

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023365 Admit Date : 24-Jun-2026 Admit Time : 06:51 AM UHID : KMV-00010935

Patient Details :

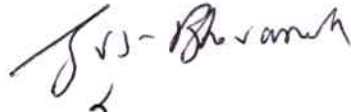
Patient Name : Mrs NATI SHAROWN PRIYANKA Age : 31 Y 1 M 4 D
Guardian : G BHAVALESH DOB : 20-05-1995
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Lawsons Bay Colony Visakh Vishakhapatnam Phone No : 8074893789
Andhra Pradesh INDIA 530017 E-mail : No@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM Bed No : PRI 301 Ward Name : 3F-THIRD FLOOR
Room No : PRI 301 Admission Type : First Visit

Contact Details :

Name : G BHAVALESH Relationship : W/O
Contact Address : Lawsons Bay Colony Visakh Vishakhapatnam Phone No :
Andhra Pradesh INDIA 530017


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : CARE HEALTH INSURANCE LIMITED

ACTIVITY RECORD FOR BILLING

Name: _____
 UHID No : _____
 Date of Admission : _____
 Room / Bed No : _____
 Suggested Billable bed type: _____

KMV-00010935 IP22-00023365
 Mrs NATI SHAROWN PRIYANKA
 20-05-1995 31 Y 1 M 4 D (F)
 Dr. CHUPPANA RAGA SUDHA

ultant : _____ Dept.: _____
 Date of Discharge: _____ Time: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/6/26	8Am	MICU	OT-II	Pavan?
24/6/26	9:30Am	OT-II	mIcu	Pavan?
24/6/26	11Am	mIcu	301	Pavan?
24/6/26	8PM.	301	301	Jyothi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Prathyusha Samuel	24/6/26	690879	Palt
2.	Jyothirmayee	24/6/26	690878	Jyoti
3.	Prathyusha Samuel	25/6/26	691130	Checked by Jyoti
4.				
5.				cross checked by Jyoti
6.				
7.				
8.				
9.				
10.				

Sharon priyanka

I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Pt came for elective LSCS i/r/o Big baby
Obstetric Formula : G2A1

LMP : 6/9/25 EDD: 13/6/26
Corrected EDD: 22/6/26 GA: 40wks 2Days POC
Menstrual History : Regular Yes No

Obstetric History: G2A1
① - Early fetal demise @ 8wks, 2024

Obstetric Examination
Fundal Height Term ML-3yrs, NCM

Present Pregnancy Record
- spontaneous conception
Regular ANC
RISK FACTORS: Immunized

Ut. Activity: Relaxed Mild Mod Severe
Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others _____
Head Fifths Palpable _____
FHS: Normal Tachy Brady Absent

Nil

Per Speculum Examination (-)
Draining: Present Absent Bleeding
Colour of Liquor: Clear Meconium Blood Stained

Height : 160 cm
Weight : 76 kg
Allergies : Nil
Breast Normal Abnormal
General Examination:
Consciousness : Alert Pallor: (-)
Icterus : (-) Edema: (-)
Temp: Afebrile PR: 98/min
BP: 101/70 mmHg DTR: (+)
CVS: S1S2 (+) RS BLAE (+)
Liver / Spleen : (-) Urine Output: adequate

Vaginal Examination (-)
Cervix: Long Partially effaced Effaced
Os: Closed _____ Dilated _____
Membranes : Present Absent
Liquor : Clear Meconium Blood Stained
Presenting Part: Vertex Breech Others
Sutton: -3 -2 -1 0 +1 +2
Pelvis: Adequate Doubtful

DIAGNOSIS

G2A1 @ 40wks 2Days POC for Elective LSCS i/r/o Big baby



<p>Family History</p> <p>HTN (mother)</p>	<p>Surgical History</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>nil</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> ①. Admission ②. parts preparation ③. FHR ④. PAC ⑤. pre op orders ⑥. consent for elective LSCS w/o Bigbaly ⑦. vitals monitoring ⑧. shift to OT on call 	<p>10/6/26 Investigations: BAT - 0+ve</p> <p>Hb - 12.2 PCV - 37.3 PLT - 2.79 lakhs / cumm TSH - 0.79 μU/ml ACT - 141 mg/dl</p> <p>HIV HbsAg } - (NR) Hcv vorel</p> <p>Scan: 22/6/26</p> <ul style="list-style-type: none"> - presentation: Cephalic - placenta: Anterior - AFI: 10.2 - EFW: 4.074 kgs (74%ile) - Doppler: Normal

Doctor Name: Dr. Nishuini
 Signature: *Nishuini*
 Date & Time: 24/6/26 @ 7AM

Consultant Name: Dr. Ragarudha
 Signature: *Ragarudha*
 Date & Time: 24/6/26 @ 7AM

KMV-00010935 IP22-00023365
 Mrs NATI SHAROWN PRIYANKA
 20-05-1995 31 Y 1 M 4 D (F)
 Dr. CHUPPANA RAGA SUDHA



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Amical 24/08/26 @ 6:20 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

Chief Complaints: Came for m. Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Rakesh
 Time Notified: 6:30 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: <input type="checkbox"/> Not Applicable Menstrual History: <u>5 days</u> Onset of Menarche: <u>12 yrs</u> Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>5/09/2025</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
---	---	---

Obstetric History: G 2 P L A 1

Previous LSCS: NO

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: 98.4 F HR: 82/61 RR: 20/4
 BP: 110/84 Weight: 75.5 kg Height: 5'3 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 26 (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: Mrs. Priyanka

Orientation not given Reason: -

Nurse Signature: Shani

Nurse Name: Shani

Date & Time: 24/06/2026 @ 6:25 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. F/.....
IP22-00023365 '15
KMV-00010935
Mrs NATI SHAROWN PRIYANKA
20-05-1995 31 Y 1 M 4 D (F)
A Dr. CHUPPANA RAGA SUDHA
□ F
I.I

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24.6.26	10:30 AM	0' POD Immediate post-op
		Rest fair
		Temp: (N)
		BP: 120 mmHg
		70
		PR: 86/min
		SpO2: NAD
		P/A: well retracted
		well
Baby well		o/e: NO active bleeding PIV
<u>Breast soft</u>		
		WOP: N 50 ml, clear
		1. Allow sips of oral fluids @ 3:30 pm
		2. Soft diet @ 5:30 pm
		3. 20 fluids - 20 ml - 10 ml - 10 ml
		4. inj. Esomeprazole 40mg IV once
		5. inj. PCM 1gm IV stat
		6. inj. Dynapar 75mg IV SOS
		2 2/0, vitals
		8. W/F bleeding PIV
		9. Zynsem SOS

Noted by Pawan
24/6/26
11 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/20
3:00pm

cls(B Dr. Nikita (Reg)

Dr. Jocelyn (PC), Dr. Nikita (PC)

P.L.A. / P0D-0 / Elective LSCs in low big baby

GC: Fair

Afebil

BP: 110/70 mmHg

PR: 86/min

RR: 14/min

HLL: No abnormality detected

PLA: uterus retracted well

AFE: No active bleeding.

B/L Breast st

Baby well & mother side

Urine output: 350ml:OT

- R
- 1) ~~R~~ Allow oral sips @ 3:30pm
Allow soft diet @ 5:30pm
 - 2) continue R as per drey chart.
 - 3) w/lf bleeding plv.
 - 4) Exclusive breast feeding
 - 5) w/lf dressing soaks
 - 6) I/O charting.
 - 7) monitor vitals
 - 8) Inform S.O.S

↓
c. nitro

Nikita
24/6

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

KMV-00010935 IP22-00023365

Mrs NATI SHAROWN PRIYANKA

20-05-1995 31 Y 1 M 4 D (F)

Dr. CHUPPANA RAGA SUDHA



F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/06/2020	9pm	<p>Cl's By Dr. Kumpashite (Reg) Dr. Saunye (R)</p> <p><u>PILA - POD'o' (Ecl's cl's - Big Baby)</u></p> <p>R₀</p> <p>EC: no pass no PE Afebril</p> <p>BP: $\frac{110}{70}$ mmHg</p> <p>PR: 84/min</p> <p>RR: 16/min</p> <p>KIL: NAD</p> <p>PIA: wt retrahed</p> <p>O/E: NAB</p> <p>BL: Breast soft</p> <p>Baby: well with sid wlop: 80ml, clear cd</p> <p>7) Infom</p> <p>8) Vitas @</p> <p>9) No chating</p> <p>10) NB 9-10pm</p>
		<p>1) Soft diet and plenty of oral fluids</p> <p>2) Continue IV fluids and IV R₀ as per chart</p> <p>3) W/C active b's pl.</p> <p>4) Exclusive breastfeeding</p>

Removal of sut
24/06/20
Mamm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/06/2026

8:30am

C/SLB Dr Ashalatha (Reg)

SLB Dr Saunnya (Pa) / Dr Niroshini (Pa)

Dr Nisha (Pa) / Dr. Nithita (Pa)

RLA | POP-1 | EL USG Iulo big baby

ac fais

Afebrile

BP - $\frac{92}{70}$ mmHg

PR - 160 bpm

RR - 14 cpm

HLC - No abnormality detected

PA - uterus retracted well

OE - No active RV bleeding

ELC breast soft

Baby: NICO Iulo Grunting & tachypnoea

POO - 3100 ml / 24h
clear
FC removed

order

① Regular diet with plenty of oral fluids

② T. ACECLOPANS 500mg PO 8th July

③ T. PANTOP 40mg PO 24th July

④ express breast milk

⑤ w/o any active PO bleeding

⑥ off my dressing sores

⑦ monitor Wbals

⑧ upon soles

⑨ Ambulation.

Signs

N.B sandhya
07A-222
25/6/26
9AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		SLB Doc Ratnavalli (Reg)
		Dr. Nishikant (Pa) / Dr. Anitha (Pa)
25/6/2026	3pm	P/LA1 / P/OA1 / EE CSC Auto Sq baby
		ac full
		Afebrile
		BP $\frac{110}{20}$ mmHg
		PR - 76 bpm
		RR - 12 cpm
		H/L - No abnormality detected
		PA - uterus retracted well
		PE - No active PV bleeding
		BL breast soft
		Safety: NICO
		① Regular diet with plenty of oral fluids
		② continue oral medications as per drug chart
		③ express breast milk
		④ off my active PV bleeding
		⑤ Ambulaboo
		⑥ monitor vitals
		⑦ inform staff
		<u>liso</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/06/2026
8:30pm

CS/B Dr. Nikita (Reg)
Dr. Nisha (Pu)

PLA, POD-1 EL CS i/v/o Big baby.

GC fair

Afebrile

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

PR - 80 bpm

RR - 12cpm

#IL - No abnormality detected

AA - Uterus retracted well

OE - No active PV bleeding

SL Breast soft

Baby ~~well~~ ~~active~~ ~~well~~
MICU

note

① Regular diet with plenty of oral fluid

② continue same medications as per drug chart

③ Express breast milk

④ w/o any active PV bleeding

⑤ Ambulation

⑥ monitor vitals

⑦ inform S.O.B

Nisha

NS
at 8pm

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient Name : Mrs. Prayaga

Age : 31y Gender M F

I.P. No. : 23365



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26	8:30am	CLSB - Mr. Raga Sudha, Dr. Nikhat (Reg) Dr. Rowmy (PG), Dr. Nikhat (PG), Dr. Nisha (PG) / Dr. Nishu (PG)
		P.L.A. / POD-2 / CL-LSC / PULO Big baby
		GC: Fair
		Axilla
		BP: 110/80 mmHg
		PR: 86/min
		RR: 16/min
		H/L: No abnormality detected
		PLA: uterus retracted well
		OLE: No active bleeding PLV
		B/L Breast soft
		Baby - NICU
		plan for discharge
		1) Regular diet with plenty of oral fluids
		2) T-ACECOPLUS 500mg po 8 th hly
		3) T-PANSOP 400mg po 2 nd hly.
		4) Express breast milk
		5) w/ active bleeding PLV
		6) Ambulation.
		7) w/ dressing sock
		8) Monitor vitals
		9) Syform 1.0-1
		<i>[Signature]</i>
		<i>[Signature]</i>

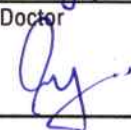

NOTE : DO NOT WRITE OUTSIDE THE MARGINS







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

REGULAR PRESCRIPTIONS

DRUG : <i>inj PANTOP</i>				Date															
				Time	<i>25/6</i>														
Dose	Route	Frequency	Start Dt.																
<i>40mg</i>	<i>iv</i>	<i>2x/6h</i>	<i>24/6</i>	<i>6 AM</i>	<i>25/6</i>	<i>STOP</i>													
Name & Signature of the Doctor starting the Drugs:				 <i>25/6/26 - 8AM</i>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <i>inj PCM</i>				Date															
				Time	<i>24/6</i>	<i>25/6</i>													
Dose	Route	Frequency	Start Dt.																
<i>1gm</i>	<i>iv</i>	<i>8hly</i>	<i>24/6</i>	<i>6 AM</i>	<i>24/6</i>	<i>25/6</i>	<i>STOP</i>												
Name & Signature of the Doctor starting the Drugs:				 <i>2. 10 PM</i> <i>PM - 25/6/26</i> <i>10 PM</i> <i>25/6/26, 8AM</i>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <i>T. PANTOP</i>				Date															
				Time	<i>26/6</i>														
Dose	Route	Frequency	Start Dt.																
<i>40mg</i>	<i>PO</i>	<i>only</i>	<i>25/6</i>	<i>6 AM</i>	<i>26/6</i>														
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

DRUG : <i>T. ACECLOPUS</i>				Date															
				Time	<i>25/6</i>	<i>26/6</i>													
Dose	Route	Frequency	Start Dt.																
<i>50mg</i>	<i>PO</i>	<i>8hly</i>	<i>25/6</i>	<i>6 AM</i>	<i>25/6</i>	<i>26/6</i>	<i>STOP</i>												
Name & Signature of the Doctor starting the Drugs:				 <i>2. 10 PM</i> <i>PM - 25/6/26</i> <i>10 PM</i> <i>25/6/26</i>															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

KMV-00010935 IP22-00023365
 Mrs NATI SHAROWN PRIYANKA
 20-05-1995 31 Y 1 M 4 D (F)
 Dr. CHUPPANA RAGA SUDHA



Date	Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
		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	Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
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
24/6/25	7AM	Inj. Taxim	2gm	IV	[Signature]	Saka [Signature]
24/6/26	7AM	Inj. Pantop	40mg	IV	[Signature]	Saka [Signature]
24/6/26	7AM	Inj. Ondan	4mg	IV	[Signature]	Saka [Signature]
24/6/26	8:30AM	Lij. Trauxa	1gm	IV	[Signature]	panai [Signature]
24/6/26	8:40AM	Lij. Metheguic	0.2	IM	[Signature]	panai [Signature]
24.6.26	9:00AM	T-JUSTIN	200mg	PIR	[Signature]	panai [Signature]

CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs. Sharom Piyanka Consultant I/C: Dr. Ragasudha Reg.No. _____

Surgeon's Name: <u>Dr. Ragasudha</u>	Date of delivery: <u>24.6.26</u>
Assistant surgeon:	Time of delivery: <u>8:34 AM</u>
Anaesthetist: <u>Dr. Sheeraja</u>	Sex of baby: <u>Mch</u>
Type of Anaesthesia: <u>SA</u>	Weight of baby: <u>3.845kg</u>
Paediatrician: <u>Dr. Hariharan</u>	Apgar Score: <u>8/10 - 9/10</u>
Scrip Nurse: <u>Mrs. Esvaramma</u>	NICU Admission: <u>NO</u>

Elective Emergency Indication: G2A1 @ 40 2/7 wks @ Big baby

- 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: < 2 mins

CTG description CTG - (R)

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: Cephalic breech Other _____ Cervical dilatation: _____ cm

5th palpable: 5/5 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: Pfannensteil 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: Adequate clear Meconium: I II III Blood Offensive Not offensive

Delivery of placenta: Manual CCT CCT Complete Incomplete Piecemeal

Cord appearance: normal Cord around the neck Yes No

Appearance of placenta: normal Cavity explored Yes No

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

Complications / Comments: delayed cord clamping by 1 minute

Uterine closure: One Layer Two layers vicryl 1 Suture

Peritoneal closure: Pelvic Abdominal None Suture

Sheath closure: vicryl 1 Suture

Fat closure: Yes No Suture

Skin closure: Subcuticular Matters Rapid vicryl 2.0 Suture

Vagina evacuated: Yes No Estimated blood loss: < 500ml

Drain: Yes No Remove in _____ days Await instructions

Catheter: Yes No Remove in 24 hrs 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: 7. Insulin 200mg PR

[Handwritten Signature]

Signature

Date: 24/6/26 Time: 7:30 AM Name: SHARON PRIYANKA

Proposed Operation LSCS Age: 31

Preoperative Diagnosis G2A1 E 40wkc POG Sex: F

B.P. 110/70 H.R. 88/min R.R. 14/min Temp Afebrile Height Weight Physical Status 1 2 3 4 5 I.P. No. 23265

LABORATORY DATA

Hgb 12.2	Glucose	Protien	HIV NR	X-ray	Other:
PCV	Urea	Alb	HBS Ag NR	ECG	
WBC	Creat	Total Bill	HCV NR	2D Echo	
Plate	Na	Dir. Bill	Blood group O+ve	Stress/Angio	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: -

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: B/LA (+)

Heart: S1S2 (+)

CNS: Conscious coherent Pupils: N / Reactive to light EVM 4.5/6 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: 6hrs before surg
3. Informed Consent Standard / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 88/min SaO2: 98% RA
R.R.: 14/min Last Feed:
B.P./C.T.Y.: 110/70

Signature: Dr. Beaveen

PRE-OP DIAGNOSIS Gr A/C 40 wll P/G CPD, Big baby OPERATION Elective CS/LC Date 24/6/26
~~amniotomy request~~

SURGEON Dr. Ragaendha ANAESTHESIOLOGIST Dr. Dhruvaja

ANAES #1	Start	End	Cons. Sig	Res	PHYSICAL STATUS <u>II</u>
CARE #2	Start	End	Cons. Sig	Res	PT IDENTIFIED <input type="checkbox"/> CONSENT PRESENT <input type="checkbox"/> CHART REVIEWED <input type="checkbox"/>
TEAM #3	Start	End	Cons. Sig	Res	LAST PO INTAKE

TIME	Start	End	Cons. Sig	Res	PHYSICAL STATUS	PT IDENTIFIED	CONSENT PRESENT	CHART REVIEWED	LAST PO INTAKE	NOTES
N ₂ O ₂ /AIR/O ₂ LPM										
HALO/SO/SEVO										
DRUGS:										<u>2mg Spino 200 IV</u>
FIO ₂ / SaO ₂										
ETCO ₂										
ECG										
CVP / Wedge										
Urine										
EBL										
FLUIDS BLOOD										
ANASTHESIA X	240									42° TEMP CET (T)
START FINISH	220									41°
I INTUBATION	200									40°
P PREP	180									38°
O - OP START	160									37°
O - DP END	140									36°
B.P V _s SYSTOLIC	120									35°
DIASTOLIC	100									34°
X MEAN	80									33°
* HEART RATE	60									32°
Tourniquet up T	40									31°
Tourniquet down T	20									30°
RESP	0									
O Spont O										
AR Assisted O										
CR controlled RATE										
TV PIP BEEP										

- EQUIPMENT CHECKED AND FUNCTIONAL
- BP
- CUFF SITE Rt arm
- ART SITE
- EKG LEAD
- TEMP SITE
- FIO2 MONITOR
- AGENT MONITOR
- PULSE OXIMETER
- PA OXIMETER
- CAPNOGRAPH
- VENTILATOR
- NERVE STIMULATOR
- POSITION Supine
- PRESSURE POINT CKD
- EYE CARE
- OINT
- TAPE
- PADDING
- TEMP
- HUMIDIFIER
- BLD WARMER
- LIGHTS
- HEATERS
- HUGGER'S
- BLANKET
- OTHER waiver

COMMENT/SYMBOL

LAB VALUES

PH

PACO₂

PiO₂/FIO₂

HCO₃/BE

Na/K

TIMES

ANAE START 8:15 Am

OP START 8:25 Am

OP END 9:10 Am

LEAVE OR 9:15 Am

END ANAE

GENERAL

MAC no DRUG

MAC with DRUG

REGIONAL LOC BY SURG

LINE (SIZE & LOCATION)

CVP

PA

ART

IV 20g, Lt Hand

IV

IV

INDUCTION

IV INHAL RECTAL

IM OTHER

PREO. CRICOID PR

MASK LMA

AIRWAY ORAL NASAL

ETT# _____ at _____ cm

ORAL NASAL CUFF

TRACHEOTOMY

TOPICAL DRUG _____ % _____ ml

TRANSTRACHEAL

DRUG _____ % _____ ml

AWAKE RAPID SEQUENCE

DIRECT VISION BLIND

FIBEROPTIC STYLETTE

BLADE# _____ ATTEMPTS _____

DIFFICULT WHY?

BILAT = BS

SEMICLOSED CIRCLE

CLOSED CIRCLE

NON REBREATH

AYREST PIECE

REGIONAL

EXTREMITY

SPECIFY

SPINAL

EPIDURAL

CATHETER

PUMP

OTHER

SITE

NEEDLE SIZE 26G DEPTH _____

PARASTHESIA _____ YES NO

CATHETER AT SKIN _____ (CM)

DRUG / DOSE

TEST DOSE

ANAE LEVEL 2mg 0.5 / Bupivacaine

COMMENTS (H)

24ml

TRANSPORTATION TO PACU ICU OTHER

RELAXANT REVERSED YES NO

TRAIN OF 4 TET HEAD LIFT

SIGNATURE [Signature]

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia: General Epidural Spinal Other Regional

Anaesthesiologist: Dr. Dhruvaja Surgeon: Dr. Ragesudha Procedure: Elective C&E
Received in PACU by: Pavani Time in: 9:30 AM Time Out: 11 AM

PULSE > < BLOOD PRESSURE O RESP TEMP	250		250	Pre-Op BP	INTAKE/OUTPUT		
	240		240	OR BP	Emesis	NO	NO
	230		230		Gastric Suction	NO	NO
	220		220		Voided	NO	NO
	210		210	O ₂	Urinary Catheter	NO	YES
	200		200		Chest Drainage	NO	NO
	190		190	Begun	Wound Drainage	NO	NO
	180		180		Recovery Room Blood Given	NO	NO
	170		170	Ended	PO FLUID	NO	NO
	160		160		IV FLUID	NO	YES
150		150	Method	TOTAL			

O2: Mask: NO Nasal Prongs: NO Ventilator: NO
Cannula: YES Trach Collar: NO T-Place: NO
Always: NETT NO TRACH NO NASAL NO
OETT NO ORAL NO

POST ANAESTHESIA SCORE	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	2	2	2		A MINIMUM TOTAL SCORE OF 8 IS REQUIRED FOR DISCHARGE. EXCEPTIONS TO THIS ARE TO BE EXPLAINED IN THE SPACE BELOW BY THE DISCHARGING PHYSICIAN.
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2		
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2		
TOTAL		10	10	10		

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia <u>NPO for 4hr.</u>
			2. Analgesia <u>2RA - 10 RIBS @ 100ml/hr.</u>
			3. Fluids <u>2L PPM 1gm IV 1-Hr</u>
			4. Anti Emetics <u>2L TRAMADOL 100mg IV 1-ol</u>
			5. PCA/Epidural/ I.V. Infusion <u>Maintain Vitals</u>
			6. <u>Supp. O2.</u>

Evaluated and discharged by: Dr. Dhruvaja Transferred to Unit by Pavani
Discharged by: (Nurse) Pavani Received on Unit by Sandhya



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Patient ID :

Date : Time: Procedure done by:
CSE/Spinal/Epidural Position: Space: Technique (LOR/LOS)
Depth: Catheter at Skin: Attempts:

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal BP And Pulse	FHR	Comments
			Left	Right			

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

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



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Ms. Sharon Priyanka Age : 34 / F
 Gender : M F - IP No : 23365 Consultant : Dr. Ragasudha
 Ward / Bed No. : Anaesthesiologist : Dr. Dheeraja
 Operative procedure planned : LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

Comments :

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

DECLARATION BY PATIENT / GUARDIAN / PROXY

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

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 : *J vs Bhavanesh*
Name : **BHAVANESH**
Relationship with Patient : *husband*
Date & Time : *24/6/26*

Witness :

Signature : *G. Ramanna*
Name : *G. Ramanna*
Date & Time :

Doctor (who is taking the consent) :

Signature : *[Signature]*
Name : *Dr. Praveen*
Date & Time : *24/6/26*

Informed Consent for Surgery or Special Procedure

Patient Name : Mrs. sharon priyanka Age : 31 Gender : F

UHID / IP No: kmv-00010935

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.

1 hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms) LSCS

..... 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.

1 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

1 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:
Signature: [Signature]
Name: Sharon priyanka
Date & Time: 24/6/26 @ 7AM

Relative
Signature: [Signature]
Name:,
Relationship with patient: Husband

Witness:
Signature: [Signature]
Name:,
Date & Time:

Signature: [Signature]
Date & Time: 24/6/26

Name of Doctor: Dr. Ragasudha
[Signature]

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

24/06/2026

DEPARTMENT

OBG

NAME:

Mrs. N. Sharada Jayanka

UHID / I.P.NO.:

HKM-V-00010935

WARD / BED NO.:

ward

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

24/6/2026

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



[Handwritten signature]



PATIENT TRANSFER FORM

Patient Name / I.P. No <i>23365</i> <i>ms. Sharon Roy</i>	Date & Time of Admission <i>24/6/26 @ 6:57am</i>	Date & Time of Transfer Order <i>24/6/26 @ 11Am.</i>
Treating Consultant <i>DR. Ragesudha</i>	Transfer ordered by <i>DR. Ashalata</i>	Reason for Transfer <i>post-op care</i>
From Bed / Ward / Hospital <i>nicu</i>	To Bed / Ward / Hospital <i>301</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file <i>30</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.	<i>NS 500 ml</i> (1)	<i>ONS 500ml</i> (1)
2.	<i>RL 500 ml</i> (1)	
3.	<i>PCM 100 ml</i> (3)	
4.	<i>new non pad</i> (1)	
5.	<i>fixator</i> (1)	

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part <i>Danai</i>	Name of person ordering transfer <i>DR Ashalata</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Sandhya (OASU) 24/6/26 11:07am.</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: 24/6/26

Patient Name: Mrs. NATI SHARWIN PRIYANKA Age: 34y Sex: F

UHID No. KMV-00010935 IP No: 23365

Date of Surgery: 24/6/26 OT: OT 1 OT 2 OT 3


Name of the Surgery: LSCS w SA

Time in: 8:20 AM

Time Out: 9:20 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>DR. Ragasudha</u>
2. Anaesthetist	<u>Dr. Pheeraja</u>
3. Asst. Surgeon
4. OT Technician
5. Circulating Nurse	<u>Indrani</u>
6. Asst. Nurse	<u>Eswalamma</u>

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon 

Signature of Circulating Nurse

Order No: 690784/785 Ordered by: Merleah



CONSUMABLES OF OT 211

Patent Name Mrs. N.S. Priyanka Age: 31y
 Gender M F UHIS/IP NO 23365/10935
 Date: 24/06/2026 Time: 8:00am

Circulating Staff:..... Technician:.....

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads : A/P/N		(03)				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		(01)				Vaccum Suction Set		
05 cc		(01)	Gloves 6 1/2		(01)	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		(01)	NG tube			Koochies (S)		
RL		(01)	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml			Koochies					
Inj. Oxycotin		(08)	Ointments					
D. water		(4)	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 26		(01)	Urobag					
Bupivacine 0.25%		(01)	Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		(02)	Romodrain bag					
Antibiotics			Bandage					
D. mem		(01)	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					
Bioxamic		(02)	Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon DR. Rajasudha Anaesthesiologist DR. Theeraja Nurse

OT Technician

Order No: 690769 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

OTA

IP No	IP22-00023365	Ward	3F-THIRD FLOOR
Patient Name	Mrs NATI SHAROWN PRIYANKA	Bed Name	PRI 301
Age/Sex	31 Y 1 M 4 D / Female	Order No	22-0000690769
Date	24/06/2026 09:49	Prescription No	PRIP22-0291960
Payor	CARE HEALTH INSURANCE LIMITED	Dispensed Date	24/06/2026 10:08
UHID	KMV-00010935		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3B10003	10/27	2	73.23	146.46
2	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BUI26002	12/27	2	30.65	61.30
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26A23K76	12/30	1	28.13	28.13
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	1	11.25	11.25
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	4	2.71	10.84
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
8	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	8	18.90	151.20
9	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
10	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	39261	09/27	1	15.90	15.90
11	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	2	69.39	138.78
12	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	1	91.00	91.00
Total :							948.72	1,384.42

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : VEERINI RAMALAKSHMI

CONSUMABLES
OF OT

300

Ref. No F/CONB/SUR/OT/02
Patent Name: N. Sharan Polyanna Age:
Gender M F UHIS /IP NO. 10935 / 23365
Date 24/6/26 Time: 10 AM

Circulating Staff: Indrani Technician: Pradeep

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>CCS</u>		01	Inj. Vit.K		01
LMA			Sutures			Cord clamp		01
ECG leads : A/P/N			<u>2342</u>		02	Suction Catheter		
HME filter : A/P/N			<u>2262</u>		01	Feeding Tube		
Syringe 10 cc		01				Vaccum Suction Set		
05 cc		01	Gloves <u>6/2</u>		06	Surgical Gloves <u>6/2, 7</u>		1+1
02 cc			<u>6</u>		01	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		02
Cautery Plate : A/P/N		01	Surgical blade <u>22</u>		01	Surgical Blade #20		01
IV set			NG tube			Koochies (S)		01
RL			Cautery Pencil		01	neopuf tube		01
NS: 10ml/100ml/500ml/1000ml			Koochies			Alcohol swabs		03
			Ointments					
			Suction Catheter			<u>NEW MOM - 01</u>		
Fentanyl			Cap. Mask <u>10+10</u>		20	<u>NEW MOM Fixtra - 01</u>		
Morphine			Gauze Pack			<u>D/water - 01</u>		
Ketamine			Mop Pack		01	<u>D/Aprand - 03</u>		
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter <u>16</u>		01			
Pencan 23g/Spinal Needle 22			Urobag		01			
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>8591</u>		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					

Surgeon Dr. Rajesudhe Anaesthesiologist Dr. Dheeraja Nurse Esuwa OT Technician
Order No: 690795 / 796 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	IP22-00023365	Ward	3F-THIRD FLOOR
Patient Name	Mrs NATI SHAROWN PRIYANKA	Bed Name	PRI 301
Age/Sex	31 Y 1 M 4 D / Female	Order No	22-0000690795
Date	24/06/2026 11:25	Prescription No	PRIP22-0291985
Payor	CARE HEALTH INSURANCE LIMITED	Dispensed Date	24/06/2026 14:14
UHID	KMV-00010935		

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	3	135.00	405.00
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	G26B120058	01/31	1	259.50	259.50
9	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
10	LSCS DRAPE PACK (PROTECTCARE)	PROTEC		11210MAY2026	12/29	1	2,700.00	2,700.00
11	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	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	3	91.00	273.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	3	91.00	273.00
19	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
20	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	10	11.25	112.50
21	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
22	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R022609O9	01/29	1	814.00	814.00
23	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
24	UROBAG (ADULT) - URODYNE		GENERAL	K25J050041	09/30	1	395.00	395.00
25	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
26	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
27	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2	951.00	1,902.00



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadilli,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	IP22-00023365	Ward	3F-THIRD FLOOR
Patient Name	Mrs NATI SHAROWN PRIYANKA	Bed Name	PRI 301
Age/Sex	31 Y 1 M 4 D / Female	Order No	22-0000690795
Date	24/06/2026 11:25	Prescription No	PRIP22-0291985
Payor	CARE HEALTH INSURANCE LIMITED	Dispensed Date	24/06/2026 14:14
UHID	KMV-00010935		

Total :	11,165.30	13,481.74
---------	-----------	-----------

Receiver Name

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SALAPU HARINI

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	IP22-00023366	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O NATI SHAROWN PRIYANKA	Bed Name	CRDL-PRI-301-1
Age/Sex	0 Y 0 M 0 D 5 H / Male	Order No	22-0000690796
Date	24/06/2026 11:32	Prescription No	PRIP22-0291984
Payor	SELPAY	Dispensed Date	24/06/2026 14:14
UHID	HCV-00041010		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	250907	08/30	3	4.09	12.27
2	BABY DIAPER 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	6O43348	01/31	2	22.50	45.00
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	RESUSCITATIONPIECECIR CUTRD1300(NEOPUF)	Fisher & Pakel		2103907488	08/28	1	783.00	783.00
7	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	1	91.00	91.00
8	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
9	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
Total :							1,279.41	1,310.09

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SALAPU HARINI

Receiver Name

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 IP22-00023365
Patient Name Mrs NATI SHAROWN PRIYANKA
Age/Sex 31 Y 1 M 6 D / Female
Date 25/06/2026 23:27
Payor CARE HEALTH INSURANCE LIMITED
UHID KMV-00010935

Ward 3F-THIRD FLOOR
Bed Name PRI 305
Order No 22-0000691163
Prescription No PRIP22-0292136
Dispensed Date 25/06/2026 23:34

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	1	235.00	235.00
Total :							235.00	235.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : SIMBOTHULA PRIYANKA