

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023308

Admit Date : 18-Jun-2026

Admit Time : 10:14 AM UHID : HCV-00040413

Patient Details :

Patient Name : Mrs M B A PRIYANKA

Guardian : P RAJA SEKHAR

Genr : Female

Occupation :

Address (H) : Yendada Visakhapatnam Andhra Pradesh  
INDIA 530045

Age : 34 Y 3 M 21 D

DOB : 28-02-1992

Religion :

Martial Status :

Phone No : 9703960490/ 9100225075

E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : DELUXE ROOM

Bed No : DLX 203

Ward Name : 2F-SECOND FLOOR

Room No : DLX 203

Admission Type : First Visit

Contact Details :

Name : P RAJA SEKHAR

Relationship : W/O

Contact Address : Yendada Visakhapatnam Andhra Pradesh  
INDIA 530045

Phone No :

  
Signature

Doctor Details :

Doctor Name : Dr. VENKATA VASUDHA NIDDARA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Family

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

**ACTIVITY RECORD FOR BILLING**

Name:----- HCV-00040413 IP22-00023308 -----  
 UHID No :----- Mrs M B A PRIYANKA -----  
 Date of Admission :----- 29-02-1992 34 Y 3 M 21 D (F) -----  
 Room / Bed No :----- Dr. VENKATA VASUDHA NIDDARA -----  
 Ward :----- Suggested Billable bed type:-----



Consultant :----- Dept:-----  
 Date of Discharge:----- Time:-----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
18/6/26	11 Am	MICU	203	<i>[Signature]</i>
19/6/26	8:30pm	203	MICU	<i>[Signature]</i>
20/6/26	8:10AM	MICU	OT-II	<i>[Signature]</i>
20/6/26	9:50AM	OT-II	MICU	<i>[Signature]</i>
20/6/26	10:30am	MICU	203	<i>[Signature]</i>

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	18/6/26	89538	<i>[Signature]</i>
2.	Prathvisha samuel	20/6/26	89969	<i>[Signature]</i>
3.	Prathvisha samuel	22/6/26		<i>[Signature]</i>
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*[Handwritten note:]* All cross consult done by Naga 01822





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
18/6/26	IV placement	①	689507	Pallavi
20/6/26	IV placement ✓	}		
	PAC Done ✓			
	Catheterisation ✓			
	LSCS & Blc Tubectomy ✓		9906	Rudra
	Done by Dr. Vapudba		9907	
	under SA			
	Time in - 8:30 am			Cross check done by Hass
	Time out - 9:30 am			

**ANY OTHER INFORMATION**

-----  
 -----  
 -----  
 -----  
 -----  
 -----

Date: 22/6/26

Time: 6 AM

Prepared By: MR

<p>Staff Nurse</p> <p><i>Hass</i></p>	<p>Shift / Ward</p> <p><i>M. Chavak</i></p> <p><i>10:55 AM</i></p> <p><i>22/6/26</i></p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
---------------------------------------	--	--------------------------	---------------------------

Msy

Mrs M B A PRIYANKA  
28-02-1992 34 Y 3 M 21 D (F)  
Dr. VENKATA VASUDHA NIDDARA



# I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *came for Induction labour.*

LMP: *18/9/2025*

EDD: *25/6/26*

Corrected EDD:

GA: *39 weeks*

Obstetric Formula: *G6 P1 L1 A4*

Menstrual History: Regular:  Yes  No

*3/28 cycle*  
ML: *8yr NCM*

Obstetric History: *G1 -> 2018 - blighted ovum at 6w - medically managed.*

Obstetric Examination  
Fundal Height: *term*

*G2 -> 2020 - Jan -> FT/INVD/Fchl 3.2kg / 6yrs at present*

*G3 -> 2023 - May -> missed abortion at 8w - medically managed.*

*G4 -> 2024 - missed abortion at 7w - medically managed.*

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record

Liquor:  Adequate  Oligo  Poly

*G5 -> 2025 - May - missed abortion at 8w - medically managed.*

PP:  Cephalic  Breech  Others

*G6 -> Spontaneous conception.*

*Emmvised. H/o 2y. Ferris 1gm IV @ 32 weeks.*

Head Fifths Palpable *5/5*

*Regular antenatal checkups.*

FHS:  Normal  Tachy  Brady  Absent

**RISK FACTORS:**

*Kleio beta-thalassaemia trait  
: 6yrs.*

**Per Speculum Examination** (-)

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

**Vaginal Examination**

Cervix: *patulous, soft.*  Long  Partially effaced  Effaced

Os: *Closed - patulous* Dilated

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton: *high up*  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

Height: *159* cms.

Weight: *82.2* kgs.

Allergies: (-)

Breast:  Normal  Abnormal

General Examination:

Consciousness: (-)

Pallor: (-)

Icterus: (-)

Edema: (-)

Temp: *Afebrile*

PR: *90/min*

BP: *110/70 mmHg*

DTR: (+)

CVS: *S1, S2 (+)*

RS: *(+) vesicular breath sounds*

Liver / Spleen: *NAD*

Urine Output: *Norm*

**DIAGNOSIS**

*G6 P1 L1 A4 | 39 weeks POG | B-thalassaemia trait | Moderate anaemia |  
Pt screen <37 w | for induction labour. / Big Baby.*



HCV-00040413 IP22-00023308  
 Mrs M B A PRIYANKA  
 28-02-1992 34 Y 3 M 21 D (F)  
 Dr. VENKATA VASUDHA NIDDARA



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

**Date of Admission:** *Arrival 18/6/26 at: 9:50 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:** *B-thalassaemia trait*  Doctor Notified on Admission:  Yes  No  
*Moderate Anaemia* Name of the Doctor: *Dr. Ashok Kumar*  
 Time Notified: *at: 9:58 AM*

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<i>NO.</i>	<i>NO.</i>	<i>NO.</i>

**Gynecology Assessment:**  Not Applicable **Gynecology Surgical History:**

Menstrual History: *13 Yrs* Caesarean Section:  No  Yes

Onset of Menarche: *3-days* Cervical Cerclage:  No  Yes

Menstrual Cycle:  Regular  Irregular Ectopic Pregnancy:  No  Yes

Last Menstrual Period: *18/9/25* Myomectomy:  No  Yes

**Gynecological History:**

Contraceptives:  No  Yes

Vaginal Discharge:  No  Yes

Post-Coital Bleeding:  No  Yes

**Infertility:**  No  Yes

If Yes Type:  Primary  Secondary

**Obstetric History:** G *6* P *1* L *1* A *4*

**Previous LSCS:** *NO*

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

**Family History:**  No Abnormalities Detected

Heart Disease  Hypertension  Diabetes *Father*  Stroke  Seizures  Kidney disease

Liver disease  Other .....

**Vital Signs / Measurements:** Temp: *98F* HR: *99b/m* RR: *20b/m*  
 BP: *106/71 mmHg* Weight: *82.3 kgs* Height: *159 cm* 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 ..... (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 ..... Hubband .....

**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. Priyanka .....

Orientation not given Reason: .....


Nurse Signature: ..... Usha .....

Nurse Name: ..... Usha .....

Date & Time: ..... 18/6/26 at: 9.55 AM .....

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

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

Patient HCV-00040413 IP22-00023308  
Mrs M B A PRIYANKA  
28-02-1992 34 Y 3 M 21 D (F)  
Age : . Dr. VENKATA VASUDHA NIDDARA  
I.P. No 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
18/6/26	12:30 PM	Cls by Dr. Vasudha
		Gc - fair
		Vitals stable
		PIA - ut relaxed, FH good
		Reserve 10 packed cells - FH / ut - action / mat. vitals monitoring
		N.B Sandhya OPD 222 18/6/26 12:30M.
18/6/26	3:00 PM	Cls by Dr. Nikita (Reg) Dr. Nikita (Pg)
		Gc P/L/A u/l 39w POG / $\beta$ -thalassaemia trait / Moderate anaemia / PE < 37 + ut / 20L
		Gc: fair
		Af: bulg
		BP: 110/80 mmHg
		PR: 84/min
		RR: 16/min
		H/C: No abnormality detected
		PLA: active ~ term
		Cephalic
		FHS (+)
		uterus active (2 cluasec/10min)
		1) IUF $\rightarrow$ IORL @ 100ml/hr.
		2) Repeat CTG after IUF
		3) w/ uterine action
		4) w/ labour progression
		5) Monitor vitals
		6) Suform 1.0J
		7) FHR monitor 2nd hourly

~~CTG - no accelerations and decelerations~~

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/21  
6:00pm

CLS (B Dr. Nikita (Reg))

G6P/L1A4 | 39w POG |  $\beta$ -thalassaemia trait | moderate anaemia/

PEL 37/SOL

GC: fair, vitals - stable

PIA: uterus norm

cephalic

FHS ⊕

uterus nacting (3640cc (low))

PLW:- Cx: Minimally effaced

Os: 1 finger dilated

PP: Vertex @ -3 station.

Relax:- adequate and gynaecoid.

CTG-reactive

2nd dose deferred plus adequate contractions

Mo

- 1) DF-MC / Rest in LLP
- 2) CTG with hourly monitoring
- 3) FHR hourly monitoring.
- 4) w/H uterine action.
- 5) w/H labour progression.
- 6) Monitor vitals.
- 7) 2up from 5:00

↓  
@ visit

M-B Patient

18/6/20 @ 6pm

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

Ref No.: F / HW / PGN / INPR / 15  
HCY-00040413 IP22-00023308

P: Mrs M B A PRIYANKA  
28-02-1992 34 Y 3 M 21 D (F)  
A: Dr. VENKATA VASUDHA NIDDARA  
I: [Barcode]

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
18/6/20	8:30pm	C/SIB Dr. Nikhat (Reg) Dr. Nikhat (Pu)
		Gc: fair   BP: 110/70 mmHg   RR: 14/min   HR: 137   EOL
		PLA: uterus normal Cephalic FHS (+) uterus non-relaxing (10/35sec/10min)
		1) DFMc / Rest for LLP 2) CTG with hourly monitoring 3) FHR hourly monitoring 4) w/ uterine action. 5) w/ labour progression. 6) Monitor vitals 7) Inform S.O.S
18/6/20	9:30pm	Case Informed to Dr. Venkatesh (Vc)
		Gc: fair, vitals stable PLA: uterus normal Cephalic FHS (+) uterus not tightening
		1) T. MISOPROSTOL 25mg po. 2) CTG with hourly monitoring 3) FHR hourly monitoring 4) Monitor vitals, Inform S.O.S
		Next CTG @ 11:00pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Male @ 8:30pm

Noted by male @ 9:30 pm

19/6/20

2:00am

cls (B Dr. Michael C Reg)

Gc P/L/Au | 39w +1day POG | B-thalassaemia trait | moderate anaemia | PE L37 +w/ BOL

Gc: fair

Afbv6

BP: 110/60 mmHg

PR: 86/min

RR: 14/min

HLL: no abnormality detected

PLA: uterine norm

cephalic

RHS ⊕

uterus ~ mild tightening

adw

- 1) Rest in LLP/DFMC
- 2) CTG 4th hly monitoring.
- 3) FHR hourly monitoring
- 4) w/ uterine action.
- 5) w/ labour progression.
- 6) Monitor vitals
- 7) Dexam 5-0-5

CTG - reactive

3rd dose T. MUCOPROLOL 25mg given PL @ 6:00am

↓

Next CTG @ 5:30am

4th dose dex @ 6:00am

↓  
v. nice

Noted by Neal Dr Exam



19/06/2026. SIB Dr. Kompushree (Res) / Dr. Soumya (Pa)

SAM Dr. Mithun / SIB Dr. Nisha (Pa)

GPA L1A4 / 39 weeks + 1 day / POA /  $\beta$ -thalassaemia trait )  
moderate anaemia / PE < 37w screen +ve ) JDL

JDL - T. misoprostol 25ug - 3 doses given  
last dose @ 2AM.

obs

bc fine  
Afebrile  
BP -  $\frac{110}{70}$  mmHg  
PR - sub pm  
RR - inc pm  
H/L - No abnormality detected

PA - uterus term size  
cephalic  
FHS  $\oplus$  inc bpm  
uterus mid acting  
Relaxed

- 1) Regular diet & plenty of oral fluid
- 2) CTG with any trace
- 3) HR hourly monitoring
- 4) w/ of uterine action / progression of labour
- 5) w/ of any PV bleed / PV bleeding
- 6) monitor vitals
- 7) inform S.O.B

10 PRBC given at Chhatrapati Blood Bank

connect CTG after breakfast  $\rightarrow$  CTG Reactive

4th dose of T. misoprostol 25ug given per orally @ 9AM  
Next dose done @ 1pm  
Next CTG @ 12:30 pm  
Nisha

Nisha



Noted by Pallavi on 19/6/26 @ 8AM.

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

HCV-00040413 IP22-00023308  
Mrs M B A PRIYANKA  
28-02-1992 34 Y 3 M 22 D (F)  
Pati Dr. VENKATA VASUDHA NIDDARA  
Age   
I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
9-30 AM		Cls by Dr. Vasudha
		- Continue same
		<del>Noted by patient on 19/6/20</del>
		<del>@ 9:30 AM</del>
19/06/2020	1 PM	Cls / By Dr. Rainal Jc / Dr. Kupashitoc (Reg) Dr. Soumya (PS)
		G6 P. L Au / 39 lbs 1 day prog / & Thal Trait / moderate anemia / pt seen < 37 lbs. @we / f Indultia at 4 dose Pg E1
		PATM ⊕.
		R <sub>0</sub>
		GC: no pain 1.) Reg diet & plenty of reflexes
		Afebrile
		Bp- 110/70 mm Hg 2) Continue 5th dose @ 1pm
		PR- 84 bt/mic 6th dose @ 5pm
		RR- 16/mic
		HIL- NAD 3) NPO after 3pm
		PIA ut term
		Cephalic 4) Wk ut action, prog
		Dur ⊕ f lab
		ut stable. Pto

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

5) PRR monitoring every 30mi.

6) CTG monitoring 4th wk

7) Inform SD

5th dose 15 mins 25ms

given pla @ 1pm

↓

last dose @ 5pm

CTG @ 4:30pm

  
Dr. Ashalath

Noted by Pallavi 19/6/26 @ 1pm.

C/S/B by Dr Ashalath (Res)  
Dr Soumya (Ps)

19/6/26  
8pm

G.O.P. 4 A1 39wk 1 day (2nd half trait) most anemic  
PE seen positive 10L a 5doc P54

PRR ⊕

EC: no pain

Afebrile

Bp 110/20mmHg

RR 24

HR 161/m

U/L normal

Pla - PRR ⊕

next CTG @ 4:30pm

  
Dr. Ashalath

R

1) PRR ⊕ every 30m

2) CTG ⊕ 4th wk

3) W/O : 3pc

4) Continue same rx

Noted by Nisha

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

Ref No. E / LW / DCM / IMDD / 15

HCV-00040900 IP22-00023314

Baby B/O REDDI NAVYA SRI

Patient 19-06-2026 0 Y 0 M 0 D 1 H (F)

Dr. TIRUMALABETTY PARAMESH

Age :



I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>19/6/26</del>	<del>6pm</del>	C/S/B - Dr. Ashalatha (Reg) Dr. Nirashini (Pl)
		CGPILIA4   39wk, DPO4   pthal trait   Moderate Anemia   PE screen positive   IOL
		∴ Total 5 doses of T. Misogyn (last dose @ 1pm)
		AC - NO palpae
		Afebrile
		BP - 110/70mmHg
		PR - 78/min
		RR - 14/min
		HPL - NAD
		P/A - uterus @ Term
		Cephalic
		FHR ⊕ 142bpm
		utv acting (3"/40"/10min)
		P/v - cm - 40-50% effaced
		os - 1-2 cm dilated
		PP - Vm@ - 3 station
		pelvis - adeq & gynecoid
		LTu @ 8pm

- Rx :
- ①. DFMC / LLP
  - ②. CTG 4<sup>h</sup> hourly
  - ③. FHR 30mins once monitoring
  - ④. w/f uterine action & labour progression
  - ⑤. w/f any bleeding (or) leaking flv
  - ⑥. vitals monitoring
  - ⑦. Infection ss

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Dr. Nirashini  
www.rainbowhospitals.in

19/6/25

- shift to MICU @ 8:15pm
- CTA @ 8:30pm in MICU
- f/ly Inj. oxytocin 2.5units @ 6d/min
- 

Dr. Nisha

N. B. Nisha

C/S/B - Dr. Nikita (Reg)  
Dr. Nishuini (PG)

19/6/26  
10:30pm

G6P/L1A4 @ 39wks 1 Day POG @  $\beta$  thal trait @  
Moderate Anemia @ PE screen +ve for IOL.

ac - No pallor

Afebrile

BP - 110/70 mm Hg

PR - 78/min

RR - 14/min

HCL - NAD

P/A - uterus @ Term

cephalic

FHR + 150bpm

utv acting (4c<sup>+</sup>/45<sup>+</sup>/10mins) after starting oxytocin

P/v - Cm - 30-40%, effaced.

OS - 1-2cm dilated

PP - Vm @ -3 station

pelvis - adequate & gynecoid

Adv:

①. DFMC / LLP

②. CTA 4<sup>th</sup> hly

③. FHR continuously monitoring

④. Inj. oxytocin 2.5units

@ 6d/min ∴ 9:30pm

⑤. w/f uterine action & labour progress

⑥. vitals monitoring

⑦. Inpam ses

CPU  
I  
Nisha

Dr. Nisha

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

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
19/6/26	7 Am	c/s/B - Dr. Nikita (Reg) Dr. Niroshini (PA)
		G6P1L1A4   39 wks 2 days POG   β Mal trait ± Moderate anemia ± PE screen +ve for IDL.
		AC - No palpae Afebrile BP - 120/70 mmHg PR - 78/min RR - 14/min P/A - ut @ Tern Cephalic FHR ⊕ 152 bpm ut acting (3 <sup>rd</sup> /30/10 min)
		P/V - Cn - 30-40% effaced os - 2cm dilated PP - vn @ - 3 station pelvis - adequate & gynecoid.
		→ Total 5 doses of T. Miso 20mg given [last dose @ 1pm]
		- Inj. Oxytocin 2.5 units started @ 4.6d mi since 9:30 pm - 6 pm.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

→ Due to non progression of labour & failed induction, patient has been posted for Elective LSCS & B/L Tubectomy.

Rx:

- ①. PAC
- ②. preop orders
- ③. consent for LSCS
- ④. vitals monitoring
- ⑤. FHR
- ⑥. shift to OT on call.

@ 8:15 Am.

Dr. Nireshini

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

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

HCV-00040413 IP22-00023308

P: Mrs M B A PRIYANKA  
28-02-1992 34 Y 3 M 23 D (F) .....  
A: Dr. VENKATA VASUDHA NIDDARA .....  
I.I .....  
[Barcode]

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/21	9:30am	<p>elctb</p> <p>Immediate post-op Note</p> <p>P<sub>2</sub>L<sub>3</sub>A<sub>4</sub>L POD-0 / <math>\beta</math>-thalassaemia trait / moderate anaemia</p> <p>Elective LSCS + BIL tubectomy (vulva sealed induction is single loop fund)</p> <p>R</p> <p>Gc: Fair</p> <p>Afx: stable</p> <p>BP: 120/80 mmHg</p> <p>PR: 86/min</p> <p>RR: 14/min</p> <p>H/L: no abnormality detected</p> <p>PLA: uterus retracted well</p> <p>BLE: No active bleeding</p> <p>BIL Breast soft</p> <p>Baby well on mother side</p> <p>Urine output: 100 ml, clear</p>
		<p>1) NBM x 6 hours</p> <p>start oral sips @ 3:30 pm</p> <p>Allow soft diet @ 5:30 pm</p> <p>a) I.V.F. ← 20RL } @ 100ml/hr 20NS 100NS</p> <p>2) Sy: MONOCEF 1gm IV 12<sup>th</sup> hly</p> <p>4) Sy: PANTOP 40mg IV 24<sup>th</sup> hly.</p> <p>5) Sy: TRAPIC 1gm IV in 100ml NS 8<sup>th</sup> hly till tomorrow</p> <p>c) Sy: DYNAPAR 75mg in 100ml NS IV 8<sup>th</sup> hly.</p> <p>7) Sy: PARACETAMOL 1gm IV &amp; S.O.S</p> <p>8) Exclusive breast feeding.</p> <p>9) w/t bleeding plv.</p> <p>10) Ilo charting.</p> <p>11) w/t dressing soaker</p> <p>12) Monitor vitals</p> <p>13) Syform S-O-I</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

N. B. Satya  
www.rainbowhospitals.in

20/06/2026

3pm

C/S / By Dr. Ratnavalli (Jr) / Dr. Saunye (Pg)

P2L2A4-POD'0' (ELUCS + BILTB. clv) = faulc Inductia c singl con)  
c moderate anemia

(Buprenorphin patiu in situ)

Rx

GC: no pain

Afebrile

BP -  $\frac{128}{78}$  mmHg

PR - 84 bpm

RR - 16/min

HIL - NAD

PH - wt stable wcn

QF - NAB

BIL BUA soft

Baby: well, mother sid

Ulap: 20 ml clear

1) NPO till 3:30pm - Sips @ 3:30pm

L

~~Sips~~ @ 4:30pm  
liquids.

2) Continue IV fluids and IV Rx  
as per drug chart

3) w/ active bl pl

4) Exclusive breastfeeding

5) Input/Output monitoring

6) Vitals monitoring

7) Infirm sos.

  
Dr. Saunye

N.B. Nlepa

20/06/2026

3pm

C/S / By Dr. Ashalatha (Reg) / Dr. Saunye (Pg)

P2L2A4-POD'0' c moderate anemia (Buprenorphin patiu in situ)

R

GC: no pain

Afebrile

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

PR: 84 bpm

RR: 16/min

HIL: NAD

1) Soft diet and plenty of oral fluid

2) Continue IV Rx and IV fluids  
as per chart

3) w/ active bl pl

4) Exclusive breastfeeding

Pto



21/06/2026  
SAs

C/SIB Dr. Kompanhika (Reg)  
Dr. Nisha (PA)

BA<sub>2</sub>A<sub>4</sub> | POD-1 EL USS + BIC tube thorax failure. No indwelling  
(Empyema patch in situ).

AC fails

Atebrik

BP - 120/80 mmHg

PR - 90 bpm

PR - 110 bpm

HCL - No abnormality detected

PA - uterus retracted well

OE - No abnormality detected

ELC Breast soft

Uterus: mother side

↑ VO - 2080 ml / since surgery  
Clear  
FC removed

~~21/06/26~~  
Feb - 9.7 g/l

PCV - 29.6 vol %

adh

① Regular diet with plenty of oral fluid

② Iy. MONOCER 1g IV 12<sup>th</sup> haly

③ Iy. PANTOP 40mg IV 24<sup>th</sup> haly

④ Iy. DYNAPAR 75mg/100ml NS 10<sup>th</sup> haly

⑤ Iy. PARACETAMOL 1g IV - 5-0-5

stop | ⑥ Iy. NAPIC 1g IV - 100ml NS 8<sup>th</sup> haly

⑦ No chunking

⑧ Exclusive breastfeeding

⑨ w/ any active PV bleeding

⑩ Ambulatory

⑪ monitor vitals

⑫ Inform SAs

Nisha

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

F / HW / PGN / INPR / 15  
HCY-00040413 IP22-00023308  
Mrs M B A PRIYANKA  
28-02-1992 34 Y 3 M 23 D  
Dr. VENKATA VASUDHA NIDDARA (F)  
I.P. No. ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Cls by Dr. Vasudha
<del>10.05 AM</del>		
		lp : - Continue same
		Noted by parent on 2/16/26 @ 10:05 AM
<del>21/6/26</del>		cls by - Dr. Komashika (Reg)
<del>9:30pm</del>		Dr. Nisha (Pg) :
		P2L2A4 / POD-1 EL-LS4 + SIL tubectomy <u>adv</u>
		AC fails
		Atelectasis
		BP: $\frac{116}{74}$ mmHg
		PR - 88 bpm
		RR - 20 bpm
		H/L - NO abnormalities detected
		PA - soft, not retracted well
		OE - No active PV bleeding
		EL Breast soft
		Bulky; well mother side

- ① Regular diet with plenty of oral fluid
- ② continue same IV medications as per drug chart
- ③ Exclusive breast feeding
- ④ w/o any active PV bleeding
- ⑤ Ambulation
- ⑥ monitor vitals
- ⑦ inform SOC

Nisha  
N.B Nipa

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/06/2026

CISIB Dr. Ashalatha (Reg)

8:30 pm

Dr. Nisha (Pn)

P2 L2 A4 | POD-1 EC USG + BIL tubectomy

bc fair  
Afebrile

BP -  $\frac{116}{88}$  mmHg

PR - 88 bpm

RR - 14 cpm

HIL - No abnormality detected

PA - uterus retracted well

oe - No active PV bleeding

BIL breast: left  
Baby well, mother side

adv

- ① Regular diet with plenty of oral fluid.
- ② continue same IV medications now, change to oral from tomorrow
- ③ Exclusive breast feeding.
- ④ w/ PV bleeding
- ⑤ Ambulation
- ⑥ monitor vitals
- ⑦ Inform S.O.S

Nisha

Noted by  
Alamy  
8:30 pm

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

Ref. No. : F / HW / PGM / IP22-00023308

Pat HCV-00040413  
Mrs M B A PRIYANKA  
28-02-1992 34 Y 3 M 24 D (F)  
Age Dr. VENKATA VASUDHA NIDDARA  
I.P. N



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/06/2024	5am.	SIB Dr. <del>Rathnavalli</del> (Red): Dr. Nisha (Ph) / Dr. Soumya (Pa) / Dr. Niroshani (Ph) Dr. Nithita (Ph)
		P2L2 A4 / PDD-II - EC USG + BL tubectomy
		<u>Adv</u>
		ac fair
		-Afebrile
		BP $\frac{114}{60}$ mmHg
		PR - 70bpm
		RR - 14 cpm
		H/L - No abnormality detected
		PA - uterus retracted well
		OE - No active PU bleeding
		ac breast soft
		Baby well mother side
		- urine passed
		- passed stool yesterday.

- ① Regular diet with plenty of oral fluids
- ② T. MONOCEF 200mg PO 12<sup>th</sup> hly
- ③ T. PANTOP 40mg PO 2<sup>nd</sup> hly
- ④ T. ACECLOPLUS 500mg PO 8<sup>th</sup> hly
- ⑤ Exclusive breast feeding
- ⑥ w/o any active PU bleeding
- ⑦ Ambulation
- ⑧ monitor vitals
- ⑨ Inform S/O


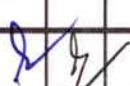
Nisha


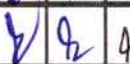
NOTE : DO NOT WRITE OUTSIDE THE MARGINS


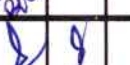



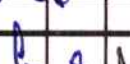
Patie	I.P. No.	Sheet No. <u>2</u>	Wards	Weight (kg)
-------	----------	--------------------	-------	-------------

**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> <u>inj PANTOP</u>				Date	<u>21/6</u>	<u>22/6</u>													
				Time	<u>AM</u>	<u>PM</u>													
Dose	Route	Frequency	Start Dt.																
<u>40mg</u>	<u>iv</u>	<u>24thly</u>	<u>20/6</u>																
Name & Signature of the Doctor starting the Drugs:				<del>  </del>															
Additional Instructions:				<del> <u>stop</u>  <u>22/6/2016</u> </del>															
Daily Doctor's Endorsement by a Sign.				<del>  </del>															

<b>DRUG :</b> <u>inj DYNAPAR</u>				Date	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>												
				Time	<u>AM</u>	<u>PM</u>													
Dose	Route	Frequency	Start Dt.																
<u>75mg</u>	<u>iv</u>	<u>8thly</u>	<u>20/6</u>																
Name & Signature of the Doctor starting the Drugs:				<del>  </del>															
Additional Instructions:				<del> <u>stop</u>  <u>22/6/2016</u> </del>															
Daily Doctor's Endorsement by a Sign.				<del>  </del>															

<b>DRUG :</b> <u>inj TRAPIC</u>				Date	<u>20/6</u>	<u>21/6</u>													
				Time	<u>AM</u>	<u>PM</u>													
Dose	Route	Frequency	Start Dt.																
<u>1gm</u>	<u>iv</u>	<u>8thly</u>	<u>20/6</u>																
Name & Signature of the Doctor starting the Drugs:				<del>  </del>															
Additional Instructions:				<del> <u>stop</u>  <u>22/6/2016</u> </del>															
Daily Doctor's Endorsement by a Sign.				<del>  </del>															

<b>DRUG :</b> <u>inj MONOCEF</u>				Date	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>												
				Time	<u>AM</u>	<u>PM</u>													
Dose	Route	Frequency	Start Dt.																
<u>1gm</u>	<u>iv</u>	<u>12thly</u>	<u>20/6</u>																
Name & Signature of the Doctor starting the Drugs:				<del>  </del>															
Additional Instructions:				<del> <u>stop</u>  <u>22/6/2016</u> </del>															
Daily Doctor's Endorsement by a Sign.				<del>  </del>															

stop  
1



Patient Name :	I.P. No.	Sheet No. <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">2</span>	Wards	Weight (kg)
----------------	----------	---	-------	-------------

**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> T. MONOCEL				Date	22/6															
				Time	8 AM	X														
Dose	Route	Frequency	Start Dt.																	
200mg	PO	12 hr	22/6																	
Name & Signature of the Doctor starting the Drugs :																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b> T. PARVP				Date	23/6															
				Time	6 AM															
Dose	Route	Frequency	Start Dt.																	
100mg	PO	2 hr	22/6																	
Name & Signature of the Doctor starting the Drugs :																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

<b>DRUG :</b> T. ACECLOPLUS				Date	22/6															
				Time	8 AM	X														
Dose	Route	Frequency	Start Dt.																	
500mg	PO	8 hr	22/6																	
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.																				

HCV-00040900 IP22-00023314  
 Baby B/O REDDI NAVYA SRI  
 19-06-2026 0 Y 0 M 0 D 1 H (F)  
 Dr. TIRUMALASETTY PARAMESH

DRUG	Route	Start Date	Dose	Dose	Dose	Dose
			Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
Name & Signature of the Doctor	Route	Start Date	Dose	Dose	Dose	Dose
			Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
Additional Instructions	Route	Start Date	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 :	Route	Start Date	Dose	Dose	Dose	Dose
			Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
Name & Signature of the Doctor	Route	Start Date	Dose	Dose	Dose	Dose
			Dr Sign.	Dr Sign.	Dr Sign.	Dr Sign.
Additional Instructions	Route	Start Date	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
18/6/26	11:00am	5. MISOPROSTOL	25mg	P/O	[Signature]	Usha Matalhi
18/6/26	9:40 pm	5. MISOPROSTOL	25mg	P/O	[Signature]	Neel Sham
19/6/26	2:00AM	5. MISOPROST	25mg	P/O	[Signature]	Neel Sham
19/6/26	9AM	7. MISOPROST	25mg	P/O	[Signature]	Payani Roja
19/6/26	2pm	15. Misoprostol	25mg	P/O	[Signature]	Payani Roja
20/6	1:45 AM	Inj. MONOCEF	1gm	IV	[Signature]	Gayatri Sham
20/6	7:10 AM	Inj. PANDOP	40mg	IV	[Signature]	Gayatri Sham
20/6	7:10 AM	Inj. ONDAN	4mg	IV	[Signature]	Gayatri Sham
20/6	8:47am	Inj OXYTOCIN	10U	IM	[Signature]	Venki Rouby
20/6	8:51AM	Inj TRAPIC	1gm	IV	[Signature]	Venki Rouby



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

**I.V. FLUIDS CHART**

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.
18/6/20	8:00pm	1 ⊙ RL	IV	100ml/hr	↓	Pallavi	18/6/20 @ 8PM	↓	Pallavi
19/6/20	9:30 pm	1 ⊙ RL + 2.5 UDoxylamin	IV	4-6dlh	↓	Girija	5pm	↓	Girija
20/6/20	9:00 Am	1 ⊙ RL	IV	100ml/hr	↓	Ven kur	20/6	↓	Ven kur
20/6/20	8:20 Am	1 ⊙ NS	IV	100ml/hr	↓	Ven kur	20/6	↓	Ven kur
20/6/20	2pm	1 ⊙ RL	IV	100ml/hr	↓	↓	20/6	↓	↓
20/6	10:05 Am	1 ⊙ NS	IV	100ml/hr	↓	hudy	20/6 1PM	↓	hudy
20/6	6pm	1 ⊙ NS	IV	100ml/hr	↓	↓	20/6 2AM	↓	↓
21/6	1AM	1 ⊙ NS	IV	100ml		↓	21/6 6AM	↓	↓
Stopped									



**CAESAREAN SECTION OPERATIVE NOTES**

Name: Mrs. MBA Priyanka Consultant I/C: Dr. NV Vasudha Reg. No. \_\_\_\_\_

Surgeon's Name: <u>Dr. NV Vasudha</u>	Date of delivery: <u>20/06/2026</u>
Assistant surgeon: <u>Dr. Kumpashika</u>	Time of delivery: <u>8:47 AM</u>
Anaesthetist: <u>Dr. praveen</u>	Sex of baby: <u>Mch</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of baby: <u>3.453 kg.</u>
Paediatrician: <u>Dr. Surya prasad.</u>	Apgar Score: <u>8-9/10</u>
Scrip Nurse: <u>Divya sicker</u>	NICU Admission: <u>no.</u>

Elective  Emergency  Indication: G6P, L4A4 c 39w2d pag c B Thru Trait c moderate anemia c pe screen positive c failed induction c single loop of cord around neck  
 Urgency  Immediate threat to life of woman or fetus  
 Maternal or fetal compromise not immediately life threatening  
 No maternal or fetal compromise but needs early delivery  
 Delivery time to suit woman and staff

Decision time: \_\_\_\_\_ Knife to rectus: 5 min.

CTG description reactive

If there was a delay give the reasons: \_\_\_\_\_

**EXAMINATION FINDINGS WHEN APPROPRIATE**

Presentation:  Cephalic  breech  Other \_\_\_\_\_ Cervical dilatation: 3cm. cm  
 5th palpable: 5/5th Fetal position: LOT.  
 Station: -3  -2  -1  0  +1  2 Moulding: None  +  ++  +++   
 Caput: +  ++  +++  Meconium None  +  ++  +++   
 Bladder catheterized Yes  No  Urine: Clear  Blood stained

Skin incision: Pfannenstiel  Transverse  midline  other

Uterine incision: Lower segment  Classical  Inverted T  J incision

Previous scar: Intact  Thinned out  Ruptured  No scar

Incision through placenta: Yes  No

Delivery of head: Manual  Forceps

Liquor: clear  Meconium: I  II  III  Blood  Offensive  Not offensive

Delivery of placenta: Manual  CCT  Complete  Incomplete  Piecemeal

Cord appearance: \_\_\_\_\_ Cord around the neck Yes  No

Appearance of placenta: \_\_\_\_\_ Cavity explored Yes  No

Uterus, tubes and ovaries: Normal  Not normal  Sterilization Yes  No

Complications / Comments: Delayed cord clamping done  
Sterilisation done by Modified Pomeroy's method & chromic catgut 1-0.

Uterine closure: One Layer  Two layers  \_\_\_\_\_ no 1-0 vicryl Suture

Peritoneal closure: Pelvic  Abdominal  None  \_\_\_\_\_ Suture

Sheath closure: \_\_\_\_\_ no 1-0 vicryl Suture

Fat closure: Yes  No  \_\_\_\_\_ 2-0 rapid vicryl Suture

Skin closure: Subcuticular  Matters  \_\_\_\_\_ 2-0 rapid vicryl Suture

Vagina evacuated: Yes  No  Estimated blood loss: \_\_\_\_\_ < 50ml

Drain: Yes  No  Remove in \_\_\_\_\_ days Await instructions

Catheter: Yes  No  Remove in 24h days Await instructions

Swap & instruments count correct? Yes  No  Post-op antibiotics: Yes  No

Intraoperative antibiotics cover: Yes  No  Thromboprophylaxis: Yes  No

Post operative Comments: follow post op order

  
Signature

PREANAESTHETIC EVALUATION

Date: 20/6/20 Time: 6:30 am Name: M. Pr. Priyanka

Proposed Operation: Uterus USUS Age: 34y

Preoperative Diagnosis: G6P1L1D4 E3A W4 E B Thal. free Sex: F

B.P. 100/80 H.R. 80/min R.R. 18/min Temp 98.6 F Height Weight Physical Status 1 2 3 4 5 I.P. No. 23308

LABORATORY DATA

Hgb 8.9 g/dl Glucose \_\_\_\_\_ Protien \_\_\_\_\_ HIV \_\_\_\_\_ X-ray \_\_\_\_\_ Other: \_\_\_\_\_  
 PCV \_\_\_\_\_ Urea \_\_\_\_\_ Alb \_\_\_\_\_ HBS Ag \_\_\_\_\_ ECG \_\_\_\_\_  
 WBC \_\_\_\_\_ Creat \_\_\_\_\_ Total Bill \_\_\_\_\_ HCV \_\_\_\_\_ 2D Echo \_\_\_\_\_  
 Plate 232k/μl Na \_\_\_\_\_ Dir. Bill \_\_\_\_\_ Blood group DRone 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: KUB. Thalassemia found - bys No Rx

Past Anaesthetic History: -

Physical Exam -

Airway MP 1 2 3 Mouth Opening 7.5cm Mentohyoid Distance: Neck: Teeth:

Lungs: R0.6 ⊕

Heart: S1 S2 ⊕

CNS: - Pupils: BRDU EVM 15hr

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

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 PREGNANT YES/NO LMP

CURRENT MEDICATIONS:

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

IMMEDIATE PRE-ANESTHESIA EVALUATION  
 H.R.: 98/min SaO2: 98% O2  
 R.R.: 14/min Last Feed:  
 B.P./C.T.Y.: 100/70

Signature: B-EV. G









# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : MBA Priyanka Age : 34 yr  
 Gender : M  F  - IP No : 23308 Consultant : Dr. Vasudha  
 Ward / Bed No. : ..... Anaesthesiologist : Dr. Praveen  
 Operative procedure planned : LSCS

**PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA**

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of event and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

**Specific High Risk (s) :** The doctor have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease
- Hypertension
- Diabetes mellitus
- Renal failure
- Hepatic disorders
- Shock
- Multiple organ failure
- Polytrauma / RTA
- Incapacitating COPD
- Others : PDPH

Comments : .....

Doctor to document in medical record also if necessary (Cross-out if not applicable)

**DECLARATION BY PATIENT / GUARDIAN / PROXY**

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient MBA Priyanka ..... the above mentioned operation I Diagnostic I Therapeutic procedures LSCS

I authorize and give consent for anaesthesia (  Regional /  General Anaesthesia /  Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complicaions specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant:  Yes  No

### DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

#### Patient Attendant :

Signature : .....

Name : ..... RASA SEKHAR .....

Relationship with Patient : ..... Husband .....

Date & Time : ..... 20/6/26 .....

#### Witness :

Signature : ..... M.V. Lakshmi .....

Name : ..... M.V. Lakshmi .....

Date & Time : ..... 20/6/26 .....

#### Doctor (who is taking the consent) :

Signature : ..... B.K.V. Curlew .....

Name : ..... B.K.V. Curlew .....

Date & Time : ..... 20/6/26 6.00am .....

# Informed Consent for Surgery or Special Procedure

Patient Name : Mrs. Priyanka Age : 34 Gender : F

UHID / IP No: HCV - 40413

**INSTRUCTION**

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms)..... Elective cesarean section due to failed induction & non progression of labour upon.....  
(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

I have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Infection, Injury to nearby structures

**My signature on this form indicates that**

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consentee: Priyanka  
Signature: Priyanka  
Name: priyanka  
Date & Time: 20/6/26

Relative  
Signature: Rajesh  
Name: Rajesh Shekhar  
Relationship with patient: Husband

Witness:  
Signature: lakshmi  
Name: M. V. Lakshmi  
Date & Time: 20/6/26

Signature: Dr. N. V. Vasudha  
Date & Time: .....

Name of Doctor: Dr. Vanudha N. V. Vasudha

CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 18/8/26

DEPARTMENT: OBG

NAME: Priyanka

UHID / I.P.NO.: Hew - 40413  
~~40443~~

WARD / BED NO.: 11011

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

MVD / LSCS.

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

18/8/26

RECEIPT NO:

CLEARANCE GIVEN BY:  
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



S. Vijayalakshmi

# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Mrs. Prityanka</i>	Date & Time of Admission <i>18/06/26 at 10:44 AM</i>	Date & Time of Transfer Order <i>20/06/26 at</i>
Treating Consultant <i>Dr. Vasudha</i>	Transfer ordered by <i>Dr. Nibhitha</i>	Reason for Transfer <i>post op observation</i>
From Bed / Ward / Hospital <i>M200</i>	To Bed / Ward / Hospital <i>203</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>33</i>	Number of Imaging films <i>NUT - 10</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>new mom pad - 01</i>	
2.	<i>Fixator - 1</i>	
3.	<i>RL - 01</i>	
4.	<i>NS - 01</i>	
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Ganija</i>	Name of person ordering transfer <i>Dr. Vasudha</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Pallavi 20/06/26 at 10:30 AM</i>			
Signature with Date & Time			

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

# PATIENT TRANSFER FORM

Patient Name / I.P. No Mrs. mb A Priyanka IP-00023308	Date & Time of Admission 18/6/26 @ 10:14 AM	Date & Time of Transfer Order 19/6/26 @ 8:30 PM	
Treating Consultant Dr. Venkata Vasudeva	Transfer ordered by Dr. Achalatha	Reason for Transfer fetal	
From Bed / Ward / Hospital 203	To Bed / Ward / Hospital NICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 37	Number of Imaging films NST - 7	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Pl 500 ml - ①	IV canula - ①	
2.	under pack - ①		
3.	Hard case stone - ①		
4.	T-miso - ②		
5.	loni jelly - ①		
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Nalga	Name of person ordering transfer Dr. Achalatha	Name & Signature of Nurse Supervisor Causa	Referral note & referral Doctor Name:
Patient & Clinical records received by: Gillig 01750 19/6/26 at 8:40 PM			
Signature with Date & Time			

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

# PATIENT TRANSFER FORM

Patient Name / I.P. No MKS MBA - Priyanka IP NO : 00023308	Date & Time of Admission 18/6/26 at : 10:14 AM	Date & Time of Transfer Order 18/6/26 at : 11 AM	
Treating Consultant Dr. Vasudha	Transfer ordered by Dr. Ashalatha	Reason for Transfer for IOL	
From Bed / Ward / Hospital MICU	To Bed / Ward / Hospital 203	Information to attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 25	Number of Imaging films NST - 1	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.	Underpad	1	
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor: Dr. Ashalatha			
Name and Signature of Person filling this part Ciba	Name of person ordering transfer Dr. Ashalatha	Name & Signature of Nurse Supervisor Mataathi	Referral note & referral Doctor Name:
Patient & Clinical records received by: sandhya 18/6/26 at 11 AM			
Signature with Date & Time			

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**

①

Sl.No.

Date: 20/06/2026

Patient Name: Mrs. MBA priyanka Age: 34y Sex: F

UHID No.: HCV-00040413 IP No.: 23308

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

Name of the Surgery: LSCS + B/L Tubectomy

Time in: 8:30 am

Time Out: 9:30 am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Vasudha	
2. Anaesthetist	Dr. Praveen	
3. Asst. Surgeon		
4. OT Technician	Venkata Lakshmi	
5. Circulating Nurse	Sridevi	
6. Asst. Nurse	Divya	

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon: N.V. Vasudha

Signature of Circulating Nurse: Sridevi

Order No: 9906/9907 Ordered by: Sridevi

CONSUMABLES  
OF OT 287

Ref. No F/CONB/SUR/OT/02  
Patent Name: M BA priyanka Age: 32y  
Gender M F UHIS/IP NO: 40413  
Date: 20/6/26 Time:

Circulating Staff: *Srida*

Technician:

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack 180		01	Inj. Vit.K		01
LMA			Sutures 2347		02	Cord clamp		01
ECG leads : A/P/N			2762		01	Suction Catheter		01
HME filter : A/P/N			4242		01	Feeding Tube		
Syringe 10 cc		01	Gloves 6 1/2		06	Vaccum Suction Set		
05 cc		01	6		01	Surgical Gloves 6 1/2 + 7 1/2		
02 cc			PF 6 1/2		01	Gauze Pack		
01 cc			Surgical blade 22		01	Syringe 1m/2 ml		01
Cautery Plate : A/P/N		01	NG tube		01	Surgical Blade # 20		01
IV set			Cautery Pencil		01	Koochies (S)		01
RL			Koochies		01	Alcohol swabs		02
NS: 10ml/100ml/500ml/1000ml			Ointments					
Fentanyl			Suction Catheter 1					
Morphine			Cap. Mask 10+10		20	Newmom - 01		
Ketamine			Gauze Pack			fixato - 01		
Propofol			Mop Pack (1x5)		01	Duo 10ml - 02		
Rocuronium			Steristrip			DI Aprons - 04		
Glycopyrolate			Underpad		02			
Myopyrolate			Draw Sheet					
Ondansetron			Abgel		01			
Pencan 23g/Spinal Needle 22			Foleys Catheter 16F		01			
Bupivacine 0.25%			Urobag		01			
Bupivacine 0.25%(Heavy)			Chest Drainage Catheter					
Antibiotics			Romodrain bag					
Suppositories			Bandage					
Anamol : 80mg/250mg/170 mg			Tegaderm 8591		01			
Supridol 100mg			loban					
Justin: 12.5 mg/25mg/100mg			Double J Stent					
Tab. Misoprost : 200mg		02	Vaccum Suction set		01			
		03	Plastic Bed Sheet		01			
			Betadine Solution		01			
			Microshield		01			
			Cotton Balls					
			Latex Gloves		14			
			Ramdione Scrub					
			Saral					

*Handwritten note:* 20/6/26

Surgeon: *Dr. K. K. K.*

Anaesthesiologist: *Dr. Prayeen*

Nurse: *Priya*

Order No: 689964/965/970/90047

Ordered by: *Meletti*

OT Technician

# 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>	IP22-00023308	<b>Ward</b>	2F-SECOND FLOOR
<b>Patient Name</b>	Mrs M B A PRIYANKA	<b>Bed Name</b>	DLX 203
<b>Age/Sex</b>	34 Y 3 M 23 D / Female	<b>Order No</b>	22-0000689964
<b>Date</b>	20/06/2026 12:07	<b>Prescription No</b>	PRIP22-0291637
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	20/06/2026 14:54
<b>UHID</b>	HCV-00040413		

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 cadlomed	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	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	1	21.56	21.56
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	2	2.71	5.42
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
8	FOLEYS CATHETER 16- UROCATH		GENERAL	G26B120058	01/31	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	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
12	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
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	14	23.43	328.02
16	POVINANZ SOLUTION 10% 100 ML		H	N0160O11	12/27	1	100.31	100.31
17	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	6	91.00	546.00
19	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
20	SURGEONS CAP	Mediblu	GENERAL	MB2505141	05/28	10	11.25	112.50
21	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
22	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D1O	11/28	1	140.00	140.00
23	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A25O461	06/30	1	238.00	238.00
24	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
25	UROBAG (ADULT) - URODYNE		GENERAL	K25L050110	11/30	1	395.00	395.00
26	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
27	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
28	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**

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>	IP22-00023308	<b>Ward</b>	2F-SECOND FLOOR
<b>Patient Name</b>	Mrs M B A PRIYANKA	<b>Bed Name</b>	DLX 203
<b>Age/Sex</b>	34 Y 3 M 23 D / Female	<b>Order No</b>	22-0000689964
<b>Date</b>	20/06/2026 12:07	<b>Prescription No</b>	PRIP22-0291637
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	20/06/2026 14:54
<b>UHID</b>	HCV-00040413		

<b>Total :</b>	<b>10,658.56</b>	<b>13,197.37</b>
----------------	------------------	------------------

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI

**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	IP22-00023308	Ward	2F-SECOND FLOOR
Patient Name	Mrs M B A PRIYANKA	Bed Name	DLX 203
Age/Sex	34 Y 3 M 23 D / Female	Order No	22-0000689970
Date	20/06/2026 12:21	Prescription No	PRIP22-0291632
Payor	SELPAY	Dispensed Date	20/06/2026 14:45
UHID	HCV-00040413		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R02260909	01/29	1	814.00	814.00
<b>Total :</b>							<b>814.00</b>	<b>814.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI

**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>	IP22-00023325	<b>Ward</b>	2F-SECOND FLOOR
<b>Patient Name</b>	Baby B/O M B A PRIYANKA	<b>Bed Name</b>	CRDL-DLX-203-1
<b>Age/Sex</b>	0 Y 0 M 0 D 6 H / Male	<b>Order No</b>	22-0000689965
<b>Date</b>	20/06/2026 12:09	<b>Prescription No</b>	PRIP22-0291636
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	20/06/2026 14:54
<b>UHID</b>	HCV-00040922		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	250907	08/30	3	4.09	12.27
2	BABY DIAPER SMALL 5S- HAPPY HUG	HAPPY HUG		UVS01DIAP	12/99	1	120.00	120.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	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	1	91.00	91.00
7	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
<b>Total :</b>							<b>466.41</b>	<b>474.59</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI

# CONSUMABLES

OF OT 201

Patent Name: MBA. Priyanka Age: 34y/f  
Gender: M UHS/IP NO: 23308/40413  
Date: 20.06.2026 Time: 8:30am

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						Feeding Tube		
Syringe 10 cc		(01)				Vaccum Suction Set		
05 cc		(02)	Gloves 7.0		(01)	Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
set			NG tube			Koochies (S)		
RL		(01)	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml			Koochies					
D. Water		(02)	Ointments					
15. Oxytocin		(04)	Suction Catheter					
Fentanyl			Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron		(01)	Foleys Catheter					
Pencan 23g/Spinal Needle 22		(01)	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		(01)	Romodrain bag					
Antibiotics			Bandage					
15. Tranexa		(02)	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					

*Mul. 20/6/26*

Surgeon: DR. Vasudha

Anaesthesiologist: DR. Praveen

Nurse

OT Technician

Order No: 689914

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 IP22-00023308  
Patient Name Mrs M B A PRIYANKA  
Age/Sex 34 Y 3 M 23 D / Female  
Date 20/06/2026 09:53  
Payor SELFPAY  
UHID HCV-00040413

Ward 2F-SECOND FLOOR  
Bed Name DLX 203  
Order No 22-0000689914  
Prescription No PRIP22-0291652  
Dispensed Date 20/06/2026 17:53

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	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BUI26002	12/27	1	30.65	30.65
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	2	21.56	43.12
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	2	2.71	5.42
6	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
7	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
8	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
9	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1	69.39	69.39
10	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
11	SPINAL NEEDLE 26G	BECTON DICKINSON (BD)	GENERAL	2507O44	06/30	1	221.72	221.72
<b>Total :</b>							<b>631.01</b>	<b>907.21</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : JAMI KEERTHI

**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	IP22-00023308	Ward	2F-SECOND FLOOR
Patient Name	Mrs M B A PRIYANKA	Bed Name	DLX 203
Age/Sex	34 Y 3 M 23 D / Female	Order No	22-0000690047
Date	20/06/2026 18:34	Prescription No	PRIP22-0291661
Payor	SELPAY	Dispensed Date	20/06/2026 18:58
PHID	HCV-00040413		

No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
	ABGEL SURGI PAD (BIG) (GELSPON)	Sutures India		20250802	07/30	1	248.00	248.00
<b>Total :</b>							<b>248.00</b>	<b>248.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name:

Authorized Signature

Pharmacist Name : JAMI KEERTHI