

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 : IP22-00023354

Admit Date : 22-Jun-2026

Admit Time : 11:20 PM UHID : HCV-00040989

Patient Details :

Patient Name : Mrs SARIPALLI VENKATA SATYA MOUNIKA

Age : 24 Y 1 M 0 D

Guardian : VENKATA PRABHAT

DOB : 22-05-2002

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : kothavalasa B G valasa Visakhapatnam
Andhra Pradesh INDIA 535145

Phone No : 6303896760

E-mail : no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 309

Ward Name : 3F-THIRD FLOOR

Room No : SPVT 309

Admission Type : First Visit

Contact Details :

Name : VENKATA PRABHAT

Relationship : Husband

Contact Address : kothavalasa B G valasa Visakhapatnam Andhra Pradesh INDIA 535145

Phone No :

Signature**Doctor Details :**

Doctor Name : Dr. NAGA SUDHA LAKSHMI G

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : Aditya Birla Health Insurance Co Ltd

ACTIVITY RECORD FOR BILLING

Name:-----

UHID No :..... HCV-00040989 IP22-00023354 Consultant :.....Dept.:.....
Mrs SARIPALLI VENKATA SATYA

Date of Admission :..... 22-05-2002 24 Y 1 M 0 D (F) Date of Discharge:.....Time:.....
Dr. NAGA SUDHA LAKSHMI G

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

WARD TRANSFERS

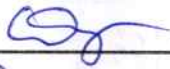

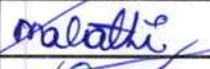


Date	Time	From	To	Signature of Nurse
23/6/26	12:10 AM	MICU	309	Jhoni
23/6/26	7 AM	309	MICU	[Signature]
23/6/26	1:45 PM	m ICU	LDR-II	Pavan
23/6/26	5 PM	LDR-II	m ICU 309	Pavan

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Prathyusha samuel	24/6/26	90803	[Signature]
2.	JITHAN MULLA	24/6/26	90802	Sandhya
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by sandhya

PROCEDURE



Date	Procedure	Quantity	Order No.	Signature
23/6	iv placent	①	90528	
23/6/26	Epidural charges	①	690536	
	AUD c Epidural done			
	By DR. nagasudha malathi	①		
	Time in: 2pm		690641	
	Time out: 3pm			
			690641	

ANY OTHER INFORMATION

Date: 24/6/26

Time: 8pm

Prepared By:

<p>Staff Nurse</p> 	<p>Shift / Ward</p> 	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *came with complaint of leaking plv*

LMP: *28/9/2025*

EDD: *5/7/2026*

Obstetric Formula: *primi*

Corrected EDD:

GA: *38w/day.*

Obstetric History: *primi*

Menstrual History: Regular: Yes No

Obstetric Examination

ML: 11/240.

Fundal Height *norm*

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 checkup.

RISK FACTORS:

*K/C/L/O Hypothyroidism
 : 9 years.
 ↓
 used T. Thyronorm 25mg : 9 yrs
 ↓
 after conception T. Thyronorm
 75mg.*

Per Speculum Examination (C)

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated *2cm*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: *163* cm.

Weight: *80* kg.

Allergies: (C)

Breast: Normal Abnormal

General Examination:

Consciousness: (F)

Pallor: (C)

Icterus: (C)

Edema: (C)

Temp: *Afebrile*

PR: *86/min*

BP: *110/80 mm Hg*

DTR: (F)

CVS: *S1S2 (F)*

RS (C) *Vesicular breath sounds.*

Liver / Spleen: *NAD*

Urine Output: *Normal*

excessive show (F)

DIAGNOSIS

*primi | 38w/day | hypothyroidism |
 in latent labour | for induction of labour*



<p>Family History :</p> <p>Mother : HTN</p> <p>Father : DM.</p>	<p>Surgical History</p> <p>Nil significant</p>
<p>Medical History:</p> <p>Hypothyroidism : 9 yrs</p>	<p>Medication History:</p> <p>→ On T. Thyronorm 75mcg po 2x daily</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admission. 2) Part preparation 3) consent for induction of labour 4) CTG with hourly monitoring. 5) FHR hourly monitoring. 6) wlt uterine action 7) wlt labour progression 8) Monitor vitals 9) Suppms s.o.s 10) T. MISO PROSTOL 50mcg s/lc stat 11) Enema at good contractions. 12) T. MONOCEF 200mg po stat 	<p>Investigations : BCT → Atw</p> <p><u>1st/2nd</u> hb: 11.8g/ml dl plt: 1.56 lakh.</p> <p>TSH: 4.02 S-Creatinine: 0.6. FT4: 1.38</p> <p>HIV } HBsAg } Non Reactor HCV } VDRL }</p> <p><u>1st/2nd</u> 28w + 6 days, presentation: breech placenta: anterior high EFW: 1.229 kgs AFI: 14.9</p> <p><u>6/6/26</u> 36w 4 days 36w 4 days → cephalic EFW: 2.890 kgs (54y.ile) liquor: adequate placenta: anterior umbilical artery within (N) limits.</p>

Doctor Name: [Signature]
 Signature: [Signature]
 Date & Time: 22/6/26 . 11:45 PM

Consultant Name: Dr. Naga Sudha
 Signature: [Signature]
 Date & Time:

HCV-00040989 IP22-00023354
 Mrs SARIPALI VENKATA SATYA
 22-05-2002 24 Y 1 M 0 D (F)
 Dr. NAGA SUDHA LAKSHMI G



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Amrta 22/06/2020 010:35pm

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

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: Came with the Complaints of leaking plv Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Nikal
 Time Notified: 10:38pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
yes	no	no

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>3-5 days</u></p> <p>Onset of Menarche: <u>12 yrs 22/09/2005</u></p> <p>Menstrual Cycle: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>28/09/2025</u> <u>pm</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G P L A

Previous LSCS: NO

Current Medication: None Yes, If Yes, Fill the reconciliation form Tab. Thyronom 75mcg

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 98.4 F HR: 80 bpm RR: 20 bpm
 BP: 110/80 Weight: 79.6 kg Height: 162 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 28 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 20 (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: ms. Moranika B

Orientation not given Reason: -

Nurse Signature: Jhoni

Nurse Name: Jhoni

Date & Time: 20/6/26 @ 10:37pm

23/6/20
7:30am

CLSB Dr. Nikhet (Reg)

Gc: Fair, vitals stable

Patient opted for Epidural Analgesia at 2cm dilatation and hence the same was started by anaesthetist in strict aseptic conditions.

23/6/20
8:00am

CLSB Dr. Naga Sudeha (MC)

primi | 38w 2day | Hypothyroidism | DOL

Gc: Fair
Afebrile
BP: 110/80 mmHg
PR: 88/min
RR: 16/min
HIL: No abnormality
detached

PLA: uterus - term
cephalic
FHJ (+)
uterus - acting

PLV: cx: 60% effaced
os: 3-4cm dilatation
PP: vertex @ -1 station
pelvis: adequate & gynaecoid.

ARM down
↓
clear liquor drained

epidural on flow..

start Sy: Oxytocin 500 if contraction ↓

- R
- 1) Rest in LIP (DFMC).
 - 2) CTG with hourly monitoring
 - 3) FHR continuous monitoring
 - 4) cold uterine action
 - 5) cold labour progression.
 - 6) monitor vitals
 - 7) Sy: MONOCEF 1gm IV stat
 - 8) Sy: ESOMEPRAZOLE 40mg IV stat
 - 9) 20F → 10RL @ 100 ml/hr
 - 10) Oxyform S.O.S

S. N. Sudeha

23/06/2026
11am

Cx - 90% efface
soft mp
os hem dilated
pp vs e - 3' st
pelvis' gm
ad

Adv.

- Continue Oxytocin drip @ U-6dlm
- MR @ cows
- CEG @ utu hls
- W/R ut action, po-

Noted by Girija.

Gy
Day

23/06/2026
2pm

Cx well efface.
soft
os full dilated
pp vs e tr' st
pelvis' gm
ad

Adv.

- Shift to UK

Gy
Adv.

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / DCN / 11111

Pat HCV-01040989 IP22-00023354
Mrs SARIPALLI VENKATA SATYA
22-05-2002 24 Y 1 M 1 D (F)
Age Dr. NAGA SUDHA LAKSHMI G
I.P. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/06/2026 Apr		<u>Asriska' (Kivi) Vaginal Delivery @ RMLE @ EA L10</u>
		↓ Aseptic cone, bladder drained. parts cleaned and draped. pt put in position. 10ml of 1% xylocain infiltrated into perineum. RMLE given. Baby presented as vertex. Due to poor maternal effort baby delivered @ 1st of <u>Kivi cup</u> . Baby cried immediately. <u>Two loops of cord around the neck</u> . Delays cord clamping done and baby handed over to pediatrician. placenta delivered in toto. Episiotomy wound sutured in layers. Hemostasis maintained.
		<u>Result:</u> Fw / 23/6/20 @ 2:35 pm / 2.942kg @ approx 9/10, noth sid
		<u>Immediate post natal hx</u>
		Gc: no path R₀
		Afebrile 1) 15 Pantop 40mg 24hly 1-0-1
		Bp: $\frac{110}{70}$ mmHg 2) 15 MONOCET 200mg pl. 12hly 1-0-1
		PR: 8u L/min 3) 15 Aceclopr 500mg pl. 8thly 1-0-1
		RR: 16/min 4) w/r any bca pl.
		HLL: NAD
		PLA - ut utrad ven
		O/E - NAD P₁₋₀

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

↳ Exclusion breakfast

6) perineal care

7) Vitals (N)

8) Inpours

23/6/26
9pm

By
Dmy

ops by Dr Ratneerchi
Dr Nirashini
(PG)

Gcfa

TPR - (N)

BP - 110/20mg

H/L - NAD

P/A ut atracted
well

O/E NO active bleed

- R₀
- 1) Regular diet
Plenty of fluids
 - 2) Follow oral meds
as per chart

NB Dmy
at 9.10pm

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040989 IP22-00023354

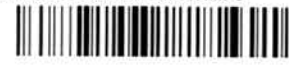
Mrs SARIPALLI VENKATA SATYA

Pat 22-05-2002 24 Y 1 M 1 D (F)

Dr. NAGA SUDHA LAKSHMI G

Age

I.P.



F

...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		cls TB Dr. Naga Sudha Lakshmi
		Dr. Nisha (Ph)
23/06/2026	8am	
		Pt. / PND-1 / Hypothyroidism
		GC fine adv
		Aflexible
		BP - 100/68 mmHg
		PR - 80 bpm
		H/L - No abnormality detected.
		PA - uterus retracted well
		OB - No active PV bleeding
		BL Breast soft
		Plan for baby - mother side
		Discharge
		Dr. Naga Sudha Lakshmi
		(1) Regular def & plenty of oral fluid
		(2) T-MONOCYF 20mg P/O 12th July
		(3) P. PARVU 10mg P/O 24th July
		(4) P. ACCETOXYL 20mg P/O 5th July
		(5) Exclusive breast feeds
		(6) w/o active PV bleeding
		(7) monitor vitals
		(8) warm w/S
		(9) Sitz bath. tid

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23 | 06/2026
8:30AM

CLC 18 Dr. Ashelatha (Res)

Dr. Soumya (Pu) / Dr. Parvathi (Pu)

Dr. Kushe (Pu) / Dr. Nihita (Pu)

PLI / PND-1 | Hypothyroidism

MC fails

Afebrile

BP - $\frac{100}{68}$ mmHg

PR - 80 bpm

RR - 14 LPM

HEC - No abnormality detected

PA - uterus retracted well

OE - No active N bleeding

EC breast soft

Baby well mother feeds

[Signature]

adv

1) Regular diet with plenty of oral fluid

2) 7. monitor rectal temp P/O 12th hly

3) 9. PANTOP 10mg P/O 8th hly

4) 11. Acetaminophen 10mg P/O 8th hly

5) w/ any active bleeding N

6) Exclusive breast feeding

7) monitor vitals

8) on for 24

Nishu

checked by gowd
8:33AM

HCV-00040989 IP22-00023354
 Mrs. SARIPALLI VENKATA SATYA
 22-05-2002 24 Y 1 M 1 D (F)
 Dr. NAGA SUDHA LAKSHMI G

Patient

I.P. No.

Sheet No.

Wards

Weight (kg)



REGULAR PRESCRIPTIONS

DRUG : TB PANTOP

Date: 24/6
Time: 24/6

Dose	Route	Frequency	Start Dt.
40mg	po	24/6	23/6

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

Additional Instructions:

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

DRUG : TB MONOCET

Date: 23/6
Time: 24/6

Dose	Route	Frequency	Start Dt.
200mg	po	Daily	23/6

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

Additional Instructions: 8 AM, 8 PM

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

DRUG : TB. ALECOPUS

Date: 23/6
Time: 24/6

Dose	Route	Frequency	Start Dt.
50mg	po	Daily	23/6

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

Additional Instructions: 2 PM, 10 PM

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

DRUG :

Date:
Time:

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

HCV-00040989 IP22-00023354
 Mrs SARIPALLI VENKATA SATYA
 22-05-2002 24 Y 1 M 0 D (F)
 Dr. NAGA SUDHA LAKSHMI G



Date		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
Time									
Dose		Dose		Dose		Dose		Dose	
Dr Sign.		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.		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
23/6/26	12:20 am.	T-MISOPROSTOL	50mg	SLC	↓	Jhemi Salya
23/6/26	01:30 am	T-MONOCEF	200mg	PO	↓	Jhemi Salya
23/6/26	7:10 AM	Eq: PROTON	1cc	IV	↓	Jhemi Salya
23/6/26.	7:10 am	Eq: EPIDOSCIN	1cc	IV	↓	Jhemi Salya
23/6/26	8:30 am	Eq: MONOCEF	600	IV	↓	Gujjo Duchani
23/6/26	8:30 am	Eq: EDOMEPAROLE	40mg	IV	↓	Gujjo Duchani
23/6/26	4:30 pm	Eq: TRANEXA	1gm	IV	↓	Panai Chp.
23/6/26	4:55 pm	JUST IN	2 cap	P/R	↓	Panai Chp.
23/6/26	4:55 pm	MISOPROSTOL	600 mg	P/R	↓	Panai Chp.

Date: 23/6/25 Time: 8:00 AM Name: S. Venkatasatya Moumita

Proposed Operation: Epidural Analgesia Age: 24 yr

Preoperative Diagnosis: Preeclampsia / 38w2d / Hypothyroidism Sex: F

B.P. H.R. R.R. Temp Height Weight Physical Status 1 2 3 4 5 I.P. No. 23254

LABORATORY DATA

Hgb 11.8 Glucose _____ Protien _____ HIV - NR X-ray _____ Other: _____
 PCV _____ Urea _____ Alb _____ HBS Ag - NR ECG _____
 WBC _____ Creat _____ Total Bill _____ HCV - NR 2D Echo _____
 Plate 1.5 lakh Na _____ Dir. Bill _____ Blood group A+ve Stress/Anglo _____
 PT _____ K _____ LDH _____ Other _____
 PTT _____ Ca++ _____ Alk phos _____
 INR _____ Mg++ _____ Amylase _____

Allergies: Nil

Medical History: CVS: S₁S₂(+)

RESP: B/LA(+)

CNS: Conscious coherent Diabetes: -

Renal: }

Hepatic / GE: } NAD APD+/-

Others: }

Past Anaesthetic History:

Physical Exam Adeq (N) (N) (N)

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

Lungs: }

Heart: }

CNS: } NAD Pupils: (N) / Reactive to light E.V.M 6 15/15

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

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO PREGNANT YES/NO LMP

CURRENT MEDICATIONS:

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

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 98 / min SaO2: 100% RA
 R.R.: 14 / min Last Feed:
 B.P./C.T.Y.: 110/70

Signature: Dr. Phaven

Patient ID : 23359



Department of Anaesthesiology
 AXON ANAESTHESIA ASSOCIATES
 EPIDURAL ANALEGESIA RECORD

Date : 23/6/26 Time: 8:00 AM Procedure done by: Dr. Y.S. Praneel
 CSE/Spinal/Epidural Position: sitting Spacae: L3-L4 Technique (LOR/LOS)
 Depth: Catheter at Skin: 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
Test dose	Inj. Lignocaine	+ Adrenaline	- 3 ml			
Maintainance dose	Inj. Bupivacaine 0.125%	- 10 ml				
Infusion dose	Inj. Bupivacaine 0.125%	infusion @	4-8 ml/hr			
	Monitor vitals		Lower limb movement			
	Inform SOS					

Dr. Praneel

Deliver Details : Time: APGAR: SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected : Removed by Sr. Nurse

Patient Satisfaction: Satisfied 4:30 pm 23/06/26

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



**CONSENT FOR
SPECIAL PROCEDURES
AND SEDATION**

Patient Name : M. S. Venkata Satya Mouika
 Gender : M F IP No. : 23354
 Age : 24y Department : MICU
 Date : 23/06/2026

I, S. Venkata Satya Mouika S/D/W/O.....

hereby consent for the procedure of Spinal Analgesia

For my patient / myself named S. Venkata Satya Mouika UHID NO. 23354

The doctor have clearly explained to me in language known to me about the following possible complications of the procedure : Hypotension, Hemodynamic instability

The doctor have explained to me about the alternative to the procedures as : Labor Analgesia

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

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 procedures as well as sedation.

Name of the Doctor performing the procedure : Dr. Y.S. Praneel

Name of the Doctor administering the sedation :

Patient Attendant:

Signature : V. Prabhath

Name : Venkat Prabhath

Relationship with Patient : Husband

Date & Time : 23/06/2026 - 7:18

Witness :

Signature : S. Sailasa

Name : S. Sailasa

Date & Time : 23/06/2026 - 7:18

Doctor (who is taking the consent) :

Signature : Dr. Y.S. Praneel

Name : Dr. Y.S. Praneel

Date & Time :

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం



పెషెంట్ పేరు :

లింగం : పు స్త్రీ

బి.డి. నెం.

వయస్సు.....డిపార్ట్‌మెంట్.....

తేది :

నేను :S/D/W/O.....

నేను/నా బాలుడు/బాలికబి.డి.నెం.....

జరుగు.....అను విధానంపై 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 పేషెంట్‌కి 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 సంతకము :

డాక్టర్:

సంతకము :

పేరు :

తేది మరియు సంతకము :

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

22/06/2026

DEPARTMENT

OBG

NAME:

ms. Mounika

UHID / I.P.NO.:

WARD / BED NO.:

ward

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

22 / 6 / 2026

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



[Handwritten signature]

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>ms. manika 23354</i>	Date & Time of Admission <i>23/6/26 @ 11:20pm</i>	Date & Time of Transfer Order <i>23/6/26 @ 5pm</i>	
Treating Consultant <i>DR. Nagasudha</i>	Transfer ordered by <i>DR. Nithitha</i>	Reason for Transfer <i>post op case</i>	
From Bed / Ward / Hospital <i>LDR 4</i>	To Bed / Ward / Hospital <i>309</i>	Information to attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>(25)</i>	Number of Imaging films <i>(4)</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.	Tab. pantop	<i>(10)</i>	
2.	Tab. Aceclofenac	<i>(10)</i>	
3.	New non pad	<i>(1)</i>	
4.	foxalol	<i>(1)</i>	
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Pavai</i>	Name of person ordering transfer <i>DR. Nithitha</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Pavai</i>			
Signature with Date & Time <i>Pavai</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>M. Sedge Munka 23324</i>	Date & Time of Admission <i>22/6/26 @ 11:20 pm</i>	Date & Time of Transfer Order <i>23/6/26 at 7AM</i>
Treating Consultant <i>Dr. Rajesh</i>	Transfer ordered by <i>Dr. Nikita</i>	Reason for Transfer <i>1st / epidural</i>
From Bed / Ward / Hospital <i>209</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>(33)</i>	Number of Imaging films <i>(3)</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>1. norel</i>	<i>(9)</i>
2.	<i>under pads</i>	<i>(3)</i>
3.	<i>hand car</i>	<i>(3)</i>
4.	<i>RL</i>	<i>(1)</i>
5.	<i>rusel</i>	<i>(1)</i>
	<i>veripin - 20</i>	<i>(1)</i>
	<i>longelly</i>	<i>(1)</i>

Shifting Summary / Notes written by Doctor:

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

Patient & Clinical records received by:
[Signature]
06/26/26

Signature with Date & Time

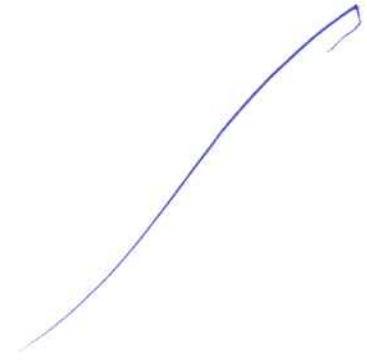
If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

Patient Name / I.P. No <i>mr. Satya morenica / 23354</i>	Date & Time of Admission <i>22/06/2026 @ 11:20 pm</i>	Date & Time of Transfer Order <i>23/06/2026 @ 11:40 AM</i>	
Treating Consultant <i>Dr. Nagasudha</i>	Transfer ordered by <i>Dr. Nikat</i>	Reason for Transfer <i>DOL</i>	
From Bed / Ward / Hospital <i>micu</i>	To Bed / Ward / Hospital <i>309</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>32</i>	Number of Imaging films <i>NSI (1)</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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Shami</i>	Name of person ordering transfer <i>Dr. Nikat</i>	Name & Signature of Nurse Supervisor <i>Satya</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Durga</i>			
Signature with Date & Time <i>11:30 AM</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

SURGERY DETAILS

SI.No. _____ Date: 23/06/26

Patient Name : S.V.S Manuika Age: 24 Yrs Sex: Female

UHID No. : HCV-00040989 IP No: 23354

Date of Surgery: 23/06/26 OT: OT 1 OT 2 OT 3

Name of the Surgery : AVD & Epidural (Kiwi)

Time in: 2:00 PM Time Out: 3:00 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Nagasudha</u>
2. Anaesthetist
3. Asst. Surgeon
4. OT Technician
5. Circulating Nurse	<u>eswari</u>
6. Asst. Nurse	<u>pavani</u>

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 690641 Ordered by:

AVD + Epidural

**CONSUMABLES
297
OF OT**

Patent Name: *S. Venkata satya* Age: *24 yr*
Gender: *M* UHIS/IP NO: *HCV-40989*
Date: *23/6/26* Time:

Circulating Staff: *ESWARANMA* Technician:

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <i>NVD</i>	<i>01</i>		Inj. Vit.K		<i>01</i>
LMA			Sutures <i>2#62</i>	<i>02</i>		Cord clamp		<i>01</i>
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<i>01</i>	Gloves <i>sgl 6</i>	<i>01</i>		Vaccum Suction Set		
05 cc		<i>02</i>	<i>sgl 6.5</i>	<i>02</i>		Surgical Gloves <i>6.5+1</i>		<i>01</i>
02 cc			<i>sgl 7</i>	<i>02</i>		Gauze Pack		
01 cc			Surgical blade			Syringe 1 ml/2 ml		<i>01</i>
Cautery Plate : A/P/N			NG tube			Surgical Blade # 20		
IV set			Cautery Pencil			Koochies (S)		<i>01</i>
RL			Koochies			<i>swabs</i>		<i>02</i>
NS: 10ml/100ml/500ml/1000ml			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <i>10+10</i>	<i>20</i>				
Morphine			Gauze Pack					
Ketamine			Mop Pack	<i>01</i>				
Propofol			Steristrip					
Rocuronium			Underpad	<i>02</i>		<i>KIWI</i>		<i>-01</i>
Glycopyrolate			Draw Sheet			<i>Newmom pad</i>		<i>-01</i>
Myopyrolate			Abgel			<i>figator</i>		<i>-01</i>
Ondansetron			Foleys Catheter			<i>ol Aprone</i>		<i>-04</i>
Pencan 23g/Spinal Needle 22			Urobag			<i>ol water</i>		<i>-01</i>
Bupivacine 0.25%			Chest Drainage Catheter			<i>Inje Tremasol</i>		<i>-02</i>
Bupivacine 0.25%(Heavy)			Romodrain bag			<i>(500mg)</i>		
Antibiotics			Bandage			<i>Inje oxytocine</i>		<i>-04</i>
Suppositories			Tegaderm			<i>proto Green</i>		<i>-02</i>
Anamol : 80mg/250mg/170 mg			loban			<i>Hand care</i>		<i>-02</i>
Supridol 100mg			Double J Stent					
Justin: 12.5 mg/25mg/100mg		<i>02</i>	Vaccum Suction set					
Tab. Misoprost : 200mg		<i>02</i>	Plastic Bed Sheet					
			Betadine Solution		<i>01</i>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<i>16</i>			
			Ramdione Scrub					
			Saral					

Mul: 24/6/26

Surgeon: *Dr. Nagarajulu* Anaesthesiologist: *690638/640* Nurse: 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



IP No	IP22-00023354	Ward	3F-THIRD FLOOR
Patient Name	Mrs SARIPALLI VENKATA SATYA MOUNIKA	Bed Name	SPVT 309
Age/Sex	24 Y 1 M 1 D / Female	Order No	22-0000690638
Date	23/06/2026 15:44	Prescription No	PRIP22-0291904
Payor	Aditya Birla Health Insurance Co Ltd	Dispensed Date	23/06/2026 15:45
UHID	HCV-00040989		

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	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	4	135.00	540.00
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	2	21.56	43.12
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	1	2.71	2.71
6	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091689	02/28	4	18.90	75.60
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
8	HAND CARE GLOVE	Safetouch	GENERAL	0426R	02/29	2	38.00	76.00
9	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
10	KIWI	Smb Corporation	GENERAL	251488	10/27	1	7,875.00	7,875.00
11	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
12	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
13	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
14	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
16	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
17	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
18	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	3	450.00	1,350.00
19	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	2	91.00	182.00
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	2	91.00	182.00
22	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526022026	02/29	10	11.25	112.50
23	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
24	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
Total :							12,741.52	15,189.97

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA

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

Rainbow Children's Hospital
It takes a little to start the life.

BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

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	IP22-00023361	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O SARIPALLI VENKATA SATYA MOUNIKA	Bed Name	CRDL-SPV-309-1
Age/Sex	0 Y 0 M 0 D 1 H / Female	Order No	22-0000690640
Date	23/06/2026 15:46	Prescription No	PRIP22-0291905
Payor	SELPAY	Dispensed Date	23/06/2026 15:59
UHID	HCV-00041002		

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	26D3007	03/31	1	91.00	91.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
Total :							458.74	462.83

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023354	Ward	3F-THIRD FLOOR
Patient Name	Mrs SARIPALLI VENKATA SATYA MOUNIKA	Bed Name	SPVT 309
Age/Sex	24 Y 1 M 1 D / Female	Order No	22-0000690651
Date	23/06/2026 17:50	Prescription No	PRIP22-0291907
Payor	Aditya Birla Health Insurance Co Ltd	Dispensed Date	23/06/2026 18:11
UHID	HCV-00040989		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
Total :							519.00	519.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA