drugs:				stop on 26/6/2016															
				@ 10:00am															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : INJ. TRAPIC.</b>				Date	25/6														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
(1gm) 500mg	IV	8 <sup>th</sup> hourly	24/6/2016																
Name & Signature of the Doctor starting the Drugs:				stop on 24/6															
				2 PM															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG : JUST-IN SUPPOSITORY</b>				Date	25/6/2016														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
2cap	P/R	8 <sup>th</sup> hourly	24/6/2016																
Name & Signature of the Doctor starting the Drugs:				stop on 26/6/2016															
				@ 10:00am															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

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

<b>DRUG :</b> T-CEFOXIME				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200mg	PO	BD	26/6/20																
Name & Signature of the Doctor starting the Drugs :																			
Additional Instructions :																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> T-DANOP				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
200mg	PO	BD	26/6/20																
Name & Signature of the Doctor starting the Drugs :																			
Additional Instructions :																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> T-ACECLOPLU				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
500mg	PO	BD	26/6/20																
Name & Signature of the Doctor starting the Drugs :																			
Additional Instructions :																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs :																			
Additional Instructions :																			
Daily Doctor's Endorsement by a 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.

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
24/6/26	2pm	Inj. MONOCEF	1gm	iv	[Signature]	Pawan [Signature]
24/6/26	1:30am	Inj. PANTOP	40mg	iv	[Signature]	Pawan [Signature]
24/6/26	1:30pm	Inj. ONDEM	4mg	iv	[Signature]	Pawan [Signature]
24/6/26	5:30pm	Inj. PCM	1gm	IV	[Signature]	Shiv [Signature]
24/6/26	1:30pm	NEBULIZATION BUDECORT + LEVALIN	(0.5mg) (1.25mg)	Nebulisation	[Signature]	Pawan [Signature]
24/6/26	6:50pm	Inj. LASIX	20mg	iv	[Signature]	Usha [Signature]
24/6/26	6:15pm	Inj. TRAPIC	1gm	iv	[Signature]	Shruti [Signature]
24/6/26	6pm	Inj. Hydrocortisone	500mg	iv	[Signature]	Usha [Signature]
24/6/26	7:45pm	NEBULISATION BUDECORT + LEVALIN	0.5mg 1.25mg	Nebulisation	[Signature]	Shruti [Signature]
24/6/26	11:00pm	Inj. mepo	6mg	iv	[Signature]	Shruti [Signature]
24/6/26	11:30pm	Inj. Diclofenac	1amp	iv	[Signature]	Shruti [Signature]





# Medication Reconciliation Form

Drug allergies:

PATIENT NAME .....

HCV-00041012  
 Mrs GANTA RENUKA IP22-00023367  
 20-07-1977 48 Y 11 M 4 D (F)  
 Dr. ER OBSTETRICIAN &



**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. TELMISARTAN	20mg	po	daily	23/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
2.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
3.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
4.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
5.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
6.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
7.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
8.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
9.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>
10.						<input type="checkbox"/> C <input type="checkbox"/> DC <input type="checkbox"/>

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature : *[Signature]*

Date & Time : 24/6/26, 10:00am

Nurse name & Signature : *[Signature]*

Date / Time : 24/6/26 @ 9:30am

PREANAESTHETIC EVALUATION

Date: 24/6/26 Time: 9:20 Am Name: G. Menaka  
Proposed Operation: Lap myomectomy Age: 49y  
Preoperative Diagnosis: fibroid uterus. Sex: Female

B.P. 147/100 (144/80) H.R. 116 R.R. 20/min Temp 36.6 Height 160cm Weight 60kg Physical Status 1 2 3 4 5 I.P. No.

LABORATORY DATA

Hgb	Glucose	Protien	HIV	X-ray	Other:
PCV	Urea	Alb	HBS Ag	ECG	
WBC	Creat	Total Bill	HCV	2D Echo	1st H-0.9
Plate	Na	Dir. Bill	Blood group	Stress/Anglo	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: (-)

Medical History: (+) dx/clo CVS: 9/52 (+) Mo. H/TN X 19 yrs - on medication  
RESP: B/LAE (+) No episode of asthmatic attack in 2021 - relieved.  
CNS: Conscious, active Diabetes: - (No prev. Hb) in medication  
Renal: clo mild sweet spot (+) (i/o cold temp.)  
Hepatic / GE: (N) APD+/-

Others: (N)  
Past Anaesthetic History: No lap myomectomy ↓ GA, No Dilatation curettage  
Physical Exam: P-T-C-C-E- in 2007 I was better ↓ GA

Airway: MP 1 2 3 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N)  
Lungs: (N)  
Heart: (N)  
CNS: Pupils: Bk reactive E V M 18.  
Others: Pallor: +/- - Venous Access Site: f Spine Exam for regional: (N)

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: Slide 8hr  
2. NBM form:  
3. Informed Consent Standard / High Risk  
- Neb. C. Insulin before Sp.  
- 10 PRBC: available

IMMEDIATE PRE-ANESTHESIA EVALUATION  
H.R.: SaO2:  
R.R.: Last Feed: Slide 10pm  
B.P./C.T.Y.: Liquids - 7:30am

Signature: Dr. Menaka







## OPERATION THEATER NOTES

Patient's Name: Mrs. G. Reauka Age: 48/15 Gender: M  F   
 UHID: HCV - 00041012 I.P. No. 00023367 Weight: .....

Surgeon: Dr. Sruvanti	Asst. Surgeon:
Anesthetist: Dr. Praveen	OT Nurse: Divya
Surgical Procedure: Laparoscopic Myomectomy	
Indication for Surgery: AUB + L.	

Date: 24/6/2026 Start Time: 3:00pm End Time: 7:00pm

### PRE-OPERATIVE PREPARATION

### OPERATION NOTES:

Laparoscopic Myomectomy ↓ GA  
 • Laparoscopic incision for  
 Specimen removal.

- After confirming adequate anaesthesia, the patient was painted & draped in sterile fashion. Foley catheterisation done. Uterine manipulator was inserted vaginally.
- Pneumoperitoneum was created using Veress Needle through supraumbilical incision. A 10mm primary port was introduced. Two accessory ports (5mm) were placed under direct vision in the lower abdomen.
- On inspection uterus was found enlarged & 2 intramural fibroids 10 x 7 cm in ant. wall and 7 x 5 cm in post. wall.
- Blr tubes & ovaries appeared normal.
- A mesosal incision was made over the most prominent part of fibroid using monopolar hook.

- Using traction and countertraction technique, the fibroid was enucleated from the myometrial bed.
- Hemostasis was secured. Myometrial defect closed  $\bar{c}$  barbed suture (Vicryl 1-0).
- Specimen retrieval done ~~by~~ via supraumbilical incision.
- Peritoneal cavity was irrigated and suctioned. Hemostasis confirmed.
- Pneumoperitoneum released.
- Skin closed  $\bar{c}$  Vicryl 1-0.
- Sterile dressing was applied.
- Sample was sent for HPE.

POST - OPERATIVE ORDERS:

- Monitor vitals, I/O, drain output
- Inform SOS.

1. IVP  $\left\{ \begin{array}{l} 20 \text{ RL} \\ 10 \text{ NS} \\ 10 \text{ DNS} \end{array} \right.$  IV @ 80 ml/hr  $\bar{c}$  NPO x 6hr  
Sips @ 2AM aft checking Bx.

2. Inj. MONOCEF 1gm IV 12<sup>th</sup> hourly

3. Inj. PANTOP 40mg IV 24<sup>th</sup> hourly

4. Inj. TRANEXAMIC ACID 500mg<sup>1gm</sup> IV 8<sup>th</sup> hourly.

5. ~~sof~~ JUSTIN PESSARY (2) P/R 8<sup>th</sup> hourly

..... Dr. Sravanthi .....

Consultant Surgeon's Name

.....  
Consultant Surgeon's Signature

Date: 24/6/26 ..... Time: 7 P.M. ....



# Chhatrapati Shivaji Voluntary Blood Centre

(A Unit of Grameena Vidyabivruddi Sangam)

Plot No.-5C, C/o Unique Hospital Building, 3<sup>rd</sup> Floor,

Health City, Arilova, Visakhapatnam-530040, A.P.

Licence No.:06/VSP/AP/2022/BC/G



## Mrs. Ganta Renuka

O Rh(D) Pos | 48 Years, Female

Request ID : CSVB26-R02811

ADM/CR No. :-

Hospital : Rainbow Children's Hospital

Doctor : Dr.

Issue Date / Time : June 24, 2026, 5:06 p.m.

Contact Number : 9742068245

It is certified that all below units are tested and found non-reactive for Anti-HIV 1 &amp; 2, Anti-HCV, HBsAg, Syphilis &amp; negative for Malaria Parasite -

S.No	Product Name & Donor ID	Donor Blood Group	Collection Date	Expiry Date	Crossmatch Result
1	Packed Red Blood Cells I.P 2314 (250ml)	O Rh(D) Pos	June 16, 2026	July 27, 2026 11:59 PM	Compatible AHG Major: 0

Crossmatched By:

Harish B

Cross Checked / Issued By:

Harish B

### Instructions & Consent

1. Check patient's name: **Mrs. GANTA RENUKA** and ADM/CR No. which should be same as mentioned in this compatibility report.
2. Donor ID and blood group should be same as on compatibility report & on the compatibility label attached to the unit.
3. Check for any clot, leakage, hemolysis, discoloration and turbidity before transfusing the blood.
4. Transfuse blood component immediately after verification.
5. Transfusion of packed red blood cells shall not take longer than 4 hours and should begin within 30 minutes of taking out of the refrigerator.
6. Transfusion must be given by disposable state set with filter.

### Adverse Transfusion Reaction Form

In case of adverse transfusion reaction, Remaining blood in the bag and administration set should be sent immediately to the blood bank along with this part of the form and the fresh blood sample of Mrs. Ganta Renuka in two separate labelled tubes: (i) 2 mL in EDTA (ii) 5 mL in Plain test tube.

Request ID: CSVB26-R02811

Hospital: Rainbow Children's Hospital

Condition of Patient Pre-transfusion:

Start Time:

BP:

Stop Time:

BP:

Patient: Mrs. Ganta Renuka

Product Name &amp; Donor ID:

ADM/CR No: -

Respiratory Rate:

SPO2(%):

Respiratory Rate:

SPO2(%):

Rate of transfusion:

Amount Transfused:

Signs &amp; Symptoms :

- |                                      |                                       |  |   |                                       |  |
|--------------------------------------|---------------------------------------|--|---|---------------------------------------|--|
| <input type="checkbox"/> Fever       | <input type="checkbox"/> Chills       | <input type="checkbox"/> Rigors          | <input type="checkbox"/> Itching            | <input type="checkbox"/> Edema        | <input type="checkbox"/> Nausea                |
| <input type="checkbox"/> Vomiting    | <input type="checkbox"/> Flushing     | <input type="checkbox"/> Urticaria       | <input type="checkbox"/> Anxiety            | <input type="checkbox"/> Restlessness | <input type="checkbox"/> Jaundice              |
| <input type="checkbox"/> Chest Pain  | <input type="checkbox"/> Abdominal    | <input type="checkbox"/> Back/Flank Pain | <input type="checkbox"/> Infusion Site Pain | <input type="checkbox"/> Dyspnoea     | <input type="checkbox"/> Wheeze                |
| <input type="checkbox"/> Cough       | <input type="checkbox"/> Hypoxemia    | <input type="checkbox"/> Haematuria      | <input type="checkbox"/> Haemoglobinuria    | <input type="checkbox"/> Oliguria     | <input type="checkbox"/> Bilateral Infiltrates |
| <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hypotension     | <input type="checkbox"/> Raised JVP         | <input type="checkbox"/> Arrhythmias  | <input type="checkbox"/> Oliguria              |

Other:

Signature of Doctor

**CONSENT FOR BLOOD TRANSFUSION**
 Patient Name: Mrs. G. Renuka Age: 48 Yrs  
 Gender:  M  F - IP No. : 00023367  
 Ward / Bed NO. : MICU Date : 24/6/2026
**Type of Blood Product:**

I.....hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that.....

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecipitate etc) to me /my Patient during he present hospital stay and treatment.

**Patient(Or Patient relative./ Guardian):**Signature : V. SrinathName : V. SrinathDate & Time : 24/06/2026**Witness:**Signature : Gandha RenukaName : G. RenukaAddress : Lawsons Bay colony  
Vsp-17Contact No. : 9392370507Date & Time : 24/06/2026**Doctor(Who is taking the consent):**Signature : [Signature]Name : Dr. KompathiDate & Time : 24/6/26, 8:30pm

**రక్త మార్పిడి కొరకు అంగీకార పత్రము**

రోగి పేరు ..... వయస్సు.....పు  స్త్రీ   
 ఐ.పి. నెంబరు ..... వార్డు/ బెడ్ నెం .....  
 రక్త మార్పిడి రకం .....

నేను ..... ఇందు మూలముగా రెయిన్ బో అసుపత్రిలో అడ్మిట్ అయి ఉన్నప్పుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటిస్ బి సర్వేస్ యాంటిజెన్, హైపటైటిస్ యాంటిబడీస్, మలేరియా మరియు సిఫిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికీ మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్ ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పుడు మార్పిడి ఇన్ ఫెక్షన్లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

.....  
 డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే జాషలో వివరించినారు, దానికి నేను అంగీకరిస్తున్నాను. నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ఫ్లెట్ లెట్స్, ఎఫ్.ఎఫ్.పి..) క్రయోప్రెసిపిటేట్ మొదలగునవి. మా సమ్మాతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)  
 సంతకము .....  
 పేరు.....  
 తేది మరియు సమయము .....

డాక్టర్  
 సంతకము .....  
 పేరు.....  
 తేది మరియు సమయము .....

సాక్షి  
 సంతకము .....  
 పేరు.....  
 తేది మరియు సమయము .....



# BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : Mrs. G. Renuka..... UHID : HCV - 000241012.. I.P. No. : 00023367.

Age : 48 Yrs... Gender : Female.. Department : GYN/OBG..... Ward : MICU.....

Blood group of the patient : O+ve..... Blood group on the Blood bag : O+ve.....

Blood bank issue no : 2314..... Date of collection : 16/6/2026... Date of expiry : 27/7/2026

Date & Time of starting transfusion : 24/6/26 at 8:40 pm Planned duration of transfusion : 2 1/2 hours.....

**PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES**

Time	HR	Temperature	Blood pressure	SpO <sub>2</sub>	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
8:40 pm	78b/m	98.4F	106/84	100%	NO	NO	NO	NO
9pm	76b/m	97.6°F	100/76	100%	NO	NO	NO	NO
9:15 pm	75b/m	98.°F	99/68	100%	NO	NO	NO	NO
9:30 pm	73b/m	96.2°F	110/76	100%	NO	NO	NO	NO
9:45 pm	80b/m	97.4F	113/70	100%	NO	NO	NO	NO
10:00 pm	74b/m	96.4F	108/72	100%	NO	NO	NO	NO
10:30 pm	68b/m	97.6°F	114/78	100%	NO	NO	NO	NO
11pm	80b/m	98.4F	122/80	100%	NO	NO	NO	NO
11:15 pm	69b/m	97.8°F	118/76	100%		NO	NO	NO

Comments : Blood Transfusion done without any complications Completed on 24/6/26 @ 11:15 pm)

Nurse Name : Jhemi..... Nurse Signature : [Signature]

**BLOOD BAG 450 ml**

...g containing 63ml of Anticoagulant Citrate Phosphate Dextrose (CPD) Solution  
...secondary bag containing 100ml Red Blood Cells Preservative Solution-II (SAG-M II)



**Packed Red Blood Cells I.P**

Donor ID : 2314  
Volume : 250ml  
Collected on : 16/06/26  
Expires on : 27/07/26  
Issued on : 24/06/26



Rh(D) Positive

Compatible For :

**Mrs. GANTA RENUKA**

Age : 48 Years  
Sex : Female

RID : CSVB26-R02811  
Patient B.G : O Rh(D) Pos  
Method : Gel card

Hospital : Rainbow Children'S Hospital  
X-Match : 24/06/26 by Harish B

Issued by Chhatrapati Shivaji Vol. Blood Centre (Lic. No - 06/VSP/AP/2022/BC/G)

2026-11 2026-11 2026-11

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

24/6/26.

DEPARTMENT

GYN

NAME:

Mrs. Renuka

UHID / I.P.NO.:

—

WARD / BED NO.:

Nilu.

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

~~D&C~~

laparoscopic  
myomectomy.

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

24 / 6 / 2026

RECEIPT NO:

CLEARANCE GIVEN BY:  
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



*[Handwritten signature]*

## SURGERY DETAILS

Sl.No.

Date: 24/06/2026

Patient Name : Mrs. G. Renuka Age: 48 Yrs Sex: Female

UHID No. : HCV - 00041012 IP No: 00023367

Date of Surgery: 24/06/2026 OT:  OT 1  OT 2  OT 3

Name of the Surgery : Laparoscopic Myomectomy V.G.A

Time in: 3:00 pm

Time Out: 7:00 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Sruvanti	:
2. Anaesthetist	Dr. Praveen	:
3. Asst. Surgeon		:
4. OT Technician	Srinivas	:
5. Circulating Nurse	Usha	:
6. Asst. Nurse	Divya	:

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 690894 Ordered by: .....



Lap. Myomectomy

Ref. No F/CONB/SUR/OT/02

# CONSUMABLES OF OT-2 212

Patent Name: G. Renuka Age: 48y  
Gender: M UHIS/IP NO: 23367  
Date: 24/06/2026 Time: 3:00pm

Circulating Staff: Usha Technician: Shivarekh

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7.0 Cuffed</u>		<u>01</u>	Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads: <u>A/P/N</u>		<u>03</u>				Suction Catheter		
HME filter: <u>A/P/N</u>						Feeding Tube		
Syringe 10 cc		<u>03</u>				Vaccum Suction Set		
05 cc		<u>03</u>	Gloves			Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 ml/2 ml		
Cautery Plate: <u>A/P/N</u>			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<u>02</u>	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		<u>02</u>	Koochies					
<u>D/water</u>		<u>05</u>	Ointments					
<u>Hydrocortisone</u>		<u>01</u>	Suction Catheter					
Fentanyl			Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol		<u>02</u>	Steristrip					
<u>Recuronium / Vecuronium</u>		<u>02</u>	Underpad					
Glycopyrolate		<u>01</u>	Draw Sheet					
Myopyrolate		<u>02</u>	Abgel					
Ondansetron		<u>01</u>	Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>Pcm</u>		<u>01</u>	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					
<u>Transaxamie</u>		<u>02</u>	Microshield					
<u>lallyx</u>		<u>01</u>	Cotton Balls					
<u>Or mark (A)</u>		<u>01</u>	Latex Gloves					
<u>Butadol</u>		<u>01</u>	Ramdione Scrub					
<u>Ex 100cm</u>		<u>01</u>	Saral					

Nil  
25/6/26

Dr. Sravanthi  
Surgeon

Dr. Praveen  
Anaesthesiologist

Nurse

OT Technician

Order No: 690907/924 Ordered by: .....

# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospitals - Visakhapatnam

07-A



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	IP22-00023367	Ward	3F-THIRD FLOOR
Patient Name	Mrs GANTA RENUKA	Bed Name	PRI 302
Age/Sex	48 Y 11 M 4 D / Female	Order No	22-0000690907
Date	24/06/2026 21:40	Prescription No	PRIP22-0292011
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	Dispensed Date	24/06/2026 21:51
UHID	HCV-00041012		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3B10003	10/27	2 ✓	73.23	146.46
2	BUTODOL 2MG INJECTION			KP095042	09/27	1 ✓	91.10	91.10
3	CORTIREACH 100 MG INJ	SWISS CRITICURE	H	BD25104	09/27	1 ✓	47.85	47.85
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	3 ✓	28.13	84.39
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	3 ✓	21.56	64.68
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2243471	09/27	5 ✓	2.71	13.55
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3 ✓	61.00	183.00
8	ET TUBE - 7.0 MM WITH CUFFED REBELLE		GENERAL	ET25H28	07/30	1 ✓	380.00	380.00
9	FRUSECURE INJ 2 ML	PHARMA CURE LABORATRIES	H	FM143	10/27	1 ✓	6.37	6.37
10	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	2 ✓	69.10	138.20
11	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350488	11/27	2 ✓	140.20	280.40
12	NEOVAC INJ 4MG 2ML	Neon Laboratories Ltd	H	385438	01/28	4 ✓	79.34	317.36
13	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	2 ✓	93.94	187.88
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1 ✓	12.72	12.72
15	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26A040057	12/30	1 ✓	460.00	460.00
16	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C26O597	02/28	1 ✓	737.05	737.05
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	2 ✓	69.39	138.78
18	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP25003	06/27	1 ✓	15.50	15.50
<b>Total :</b>							<b>2,389.19</b>	<b>3,305.29</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Lap myomectomy

CONSUMABLES  
OF OT

Patent Name : Mrs. G. Renuka Age: 48 Yrs

Gender M ✓ UHIS/IP NO. HCV-4.10.12/23367

Date : 24/6/2026 Time : 5pm

Circulating Staff: Usha Technician: Srinivasa

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 2347		02	Cord clamp		
ECG leads : A/P/N			V-Box		02	Suction Catheter		
HME filter : A/P/N			2762		01	Feeding Tube		
Syringe 10 cc		03				Vaccum Suction Set		
05 cc			Gloves 7 P.P		01	Surgical Gloves		
02 cc			G.P.P		01	Gauze Pack		
01 cc			7 gloves		03	Syringe 1 m/ 2 ml		
Cautery Plate (A/P/N)		01	Surgical blade 11, 22		01/11	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL ✓			Cautery Pencil		01			
NS: 10ml/100ml/500ml/1000ml		01	Koochies					
			Ointments					
			Suction Catheter '14'		01	6 1/2 P.P. gloves		01
Fentanyl			Cap. Mask 10 + 10		20	6 1/2 gloves		99
Morphine			Gauze Pack			Protex gloves		08
Ketamine			Mop Pack		01	TURP set		01
Propofol			Steristrip			Ij V-Prer		01
Rocuronium			Underpad		01	100ml NS		02
Glycopyrolate			Draw Sheet			D/Apstone		01
Myopyrolate			Abgel			NEUAC set 8FG		01
Ondansetron			Foleys Catheter 16		01	Suction cath '14'		01
Pencan 23g/Spinal Needle 22			Urobag		01	Bandaid spots		08
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		01			
Justin: 12.5 mg/25mg/100mg		02	Plastic Bed Sheet		01			
Tab. Misoprost : 200mg			Betadine Solution		02			
			Microshield					
			Cotton Balls					
			Latex Gloves		16			
			Ramdione Scrub					
			Saral					

Dr. Sravanthi  
Surgeon

Dr. Parveen  
Anaesthesiologist

Divya  
Nurse

OT Technician

Order No: 690905/906

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

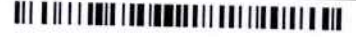
VAT TIN : 37253643118

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



<b>IP No</b>	IP22-00023367	<b>Ward</b>	3F-THIRD FLOOR
<b>Patient Name</b>	Mrs GANTA RENUKA	<b>Bed Name</b>	PRI 302
<b>Age/Sex</b>	48 Y 11 M 4 D / Female	<b>Order No</b>	22-0000690905
<b>Date</b>	24/06/2026 21:22	<b>Prescription No</b>	PRIP22-0292010
<b>Payor</b>	HDFC ERGO GENERAL INSURANCE CO LTD	<b>Dispensed Date</b>	24/06/2026 21:24
<b>UHID</b>	HCV-00041012		

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		01052026	01/29	1✓	135.00	135.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	3✓	28.13	84.39
5	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10✓	10.00	100.00
6	FOLEYS CATHETER 16- UROCATH		GENERAL	G26B120058	01/31	1✓	259.50	259.50
7	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K25K010004	10/30	1✓	487.00	487.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2✓	18.74	37.48
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1✓	949.00	949.00
10	NEOVAC VAC SET-8		General	2514682H	07/30	1✓	745.00	745.00
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16✓	23.43	374.88
12	NS 1000ML STERIPORT AMANTA		H	60650395	11/28	1✓	98.65	98.65
13	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif		1B260853	01/29	2✓	44.93	89.86
14	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	2✓	100.31	200.62
15	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	3✓	450.00	1,350.00
16	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	3✓	91.00	273.00
17	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1✓	91.00	91.00
18	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	3✓	91.00	273.00
19	SUCTION CATHETER 14 ROMSONS	ROMSONS	GENERAL	G24G011042	06/29	1✓	89.00	89.00
20	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526022026	02/29	10✓	11.25	112.50
21	SURGICAL BLADE 11	Surgeon	GENERAL	28O525	04/30	1✓	7.03	7.03
22	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1✓	7.67	7.67
23	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	1✓	140.00	140.00
24	SURGICARE NEURO STERILE GLOVE-7.0 PF	3M HEALTHCARE	GENERAL	25J7104D10	09/28	1✓	140.00	140.00
25	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	1✓	170.00	170.00
26	UROBAG (ADULT) - URODYNE		GENERAL	K25J050041	09/30	1✓	395.00	395.00
27	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1✓	739.00	739.00
28	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1✓	519.00	519.00
29	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2✓	951.00	1,902.00
30	V-Loc 2-0 30CMS-LBDU0315	COVIDIEN		240125SA	06/29	1 OAL	2,417.00	2,417.00
31	V-Loc 2-0 30CMS-LBDU0315	COVIDIEN		250186SA	07/30	1 OAL	2,417.00	2,417.00
32	VPRESS INJ 20 IU 1 ML	Neon Laboratories Ltd	H	1201084	03/27	1✓	494.20	494.20

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

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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**

<b>IP No</b>	IP22-00023367	<b>Ward</b>	3F-THIRD FLOOR
<b>Patient Name</b>	Mrs GANTA RENUKA	<b>Bed Name</b>	PRI 302
<b>Age/Sex</b>	48 Y 11 M 4 D / Female	<b>Order No</b>	22-0000690905
<b>Date</b>	24/06/2026 21:22	<b>Prescription No</b>	PRIP22-0292010
<b>Payor</b>	HDFC ERGO GENERAL INSURANCE CO LTD	<b>Dispensed Date</b>	24/06/2026 21:24
<b>UHID</b>	HCV-00041012		

<b>Total :</b>	<b>13,557.84</b>	<b>16,535.78</b>
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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

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VAT TIN : 37253643118

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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**

<b>IP No</b>	IP22-00023367	<b>Ward</b>	3F-THIRD FLOOR
<b>Patient Name</b>	Mrs GANTA RENUKA	<b>Bed Name</b>	PRI 302
<b>Age/Sex</b>	48 Y 11 M 4 D / Female	<b>Order No</b>	22-0000690906
<b>Date</b>	24/06/2026 21:22	<b>Prescription No</b>	PRIP22-0292009
<b>Payor</b>	HDFC ERGO GENERAL INSURANCE CO LTD	<b>Dispensed Date</b>	24/06/2026 21:23
<b>UHID</b>	HCV-00041012		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Bandaidd Spot			279C9227	12/28	3 ✓	2.00	6.00
<b>Total :</b>							<b>2.00</b>	<b>6.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

**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	IP22-00023367	Ward	3F-THIRD FLOOR
Patient Name	Mrs GANTA RENUKA	Bed Name	PRI 302
Age/Sex	48 Y 11 M 5 D / Female	Order No	22-0000690924
Date	24/06/2026 23:46	Prescription No	PRIP22-0292018
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	Dispensed Date	25/06/2026 00:10
UHID	HCV-00041012		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	VEIN-O-LINE 100CM ROMSONS	ROMSONS		G26B010729	01/31	1	442.00	442.00
<b>Total :</b>							<b>442.00</b>	<b>442.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA