

**Rainbow Children's Hospitals - Visakhapatnam**Plot No.15, Health City layout, Sy. No. 21 & 27, Part of Chinagadili, GVMC Limits. Govt General Hospital Kda  
Vishakhapatnam, Andhra Pradesh, INDIA, 530040.

TEL NO : 891-3501601

WEB : <https://rainbowhospitals.in>**ADMISSION SHEET****Registration Details :**

Admission No : IP22-00023371

Admit Date : 24-Jun-2026

Admit Time : 12:09 PM UHID : BAH-00616980

**Patient Details :**

Patient Name : Mrs K. EUREKHA RANI

Age : 30 Y 4 M 9 D

Guardian : Mr MR. CHAITANYA KRISHNA T

DOB : 15-02-1996

Gender : Female

Religion :

Occupation :

Marital Status : Married

Address (H) : F NO;-402 4TH FLOOR VAGRA RESIDENCY  
Siddipet Medak Telangana INDIA 502103

Phone No : 8179276410

E-mail : no@gmail.com

**Admission Details :**

Bed Type : PRIVATE ROOM

Bed No : PRI 303

Ward Name : 3F-THIRD FLOOR

Room No : PRI 303

Admission Type : First Visit

**Contact Details :**

Name : Mr MR. CHAITANYA KRISHNA T

Relationship : W/O

Contact Address : F NO;-402 4TH FLOOR VAGRA RESIDENCY  
Siddipet Medak Telangana INDIA 502103

Phone No :

  
Signature**Doctor Details :**

Doctor Name : Dr. CHUPPANA RAGA SUDHA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Family

Phone No :

Co-Consultant :

**Payment Details :**

Payment Mode : Cash

Deposit Amount : 5000.00

Payor Name : HERITAGE HEALTH INSURANCE TPA  
PVT LTD

**ACTIVITY RECORD FOR BILLING**

Name: ..... BAH-00616980 IP22-00023371  
 UHID No : ..... IP No : ..... Mrs K. EUREKHA RANI 15-02-1996 30 Y 4 M 9 D (F) ant : ..... Dept : .....  
 Date of Admission : ..... Dr. CHUPPANA RAGA SUDHA e of Discharge : ..... Time : .....  
 Room / Bed No : ..... Ward : ..... gested Billable bed type : .....



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
24/6/26	12:45 PM	MCU	303	Pawan
25/6/26	3:50 PM	303	MCU	Shree
26/6/26	12:30 AM	MCU	CDR-II	Shan
26/6/26	02:15 AM	CDR-II	303	Shan

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyothiramee	24/6/26	90874 ✓	Shree
2.	Pratayaha Samuel	25/6/26	1308 ✓	Shan
3.	<del>Cross checked by Boosakkhe 26/6/26 @ 11 AM</del>			
4.				
5.				
6.				
7.				
8.				
9.				
10.				





# PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
25/6/26	NI Placement	①	1119 ✓	[Signature]
25/6/26	Epidural Charges	1	1126 ✓	[Signature]
26/6/26	NVD & Epidural done by Dr. Raghunatha time in : 12:20pm time out : 1:20pm	}	91216 ✓	[Signature]
<del>cross checked By Boosaku 26/6/26 @ 11 AM</del>				

## ANY OTHER INFORMATION

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Date: 26/6/26

Time: 11 AM

Prepared By: Boosaku

Staff Nurse Cross checked By Boosaku 26/6/26 @ 11 AM	Shift / Ward	Billing Assistant	Billing Supervisor
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BAH-00816980 IP22-00023371  
Mrs K. EUREKHA RANI  
15-02-1996 30 Y 4 M 9 D (F)  
Dr. CHUPPANA RAGA SUDHA



303

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 OBSTETRICS PATIENTS

Date: 24/6/26 Time: 4pm

Origin: INDIA Height: 160cms Weight: 8kgs BMI:  ~ 26 kg/m<sup>2</sup>  
 ~ 28 kg/m<sup>2</sup>  
 ~ 30 kg/m<sup>2</sup>

Food Allergies: - Nil -

Diagnosis: Primi / young POG / Sickle Cell Trait for IDL

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

Diet Advised:

Liquid Diet - ORS / Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet - Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet - Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet - Brown Rice / Oats / Dahlia / Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's

Signature: [Signature]

Name: Primi

Date & Time: 24/6/26 4pm

Dietician's

Signature: [Signature]

Name: Jyothi Ramesh

Date & Time: 24/6/26 4pm

DIETARY NOTES

Date	Time	Notes	Sign
<del>2/16/66</del>		Currently counselled to take	
<del>4:30p</del>		High protein diet along with	Z
		liquids - stool passed.	

I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *Came for Induction of labour*

LMP: *17/1/25*

EDD: *24/6/26*

Obstetric Formula: *primi*

Corrected EDD:

GA: *40 weeks.*

Obstetric History: *primi*

Menstrual History: Regular:  Yes  No

Obstetric Examination

*4-5/2 days*

*MAL: 14+4 w, NEM*

Fundal Height

*Ut-ten*

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifths Palpable *5/5*

FHS:  Normal  Tachy  Brady  Absent

Present Pregnancy Record

→ *spontaneous conception*

→ *Immunised*

→ *Regular antenatal checkups*

RISK FACTORS:

*Relo Endometrial → :: 2023 Nil*  
*Sickle Cell Trait*

Per Speculum Examination ⊕

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination

Cervix:  Long  Partially effaced  Effaced

Os: Closed  Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: *160* cms

Weight: *81* kg

Allergies:  \_\_\_\_\_

Breast  Normal  Abnormal

General Examination:

Consciousness: *conscious*

Pallor: *0/4*

Icterus: *0/4*

Edema: *0*

Temp: *Afebrile*

PR: *86 bpm*

BP: \_\_\_\_\_

DTR: *0/4*

CVS: *S1, 2*

RS *sp. - 99% sat*

Liver / Spleen: *NA*

Urine Output: *ad*

DIAGNOSIS

*primi / 40 wks ppg / Sickle Cell Trait & Induction of labor*



<p>Family History Father: HTN.</p>	<p>Surgical History H/o Lap. Ovarian endometriotic Cystectomy + adhesiolysis in 2023.</p>
<p>Medical History: Nil</p>	<p>Medication History: Nil.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- Pains preparation</li> <li>- Informed written consent</li> <li>- TB misoprostol 25mg pl. uterine</li> <li>- w/ ut action, progest + lab</li> <li>- w/ bleeding pl + lab pl</li> <li>- FHR @ every 30 min</li> <li>- CTG @ Uth hourly</li> <li>- Vitals @</li> <li>- Infirm</li> </ul> <p>2nd dose due @ 4:30 pm CTG due @ 4:00 pm</p>	<p>Investigations: <span style="border: 1px solid black; padding: 2px;">BCT → AB +ve</span></p> <p><u>26/6/22</u> Hb: 12.1 gm/dl Plt: 2.33 lakhs</p> <p><u>15/6/22</u> HbA1c → 4.80%</p> <p><u>28/3/22</u> TSH: 1.612</p> <p>HIV HBSAg HCV VDRL } Non Reactive</p> <p><u>26/5/22</u> : SLUG (35w 6days) Presentation: cephalic Placenta: posterior AFI: 11.3 EFW: 2.586 kgs (37-1.16) Doppler: Normal.</p> <p><u>13/12/2025</u> : Anterior wall fibroid noted 1.7x1.4 cm.</p>

Doctor Name: Dr. Soumya  
 Signature: [Signature]  
 Date & Time: 24/6/22 @ 12 PM

Consultant Name: Dr. Ch. Raga Sudha  
 Signature: .....  
 Date & Time: .....



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 24/6/26 @ 11:50Am

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify m/lee  
 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: \_\_\_\_\_ Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Ashwatha  
 Time Notified: 11:53Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
No	Yes	Yes

<p><b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable                  Menstrual History: <u>4 to 5 days</u>                  Onset of Menarche: <u>12 years</u>                  Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular                  Last Menstrual Period: <u>17/9/25</u></p>	<p><b>Gynecology Surgical History:</b>                  Caesarean Section: <input type="checkbox"/> No <input type="checkbox"/> Yes                  Cervical Cerclage: <input type="checkbox"/> No <input type="checkbox"/> Yes                  Ectopic Pregnancy: <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                  If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G pain P \_\_\_\_\_ L \_\_\_\_\_ A \_\_\_\_\_  
 Previous LSCS: No  
 Current Medication:  None  Yes, If Yes, Fill the reconciliation form

Family History:  No Abnormalities Detected FATHER  
 Heart Disease  Hypertension  Diabetes  Stroke  Seizures  Kidney disease  
 Liver disease  Other \_\_\_\_\_

Vital Signs / Measurements: Temp: 98.6F HR: 89b/m RR: 20b/m  
 BP: 110/73mmHg Weight: 81.5kgs Height: 152cm 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 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 .....

**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 K. Eureka Rani .....  
Orientation not given Reason: .....

Nurse Signature: .....  
Nurse Name: panani .....  
Date & Time: 24/6/26 @ 11:52 AM .....

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

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

BAH-00816980 IP22-00023371  
Mrs K. EUREKHA RANI  
15-02-1996 30 Y 4 M 0 D (F)  M  F  
Dr. CHUPPANA RAGA SUDHA  


DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/20	3:00PM	<p>C/L B Dr. Nikita (Rg)</p> <p>Dr. Sowmya (PUs?), Dr. Nimit (PUs)</p> <hr/> <p>Primi / uoweb POG / stable cell count (for 20L</p> <p>B</p> <p>Cc: fair Afebrile BP: 110/70 mmHg PR: 8/min PR: 16/min HLL: no abnormality detected PLA: uterine w term cephalic FHS (+) uterus relaxed.</p> <hr/> <p>2nd dose of MISOPROSTOL due @ 4:30pm CTG @ 4:00pm</p> <hr/> <p><i>Nimit</i></p>
		<p>1) Ryt in LLPL DFMC</p> <p>2) CTG with hourly monitoring</p> <p>3) FHR monitoring every 30mins.</p> <p>4) wlt uterine action.</p> <p>5) wlt labour progression.</p> <p>6) monitor vitals</p> <p>7) Defurm s.o.s</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/20  
5:00pm

CLL/B Dr. Nibrite (Reg)

Gc: fair

Stability: stable

M/L: No abnormality detected

PLA: uterus normal

cephalic

FHS ⊕

uterus w/ 130 oscillations

PLV: Cr: soft, posterior, unengaged

os: closed

PP: vertex @ high up

pelvis adequate and gynaecology

2nd dose T. MISOPROSTOL 25mcg PLV kept @ 5:00pm

↓

(3<sup>rd</sup>) Next dose due @ 9:00pm

Next CTC @ 8:30pm

—————>

↓  
C. Nibrite

NiB Naga

Adv

1) Rest in LUP / DFHC

2) CTC 4<sup>th</sup> hourly monitoring

3) FHR monitoring every 30 mins

4) w/lt uterine action

5) w/lt labour progression

6) monitor vitals

7) Inform S.O.S.



25/06/2026

2am

Cl = By Dr Krupashik (Req)

Dr Saunye (PS)

Fun: [works post] Sick cell tract | f induction  
an Idoses PgEr

PAfm ⊕.

R

EC: no pain

Afebrile

Bp:  $\frac{110}{70}$  mmHg

PR: 84 bpm

RR: 16/min

HLC: NAD

Plm: ut tend

cephalic

FHR ⊕

At atony mildly

2/30-ud/10'

plu - Co unittae

soft pp

os closed

pp v<sub>0</sub> e-'3' st

pelvis, gum  
- adq.

1) Dfmed up

2) FHR monitor every 15 min

3) CTg ⊕ ut wly

4) wlt ut active, labor progress

5) wlt bldg plu, lemply

6) Vital ⊕

7) Infon w-

4th dose deferred ilvl. adq. ut contraction

↓

Reassess @ 5am

CTg @ 5am

CC: fair, vitab, stabl

Plm: FHR ⊕, utress-1cl30cc/10mc

4th dose T-MISO PRO<sup>1</sup> PL given @ 6:45am

CTg

reaction

6:45am

CTg reaction

*[Signature]*

*[Signature]*

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



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CLSB Dr Ashalatha (Reg)
25/6/2026	9am	Dr. Nroshini (Pu) / Dr. Soniya (Pu) Dr. Misha (Pu) / Dr. Nithya (Pu)
		primi / 40 weeks POG / side all font / per DOL
		(had had 4 doses of PGE <sub>1</sub> , last dose @ 6:30am)
		cc fails <span style="float:right">also:</span>
		Afebrile
		BP - 100/72 mmHg
		PR - 72 bpm
		RR - 18 bpm
		H/L - No abnormality detected
		PA - ut fund size cephalic
		FHS (+)
		ic / us sec / 10 min
		(1) PAMC / UCP
		(2) FHR monitoring every 15 min
		(3) CTG 4 <sup>th</sup> hwy @ 10am
		(4) cef uterine action, label progression
		(5) w/f bleeding PV / leaking DV
		(6) monitor vital
		(7) upon SOB
		<u>Urine</u>
		N.B Santoshini

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/20  
11:00am

CLWB Dr. Ashraf (Reg)  
Dr. N. Bhat (PG)

Primi / 1st day post / sickle cell trait / SOL

G.C.: Fair

Afebrile

BP: 110/70 mmHg

PR: 84/min

RR: 14/min

FLL: No abnormality  
detected

PLA: uterus ~ term

cephalic

FHS (+)

uterus ~ active (c/35sec/min)

PLU: ex minimally effaced

OS: 1 finger admitting

PP: vertex @ L<sub>3</sub> station

Pelvis: adequate and gynaecoid

5<sup>th</sup> dose T. MISOPROSTOL 25mg given PLU @ 11:00am

↓

6<sup>th</sup> dose due @ 3pm

Next CTC @ 2:30pm

↓  
← initiate

also

1) EFT in LLP/DFMC

2) CTC with hourly monitoring

3) FHR monitoring every 30min

4) with uterine acton.

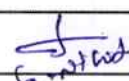
5) with labour progression

6) Monitor vitals

7) Inform S.O.

N. B. Santhoshini

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

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/20	4:00pm	<u>CLSB Dr. Raga Sudha (Consultant)</u>
		<u>CLSB Dr. Ratnavalli (Reg)</u>
		<u>Dr. Nishu (PG 2), Dr. Nishu (Pg.)</u>
		<u>Paini / now 1 day post / sickle cell trait / SOL</u>
		R
		GC: Fair
		Absent
		BP: 110/80 mm Hg
		PR: 84/min
		RR: 16/min
		HLL: No abnormality detected
		PLA: uterus anterm
		cephalic
		FHS (+)
		uterus ~ acting (20/35 sec/10 min)
		PLV: cx: 50% effaced
		os: 3-4 cms dilated
		pp: vertex @ -2 station
		pelvis: adequate and gynaecoid.
		Patient opted for epidural Analgesia at 3-4 cms dilation
		and hence the same was given by Anaesthetist at
		4:20pm on 25/6/20
		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/26  
7:00pm

CLB Dr. Raga Sudhe (Consultant)

Primi / uowday POG / sickle cell trait L2OL

CC: fair

Afebrile

BP: 120/70 mmHg

PR: 86/min

RR: 14/min

H/L: No abnormality detected

PA: uterus antem

Cephalic

FHS ⊕

uterus acting.

Plv: Cx: 90% effaced

os: semi dilated

SP: Vertex @ -1 ↓ 0 station

Pelvis: adequate and gynaecoid

ARM down → 1st grade I liquor drainop

↓  
4 inches

noted by Sandhya

By

1) Rest in LCP / DPMC

2) CTG with hourly monitoring

3) FHR monitoring continuously

4) w/ + uterine action

5) w/ + labour progression

6) Monitor vit

7) Inform 100

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



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/8/2026	8:30pm	CLB Dr. Nikita (Reg) Dr. Nisha (pu)
		Pain / no weeks + 1d pou / settle cell count / DOL
		CLB's <span style="float: right;">ack</span> Afebrile
		BP - 120/80 mmHg 80
		PE - 80 bpm
		RR - 14 bpm
		H/L - No abnormality detected
		PA - Uterus term size
		Cephalic
		FHS (+)
		uterus acting / 1/10 sec / 10 min
		PV - Os - fully effaced
		OS - 8-9 cm dilated
		PP Vx - +6 station
		pelvis - Adequate <span style="float: right;">pushes</span>
		membr - Gynecoid
		membr (-)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/06/2026:  
11:45 pm

US LB Dr. Nikita (Reg)  
Dr. Nisha Ph,

N: Cr: fully effaced  
os: fully dilated  
PPVx +2 station  
Pelvis - Adequate  
gynecoid.

26/6/26  
2 AM

Normal vaginal delivery  $\hat{=}$  RMCLE + RA

Patient is put on a lithotomy position upon full dilatation. Under aseptic precautions parts prepped and draped. Ut. syringe infiltrated. RMCLE given at height of contraction during crowning. Baby delivered by vertex presentation. Baby cord immediately after birth. ~~both~~ Delayed cord clamping done & cut. Baby handed over to paediatrics. Placenta RMCLE and membranes delivered completely. RMCLE inspected, no extensions / tears found. which is entered in log. Hemostasis achieved. Vals retracted well.

Baby details: A term live, single, male baby delivered on 26/6/26 @ 12:48 AM with birth wt - 2.86 kgs with APGAR 9/10.

js

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

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

P: BAH-00616980 IP22-00023371  
Mrs K. EUREKHA RANI .....  
15-02-1996 30 Y 4 M 11 D (F) ] F  
A: Dr. CHUPPANA RAGA SUDHA .....  
I.I  .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26	2 AM	Immediate post delivery notes
		PILI / PND - 0 [ stable cell count
		adv:
		<p>ac fairs Afebrile</p> <p>BP - 110/70 mmHg</p> <p>RR - 8bpm</p> <p>RR - 18bpm</p> <p>HLL - No abnormality detected</p> <p>AA - soft</p> <p>wt retracted well</p>
		<p>(1) Regular diet with plenty of oral fluid</p> <p>(2) T. TAXIM 200mg PO 12<sup>th</sup> hly</p> <p>(3) T. CANTOP 4mg PO 24<sup>th</sup> hly</p> <p>(4) T. <del>EMISEF</del> 4mg IV</p> <p>(4) T. ACECLOPUS 500mg PO 8<sup>th</sup> hly</p> <p>(5) w/ any active PV bleeding</p> <p>(6) exclusive breast milk</p> <p>(7) def. perineal care</p> <p>(8) monitor vitals</p> <p>(9) infections</p>
		<p>BLL breast soft</p> <p>Baby well another 24h</p> <p><u>Nisha</u></p> <p>noted by Jhansu</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/26  
9 Am

C/S/B - Dr. Raga Suddha (Consultant), Dr. Nishet (Ry)  
Dr. Niroshini (PG) / Dr. Soumya (PG)

PILI / PND-0 / sickle cell trait

GC - NO pain

Afebrile

BP - 120/70 mmHg

PR - 80/min

RR - 14/min

H/L - NAD

P/A - uterus retracted well

O/E - NO uterine bleeding P/L

B/L Breast: soft

Baby well on  
mother's side

Rx:

- ①. Regular diet
- ②. plenty of oral fluids
- ③. T. PARVOP 40mg P/O  
2<sup>nd</sup> July
- ④. T. TAXIM 400mg  
P/O 12<sup>th</sup> July
- ⑤. T. ACECCOPLUS  
500mg P/O 8<sup>th</sup> July
- ⑥. off Bleeding P/O
- ⑦. exclusive breast feed
- ⑧. Perineal care
- ⑨. vitals monitoring
- ⑩. Infusion so

Dr. Arison



Noted By Baibaku 9/10  
Am









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

<b>DRUG :</b> P. PAXIM				Date															
				Time	26/6														
Dose	Route	Frequency	Start Dt.																
200mg	PO	12hrly	26/6	Name & Signature of the Doctor starting the Drugs: 															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

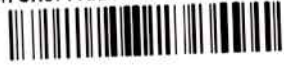
<b>DRUG :</b> P. PANTO				Date															
				Time	26/6														
Dose	Route	Frequency	Start Dt.																
200mg	PO	once	26/6	Name & Signature of the Doctor starting the Drugs: 															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> P. ACCICOPUS				Date															
				Time	26/6														
Dose	Route	Frequency	Start Dt.																
200mg	PO	8hrly	26/6	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.																			

BAH-00616980 IP22-00023371  
 Mrs K. EUREKHA RANI  
 15-02-1996 30 Y 4 M 10 D (F)  
 Dr. CHUPPANA RAGA SUDHA

DRI



Date					
Time		Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
Dose					
Dr Sign.					
Dose					
Dr Sign.					
Dose					
Dr Sign.					
Dose					
Dr Sign.					

<b>VARIABLE DOSE</b>		Date			
		Time	Nurse Sig.	Nurse Sig.	Nurse Sig.
<b>DRUG :</b>		Dose			
		Dr Sign.			
Route	Start Date	Dose			
		Dr Sign.			
Name & Signature of the Doctor		Dose			
		Dr Sign.			
Additional Instructions		Dose			
		Dr Sign.			

**STAT / ONCE ONLY DRUGS**

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
24/6/20	12:30pm	Tb. misoprostol	25mg	plv	[Signature]	parean Melati
24/6/20	5:00pm	T. MISOPROSTOL	25mg	plv	[Signature]	[Signature] Maha
24/6/20	10pm	T. MISOPROSTOL	25mg	plv	[Signature]	Sivaneha Durga
25/6	6:45 AM	T. misoprostol	25mg	plv	[Signature]	[Signature] Durga
25/6/20	11:00am	T. MISOPROSTOL	25mg	plv	[Signature]	Santana Santana
26/6/20	28 50 AM	Sup. METHELIN	0-2mg	IM	[Signature]	reel Hno
26/6/20	12:45 AM	Sup. oxytocin	100	IM	[Signature]	[Signature] sufi Hn
26/6/20	11:15 AM	T. MISOPROSTOL	800mg	PR	[Signature]	[Signature] sufi



Date: 25/6/26 Time: 4:20 pm Name: Eurekha Rani

Proposed Operation \_\_\_\_\_ Age: 30 y<sup>1</sup>

Preoperative Diagnosis: Epidural labour analgesia Sex: Female

B.P.	H.R.	R.R.	Temp	Height	Weight	Physical Status	I.P. No.
						1 2 3 4 5	
		<u>18/min</u>	<u>36.5</u>				

LABORATORY DATA

Hgb <u>12.1</u>	Glucose _____	Protien _____	HIV _____	X-ray _____	Other: _____
PCV _____	Urea _____	Alb _____	HBS Ag <u>JNR</u>	ECG _____	
WBC _____	Creat _____	Total Bill _____	HCV _____	2D Echo _____	
Plate <u>2.32/μl</u>	Na _____	Dir. Bill _____	Blood group <u>AB<sup>+</sup></u>	Stress/Angio _____	
PT _____	K _____	LDH _____	Other _____		
PTT _____	Ca <sup>++</sup> _____	Alk phos _____			
INR _____	Mg <sup>++</sup> _____	Amylase _____			

Allergies: nil

Medical History: (-) CVS: SB<sub>2</sub> (+)

RESP: B/LAB (+)

CNS: \_\_\_\_\_ Diabetes: -

Renal: \_\_\_\_\_

Hepatic / GE: Normal APD+/- -

Others: \_\_\_\_\_

Past Anaesthetic History: \_\_\_\_\_

Physical Exam

Airway MP 1 2 3 Mouth Opening Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: (N)

Lungs: 7

Heart: (N)

CNS: \_\_\_\_\_ Pupils: Bu reactive E V M

Others: \_\_\_\_\_ Pallor: +/- Venous Access Site: + 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 YES/NO YES  
LMP \_\_\_\_\_

CURRENT MEDICATIONS:	PRE - OPERATIVE INSTRUCTIONS:
_____	1. DVT Prophylaxis
_____	2. NBM form:
_____	3. Informed Consent <u>Standard</u> High Risk
_____	_____
_____	_____

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: \_\_\_\_\_ SaO<sub>2</sub>: \_\_\_\_\_  
R.R.: \_\_\_\_\_ Last Feed: \_\_\_\_\_  
B.P./C.T.Y.: \_\_\_\_\_

Signature: [Signature]  
Dr. Durajja





Patient ID :



Department of Anaesthesiology  
 AXON ANAESTHESIA ASSOCIATES  
 EPIDURAL ANALGESIA RECORD

Date: 25/6/26 Time:

Procedure done by: Dr. Dhruva

CSE/Spinal/Epidural Position: sitting Space: L2-L3 Technique (LOR/LOS)

Depth: 3.5cm Catheter at Skin: 12cm Attempts: 1

Parasthesia : Yes/No if yes details :

Any other Issues:

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP And Pulse	FHR	Comments
TD:	2ij 10x	2.1 + ADK 3ml				
		↓				
AD:	2ij 0.5x	Bupivacaine 10ml				
		↓				
AD:	2ij 0.2x	ROPIN + 2ij @ 4ml/hr				
			- Titrate analgesia			
			- Monitor BP, HR			
			- Inj 50g			

Deliver Details : Time: 26/06/26 12:48 MCH. APGAR: 8-9/10 SVD / Instrumenta / LSCS (if LSCS Details) (Kiwi)

Catheter Removed by and Tip Inspected : DR. Dhruva

Patient Satisfaction: Satisfied Venkatesh

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



**CONSENT FOR  
SPECIAL PROCEDURES  
AND SEDATION**

Patient Name : Emekha Ravi  
 Gender : M  F  IP No : .....  
 Age : 30y Department : .....  
 Date : 25/6/20

I, Emekha Ravi S/DW/O Chaitanya Krishna  
 hereby consent for the procedure of Epidural labor analgesia

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

The doctors have clearly explained to me in language known to me about the following  
 possible complications of the procedure: Epidural labor analgesia

The doctors have explained to me about the alternative to the procedure as : .....

Emlorox

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

I have been explained about possible complication of sedation such as: fall in blood pressure

Fall in heart rate , suppression of spontaneous breathing , others.....

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

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

Name of the Doctor performing the procedure : Dr. Dheeraja

Name of the Doctor administering the sedation: .....

**Patient Attendant :**

Signature : [Signature]

Name : Thati Chaitanya Krishna

Relationship with Patient: Husband

Date & Time : 25/06/20 & 04:12 PM

**Witness :**

Signature : .....

Name : .....

Date & Time : .....

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

Signature : [Signature]

Name : Dr. Dheeraja

Date & Time : 25/6/20

**ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చటకు అంగీకార పత్రం**



పేషెంట్ పేరు : .....  
 .నింగం: పు  స్త్రీ .....  
 బ.డి.నెం. ....  
 వయస్సు.....డివార్ట్‌మెంట్. :.....  
 తేది:.....

నేను.....S/D/W/O.....

నేను/నా బాలుడు / బాలిక ..... బ.డి.నెం. ....

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

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

.....  
 .....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా.....

.....  
 .....

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

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని  గుండె రేటు తగ్గుట  సహజ శ్వాస తగ్గుట  ఇతర కారణాలు :.....

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

ప్రత్యేక విధానం చేయు డాక్టరు పేరు: .....

మత్తు ఇచ్చు డాక్టరు పేరు: .....

సహాయకుడు :

సాక్షి

సంతకము : .....

సంతకము : .....

పేరు : .....

పేరు : .....

తేది మరియు సంతకము : .....

తేది మరియు సమయము : .....

డాక్టర్ :

సంతకము : .....

పేరు : .....

తేది మరియు సమయము : .....

# Induction of Labour Consent

Name: K. Gurekha Rani

Consultant: Dr. Raga Sudha

Date of Birth: 15/2/1996

Registration Number: .....

ANC No. ....

You are scheduled for an induction of labor on 24/6/26 (date) at 40 weeks (weeks of gestation). The reason for your induction is term pregnancy.

The goal of induction of labor is to achieve vaginal delivery by starting uterine contractions before the spontaneous start of labor.

Induction of labor for a medical indication is done when continuation of pregnancy is considered detrimental to the health of the mother or fetus. This can be done at any stage of pregnancy irrespective of fetal maturity if there is a valid indication.

Elective induction of labour (scheduled induction without a medical indication) may not be done until you are at least 39 weeks. This is important so that your newborn does not have complication due to possible prematurity.

The alternative to induction of labor is to wait for labor to start spontaneously.

I have read the information provided and also discussed the process with my doctor.

I understand the risks and benefits of this procedure and wish to proceed.

[Signature]

Parents Signature

24/6/26

Date

[Signature]

Husband's Signature

24/6/26

Date

[Signature]

Doctor's Signature

24/6/26

Date

# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Eurekha Romi/23371</i>	Date & Time of Admission <i>24/6/26 12.9 PM</i>	Date & Time of Transfer Order <i>25/6/26 - 3:50 PM</i>	
Treating Consultant <i>DR. Raga Seetha</i>	Transfer ordered by <i>DR. Rathoreli</i>	Reason for Transfer <i>IOL</i>	
From Bed / Ward / Hospital <i>303</i>	To Bed / Ward / Hospital <i>MICU</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>08</i>	Number of Imaging films <i>5 NST</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>RL - 500 ml</i>		
2.	<i>IV Sol</i>		
3.	<i>D. water</i>		
4.	<i>Hand care</i>		
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>[Signature]</i>	Name of person ordering transfer <i>DR. Rathoreli</i>	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>[Signature]</i> <i>016826</i>			
Signature with Date & Time <i>25/6/26 at: 4 PM</i>			

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

Unavailable bed

Nurse not available

Available bed not ready



# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Mr. K. Eureka Rao / 23371</i>	Date & Time of Admission <i>24/06/20 @ 12:00 PM</i>	Date & Time of Transfer Order <i>26/06/20 @ 2:30 AM</i>
Treating Consultant <i>Dr. Ragesudh</i>	Transfer ordered by <i>Dr. Nikhile</i>	Reason for Transfer <i>postnatal care</i>
From Bed / Ward / Hospital <i>mlw</i>	To Bed / Ward / Hospital <i>303</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>88</i>	Number of Imaging films <i>nsf (8)</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Tab. Aclolofen</i>	<i>(5)</i>
2.	<i>Tab. Pantop</i>	<i>(5)</i>
3.	<i>Tab. Paracetamol</i>	<i>(10)</i>
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>[Signature]</i>	Name of person ordering transfer <i>Dr. Nikhile</i>	Name & Signature of Nurse Supervisor <i>[Signature]</i>	Referral note & referral Doctor Name:
--	--	--	---------------------------------------

Patient & Clinical records received by:

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 <i>23321</i> <i>Mrs. Geelcha Rai</i>	Date & Time of Admission <i>24/6/26 @ 12:09 PM</i>	Date & Time of Transfer Order <i>24/6/26 @ 12:48 PM</i>
Treating Consultant <i>DR. Ragasudha</i>	Transfer ordered by <i>DR. Ashokatha</i>	Reason for Transfer <i>new BGR case</i>
From Bed / Ward / Hospital <i>MIU</i>	To Bed / Ward / Hospital <i>303</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>(28)</i>	Number of Imaging films <i>(1)</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.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Ravi</i>	Name of person ordering transfer <i>DR. Ashokatha</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Received 24/06/26</i>			
Signature with Date & Time <i>01:27 PM</i>			

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

Unavailable bed

Nurse not available

Available bed not ready

**CLEARANCE FOR SURGERIES / PROCEDURE**

DATE:

24/6/26

DEPARTMENT

OBG

NAME:

Mrs. K. Eswetha Rani

UHID / I.P.NO.:

BAH - 00616980

WARD / BED NO.:

M24

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / Lses.

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE;

RECEIPT NO:

CLEARANCE GIVEN BY:

NAME OF THE BILLING EXECUTIVE:

SIGNATURE:

## SURGERY DETAILS

Sl.No.

Date: 26/06/2026

Patient Name: ms. K. Eureka Rani Age: 30yr Sex: female

UHID No.: BAH-00616980 IP No.: 23371

Date of Surgery: 26/06/2026 OT:  OT 1  LDR-II OT 2  OT 3

Name of the Surgery: NVD + Epidural

Time in: 12:20 Am

Time Out: 1:20 Am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Ragasudha</u>	.....
2. Anaesthetist	.....	.....
3. Asst. Surgeon	.....	.....
4. OT Technician	.....	.....
5. Circulating Nurse	<u>Satya</u>	.....
6. Asst. Nurse	<u>Thani</u>	.....

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Shon  
Signature of Circulating Nurse

Order No: 91216 Ordered by: Shon



# CONSUMABLES OF OT

Patent Name Mn. Eureka Rani Age: 30y 12  
 Gender M F UHS/IP NO. BAT - 616 980  
 Date: 20/06/26 Time: .....

Circulating Staff: Satya Technician: .....

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>NVD</u>		<u>01</u>	Inj. Vit.K		<u>-01</u>
LMA			Sutures <u>2762</u>		<u>01</u>	Cord clamp		<u>-01</u>
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<u>01</u>				Vaccum Suction Set		
05 cc		<u>02</u>	Gloves <u>6+6 1/2 + 7</u>		<u>1+5+1</u>	Surgical Gloves <u>6 1/2 + 7</u>		<u>-2+2</u>
02 cc		<u>01</u>				Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		<u>-01</u>
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 29		<u>-01</u>
IV set			NG tube			Koochies (S)		<u>-01</u>
RL			Cautery Pencil			Alcohol swabs		<u>-02</u>
NS: 10ml/100ml/500ml/1000ml		<u>01</u>	Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>5+5</u>		<u>10</u>			
Morphine			Gauze Pack					
Ketamine			Mop Pack		<u>02</u>	Newmompad		<u>-01</u>
Propofol			Steristrip			fixator		<u>-01</u>
Rocuronium			Underpad		<u>09</u>	D/Aprons		<u>-02</u>
Glycopyrolate			Draw Sheet			protegnon		<u>-02</u>
Myopyrolate			Abgel			D-water		<u>-01</u>
Ondansetron			Foleys Catheter			Nelcath		<u>-01</u>
Pencan 23g/Spinal Needle 22			Urobag			Df-oxycotin		<u>-05</u>
Bupivacine 0.25%			Chest Drainage Catheter			Df-methoxin		<u>-01</u>
Bupivacine 0.25%(Heavy)			Romodrain bag			handCase		<u>-06</u>
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg		<u>04</u>	Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves <u>16</u>		<u>16</u>			
			Ramdione Scrub					
			Saral					

Surgeon: 691225/691226 Anaesthesiologist: \_\_\_\_\_ Nurse: Sherry OT Technician: \_\_\_\_\_  
 Order No: ..... 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>	IP22-00023371	<b>Ward</b>	3F-THIRD FLOOR
<b>Patient Name</b>	Mrs K, EUREKHA RANI	<b>Bed Name</b>	PRI 303
<b>Age/Sex</b>	30 Y 4 M 11 D / Female	<b>Order No</b>	22-0000691225
<b>Date</b>	26/06/2026 04:08	<b>Prescription No</b>	PRIP22-0292147
<b>Payor</b>	HERITAGE HEALTH INSURANCE TPA PVT LTD	<b>Dispensed Date</b>	26/06/2026 04:42
<b>UHID</b>	BAH-00616980		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblu		01052026	01/29	2 ✓	135.00	270.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1 ✓	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	2 ✓	21.56	43.12
4	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	1 ✓	11.25	11.25
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	1 ✓	2.71	2.71
6	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	5 ✓	18.90	94.50
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5 ✓	10.00	50.00
8	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	6 ✓	38.00	228.00
9	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	39261	09/27	1 ✓	15.90	15.90
10	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4 ✓	20.28	81.04
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	2 ✓	949.00	1,898.00
12	NELTON CATHETER 12FR	Polymed	GENERAL	2610065A	12/30	1 ✓	78.00	78.00
13	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1 ✓	210.00	210.00
14	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1 ✓	194.00	194.00
15	NITRILE EXAMINATION GLOVES P F - MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	5 ✓	23.43	117.15
16	NITRILE EXAMINATION GLOVES P F - MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	11 ✓	23.43	257.73
17	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1 ✓	1,600.00	1,600.00
18	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2 ✓	450.00	900.00
19	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	5 ✓	91.00	455.00
20	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1 ✓	91.00	91.00
21	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1 ✓	91.00	91.00
22	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5 ✓	11.25	56.25
23	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	3 ✓	170.00	510.00
24	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1 ✓	519.00	519.00
<b>Total :</b>							<b>4,802.82</b>	<b>7,801.78</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**

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	IP22-00023388	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O K. EUREKHA RANI	Bed Name	CRDL-PRI-303-1
Age/Sex	0 Y 0 M 0 D 3 H / Male	Order No	22-0000691226
Date	26/06/2026 04:12	Prescription No	PRIP22-0292150
Payor	SELFPAY	Dispensed Date	26/06/2026 04:44
UHID	HCV-00041060		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	250907	08/30	2 ✓	4.09	8.18
2	BABY DIAPER 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	6043348	01/31	1 ✓	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1 ✓	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	2 ✓	91.00	182.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2 ✓	91.00	182.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1 ✓	7.67	7.67
<b>Total :</b>							<b>466.41</b>	<b>652.50</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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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	IP22-00023371	Ward	3F-THIRD FLOOR
Patient Name	Mrs K. EUREKHA RANI	Bed Name	PRI 303
Age/Sex	30 Y 4 M 11 D / Female	Order No	22-0000691233
Date	26/06/2026 07:40	Prescription No	PRIP22-0292154
Payor	HERITAGE HEALTH INSURANCE TPA PVT LTD	Dispensed Date	26/06/2026 07:44
UHID	BAH-00616980		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirif		1B260853	01/29	1	44.93	44.93
<b>Total :</b>							<b>44.93</b>	<b>44.93</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature  
Pharmacist Name : SIMBOTHULA PRIYANKA