

Rainbow Children's Hospitals - VisakhapatnamPlot 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 : IP22-00023348

Admit Date : 22-Jun-2026

Admit Time : 12:14 PM UHID : KMV-00013682

Patient Details :

Patient Name : Mrs VANGALAPURI DIVYA

Age : 35 Y 9 M 27 D

Guardian : Mr V VASU DEVA RAO

DOB : 26-08-1990

Gender : Female

Religion :

Occupation :

Marital Status :

Address(H) : Kanchara Palem Visakha Vishakhapatnam
Andhra Pradesh INDIA 530008

Phone No : 9581413255/

E-mail : 9581413255@g

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 320

Ward Name : 3F-THIRD FLOOR

Room : GW 320

Admission Type : First Visit

Contact Details :

Name : Mr V VASU DEVA RAO

Relationship : W/O

Contact Address : Kanchara Palem Visakha Vishakhapatnam
Andhra Pradesh INDIA 530008

Phone No :

Signature**Doctor Details :**

Doctor Name : Dr. CHUPPANA RAGA SUDHA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referring Doctor : Rainbow Website

Phone No :

Contact No :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:-----
 UHID No :..... ID No :..... IP22-00023348
 Date of Admission Mrs VANGALAPURI DIVYA 26-08-1990 35 Y 9 M 27 D (F)Date of Discharge:.....Time:.....
 Room / Bed No :... Dr. CHUPPANA RAGA SUDHASuggested Billable bed type:.....



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/20	2:30pm	MICU	320	Gy
24/6/26	5:10PM	320	LDR-I	Dhanya
24/6/26	7pm	LDR-I	MICU OT-II	Uthra
25/06/26	8pm	OT-I	MICU	Ashu
26/06/26	8:00AM	MICU	320	Ashu

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Anand	22/6/26		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Refused by patient

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/6/26	IV placement	①		
	PAC			
	Catheterization		691134	Ahu
	Emergency LSCS (IUD)		691135	
	Done by Dr. Rajasudha			
	Under V S/A			
	Anesth: Dr. Dheeraja			
	In time: 7PM			
	Out time: 8PM			
25/6/26	Blood Transfusion	①	691136	Ahu
26/6/26	IV placement	①	91168	Ahu

was checked by Gowri

ANY OTHER INFORMATION

Date: 27/6/26

Time: 6AM

Prepared By: Gowri

Staff Nurse Gowri	Shift / Ward 3rd floor	Billing Assistant -	Billing Supervisor -
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Patient



I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *come with complaints of decreased fetal movements yesterday (21/6/20) morning.* LMP: *ET: 6/2/2025* EDD: *24/8/26*
 Obstetric Formula: Corrected EDD: GA: *31 weeks.*
 Menstrual History: Regular: Yes No *4-5d / 28-30d / PL/CL/MT*

Obstetric History: *1st IUI per 2 Rgt tubal ectopic*
2019 Rgt lap Salpingosomy f/b spont abortion
 Present Pregnancy Record

Obstetric Examination *ML-Tym NCM.*
 Fundal Height *~ 30 weeks*
 Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____
 Head Fifths Palpable _____
 FHS: Normal Tachy Brady Absent

RISK FACTORS:

GDM on MNT

Per Speculum Examination *⊖*
 Draining: Present Absent Bleeding
 Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination *⊕*
 Cervix: Long Partially effaced Effaced
 Os: Closed _____ Dilated _____

Height: *151*.....cm
 Weight: *80.50*.....kg

Allergies: _____
 Breast Normal Abnormal

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

General Examination:
 Consciousness: *⊕* Pallor: *⊖*
 Icterus: *⊖* Edema: *⊖*
 Temp: *Afebrile* PR: *8/1min*
 BP: *110/70 mmHg* DTR: *⊕*
 CVS: *S1,2 ⊕* RS *⊕ vesicular breath sounds*
 Liver / Spleen: *NAD* Urine Output: *Output*

DIAGNOSIS

G3 E1 A2 / 31 weeks POG / IVF conception / Breech presentation
GDM on MNT / severe anemia (IVFD)



<p>Family History</p>	<p>Surgical History - 2019: Rgt Lap Salpingostomy</p>
<p>Medical History: - GDM: 29 wks. - severe anemia</p>	<p>Medication History: - Advised to sugar monitoring, diet and exercise. No monitoring done by pt</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admission. 2) Part preparation 3) Consent for induction of labour 4) w/ uterine action 5) w/ labour progression. 6) Send CBC, LFT, RFT, <u>PT/INR</u>. 7) T-MIFE PRISTONE 600mg po stat (after LFT) 8) Monitor vitals 9) Inform I.O.S. 	<p>Investigations: BGT → 0+ve</p> <p>22/6/26 Hb: 7.6 g/dl Plt: 5.08 lakhs Creatinine: 0.9 PT: 18 INR: 1.33 APTT: 31.3</p> <p>5/6/26 GCT → 166 mg/dl Urinalbumin - Nil</p> <p>22/6/26 RBS: 147 mg/dl</p> <p>22/6/26 Total Bilirubin: 0.2 Conj. Bilirubin: 0.1 Unconj. Bilirubin: 0.1</p> <p>22/6/26 : 31 weeks POG. presentation: Breech placenta: posterior. AFI: 8.3 CARDIAC ^{ACTIVITY} ABSENT ⇒ Intrauterine fetal demise noted FL: 56.5 mm (10 wks) 6/5/26: fetal echo: Normal.</p>

23/6 HIV, HW, VDRL HBsAg - NR

Doctor Name: D. Ratnasali
 Signature: [Signature]
 Date & Time: 22/06/2026 @ 12pm

Consultant Name: D. Ch. Raga. Sudha
 Signature: [Signature]
 Date & Time:

KMV-00013882 IP22-00023348
 Mrs VANGALAPURI DIVYA
 28-08-1990 35 Y 0 M 27 D (F)
 Dr. CHUPPANA RAGA SUDHA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Arrival 22/6/2026 at 9:40 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:

↓ fetal Movement (IUD)

Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Ratnavalli
 Time Notified: at 9:45 Am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NO.	Yes	Yes.
Gynecology Assessment: <input type="checkbox"/> Not Applicable Menstrual History: <u>13 Yrs</u> Onset of Menarche: <u>3-5 days</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>20/12/25</u>	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Gynecological History: Contraceptives: <input type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G P L A

Previous LSCS: _____

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

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other _____

Vital Signs / Measurements:

Temp: 98.6 HR: 84 bpm RR: 20 bpm
 BP: 110/70 mmHg Weight: 80.50 kg Height: 151 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 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. V. Divya

Orientation not given Reason:

Nurse Signature: Usha

Nurse Name: Usha

Date & Time: 22/10/25 at 9:45 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref No. : F / HW / PGN / INPR / 15
KMV-00013882 IP22-00023348
Mrs VANGALAPURI DIVYA
28-08-1990 35 Y 9 M 27 D (F) F
Dr. CHUPPANA RAGA SUDHA


DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/06/2021	2:30pm	<p>CLSI By Dr. Niketa (Reg) Dr. Sonny (Pg) Dr. Nikitha (Pg)</p> <p>G3 E1 A2 = 31wks preg = IVF conception = Bleeding gdm on MNT = Severe anemia (Hb: 7g%) = IUFD.</p> <p><u>15. Mife 600mg pl, given on 22/06/2021 @ 1pm</u></p> <p style="text-align: center;"><u>Rs</u></p> <p>AC: no pain Afebrile BP: 130/80 mmHg PR: RR: 16/min HIL: NAD Pln = ut ~ 31wk Fp ⊕ ut relaxed</p> <p>1) Reg diet and plenty of oral fluids. 2) Start Induction tomorrow 23.6.21 3) Collect reports and complete history in case sheet. 4) Vitals monitoring 5) Lupam son</p> <p>Collect CB4 RF1 LF1 PF-1NR - do PPS1/PPS2 on 23.06.21.</p> <p style="text-align: right;">noted by <i>Ganga</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/20
9:00pm

CLB Dr. Nikhat (Rg)
Dr. Nishit (PG)

G₃E₁A₂ @ 31 weeks POG / IVF conception (Breech presentation) / GDM on MNT / severe anaemia / IUGR

GC: Fair
Afebrile
BP: 120/70 mmHg
PR: 84/min
RR: 16/min
HLL: No abnormality detected

PLA: uterus ~ 30 weeks
Breech
FHS - absent
uterus ~ relaxed

- R_g
- 1) Regular diet with plenty of oral fluids
 - 2) w/o uterine action.
 - 3) w/o labour progression.
 - 4) Monitor vitals
 - 5) Inform S.O.S.

23/6/20
6:00am

CLB Dr. Nikhat (Rg)
Dr. Nishit (PG)

G₃E₁A₂ | 31 week 1 day POG | IVF conception. | Breech presentation / GDM on MNT | severe anaemia (IUGR)

GC: Fair
Afebrile
BP: 110/70 mmHg
PR: 86/min
RR: 16/min
HLL: No abnormality detected
PLA: uterus ~ 30 weeks
uterus ~ relaxed

PLW: CV: lengthened
SA: closed
PP: vertex @ high up
Pelvis: adequate and gynaecoid

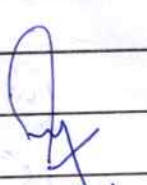
- R_g
- 1) T-MISOPROSTOL 100mg to keep PLV
 - 2) Regular diet with plenty of oral fluids
 - 3) w/o uterine action.
 - 4) w/o labour progression
 - 5) monitor vitals
 - 6) Inform S.O.S

Dr. Nishit

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient: KMV-00013882 IP22-00023348
Mrs VANGALAPURI DIVYA
28-08-1990 35 Y 9 M 27 D (F)
Age: Dr. CHUPPANA RAGA SUDHA
I.P. # 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		cl/B Dr. Ashalatha (P) Dr. Misrahari (P) / Dr. Saunnya (P) Dr. Mithu (P) / Dr. Nithika (P)
23/06/2026	8 AM	G3 F1 A2 @ 31 weeks + 1 day POC / IVF conception / Breech presentation / ADM on MNT / severe anemia / IVFD.
		HC fair Afbmlc BP - 110 mm Hg / 70 PR - 74 bpm RR - 18 bpm H/C - No abnormality detected I/A - ut ~ 30 weeks Breech GBS (-) utrus relaxed mild acting
		① Regular diet & plenty of oral fluids ② w/ uterine action ③ w/ labor progression ④ w/ any PV bleeding / passage of products of conception
		⑤ monitor vitals ⑥ inform S.O.S
		induced @ 7-misoprost 100mcg PV @ 6 AM.
		 Mithu

Noted by
Sudha

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/06/2022
10am

CLs / By Dr Rega Sudha no em (Lust)

GC: fair

Vital stable

PlA - ut ~ 31 wks

3/25 - 30" (10)

Plv - Cr min. effar
O2 close

Adv.

- 1b. Misoprostol 100mg pls sta
@ 12pm

- w/f pol, ut actio

- Inform so

Noted by gowr?

Jy

23/6/2022
2pm

SLB Dr Nikhita (Reg) / Dr Seemya (PA)

GC & A2 / 31 weeks + 1d poa / IVF conception / breech presentation /
hdm on mnt / severe anemia / IVFD.

(continued 2 doses of T. miso 100ug, last dose was @ 12pm)

adv:

GC fair

Afebrile

BP - 120/90 mmHg

RR - 90 bpm

PA - ut ~ 31 weeks

breech

at acting (3/30 sec (10 min))

Plv - GC: unimally effared
os: top admitting finger.

① regular diet with plenty of oral fluid

② w/f uterine action and labor progression

③ w/f any pr bleeding / leak / passage of products of conception

④ monitor vital

⑤ inform so

Send
Vine number

Dr

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/08/2026	6pm	<p>CLTB Dr. Nikhita (Reg) / Dr. Nroshini (Pu)</p> <p>G2E1A2 / 31w +1d POU / IVE pregnancy / breech present / ADM on MNT</p> <p>breast anemia = IUFD</p>
		<p>at this</p> <p>Temp: 98°F</p> <p>BP 8 $\frac{118}{78}$ mmHg</p> <p>PR: 98 bpm</p> <p>PA - UA - 3 weeks</p> <p>breech</p> <p>FHS absent</p> <p>uterus Acting 20/35 sec/10 min</p>
		<p>3rd dose</p> <p>M-misoprostol 100mcg Puroval given @ 6pm</p>
		<p>small</p> <p>HV, HAD, HAD, VADL</p> <p>collect upons</p>
		<p>① regular diet & plenty of oral fluids</p> <p>② w/ normal action & progression of labor</p> <p>③ BP, PR, Temp monitoring with my.</p> <p>④ w/ any PV bleeding / PV back / passage of products of conception</p> <p>⑤ inform staff</p>
		<p>Dr. VS Kavya</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26
9pm

Y/S/B - Dr. Ratna Valli (Reg)
Dr. Niroshini (PC)

G3E1A2 | 31wks POA | IVF conception |

Breech | IVFD | GDM on MNT | severe anemia

GC - No pallor

Afebrile

BP - 110/70 mmHg

PR - 80/min

RR - 14/min

HL - NAD

P/A - ut ~ 31wks
Breech

ut ~ acting (3" | 30" | 10min).
④. w/ any bleeding, leaky P/V.

Rx :

- ①. Regular diet.
- ②. plenty of oral fluids.
- ③. BP, PR, Temperature monitoring hourly.

24/6
4:30am

^{king}
^{Pr. minor}
Y/S by Dr. Ratnavalli

GC - fair

TPR - (2)

BP - 110/70 mmHg

P/A ut 30wks
Breech.

ut relaxed

↓ Aseptic cond T. MISOPROST 400mg kept P/V

27/6/26
8000

CLIB Dr. Ashalatha (Reg)
Dr Soumya (Ph) / Dr. Niroshini (Ph)
A. Nisha (Ph) / Dr. Nishita (Ph)

G2 GA2 [31 weeks + 2d POA | IVF conception | breech | WAD]
GDM on MNT (severe Anemia

vic pairs
Afebrile
(induced 5 dose of 7-miso 100mg
last dose @ 11:30 AM) ✓

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

PR - 86 bpm

RR - 16 rpm

H/C - No abnormality detected

PA - ut ~ 31 weeks
Breech
FHS ⊖

Uterus acting (oc/assoch/omin) monitors uterine

FBS - 97 mg/dL

- ① regular diet is plenty of oral fluid
- ② w/ uterine contractions & progression of labor.
- ③ w/ any PV bleed (bleed) passage of products of conception
- ④ monitor vitals
- ⑤ inform sig

~~flowed by gauri~~

6th Dose
7-miso most 100mg given orally @ 8:30 AM

- ⑥ T. Azithromycin 500mg 1st 2th by
- ⑦ T. Parvop 40mg 1st 2th by

pla

Job

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref No. F / HW / DCN / IMDR / 15
KMV-00013682 IP22-00023348
Patient Mrs VANGALAPURI DIVYA
28-08-1990 35 Y 9 M 27 D (F)
Dr. CHUPPANA RAGA SUDHA
Age: ...
I.P. No.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>CLSI by Dr. Ch. Raga Sudha mba (Cons)</u>
<u>22/06/20</u>	<u>9 AM</u>	<u>Plan:</u> - give 15. Misoprostol 100mg plv @ 12:30pm (7th dose)
		<u>Dr. Raga</u>
		<u>Dr. Raga</u>
<u>24/06/20</u>	<u>12:30 PM</u>	<u>CLSI Dr. Ashalatha (Reg)</u> <u>Dr. Sowmya (PL)</u>
		Gc: fair, vitals - stable P/A: uterine - 30cm x 30cm ep Breech uterus w mild active Gc 30x30x10cm.
		<u>Act</u> 1) Tab. MIFEPRISTONE 200mg plv stt 2) wlt uterine action 3) wlt labour progression. 4) Monitor vitals 5) Report s.o.s

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/21
3:00pm

cls/B Dr. Nikita (Reg)
Dr. Sowmya (PG2), Dr. Nikita (PG1)

G3E1A2) 31w + 2day POG | IVF conception | Breech (IUGR)
GDM on MNT | severe anaemia.

Cc: Fair

Afebrile

BP: 120/70 mmHg

PR: 84/min

RR: 14/min

H/C: No abnormality detected

P/A: uterus ~ 30 weeks

Breech

FHS ⊕

uterus ~ midclavical

ACW

1) w/ regular diet with plenty of oral fluids

2) w/ uterine actions

3) w/ labour progression

4) w/ leaking plv (bleeding plv)

5) monitor vitals

6) Supine S.O.

↓
w/ vitals

T. MIFEPRISTONE 200mg given plv at 12:30pm

↓
w/ vitals

CI to Dr. Ch. Rago Sanku malan (CONS)

Plan:

- 15. Misoprostol 100mg plv @ 12:30pm

[Signature]
Rajz

H-B Dige
Drug

check ABG tomorrow morning

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/06/2024	9pm	C/S By Dr. Keupashika (Reg) D. Sainya (Pg)
		G3E1A2 3 rd link prog IVF conception Breech / IUFD gdm on MAT severe anemia
		bc's path ⊕ Afebrile BP: 110/70 mmHg PR: 84 bpm RR: 16/min HIL: NAD PIA: uter 3/4 ut relaxed fp ⊕
		1) 15. Misoprostol 100mg po @ 6 AM 2) Continue oral R as per chart 3) Reg diet and plenty of oral fluids 4) w/t any uterine action 5) Vitals ⊕ 6) Lufom so-
		Toda FBS tomorrow
		Wojel by Klaag 01/24
		Signature
25/06/2024	12:20pm	Ⓛ - 15. misoprostol 100mg po given Dose-2 @ 6:30 AM
		Signature

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/2026
8AM

CLB Dr. Ashalatha (Reg)

Dr. Niroshini (PA) / Dr. Soumya (PA)

Dr. ^{Nishe} Soumya (PA) / Dr. Nihita (PA)

G₂E₁A₂ | 31 week + 3rd POA | IVF conception | breech | WPD
ADM on MNT | same anemia

also

all fangs
Atebite

BP - $\frac{122}{64}$ mmHg

PR - 98 bpm

+HC - No abnormality detected

PA - do not - 31 weeks age.
breech
HHS (-)

vt acting (2/30 sec/10 min)

1) Regular diet with plenty of oral fluid

2) wlf uterine actions & progression of labor

3) wlf leaking PV/bleeding PV

4) monitor vitals

5) uniform sol

2nd cycle 3rd dose T. MISOPROST 100mcg
Given per orally @ 8:50AM,

Nishe

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

P: KMV-00013682 IP22-00023348
Mrs VANGALAPURI DIVYA
28-08-1990 35 Y 9 M 30 D (F) F
A Dr. CHUPPANA RAGA SUDHA
I. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/20	4:00pm	C/L/B Dr. Ratnavalli (Reg) Dr. Nishu (Plu), Dr. Nishu (Plu)
		C ₃ E ₁ A ₂ 3w + 3 days POG Breech ADM on MNT severe anaemia.
		G: Fair Afebrile BP: 120/80 mmHg PR: 86/min RR: 14/min H/L: No abnormality detached PLA: uterus w/30 week POG Breech uterus w/acting
		1) Regular diet with plenty of oral fluids 2) continue Rx as per drychart 3) w/ uterine action 4) w/ labour progression 5) w/ leaking plv, bleeding plv. 6) monitor vitals 7) Inform S.O.S.
		3rd dose of MISOPRISTOL 100mg given @ 12:50pm
		G. Nishu
25/6/20	5:00pm	G: Fair, vitals: stable plv: cu: tubular
		Noted by <u> </u>
		For Foley's induction.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

↓ Aseptic Cond Foley's catheter
placed inside the cervix &
inflated = 50cc distilled water
Bleeding through foleys seen
About 100ml of blood & 400gms
of clots passed.

O/E GC - cons/coherent

PR - 120bpm

SPO₂ 98%

BP - 128/78mmHg

P/A ut 30 wks

FPT

Bleeding through Os +

Patient posted for ~~LC~~ Hysterotomy
in v/o ? Abrupton.

PT, INR

CBC

2 units PRBS - 1 unit issued
1 unit reserve.

High Risk Consent

Consent for Hysterotomy

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Post op orders : US/ Dr. Nikita (reg)
25/6/26	8:30 pm	G ₁ A ₂ D ₁ / P00-0
		order
		1) aefaus Afefnla Inj. CLINDAMYCIN 600mg IV 8 th hourly
		2) BP - $\frac{110}{70}$ mmHg Inj. PANTOP 40mg IV 24 th hourly
		3) Inj. DYNAPAR 8mg/100ml NS 8 th hourly.
		PR - 82bpm RR - 14cpm HLL - No abnormality detected 4) MF - 200L 20NS } @ 100ml/hz 100NS
		5) NBM for 6 hours PA - uterus retracted well oral sigs at 1:30 AM. after checking bowel sounds
		6) ac - No active PV bleeding 7) w/ any active PV bleeding. 8) w/ Dressing soilage monitor BP, PR, RR, Temp every 1 th hourly
		9) SP cannula on situ inform SOB
		10) B/L breast soft Early: IVFD Inj. T-CARBORADINE 0.5mg P/O stat.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Shree

11:30 pm
25/6/26.

C/S | B Dr. Nikita (Registrar)

POD-0 E, D, A2

GC - fair
Afebrile, P_o
CVC - G₂S₂ - (N)
Chest - B/L clear.
BP = 116/82 mmHg
PR = 92/min
SpO₂ = 100%
U/O = 300 mL (clear).

P/A - nt. contracted
active
UE - no bleeding noted
SR cannula in situ
(removed)

Adv:

- Monitor vitals, I/O.
- Inform SOC.
- Follow post op orders.

1:30 am
26/6/26.

POD-0

GC - fair
Afebrile, P_o
Chest } NAD.
U/O }
P/A - nt. contracted
UE - no active bleeding
noted

Adv:

- Patient can be shifted to ward.
- Follow post op orders.
- Monitor BP, PR, SpO₂, U/O 4th hourly.
- Inform SOC.

To Do FBS
PPBS

nt a ngr

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

P: KMV-00013882 IP22-00023348
Mrs VANGALAPURI DIVYA
28-08-1990 35 Y 9 M 31 D (F)] F
A: Dr. CHUPPANA RAGA SUDHA
I.F: 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/20	8:30am	01/1B Dr. Raga Sudha (Consultant)
		E, D, A, 2 P00-0 gram on MAT <u>semen analysis & collection.</u>
		CC: fair
		1) soft diet with plenty of oral fluids
		Afbxrlk
		BP: 123/80 mmHg
		2) T. DALACIN 300mg p/o qthly
		PR: 86/min
		3) T. PANOP 40mg p/o qthly
		PR: 16/min
		HIL: No abnormality detected
		4) T. ACECLOP LUS 500mg p/o qthly.
		PLA: uterus retracted well
		5) soft bleeding p/w
		6) soft dressing soaked
		7) Ambulation
		8) monitor vitals
		9) Euphm S.O.I
		B/L Breast sgt
		<u>Remove Foley's</u>
		<u>Remove 50 cmwye.</u>
		Urine Output: 1290 ml: OT
		<u>TO DO</u>
		<u>PRB) - 1</u>

M. B. Vengay

C. N. S. S.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/06/20

2pm

C/S | By Dr. Raviwari (T)

In Company (PG) / Dr. Nihita (PG)

P.D. E.A. - POD 'I' of Emergency hysterotomy ilio; Abruption (Gom on mnt | severe anemia & coagulati

Ac: Mild pallor ⊕

Afebrile

Bp: 110/70 mmHg

PR: 84 bpm

RR: 16/min

HIL: NAD

PIA: ut retract well

O/E: NAD

Cumulative pass.

- ↳
- 1) leg dext and plenty of am fluid
 - 2) Continue scal. b as per chart
 - 3) w/ active b. pl.
 - 4) Ambul also.
 - 5) Vitals monitoring
 - 6) Infor so.

Noted by Dr. Nihita

By Dr. Nihita

10 PRBC was transfused with b

d.b. 6.26

10:30 pm

I POD Post-hysterotomy

O/E by Dr. Ashalania / Dr. Nihita (PG)

Ac: Mild pallor ⊕

Temp: ⊕

BP: 120/70 mmHg

PR: 80/min

HIL: NAD

~~PRBC~~

10 PRBC in 25.6

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient N° KMV-00013682 IP22-00023348
Mrs VANGALAPURI DIVYA
Age : 28-08-1990 35 Y 10 M 1 D (F)
Dr. CHUPPANA RAGA SUDHA
I.P. No. : 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		1. Reg. diet
		2. Plenty of oral fluids
		3. continue to as per drug chart
		4 vitals
		5 Ambulation
		6. Infirm for
		<i>Noted by Gowri?</i>
		<i>dhv</i>
		<i>to do CBC tomorrow morning</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/06/2026

8am

SIB Dr. Anshuhat (Res)

SIB Dr. Soumya (Res) / Dr. Niroshini (Pu)

Dr. Rushe (Pu) / Dr. Nikita (Pu)

PID, AE₂ POD - II Em. hysterotomy for IUFD 27/6

GDM on MNT / severe anemia ^{post} / placental abruption -
No fresh complaints.

at this

Atelank

BP - $\frac{100}{70}$ mmHg

PR - 100 bpm

RR - 16 bpm

HIL - No abnormality detected

PA - uterus retracted well (u)

PF - No active PV bleeding

order

① Regular diet & plenty of oral fluid

② T. PALACIN 300mg PO 8th hly

③ T. PANTOP 40mg PO 2th hly

④ T. ACECOPUS 500mg PO 8th hly

⑤ w/ bleeding PV

⑥ Ambulation

⑦ monitor vitals

⑧ inform S.O.S

Rushe

SLC breast r/l r/f

Baby mother and IUFD

passed mha stool not passed yet

CBC

Hb - H. 7.2 g/dL

Plt - 5.11 L/cmm

PCV - 22.6 vol

WBC - 12,290 /cmm



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

REGULAR PRESCRIPTIONS

DRUG : T. AZITHROMYCLIN

Dose	Route	Frequency	Start Dt.	Date Time						
500mg	PO	24 th by	24/6	10 AM	24/6	25/6				

Name & Signature of the Doctor starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign. *[Signature]*

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.	Date Time						
40mg	PO	24 th by	24/6	10 AM	24/6	25/6				

Name & Signature of the Doctor starting the Drugs: *[Signature]*

Additional Instructions:

Daily Doctor's Endorsement by a Sign. *[Signature]*

DRUG : Inj. CLINDAMYCLIN

Dose	Route	Frequency	Start Dt.	Date Time						
600mg	IV	8 th by	25/6	9 AM	25/6					

Name & Signature of the Doctor starting the Drugs: *[Signature]*

Additional Instructions: 11 AM stop on 26/6 @ 10:00 AM

Daily Doctor's Endorsement by a Sign. *[Signature]*

DRUG : Inj. PANTOP

Dose	Route	Frequency	Start Dt.	Date Time						
40mg	IV	24 th by	25/6	6 PM	26/6					

Name & Signature of the Doctor starting the Drugs: *[Signature]*

Additional Instructions: stop on 26/6 @ 10:00 AM

Daily Doctor's Endorsement by a Sign. *[Signature]*

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

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
22/6	1:00pm	T. MIFEPRISTONE	600mg	oral	R	Malathi Pallavi
23/6/26	6:00am	T. MISOPROSTOL	100mg	plv	A	Sireesha Sireesha
23/6/26	12:00pm	T. MISOPROSTOL	100mg	plv	A	low? Sankhya Kush
23/6/26	6pm	T. MISOPROSTOL	100mg	plv	A	Pooja Sireesha Sireesha
24/6/26	12Am	T. misoprostol	100mg	plv	A	Sireesha Sireesha
24/6/26	1:30am	T. MISOPROST	100mg	p/v	R	Sireesha Sireesha
24/6/26	8:30am	T. MISOPROST	100mg	po	Kush	low? Sankhya
24/6/26	12:20pm	T. MIFEPRISTONE	200mg	oral	A	low? Sankhya
25/6/26	12:30am	T. misoprostol	100mg	oral	A	low? Baisala
25/6/26	4:40am	T. misoprostol	100mg	plv	A	low? Bair

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

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

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
25/6/26	8:50 AM	T. MISOPROST	1000 mcg	PO	<i>[Signature]</i>	Kayari Gauri
25/6/26	12:50 PM	T. MISOPROST	100 mg	PO	<i>[Signature]</i>	Kayari Gauri
25/6/26	5:40 PM	Eq. TRAXETA	1g	IV	<i>[Signature]</i>	Usha Mabli
25/6/26	6:50 PM	Eq. CLINDAMYCIN	600mg	IV	<i>[Signature]</i>	Usha Mabli
25/6/26	6:50 PM	Eq. INDOMET	100mg	IV	<i>[Signature]</i>	Usha Mabli
25/6/26	6:50 PM	Eq. PARVIR	400mg	IV	<i>[Signature]</i>	Usha Mabli
25/6/26	7:15 PM	Eq. Tranexa	1gm	IV	<i>[Signature]</i>	Usha Srinu
25/6/26	7:32 PM	Eq. Methergin	0.2 mg	IM	<i>[Signature]</i>	Usha Srinu
25/6/26	11 PM	T. CABERGOLINE	0.5 mg	P/O	<i>[Signature]</i>	Usha Srinu
25/6/26	5:40 PM	T. MISOPROSTOL	100 mg	P/O	<i>[Signature]</i>	Usha Srinu Diya Kayari

CAESAREAN SECTION OPERATIVE NOTES

Name: Ms Divya Consultant I/C: Dr Ragandhe Reg.No. _____

Surgeon's Name: <u>Dr Ragandhe</u>	Date of delivery: <u>25/6</u>
Assistant surgeon: <u>Dr Ratnevali</u>	Time of delivery: <u>7:31pm.</u>
Anaesthetist: <u>Dr Dheeraj</u>	Sex of baby: <u>FEMALE</u>
Type of Anaesthesia: <u>spinal</u>	Weight of baby: <u>1.311kg</u>
Paediatrician:	Apgar Score: <u>zero</u>
Scrip Nurse: <u>Miss Satya</u>	NICU Admission:

Elective Emergency Indication: G3E1A, 31wks/IVF conception
 Urgency Immediate threat to life of woman or fetus Breech/IVFD/Abruption
 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: 3-5ml

CTG description _____

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: Cephalic breech Other _____ Cervical dilatation: _____ cm
 5th palpable: _____ Fetal position: _____
 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 *Breech extraction*

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: *Placental Abruption c dots seen & s/r cannula placid*

Uterine closure: One Layer Two layers *No-1 Vicryl* Suture

Peritoneal closure: Pelvic Abdominal None _____ Suture

Sheath closure: *No-1 Vicryl* Suture

Fat closure: Yes No _____ Suture

Skin closure: Subcuticular Matters *Vicryl rapid* Suture

Vagina evacuated: Yes No Estimated blood loss: *100 ml*

Drain: Yes No Remove in _____ days Await instructions

Catheter: Yes No Remove in _____ 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: *Vitals monitoring*

[Signature]
Signature

PREANAESTHETIC EVALUATION

Date: 25/6/20 Time: 6:45pm Name: V. Dinya

Proposed Operation: Emergency ces Age: 35y

Preoperative Diagnosis: Primi c 31wks 27 Polg c IV conceptus Sex: female
c severe anaemia c IUD c sudden onset

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

LABORATORY DATA

Hgb <u>8</u>	Glucose	Protien	HIV	X-ray	Other:
PCV	Urea	Alb	HBS Ag	ECG	
WBC	Creat	Total Bill	HCV	2D Echo	
Plate	Na	Dir. Bill	Blood group <u>B+</u>	Stress/Anglo	
PT <u>17.8</u>	K	LDH	Other		
PTT <u>1.3</u>	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: —

Medical History: Sickle cell anaemia CVS: Sp2 (+) MO

RESP: B/L AE (+) c/o Active Bleeding starting at 5:45pm (~40ml)

CNS: Diabetes: (+) GDM controlled now

Renal: — APD +/- vitals normal

Hepatic / GE: (+)

Others:

Past Anaesthetic History: lap. hysterectomy w/ 2019

Physical Exam: P (+) I-C-C-L-F - Adequate

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

Lungs: (+)

Heart: (+) Pupils: Blue reactive EVM: 18

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:

- DVT Prophylaxis
- NBM form:
- Informed Consent Standard / High Risk

Syondem 4mg IV
1.0 PRBC for autotransfusion

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 119bpm SaO2: 99% RA
R.R.: 18/min Last Feed: 1pm
B.P./C.T.Y.: 124/86 meteg

Signature: [Signature] Dr Dheeraj
Pl. patient explained High risk of Bleeding & Hemodynamic instability & taken for Sp



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : V. Dinya Age : 3.5y
 Gender : M F - IP No : 23348 Consultant : Dr. Ragasudha
 Ward / Bed No. : Anaesthesiologist : Dr. Dhruvaja
 Operative procedure planned : Em. LSC

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 : Bleeding, connection to GA, Two stay

Comments : Hemodynamic instability

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 / my patient V. Dinya the above mentioned operation / Diagnostic / Therapeutic procedures Emergency LSC

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 : *Jayudeva Rao*
Name : *Jayudeva Rao*
Relationship with Patient : *Husband*
Date & Time : *25/6/26 at: 6:50PM*

Witness :

Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :

Signature : *[Signature]*
Name : *Dr. Dhruvaja*
Date & Time : *25/6/26 6:50pm*

Informed Consent for Surgery or Special Procedure

Patient Name : Mrs. V. Divya Age : 35yrs Gender : Female
 UHID / IP No: KMV - 13682 / 23348

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) Hysterectomy
 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.

risk of bleeding, injury to adjacent organs

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:	Relative	Witness:
Signature: <u>[Signature]</u>	Signature: <u>[Signature]</u>	Signature:
Name: <u>Divya</u>	Name: <u>Venu Devi Rao</u>	Name:
Date & Time: <u>25/6/26</u> at: <u>7pm</u>	Relationship with patient: <u>Husband</u>	Date & Time:

Signature: [Signature] Name of Doctor: Dr. Rajasekh
 Date & Time: 25/6/26 8pm



Informed Consent for High Risk

Patient Name: V. Divya Age: 35 Gender: M F

IP No.: 23348

I/We V. Vasudeva Rao, V. Divya have been explained by Dr Dheeraja

about the medical condition and the proposed procedure.

I / We have been told that our patient V. Divya has the

following Medical Condition / Diagnosis :

G3GA2 @ 31 wks 2/7 POG @ IVF conception @
IUD @ severe anaemia & Bleeding

Proposed Treatment / Procedure / Operation :

I / (We the relative / legal guardian) have been explained in the language understood by me / us, about the medical condition mentioned above and that our patient has following risks involved during the hospital stay

Hemodynamic instability, Bleeding, Connection to
General anaesthesia, Need for ICU stay

I/We have been explained that our patient carries a higher risk than usual and there reasons for the same.

I/We have been informed that the ongoing treatment in the ICU involves the risk of unsuccessful result, complication, temporary or permanent injury or disability and even fatality from known or unforeseen causes and no guarantee or promises have been made to me / us concerning the results of the procedure or treatment.

We have understood the consequences of not undergoing the proposed treatment.

I/We hereby give (my /our) full consent for the above - mentioned treatment.

I / We also indemnify the hospital, the concerned Doctors and the hospital staff in case of any adverse consequences arising from the treatment.

	Name	Signature
Patient	<u>Divya</u>	<u>Divya</u>
Witness 1	<u>V. Vasudeva Rao</u>	<u>Vasudeva Rao</u>
Relative / Legal Guardian		
(Relationship with Pt)		
Doctor	<u>Dr. Dheeraja</u>	<u>[Signature]</u>

Date : 25/6/20

Time : 4 pm

రోగి పేరు వయస్సు పు స్త్రీ

బి.సి. నెంబరు

నాకు మాకు డా|| గారు ఆరోగ్య స్థితి మరియు అనుసరించవలసిన చికిత్సా విధానమును గూర్చి వివరించినారు.

మా రోగి యూక్రింద పేర్కొన్న ఆరోగ్యస్థితి రోగ నిర్ధారణ కలిగి యున్నాడని నాకు మాకు వివరించబడినది

ఉద్దేశించబడిన చికిత్సా విధానము ఆపరేషన్

నాకు (బంధువులు లీగల్ గార్డియన్) అయిన మాకు అర్థమయ్యే భాషలో మారేగి యొక్క సైన పేర్కొన్న ఆరోగ్యస్థితి మరియు అనుపత్రిలో చికిత్స కోరకు వ్రండనప్పుడు ఈ క్రింది రిస్క్లు వుండవచ్చునని వివరించబడినది.

సాధారణం కంటే మారేగి అత్యధిక రిస్క్ కలిగియున్నాడని అందుకు సంబంధించిన కారణాలు నాకు మాకు వివరించబడినది.

బి.సి.యులో పొందుచున్న చికిత్స యొక్క ఫలితము అనుకూలం సంక్లిష్టం ,తాత్కాలిక లేక శాశ్వతమైన గాయం అంగవైకల్యం మరియు ఊహించినలేక ఊహించని పరిణామాలు సంభవించవచ్చునని, చికిత్స లేక చికిత్సా విధానం యొక్క అంతిమ ఫలితం గురించి ఎటువంటి గ్యారంటీ లేక హామిగాని వుండదని నాకు మాకు వివరించబడినది.

నేను మేము ఉద్దేశించిన చికిత్స తీసుకోనట్లయితే వచ్చే పరిణామాలను అర్థజా చేసుకున్నాను ము

నేను మేము పై పేర్కొన్న చికిత్సకు సంపూర్ణమైన అంగీకారము తేలియచేస్తున్నాను ము.

చికిత్స వల్ల కలిగే ఎటువంటి వివరీత పరిణామాలకు అనుపత్రిని సంబంధిత డాక్టర్లను అనుపత్రి సిబ్బందిని బాధ్యులం చెయ్యనని కూడా నేను మేము హామి ఇస్తున్నాను ము.

	పేరు	సంతకము
రోగి		
సాక్షి 1		
బంధువు లీగల్ గార్డియన్		
రోగితే గల బంధుత్వం		
డాక్టరు		

తేదీ

సమయం



Chhatrapati Shivaji Voluntary Blood Cen

(A Unit of Grameena Vidyabivruddi Sangam)

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

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

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



Request ID : CSVB26-R02841
 Hospital : Rainbow Children's Hospital
 Doctor : Dr. RAGA SUDHA GARU
 Issue Date / Time : June 25, 2026, 6:30 p.m.
 Contact Number : 9581413255

Mrs. V.Divya

O Rh(D) Pos | 35 Years, Female

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

S.No	Product Name & Donor ID	Donor Blood Group	Collection Date	Expiry Date	Crossmatch Result
1	Packed Red Blood Cells I.P 2396 (250ml)	O Rh(D) Pos	June 19, 2026	July 23, 2026 11:59 PM	Compatible AHG Major: 0

Crossmatched By:
Harish B

Cross Checked / Issued By:
Harish B

Instructions & Consent

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

Adverse Transfusion Reaction Form

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

Request ID: CSVB26-R02841

Patient: Mrs. V.Divya

Hospital: Rainbow Children's Hospital

Product Name & Donor ID:

Condition of Patient Pre-transfusion:

Start Time:

BP:

Respiratory Rate:

SPO2(%):

Rate of transfusion:

Stop Time:

BP:

Respiratory Rate:

SPO2(%):

Amount Transfused:

Signs & Symptoms :

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

Other:

Signature of Doctor



CONSENT FOR BLOOD TRANSFUSION

Patient Name: M.S. V. Divya Age: 35/1.5
 Gender: M F - IP No.: 00023348
 Ward / Bed NO.: OT Date: 25/6/2026

Type of Blood Product: 10 PRBC

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

The doctor have explained to me about he alternative for this procedure that 0

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

Patient(Or Patient relative./ Guardian):

Signature: Vasudeva Rao
 Name: V. Vasudeva Rao
 Date & Time: 25/6/26 at 6:50 PM

Witness:

Signature:
 Name:
 Address:
 Contact No.:
 Date & Time:

Doctor(Who is taking the consent):

Signature: [Signature]
 Name: Dr. Dhruva
 Date & Time: 25/6/26

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

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

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

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

సాక్షి
 సంతకము
 పేరు.....
 తేది మరియు సమయము



BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : Mrs. V. Danya UHID : KMV-00013682 I.P. No. : 0.0023348
 Age : 35/yr Gender : Female Department : OT Ward :
 Blood group of the patient : O+ve Blood group on the Blood bag : O+ve
 Blood bank issue no : 2396 Date of collection : 19/6/2026 Date of expiry : 23/7/26
 Date & Time of starting transfusion 25/6/26 Planned duration of transfusion : 25/6/26

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO ₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
7:33 pm	101b/min	98.3°F	104/67 mm/hg	100%	-	-	-	-
7:45 pm	110b/min	98°F	110/60 mm/hg	100%	-	-	-	-
8 pm	103b/min	97.4°F	119/74 mm/hg	100%	-	-	-	-
8:15 pm	100b/min	98°F	121/79 mm/hg	100%	-	-	-	-
8:20 pm	97b/min	97.4°F	110/70 mm/hg	100%	-	-	-	-

Comments : 10 PRBC O+ve Blood Transfusion Completed
without Any Reactions

Nurse Name : Usha Nurse Signature : [Signature]

MITRA
Department of Blood

BLOOD BAG 350 ml



Packed Red Blood Cells I.P

Donor ID : 2396
Volume : 250ml
Collected on : 19/06/26
Expires on : 23/07/26
Issued on : 25/06/26



Rh(D) Positive

Compatible For :

Mrs. V.DIVYA

Age : 35 Years

Sex : Female

Hospital : Rainbow Children'S Hospital

X-Match : 25/06/26 by Harish B

RID : CSVB26-R02841

Patient B.G : O Rh(D) Pos

Method : Gel card

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

2026-04

2026

002604147

309.38

C10

orale

*10 PRBC O+ve Blood
Transfusion Completed
at: 8:20 PM 25/6/26
Udh 01682C*

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

DEPARTMENT

NAME:

UHID / I.P.NO.:

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:


SIGNATURE:



PATIENT TRANSFER FORM

Patient Name / I.P. No <i>m. Divya / 23348</i>	Date & Time of Admission <i>22/06/2026 @ 12:45 pm</i>	Date & Time of Transfer Order <i>26/06/2026 @ 2Am.</i>	
Treating Consultant <i>Dr. Ragasudha</i>	Transfer ordered by <i>Dr. Niketha</i>	Reason for Transfer <i>Postoperative Care</i>	
From Bed / Ward / Hospital <i>mic</i>	To Bed / Ward / Hospital <i>320</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>38</i>	Number of Imaging films <i>—</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>Dy. clinda 600mg — 01</i>	<i>Dsy 10 — ①</i>	
2.	<i>Dy. dextroferal — ③</i>		
3.	<i>AS — ②</i>		
4.	<i>ns 1000 — ③</i>		
5.	<i>Dsy 200 — 02</i>		
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Jhan</i>	Name of person ordering transfer <i>Dr. Niketha</i>	Name & Signature of Nurse Supervisor <i>Satya</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time <i>Neel / 06/26</i>			

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

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

Patient Name / I.P. No Mrs. Diya KMV-13682	Date & Time of Admission 22/6/26 12:14 pm	Date & Time of Transfer Order 25/6/26 5:10 pm	
Treating Consultant DR. Rajasudha	Transfer ordered by DR. Ratnauli	Reason for Transfer foleys induction	
From Bed / Ward / Hospital MICU	To Bed / Ward / Hospital LDR-T	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 30	Number of Imaging films -	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.	Lox Jelly	①	
2.	Hand care	①	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Diya	Name of person ordering transfer DR. Ratnauli	Name & Signature of Nurse Supervisor Jyothi	Referral note & referral Doctor Name:
Patient & Clinical records received by: Date 016826			
Signature with Date & Time 25/6/26 at 5:10 pm			

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>ms. Divya</i>	Date & Time of Admission <i>22/6/26 at 12:14 pm</i>	Date & Time of Transfer Order <i>22/6/26 at 3pm</i>	
Treating Consultant <i>Dr. Raghavendra</i>	Transfer ordered by <i>Dr. Nikita</i>	Reason for Transfer <i>plun for IVD</i>	
From Bed / Ward / Hospital <i>MBW</i>	To Bed / Ward / Hospital <i>320</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>22</i>	Number of Imaging films <i>-</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>Crigo</i>	Name of person ordering transfer <i>Dr. Raghavendra</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Suresh</i> <i>22/6/26</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

SURGERY DETAILS

Sl.No.

Date: 25/6/2026

Patient Name : Mrs. V. Divya Age: 35yrs Sex: Female

UHID No. : KMV-00013682 IP No: 00023348

Date of Surgery: 25/6/2026 OT: OT 1 OT 2 OT 3


Name of the Surgery : Emergency LSCS [IUPD]

Time in: 7 pm

Time Out: 8 pm

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Rajarudra	
2. Anaesthetist	Dr. Dheeraja	
3. Asst. Surgeon		
4. OT Technician	Srinivas	
5. Circulating Nurse	Usha	
6. Asst. Nurse	Pavani / Satya	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon 

Signature of Circulating Nurse 

Order No : 691134 / 691135 Ordered by : Jhemi

LSCS

Patent Name Mrs. V. Divya. Age: 35y/12

Gender M F UHS /IP NO. 6MV-00013682.

Date: 25/6/26. Time: 7 PM



CONSUMABLES OF OT

Circulating Staff: Technician:

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

25/6/26

Dr. Raga Sudha
Surgeon

Dr. Dheeraja
Anaesthesiologist

Satya, pavani
Nurse

Srinivas
OT Technician

Order No: 691228

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	IP22-00023348	Ward	3F-THIRD FLOOR
Patient Name	Mrs VANGALAPURI DIVYA	Bed Name	GW 320
Age/Sex	35 Y 9 M 31 D / Female	Order No	22-0000691228
Date	26/06/2026 05:35	Prescription No	PRIP22-0292152
Payor	SELPAY	Dispensed Date	26/06/2026 05:47
UHID	KMV-00013682		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblue	GENERAL	BEDSHEET2026	12/29	1 ✓	250.00	250.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	1 ✓	135.00	135.00
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1 ✓	28.13	28.13
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	1 ✓	2.71	2.71
5	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10 ✓	10.00	100.00
6	FOLEYS CATHETER 16- UROCATH		GENERAL	G26B120058	01/31	1 ✓	259.50	259.50
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2 ✓	18.74	37.48
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	1 ✓	949.00	949.00
9	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1 ✓	194.00	194.00
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10 ✓	23.43	234.30
11	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1 ✓	100.31	100.31
12	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	5 ✓	91.00	455.00
13	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	2 ✓	91.00	182.00
14	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2 ✓	91.00	182.00
15	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	10 ✓	11.25	112.50
16	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1 ✓	7.67	7.67
17	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D1O	11/28	1 ✓	140.00	140.00
18	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R022609O9	01/29	1 ✓	814.00	814.00
19	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2 ✓	170.00	340.00
20	UROBAG (ADULT) - URODYNE		GENERAL	K25J050041	09/30	1 ✓	395.00	395.00
21	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1 ✓	739.00	739.00
22	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1 ✓	519.00	519.00
23	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	1 ✓	951.00	951.00
Total :							5,990.74	7,127.60

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Receiver Name



CONSUMABLES OF OT - 218

Patent Name: V. Divya Age: 35y
 Gender: M UHIS/IP NO: 23348
 Date: 25/06/26 Time: 7:00 pm

Circulating Staff: Usha Technician: Stimivan

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)
	Issued	Used		Issued	Used	
ET tube			Major Pack			Inj. Vit.K
LMA			Sutures			Cord clamp
ECG leads: A/P/N		<u>03</u>				Suction Catheter
HME filter: A/P/N						Feeding Tube
Syringe 10 cc		<u>03</u>	Gloves <u>6.5</u>	<u>01</u>		Vaccum Suction Set
05 cc		<u>01</u>				Surgical Gloves
02 cc						Gauze Pack
01 cc						Syringe 1 m/ 2 ml
Cautery Plate: A/P/N			Surgical blade			Surgical Blade # 20
IV set		<u>01</u>	NG tube			Koochies (S)
RL		<u>01</u>	Cautery Pencil			
NS: 10ml/100ml/500ml/1000ml		<u>01</u>	Koochies			
<u>Transaxomic</u>		<u>02</u>	Ointments			
<u>Nept</u>		<u>01</u>	Suction Catheter			
Fentanyl			Cap. Mask			
Morphine			Gauze Pack			
Ketamine			Mop Pack			
Propofol			Steristrip			
Rocuronium			Underpad			
Glycopyrolate			Draw Sheet			
Myopyrolate			Abgel			
Ondansetron		<u>01</u>	Foleys Catheter			
Pencan 23g/Spinal Needle <u>25g</u>		<u>01</u>	Urobag			
Bupivacine 0.25%			Chest Drainage Catheter			
Bupivacine 0.25%(Heavy)		<u>01</u>	Romodrain bag			
Antibiotics			Bandage			
<u>Dxifacik</u>		<u>04</u>	Tegaderm			
Suppositories			loban			
Anamol: 80mg/250mg/170 mg			Double J Stent			
Supridol 100mg			Vaccum Suction set			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet			
Tab. Misoprost: 200mg			Betadine Solution			
<u>MEM</u>		<u>01</u>	Microshield			
<u>O2 MARK</u> (A)		<u>01</u>	Cotton Balls			
<u>DNS</u>		<u>01</u>	Latex Gloves			
			Ramdione Scrub			
			Saral			

M.M.
28/6/26

Surgeon: Dr. Rajesh Kumar Anesthesiologist: Dr. Dhoreja Nurse: _____ OT Technician: _____
 Order No: 691132 Ordered by: _____

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

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Age/Sex	35 Y 9 M 30 D / Female	Order No	22-0000691132
Date	25/06/2026 20:46	Prescription No	PRIP22-0292116
Payor	SELPAY	Dispensed Date	25/06/2026 21:29
UHID	KMV-00013682		

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	BUPICAINE INJ VIAL 0.5% 20ML		H	BPC26001	02/28	1✓	94.20	94.20
3	DNS 500ML BOTTLE-NIRLIFE	NIRLIFE HEALTH CARE		1F252242	05/28	1✓	91.35	91.35
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	2✓	28.13	56.26
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1✓	21.56	21.56
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	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1✓	525.00	525.00
9	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	39261	09/27	1✓	15.90	15.90
10	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	1✓	93.94	93.94
11	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1✓	12.72	12.72
12	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26A040057	12/30	1✓	460.00	460.00
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1✓	69.39	69.39
14	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	1✓	91.00	91.00
15	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2508007	07/30	1✓	221.72	221.72
16	THEMICAR 30MG INJ 10ML		H	TMR25005	10/27	1✓	364.35	364.35
Total :							2,242.39	2,522.45

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA