

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****Admission Details :**

Admission No : IP22-00023376 Admit Date : 25-Jun-2026 Admit Time : 06:25 AM UHID : MAH-00369543

Patient Details :

Patient Name	: Mrs CHARISHMA JAMI	Age	: 31 Y 10 M 21 D
Guardian	: Mr TALASU ASHISH	DOB	: 04-08-1994
Gender	: Female	Religion	: Hindu
Occupation	:	Marital Status	: Married
Address (H)	: FLAT NO 101, VIHAAN'S SAI SANNIDHI APARTMENT, KONDAPUR. Kondapur Hyderabad Telangana INDIA 500084	Phone No	: 9032091113/ 7702210003
		E-mail	: ASHISH.TALASU27@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 311 Ward Name : 3F-THIRD FLOOR
Room No : SPVT 311 Admission Type : First Visit

Contact Details :

Name	: Mr TALASU ASHISH	Relationship	: Husband
Contact Address	: FLAT NO 101, VIHAAN'S SAI SANNIDHI APARTMENT, KONDAPUR. Kondapur Hyderabad Telangana INDIA 500084	Phone No	: 9032091113


Signature

Doctor Details :

Doctor Name	: Dr. CHUPPANA RAGA SUDHA	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	: Self	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: BAJAJ ALLIANZ GENERAL INSURANCE CO LTD



OBG



ACTIVITY RECORD FOR BILLING

Name: _____ *Ms. Charishma Jami* *isma. 341F*
 UHID No : _____ *MAH-00369543 IP22-00023376*
 Date of Admission : _____ *04-08-1994 31 Y 10 M 21 D (F)* ultant : _____ Dept : _____
 Room / Bed No : _____ *Dr. CHUPPANA RAGA SUDHA* ate of Discharge: _____ Time: _____
 Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>25/6/26</i>	<i>7:40am</i>	<i>mlw</i>	<i>VT-4</i>	<i>[Signature]</i>
<i>25/6/26</i>	<i>8:40am</i>	<i>OT</i>	<i>mlee</i>	<i>[Signature]</i>
<i>25/6/26</i>	<i>11am</i>	<i>mlw</i>	<i>311</i>	<i>[Signature]</i>
<i>25/6/26</i>	<i>7pm</i>	<i>311</i>	<i>306</i>	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<i>Jyothiramee</i>	<i>25/6/26</i>	<i>1009</i>	<i>[Signature]</i>
2.	<i>Prathusha samuel</i>	<i>25/6/26</i>	<i>91010</i>	<i>[Signature]</i>
3.	<i>Prathusha Samuel</i>	<i>26/6/26</i>	<i>913654</i>	<i>[Signature]</i>
4.				<i>[Signature]</i>
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE


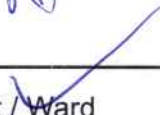
Date	Procedure	Quantity	Order No.	Signature
25/6/26	IV placement PAC		90978	Jhen
	Cathetisation		90979	
	L.S.S. & SA done By			
	DR. R. G. S. U. D. H. A. M. M.	①	90992	Gung
	Pres:- DR. P. S. A. U. S. H. A. M.			Gung
	Time in: 8:00 AM			Gung
	Time out: 9:00 AM			Gung

ANY OTHER INFORMATION

Date: 27/6/26

Time: 8 AM

Prepared By:

Staff Nurse 	Shift / Ward 	Billing Assistant	Billing Supervisor
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8 Am

I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *for primary*
Elective LSCS

LMP: ET 11.10.2025 EDD: 29.6.2026

Obstetric Formula: *G2A1*

Corrected EDD: GA: *39 wk, 3 days*

Menstrual History: Regular: Yes No *3-4d / MF/PL/CL*

Obstetric History:

Obstetric Examination *ML-Sy, ncm*

G1- 2024 / Missed miscarriage @ 8 wk
MERPC

Fundal Height *wt - term*

Present Pregnancy Record

Ut. Activity: Relaxed Mild Mod Severe

G2- IVF pregnancy (FET conception)

Liquor: Adequate Oligo Poly

- Immunised

PP: Cephalic Breech Others _____

- booked

Head Fifths Palpable *5/5th*

RISK FACTORS:

FHS: Normal Tachy Brady Absent

- IVF concep.

Per Speculum Examination

- H/o Hypothyroid

Draining: Present Absent Bleeding

- H/o Asthma @ 17y.
(last attack in 2013).

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Height: *154*.....cm

Cervix: Long Partially effaced Effaced

Weight: *96.30*.....kg

Os: Closed _____ Dilated _____

Allergies: *penicillin, mushrooms, plain*
crabs

Membranes: Present Absent

Breast Normal Abnormal

Liquor: Clear Meconium Blood Stained

General Examination:

Presenting Part: Vertex Breech Others

Consciousness: *conscious*

Pallor: *out*

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

Icterus: *out*

Edema: *out*

Pelvis: Adequate Doubtful

Temp: *Afebr*

PR: *86 bpm*

BP: *120/70 mmHg*

DTR: *+*

CVS: *S/S2 +*

RS *SpO2 99% on RA*

Liver / Spleen: *NAD*

Urine Output: *adq*

DIAGNOSIS

G2A1 | 39 wk 3 day preg | IVF conception | Hypothyroid | H/o Asthma @ 17y

Elective for primary Elective LSCS

<p>Family History Dom / Mtn.</p>	<p>Surgical History - nil -</p>
<p>Medical History: - K/O Hypothyroidism - N/O Asthma @ 17y + age (last attack 2013)</p>	<p>Medication History: TB. TMBONORM 37.5mg po qd.</p>
<p>Plan of Care: - Admission - Informed written consent - Parts preparation - Vital monitoring - HR monitoring - Pre op Rx - P/AE - NPO for solids and liquid - Shift to OT as call.</p>	<p>Investigations: <u>Late growth scan on 19/06/24 @ 38w4d</u> - cephalic - anterior placenta - AFI: 11 - EFW: 3371g (79%ile) - Single loop of cord around neck - Dopler @ 29/5 Hb- 12.1g% Ptt- 4.21 sec/ml TC- 15930 DC- 791151 U/L Bgt- B position HIV, HCV, VDRL, HBsAg- NR GCT- 99 mg/dl Tsn- 2.7 μIU/ml</p>

Doctor Name: D. Somya Sivarao
 Signature: [Signature]
 Date & Time: 25/6/24

Consultant Name: D. Ch. Raga Sudh
 Signature:
 Date & Time:



PROGRESS NOTES

(USE BALL POINT PEN ONLY)

MAH-00369543 IP22-00023376
 Mrs CHARISHMA JAMI
 04-08-1994 31 Y 10 M 21 D (F) F
 Dr. CHUPPANA RAGA SUDHA



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/06/2020	9 AM	Immediate post op note
		Rp
		Ac: uspauc' 1) NPO x 6hrs
		no pc Sips @ 3pm rft checkin Bs
		Afebrile Soft diet @ 4pm
		Bp: 110 / 70 mmHg
		PR: 80 L/min 2) IVF - 20cc } @ 8am
		RR: 16/min - 20am } @ 8am
		HIL: NAD 3) Ij PANTOP 40mg I/O 24th by <input type="checkbox"/>
		pls: ut unacted ven
		O/E: NAD 4) Ij PCN 1gm I/O 8th by <input type="checkbox"/>
		Utop: 102ml, clear
		Blc Breast soft 5) wF active bee pl-
		Baby: well with Gid:
		6) Encouraging breastfeeding
		7) Ambulation
		8) Input Output monitoring
		9) Vital monitoring
		10) Iupm so
		noted by Ganga

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/26
3:30pm

ops by Dr Kartnevali
Dr Nishita (pg)

G-~~fu~~

TPR - (N)

BP - 110/70 mmHg

H/L - NAD

P/A not retracted well

O/E NO active bleed

Rx

1) Allow liquids

2) Cont IV fluids
IV medications
as per drug chart

3) Vitals monitoring

4) I/O chart

5) Breast feeding

OLB Nishita

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

MAH-00369543 IP22-00023376
Pa Mrs CHARISHMA JAMI
04-08-1994 31 Y 10 M 21 D (F) IF
Ac Dr. CHUPPANA RAGA SUDHA
I.I


DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		d/s/b Dr. Nikita (Registrar) Dr. Nisha (POB)
25/6/26	9pm	P, L, A, POD-1.
		GC - fair, <u>sp/brk</u> Adv:
		Po
		CVS - C.S. @ - soft diet allowed.
		Chest - B/L clear - continue IV fluids & IV medication
		BP = 110/80 mmHg - Vitals monitoring
		PR = 82/min - I/O charting
		SPO ₂ = 100% - Breast feeding.
		U/O = 700ml (since OT) clear.
		P/A - nt. contracted
		no distension.
		C/G - no active bleeding noted

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/26
8:30am

CLSB - Dr. Regasudhu, Dr. Nishet (Reg)
Dr. Nishetini (PA)

Dr. Sowmya (Pa2), Dr. Nishit (Pa.), Dr. Nishu (Pa.)

GtH
PILA, POD-1 / Hypothyroidism / Asthma

GC: Fair
Afebrile
BP: 110/80 mmHg
PR: 84/min
RR: 14/min

H/C: NO abnormality detected

PLA: uterus retracted well

PLE: No active bleeding

B/L Breast soft

Baby well in mother's side

Total Urine Output: 2100 ml /
: OT

Foley's removed

- 1) Regular diet with plenty of oral fluids
- 2) TACECLOPLUS 500mg po statily
- 3) T-PANSOP 40mg po 2x daily
- 4) Exclusive breast feeding
- 5) w/it bleeding plv
- 6) ambulation.
- 7) monitor vitals
- 8) Temp: 37.5

By
Anmol

By
Soy

Noted By Basaki 5.35 PM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

MAH-00369543 IP22-00023376

Patient Name

Mrs CHARISHMA JAMI

04-08-1994 31 Y 10 M 22 D (F)

Age :

Dr. CHUPPANA RAGA SUDHA



I.P. No. :

103

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/06/2022	2pm	C/S By Dr. Ramesh (Jr) Dr. Soumya (Pg) / Dr. Nithalga P.L.A. - POD 'I' / Hypothyroidism / B. Asthma
		Rp
		GC: no pain
		Afebrile
		BP: 110 / 70 mmHg
		PR: 80 bpm
		RR: 16/min
		HIL: NAO
		PLA: Ut uterine mass
		O/E: NAB
		BIL: Bear soft
		Baby: well mother side
		unin. pain.
		1) Reg diet and plenty of oral fluid
		2) Continue oral Rp as per drug chart
		3) Wk actn bet pl.
		4) Exclude breastfeeding
		5) Ambulation
		6) Vitals @
		7) Infan so
		By [Signature]
		10/13 10/13 26/13

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26.6.26
10:30pm

P, L, A, '9' Pod
C/S by Dr. Ashalamin / Dr. Michelle
(P/G)

ac: fair
vitals: stable
H&C: NAD

P/A: w. retracted well
O/E: NO active
bleeding p/w

- 1. Reg diet
- 2. Plenty of oral fluids
- 3. Continue to
as per
chart

- 4. vitals
- 5. Breast feeding
- 6. Hyperm eos
- 7. Ambulation

Baby well
More active

~~the~~
NB Dewy
Alois
P

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/06/2026	5 AM	S/B Dr. Nikhat (Reg)
		S/B Dr. Soumya (Reg) / Dr. Misoshini (PW) Dr. Nishu (PW) / Dr. Nihita (PW)
		↓ ^{sub} P14 A1 / POD-II
		AC fair adv Afebrile
		BP - $\frac{110}{70}$ mmHg
		PR - 80bpm
		RR - 14cpw
		HLC - No abnormality detected
		PA - uterine retracted well
		PF - No active bleeding PV
		AC breast soft
		Baby mother side
		passed urine
		passed stool yesterday.
		Plan discharge today
		Syp. Duphalac 15ml HS

- ① Regular diet with plenty of oral fluid
- ② T- ACECLOPUS 500mg P.O. 8th day
- ③ T- PAROOL 400mg P.O. 2nd day
- ④ Exclusive breastfeeding
- ⑤ w/o any active PV bleeding
- ⑥ monitor vitals
- ⑦ inform staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

MAH-00369543 IP22-00023376
 Mrs CHARISHMA JAMI
 04-08-1994 31 Y 10 M 21 D (F)
 Dr. CHUPPANA RAGA SUDHA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Arrival 25/06/26 @ 6 AM

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 Polubhram, pineapple, prawns, crabs,

Chief Complaints: Doctor Notified on Admission: Yes No
 Name of the Doctor: 6:05 AM Dr. Bayalala
 Time Notified: 6:05 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NO	NO	NO

Gynecology Assessment: Not Applicable
 Menstrual History: 4-5 days
 Onset of Menarche: 15 yrs
 Menstrual Cycle: Regular Irregular
 Last Menstrual Period: 25/09/2026

Gynecology Surgical History:
 Caesarean Section: No Yes
 Cervical Cerclage: No Yes
 Ectopic Pregnancy: No Yes
 Myomectomy: No Yes
 Others:

Gynecological History:
 Contraceptives: No Yes
 Vaginal Discharge: No Yes
 Post-Coital Bleeding: No Yes
 Infertility: No Yes
 If Yes Type: Primary Secondary

Obstetric History: G 2 P L A 1

Previous LSCS: NO

Current Medication: None Yes, If Yes, Fill the reconciliation form Tab. thyronam 37.5mg.

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

Vital Signs / Measurements: Temp: 98.4F HR: 96bnt RR: 20bnt
 BP: 121/93(102) Weight: 96kg Height: 153cm 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 23 (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. Charishma
Orientation not given Reason: -

Nurse Signature: Shami
Nurse Name: Shami
Date & Time: 25.06.2021 @ 6:02 AM


RESULT SHEET

Patient Name
Age :
I.D. No.

MAH-00369543 IP22-00023376
Mrs CHARISHMA JAMI
04-08-1994 31 Y 10 M 21 D (F)
Dr. CHUPPANA RAGA SUDHA



Date	20/11				
Time	0 P.M.				
Hb	12.1 gm				
PCV					
RBC					
WBC					
N/L					
Platelets	4.31 lak				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					
Doctor's Signature					

Date						
Time	op base					
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	B positive					
HIV	} NR					
HBSAg						
HCV						
VDRL						
Doctor's Signature						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.,) :



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

DRUG : <i>inj PANTOP</i>				Date	<i>26/6</i>														
				Time	<i>6 AM</i>														
Dose	Route	Frequency	Start Dt.																
<i>40mg</i>	<i>IV</i>	<i>24thly</i>	<i>25/6</i>																
Name & Signature of the Doctor starting the Drugs:				<i>stop on 26/6/20</i> <i>@ 5:30am</i>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <i>inj PCM</i>				Date	<i>26/6</i>														
				Time	<i>11:00 AM</i>														
Dose	Route	Frequency	Start Dt.																
<i>1gm</i>	<i>IV</i>	<i>8thly</i>	<i>25/6</i>																
Name & Signature of the Doctor starting the Drugs:				<i>stop on 26/6/20</i> <i>@ 8:20 am</i>															
Additional Instructions:				<i>stop on 26/6/20</i> <i>stop on 26/6/20</i> <i>stop on 26/6/20</i>															
Daily Doctor's Endorsement by a Sign.																			

DRUG : <i>T. PANTOP</i>				Date	<i>26/6</i>														
				Time	<i>6 AM</i>														
Dose	Route	Frequency	Start Dt.																
<i>40mg</i>	<i>PO</i>	<i>24thly</i>	<i>26/6/20</i>																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <i>T. ACECLOPLUS</i>				Date	<i>26/6/20</i>														
				Time	<i>6 AM</i>														
Dose	Route	Frequency	Start Dt.																
<i>500mg</i>	<i>PO</i>	<i>24thly</i>	<i>26/6/20</i>																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				<i>stop on 26/6/20</i> <i>stop on 26/6/20</i>															
Daily Doctor's Endorsement by a Sign.																			

Ref No. F/GYNIC/16



CAESAREAN SECTION OPERATIVE NOTES

Name: Ms. Charistone Jami Consultant I/C: Dr. Ch. Bay Sidi Reg. No. _____

Surgeon's Name: <u>Dr. Ch. Bay Sidi</u>	Date of delivery: <u>25/06/2026</u>
Assistant surgeon: <u>Dr. Kumpashik</u>	Time of delivery: <u>8:21 AM</u>
Anaesthetist: <u>Dr. Praveen</u>	Sex of baby: <u>Male</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of baby: <u>4.121 kg.</u>
Paediatrician: <u>Dr. Kavitha</u>	Apgar Score: <u>8-9/10</u>
Scrip Nurse: <u>Divyja S</u>	NICU Admission: <u>No</u>

Elective Emergency Indication: IVF conception & Big Baby & SLONG

- Urgency Immediate threat to life of woman or fetus
 Maternal or fetal compromise not immediately life threatening
 No maternal or fetal compromise but needs early delivery
 Delivery time to suit woman and staff

Decision time: - Knife to rectus: 5 min

CTG description reactive

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: Cephalic breech Other _____ Cervical dilatation: - cm

5th palpable: S15th Fetal position: LOT

Station: -3 -2 -1 0 +1 2 Moulding: None + ++ +++

Caput: + ++ +++ Meconium None + ++ +++

Bladder catheterized Yes No Urine: Clear Blood stained

Skin incision: Pfannenstiel Transverse midline other

Uterine incision: Lower segment Classical Inverted T J incision

Previous scar: Intact Thinned out Ruptured No scar

Incision through placenta: Yes No

Delivery of head: Manual Forceps

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

Delivery of placenta: Manual CCT Complete Incomplete Piecemeal

Cord appearance: _____ Cord around the neck Yes No

Appearance of placenta: _____ Cavity explored Yes No

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

Complications / Comments: Delayed cord clamping done

Uterine closure: One Layer Two layers no laceration Suture

Peritoneal closure: Pelvic Abdominal None + Suture

Sheath closure: no laceration Suture

Fat closure: Yes No Suture

Skin closure: Subcuticular Matters 2-0 capia vicryl Suture

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

Drain: Yes No Remove in _____ days Await instructions

Catheter: Yes No Remove in 24h days Await instructions

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

Intraoperative antibiotics cover: Yes No Thromboprophylaxis: Yes No

Post operative Comments: Follow post-op


Signature

Vysya



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

PREANAESTHETIC EVALUATION

Date: 25/6/26

Time: 6:30pm

Name: Jami Chaeisma

Proposed Operation: Elective L&S

Age: 31

Preoperative Diagnosis: G2A1 @ 38wks GA @ IVF pregnancy.

Sex: F

B.P.	H.R.	R.R.	Temp	Height	Weight	Physical Status
110/70	90/min	18/min	afebrile	154cm	96kg	1 (2) 3 4 5

I.P. No. 23376

LABORATORY DATA

Hgb 12.1	Glucose FBS = 92	Protien	HIV	X-ray	Other:
PCV	Urea	Alb	HBS Ag	ECG	
WBC 15000	Creat	Total Bill	HCV	2D Echo	
Plate 4.31 L ^{10⁹}	Na	Dir. Bill	Blood group B+ve	Stress/Angio	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: Pineapple

Medical History:

CVS:

RESP: Asthma not on any medications - mild SOB in winters - not on any medications

CNS: Diabetes: GDM on diet

Renal:

Hepatic / GE: APD+/-

Others: K/O of thyroxine. 0.7 T. hypoworm 37.5mg.

Past Anaesthetic History: -

Physical Exam

Airway: MP 12 (3) Mouth Opening: 7.5cm Mentohyoid Distance: 3cm Neck: short Teeth: No loose teeth

Lungs: (N) B/L VRS

Heart: S1, S2

CNS: Intact Pupils: (N) EVM W/15

Others: Pallor: + Venous Access Site: 8cm Spine Exam for regional: Spine felt

ANAES. PLAN: MAC/REGIONAL/GA-ETT/LMA Proposed Post-op: 8cm Plain relief iv analgesia Peri-op. plan explained to patient: Y/N

WILL TAKE BLOOD YES (NO) PREGNANT YES/NO LMP

CURRENT MEDICATIONS:
T. thyroxine 37.5mg

- PRE - OPERATIVE INSTRUCTIONS:
1. DVT Prophylaxis
 2. NBM form: since 10pm
 3. Informed Consent Standard / High Risk
 4. 2g. parolip 40mg w
 5. 2g. mersal 4mg w
 6. 2g. torim 1gm w
 7. FBS. stat

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: SaO2: Last Feed: B.P./C.T.Y.:

Signature: D. Monshi



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Ms. Charshona Age : 34 Yr
 Gender : M F - IP No : 23376 Consultant : Dr. Ragasudhe
 Ward / Bed No. : Anaesthesiologist : Dr. O. Manjunath
 Operative procedure planned : Elective L4/5

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 : hypertension, body cord, lung problem

Comments : PDPH, conversion to GA

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Jami Charshona the above mentioned operation I Diagnostic I Therapeutic procedures Elective L4/5

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 : T. Ashish

Name : T. Ashish

Relationship with Patient : Husband

Date & Time : 25/06/26 @ 6:47AM

Witness :

Signature : J. Keelavathi

Name : J. LEELAVATHI

Date & Time : 25/6/26 @ 6:47AM

Doctor (who is taking the consent) :

Signature : O. Manoj

Name : O. Manoj

Date & Time : 25/6/26 @ 6:47AM

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

25/06/2020

DEPARTMENT

OBG

NAME:

ms. Chanishma

UHID / I.P.NO.:

MAH-000369543

WARD / BED NO.:

naed

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Elective LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



①



Ref.No. F/OT/05

SURGERY DETAILS

SI.No. _____ Date: 25/06/26

Patient Name : J. Charishma Age: 31 Yrs Sex: Female

UHID No. : MAH-00369543 IP No: 23376

Date of Surgery: 25/06/26 OT: OT 1 OT 2 OT 3

Name of the Surgery : LSCS

Time in: 8:00 AM Time Out: 9:00 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Ragasudha</u>	_____
2. Anaesthetist	<u>Dr. Praveen</u>	_____
3. Asst. Surgeon	_____	_____
4. OT Technician	_____	_____
5. Circulating Nurse	<u>Davani</u>	_____
6. Asst. Nurse	<u>Divya</u>	_____

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon _____ Signature of Circulating Nurse _____

Order No : 6909928 Ordered by: Alalatt



LSCS
CONSUMABLES
OF OT

Patent Name: Mrs. Charishma Age:
Gender M F UHS /IP NO. MAH-369543
Date: 25/6/26 Time:

Circulating Staff: Pavani Technician: Venkatalakshmi

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack LSCS	01		Inj. Vit.K -01		
LMA			Sutures 2847	02		Cord clamp -01		
ECG leads : A/P/N			2762	01		Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		01				Vaccum Suction Set		
05 cc		01	Gloves 842	06		Surgical Gloves 64 + 7-2 + 1-3		
02 cc			P.F 642	01		Gauze Pack		
01 cc			6	01		Syringe 1ml/2 ml -01		
Cautery Plate : A/P/N			Surgical blade 22	01		Surgical Blade #20 22 -01		
IV set			NG tube			Koochies (S) -01		
RL			Cautery Pencil	01		Alcohol swabs -02		
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 10+10	20		D/Aprons -04		
Morphine			Gauze Pack			D/water -01		
Ketamine			Mop Pack	01		New mom pad -01		
Propofol			Steristrip			New mom fixator -01		
Rocuronium			Underpad	02				
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter '16' F	01				
Pencan 23g/Spinal Needle 22			Urobag	01				
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm C pad 8x9	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	16				
			Ramdione Scrub					
			Saral					

Dr. Ragsudha
Surgeon

Dr. Pralveen
Anaesthesiologist

Aniya
Nurse

OT Technician

Order No: ~~690117~~ / 1019
691017

Ordered by: Aniya

1ml
25/6/26

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	IP22-00023376	Ward	3F-THIRD FLOOR
Patient Name	Mrs CHARISHMA JAMI	Bed Name	SPVT 311
Age/Sex	31 Y 10 M 21 D / Female	Order No	22-0000691017
Date	25/06/2026 11:45	Prescription No	PRIP22-0292072
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	25/06/2026 14:11
UHID	MAH-00369543		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblu	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706106	08/27	1	1,188.00	1,188.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		01052026	01/29	4	135.00	540.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	1	2.71	2.71
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
8	FOLEYS CATHETER 16- UROCATH		GENERAL	G26B120Q58	01/31	1	259.50	259.50
9	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
10	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		11210MAY2026	12/29	1	2,700.00	2,700.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
15	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
16	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	6	91.00	546.00
17	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
18	SURGEONS CAP	Mediblu	GENERAL	MB2505141	05/28	10	11.25	112.50
19	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
20	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D1O	11/28	1	140.00	140.00
21	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R02260909	01/29	1	814.00	814.00
22	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
23	UROBAG (ADULT) - URODYNE		GENERAL	K25J050041	09/30	1	395.00	395.00
24	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
25	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
26	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2	951.00	1,902.00

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Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118**CIN :** L85110TG1998PLC029914**DL NO :** FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023376	Ward	3F-THIRD FLOOR
Patient Name	Mrs CHARISHMA JAMI	Bed Name	SPVT 311
Age/Sex	31 Y 10 M 21 D / Female	Order No	22-0000691017
Date	25/06/2026 11:45	Prescription No	PRIP22-0292072
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	25/06/2026 14:11
UHID	MAH-00369543		

Total :	10,019.30	12,561.74
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name**Authorized Signature**

Pharmacist Name : MANDALA NARAYANA RAO

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

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VAT TIN : 37253643118

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 Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023378	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O CHARISHMA JAMI	Bed Name	CRDL-SPV-311-1
Age/Sex	0 Y 0 M 0 D 5 H / Male	Order No	22-0000691019
Date	25/06/2026 11:48	Prescription No	PRIP22-0292076
Payor	SELPAY	Dispensed Date	25/06/2026 14:14
UHID	HCV-00041036		

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 X SMALL 5S- HAPPY HUG	HAPPY HUG		RUVNBOIR	12/99	1	150.00	150.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	2	91.00	182.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
Total :							496.41	591.50

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO



CONSUMABLES OF OT - 213

Patent Name: J. Chavishma Age: 314
 Gender: M UHIS/IP NO. 23376/369543
 Date: 25/6/26 Time:

Circulating Staff: Technician: Pradip

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads : A/P/N		03				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc			Gloves			Vaccum Suction Set		
05 cc			7.0		01	Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		01	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		01	Koochies					
<u>Q. oxytocin</u>		04	Ointments					
<u>Q. mem</u>		01	Suction Catheter					
Fentanyl			Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22	01	01	Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
<u>Q. Bioxamic</u>		02	Microshield					
			Cotton Balls					
<u>SPINAL N (22g)</u>		01	Latex Gloves					
			Ramdione Scrub					
			Saral					

144
25/6/26

Surgeon: Anaesthesiologist: Nurse: b OT Technician:
 Order No: 691023 Ordered by:

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam



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Tel No : 891-3501601

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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	IP22-00023376	Ward	3F-THIRD FLOOR
Patient Name	Mrs CHARISHMA JAMI	Bed Name	SPVT 311
Age/Sex	31 Y 10 M 21 D / Female	Order No	22-0000691023
Date	25/06/2026 11:55	Prescription No	PRIP22-0292109
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	25/06/2026 17:42
UHID	MAH-00369543		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3B10O03	10/27	2	73.23	146.46
2	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BUI26002	12/27	1	30.65	30.65
3	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
4	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
5	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	2	525.00	1,050.00
6	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	39261	09/27	1	15.90	15.90
7	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	2	93.94	187.88
8	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	2	69.39	138.78
9	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
10	SPINAL NEEDLE 22	BECTON DICKINSON (BD)	GENERAL	2509019	08/30	1	236.50	236.50
Total :							1,215.51	2,155.77

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY VEMPADA

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

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Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

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

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP22-00023376	Ward	3F-THIRD FLOOR
Patient Name	Mrs CHARISHMA JAMI	Bed Name	PRI 306
Age/Sex	31 Y 10 M 22 D / Female	Order No	22-0000691166
Date	25/06/2026 23:29	Prescription No	PRIP22-0292134
Payor	BAJAJ ALLIANZ GENERAL INSURANCE CO LTD	Dispensed Date	25/06/2026 23:33
UHID	MAH-00369543		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SPINAL NEEDLE 26G	BECTON DICKINSON (BD)	GENERAL	G25L010350	11/30	2	235.00	470.00
Total :							235.00	470.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA