



**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 :** IP22-00023373      **Admit Date :** 24-Jun-2026      **Admit Time :** 01:26 PM      **UHID :** HCV-00040142

**Patient Details :**

<b>Patient Name</b> : Mrs G HARITHA	<b>Age</b> : 25 Y 11 M 13 D
<b>Guardian</b> : Mr G UPPENDRA KUMAR	<b>DOB</b> : 11-07-2000
<b>Gender</b> : Female	<b>Religion</b> :
<b>Occupation</b> :	<b>Marital Status</b> :
<b>Address (H)</b> : Kailasapuram Vishakhapatnam Andhra Pradesh INDIA 530024	<b>Phone No</b> : 9390134049/ 7893826445
	<b>E-mail</b> : no@gmail.com

**Admission Details :**

**Bed Type** : GENERAL WARD      **Bed No** : GW 322      **Ward Name** : 3F-THIRD FLOOR  
**Room No** : GW 322      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr G UPPENDRA KUMAR      **Relationship** : W/O  
**Contact Address** : Kailasapuram Vishakhapatnam Andhra Pradesh INDIA 530024      **Phone No** :

*B. Rupa*  
Signature

**Doctor Details :**

**Doctor Name** : Dr. NIHARIKA ALLU      **Specialisation** : OBSTETRICS AND GYNECOLOGY  
**Referral Doctor** : AP Police-Arogya Bhadratha      **Phone No** :  
**Co-Consultant** :

**Payment Details :**

**Payment Mode** : Cash      **Deposit Amount** : 0.00  
**Payor Name** : AP POLICE AROGYA BHADRATHA

**ACTIVITY RECORD FOR BILLING**

Name: .....

UHID No : ..... HCV-00040142 IP22-00023373 ..... Consultant : ..... Dept: .....

Date of Admis 11-07-2000 25 Y 11 M 13 D (F) ..... Date of Discharge: ..... Time: .....

Room / Bed N ..... Suggested Billable bed type: .....

Mrs G HARITHA  
11-07-2000  
Dr. NIHARIKA ALLU



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
24/6/26	3m	MICU	322	Gaya
25/6/26	3:30AM	322	MICU	NP 209
26/06/26	12AM	MICU	LDR-T	Jhemi
26/06/26	2:15AM	LDR	322	Jhemi

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	26/6/26		
2.	Prathusha Samuel	26/6/26	1505	mt
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Refused by patient. J.*

*Cross checked by*





**PROCEEDURE**

Date	Proceedure	Quantity	Order No.	Signature
25/6/26	Iv placement	(1)	90957	Magg
26/06/26	AVD I Epidural done by Dr. <sup>Shailaja</sup> <del>Shankar</del>	}	691214	Jh
	Time in : 12Am			
	Time out : 1:30Am			

Cham checked by  
Browns

**ANY OTHER INFORMATION**

\* Epidural charges paid to (MOD) Mrs Ferrun

Date: 27/06/26 Time: 6Am Prepared By: Browns

Staff Nurse Browns	Shift / Ward 3rd floor	Billing Assistant —	Billing Supervisor —
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# I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *for safe institutional delivery*

LMP: *18.9.25*

EDD: *25.6.26*

Obstetric Formula: *PRIMI*

Corrected EDD:

GA: *39<sup>6</sup>/<sub>7</sub> wks.*

Obstetric History:  
*PRIMI*

Menstrual History: Regular:  Yes  No

### Obstetric Examination

Fundal Height *term*

Present Pregnancy Record  
*sp. conception  
 leg Aves*

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

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

Head Fifths Palpable *5/5ths*

RISK FACTORS: *immunized*

FHS:  Normal  Tachy  Brady  Absent

*NS*

### Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination

Cervix: *1/2 inch*  
 Long  Partially effaced  Effaced

Os: Closed *2F tight* Dilated \_\_\_\_\_

Membranes: *BOM (+)*  
 Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: *156* cm  
 Weight: *77* kg

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

Breast  Normal  Abnormal

General Examination:

Consciousness:

Pallor: -

Icterus: -

Edema: -

Temp: *98.2° F*

PR: *80/min*

BP: *120/80 mmHg*

DTR: -

CVS: *S1S2 (+)*

RS *SpO2 100%*

Liver / Spleen: -

Urine Output: *Adequate*

### DIAGNOSIS

*PRIMI @ 39<sup>6</sup>/<sub>7</sub> wks @ ? Big baby  
 for induction of labour*

(P.T.O)



<p>Family History</p> <p>NE</p>	<p>Surgical History</p> <p>NE</p>
<p>Medical History:</p> <p>NE</p>	<p>Medication History:</p> <p>NE</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- CTG</li> <li>- Parts preparation</li> <li>- Consent, 20L NVD</li> <li>- P. miso 25mcg</li> <li>PIV 4th Hch</li> </ul>	<p>Investigations : 5.6.26 Scan</p> <p>SF, cephalic</p> <p>AFI - (N) ; 13.7cm</p> <p>EFW - 3.165 kg (57%ile)</p> <p>Doppler - (N)</p> <p>5.6.26</p> <p>TSAI - 1.29 µm/ml</p> <p>RBS - 106 mg/dl</p> <p>Hb - 12.9 gm/l</p> <p>PLT - 2.18 lakh/cmm</p> <p>HEV        HBsAg        Anti HEV } NR</p> <p>BGT - +ve</p>

Doctor Name: Dr. Asha  
 Signature: [Signature]  
 Date & Time: 24.6.26

Consultant Name: Dr. Niharika  
 Signature: [Signature]  
 Date & Time: 24.6.26

HCV-00040142 IP22-00023373  
 Mrs G HARITHA  
 11-07-2000 25 Y 11 M 13 D (F)  
 Dr. NIHARIKA ALLU



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 26/06/26 at 12:15pm

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify MICO  
 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: NO  
 If yes, identify NO

Chief Complaints: IOL Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Asha Latha  
 Time Notified: at 1:20pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
—	—	—

<p><b>Gynecology Assessment:</b> <input type="checkbox"/> Not Applicable          Menstrual History: <u>28 days</u>          Onset of Menarche: <u>3-5 days</u>          Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular          Last Menstrual Period: <u>18/09/2025</u></p>	<p><b>Gynecology Surgical History:</b>          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: <u>NO</u></p>	<p><b>Gynecological History:</b>          Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes          Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Infertility:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes          If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G 1 P 1 L 0 A 0

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 NO

Vital Signs / Measurements: Temp: 98.6 HR: 86 RR: 22  
 BP: 120/80 Weight: 74kg Height: 156 BMI: \_\_\_\_\_

Pain Assessment: Pain:  Yes  No (If Yes, complete the Pain Assessment / Reassessment Form)

HCV-00040142

IP22-00023373

Mrs G HARITHA

11-07-2000

25 Y 11 M 13 D (F)

Dr. NIHARIKA ALLU



PHYSICAL ASSESSMENT

General Appearance:  Healthy  ill looking  Anxious  Agitated  Others: .....

Fall Assessment:  Yes  No Score ..... 0 ..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore:  Yes  No Score ..... 0 ..... (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. Haritha .....

Orientation not given Reason: ..... - .....

Nurse Signature: ..... *[Signature]* .....

Nurse Name: ..... B. Indrani .....

Date & Time: ..... 29/06/26 at 1:18pm .....

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

HCV-00040142  
Mrs G HARITHA  
11-07-2000  
Dr. NIHARIKA ALLU  
E / HW / PGN / INPR / 15  
IP22-00023373  
25 Y 11 M 13 D (F)  
A  B  C  D  E  F  G  H  I  J  K  L  M  N  O  P  Q  R  S  T  U  V  W  X  Y  Z  AA  AB  AC  AD  AE  AF  AG  AH  AI  AJ  AK  AL  AM  AN  AO  AP  AQ  AR  AS  AT  AU  AV  AW  AX  AY  AZ  BA  BB  BC  BD  BE  BF  BG  BH  BI  BJ  BK  BL  BM  BN  BO  BP  BQ  BR  BS  BT  BU  BV  BW  BX  BY  BZ  CA  CB  CC  CD  CE  CF  CG  CH  CI  CJ  CK  CL  CM  CN  CO  CP  CQ  CR  CS  CT  CU  CV  CW  CX  CY  CZ  DA  DB  DC  DD  DE  DF  DG  DH  DI  DJ  DK  DL  DM  DN  DO  DP  DQ  DR  DS  DT  DU  DV  DW  DX  DY  DZ  EA  EB  EC  ED  EE  EF  EG  EH  EI  EJ  EK  EL  EM  EN  EO  EP  EQ  ER  ES  ET  EU  EV  EW  EX  EY  EZ  FA  FB  FC  FD  FE  FF  FG  FH  FI  FJ  FK  FL  FM  FN  FO  FP  FQ  FR  FS  FT  FU  FV  FW  FX  FY  FZ  GA  GB  GC  GD  GE  GF  GG  GH  GI  GJ  GK  GL  GM  GN  GO  GP  GQ  GR  GS  GT  GU  GV  GW  GX  GY  GZ  HA  HB  HC  HD  HE  HF  HG  HH  HI  HJ  HK  HL  HM  HN  HO  HP  HQ  HR  HS  HT  HU  HV  HW  HX  HY  HZ  IA  IB  IC  ID  IE  IF  IG  IH  II  IJ  IK  IL  IM  IN  IO  IP  IQ  IR  IS  IT  IU  IV  IW  IX  IY  IZ  JA  JB  JC  JD  JE  JF  JG  JH  JI  JJ  JK  JL  JM  JN  JO  JP  JQ  JR  JS  JT  JU  JV  JW  JX  JY  JZ  KA  KB  KC  KD  KE  KF  KG  KH  KI  KJ  KK  KL  KM  KN  KO  KP  KQ  KR  KS  KT  KU  KV  KW  KX  KY  KZ  LA  LB  LC  LD  LE  LF  LG  LH  LI  LJ  LK  LL  LM  LN  LO  LP  LQ  LR  LS  LT  LU  LV  LW  LX  LY  LZ  MA  MB  MC  MD  ME  MF  MG  MH  MI  MJ  MK  ML  MN  MO  MP  MQ  MR  MS  MT  MU  MV  MW  MX  MY  MZ  NA  NB  NC  ND  NE  NF  NG  NH  NI  NJ  NK  NL  NM  NO  NP  NQ  NR  NS  NT  NU  NV  NW  NX  NY  NZ  OA  OB  OC  OD  OE  OF  OG  OH  OI  OJ  OK  OL  OM  ON  OO  OP  OQ  OR  OS  OT  OU  OV  OW  OX  OY  OZ  PA  PB  PC  PD  PE  PF  PG  PH  PI  PJ  PK  PL  PM  PN  PO  PP  PQ  PR  PS  PT  PU  PV  PW  PX  PY  PZ  QA  QB  QC  QD  QE  QF  QG  QH  QI  QJ  QK  QL  QM  QN  QO  QP  QQ  QR  QS  QT  QU  QV  QW  QX  QY  QZ  RA  RB  RC  RD  RE  RF  RG  RH  RI  RJ  RK  RL  RM  RN  RO  RP  RQ  RR  RS  RT  RU  RV  RW  RX  RY  RZ  SA  SB  SC  SD  SE  SF  SG  SH  SI  SJ  SK  SL  SM  SN  SO  SP  SQ  SR  SS  ST  SU  SV  SW  SX  SY  SZ  TA  TB  TC  TD  TE  TF  TG  TH  TI  TJ  TK  TL  TM  TN  TO  TP  TQ  TR  TS  TU  TV  TW  TX  TY  TZ  UA  UB  UC  UD  UE  UF  UG  UH  UI  UJ  UK  UL  UM  UN  UO  UP  UQ  UR  US  UT  UY  UZ  VA  VB  VC  VD  VE  VF  VG  VH  VI  VJ  VK  VL  VM  VN  VO  VP  VQ  VR  VS  VT  VU  VV  VW  VX  VY  VZ  WA  WB  WC  WD  WE  WF  WG  WH  WI  WJ  WK  WL  WM  WN  WO  WP  WQ  WR  WS  WT  WU  WV  WW  WX  WY  WZ  XA  XB  XC  XD  XE  XF  XG  XH  XI  XJ  XK  XL  XM  XN  XO  XP  XQ  XR  XS  XT  XU  XV  XW  XX  XY  XZ  YA  YB  YC  YD  YE  YF  YG  YH  YI  YJ  YK  YL  YM  YN  YO  YP  YQ  YR  YS  YT  YU  YV  YW  YX  YZ  ZA  ZB  ZC  ZD  ZE  ZF  ZG  ZH  ZI  ZJ  ZK  ZL  ZM  ZN  ZO  ZP  ZQ  ZR  ZS  ZT  ZU  ZV  ZW  ZX  ZY  ZZ

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24.6.24		Obs by <u>Dr. Ashalalia</u>
		Gen. Exam
		Temp: (N)
		BP: 120 mmHg
		70
		PR: 84/min
		R&L: NAD
		P/A: ut term, progress
		Cephalic, LOT
		FHS - 146 bpm
		ut-relaxed
		CTG - (R)
		PIV: 6cm
		Co 1/2 <del>cm</del> length
		Qe admiss 2F tight
		BOM (+)
		PP - Vx (a) - 2 ↓ - 1
		Pelvic gpn & adequate
		1st dose: P. miso prostol 25mcg placed PIV
		(a) 2pm.
		Next dose (a) 6pm
		CTG (a) 5-80 bpm
		Noted by <u>Dr. Ashalalia</u> 24/6/24

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/20  
3:00pm

CLB Dr. Nikita (Reg)  
Dr. Sowmya (Pg2), Dr. Nikita (Pg1)

Primi | 39 weeks 6 days | ? Big baby | 20L

Gc: Fair  
Afebrile  
BP: 122/70mmHg  
PR: 86/min  
RR: 14/min  
HLL: No abnormality detected  
PLA: uterus ~ term  
cephalic  
FHS (+)  
uterus ~ relaxed

- R
- 1) Rest in LLP/DFMC
  - 2) CTG with hourly monitoring
  - 3) FHR monitoring hrly
  - 4) w/lt uterine action.
  - 5) w/lt labour progression
  - 6) Monitor vitals
  - 7) Symptom S.O.S

2nd dose due @ 6:00pm  
Next CTG @ 5:30pm

24/6/20  
6:00pm

CLB Dr. Sowmya (Pg2)  
Dr. Nikita (Pg1)

Gc: Fair, vitals stable  
PLA: uterus ~ term  
cephalic  
FHS (+)  
uterus ~ 2L/uterotonin

2nd dose deferred till reassessment at 8:00pm

CTG @ 5:30pm  
Naiti  
↓  
Next CTG @  
9:30pm

R  
Dr. Nikita

N.B. Dwyer  
24/6/20

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



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/06/2016	7:30pm	C/S By D. Nikita (Reg) De Courmye (Pg)
		puvni @ 39wks 6days pog @ ? Big Baby an Unduler an 1 dose Pgl
		PRM ⊕
		R
		EC: no pain 1) Omeprazole
		Afebrile 2) PNE ⊕ every 30mi
		Bp- 110 3) CTG ⊕ 4th wky
		70 mmHg 4) Wt cut antio, pol
		PR- cu 5thm bed ply least pl-
		RP- 16lmi 5) Vitals ⊕
		pla wt tan 7) lufan so.
		cephalic
		PNE ⊕ ROT
		ut waves 2nd dose TB miso 26ms lpr
		ply Co 40% effaceo plu
		Softs PP ↓
		Os 2-3cm dilateo
		BOM ⊕ 2nd dose du @ 11:30pm
		pp v. @ -2' st. CTG @ 11pm
		pelvis' gm
		- rdy,
		Delay
		M.B. Drugs

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/06/2021

9pm

C/S / By Dr. Kumashita (Reg)  
Dr. Soumya (PG)

puviti / 39wk 6day prog / ? Bis Baby f TOLA  
& dose IgG

1 AM @

EC: no path

NOPE

Afebrile

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

PR: 84 bpm

RR: 16 / m

HIL: NAD

PIA: ut - team

cephali

HR @

ut ulae

R

1) DMCI up

2) HR @ every 30 min

3) CTG @ 4th level

4) ut ut antea, labor progress

5) ut ut lead plus lead plus

6) Vitals @

7) ut ut

next CTG @  
11pm

3rd dr. due  
11:30p

*[Signature]*  
Always

noted by  
Nasa 9pm

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



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/6/26	11:30 am	C/S/B Dr. Kimpashita (Reg) / Dr. Soumya (Pg)
		Δ: Primii / 39 wk delay / ? Big Baby / IOL
	O/E	adw
	GC: fair	(1) Reg diet c plenty of oral fluids
	Temp: afebrile	(2) Rest in LCP / DFMC
	PR: 84 bpm	(3) fHR Monty low 30 min
	BP: 110/70 mmHg	(4) CTG 4th hly monty.
	H/L: NAD	(5) W/F any bleeding PLU & kelyplu
	P/A: ut-tern	(6) Monty umbils
CTG: reactive		(7) If fol.
		cephalic, FHS(+) 2C/30x4/10 min
	P/U: -	Cx 50% effaced, soft, mild protin
		ex-2-3 cord deleted
		PPVx, - 2 steth
		Bag of membranes firm
		pulsis adeq, 4 gyps
		T. misoprostol 25mcg PLU kept @ 11:30 am under aseptic conditi.
	Next	CTG @ 3:00 am
		Next dose due @ 3:30 am.

*[Signature]*  
Dr. Kimpashita (Reg)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/06/2026  
1:30 AM

PIA - ut turn  
cephalic  
ut acty neu (2/50"110")  
PUR⊕

Co - 50% efface  
soft mp

OS 2-3cm dilated

BOM⊕

PP VP @ -2' st

revis - 1 gm  
- adq.

R

- follow phone order

By  
Alamy

NOTES BY  
MARY  
1:30 AM

25/06/2026  
3:45 AM

pt opted for epidural analgesic and the same  
was sited by anesthetist aft informed with  
consent

By  
Alamy



25/6/20  
8:30am

C/S/B Dr. Ashalatha (Reg)  
Dr. Sowmya (PAs), Dr. Niveth (PCs)

Primi / uow eek 20 Gr / ? Big baby in latent labour

G.C: fair  
Afebrile  
BP: 123/90 mmHg  
PR: 86/min  
RR: 16/min  
H/L: no abnormality detected  
PLA: uterus term  
cephalic  
FHS (+)  
uterus ~ 22/30 sec/10min

- B
- 1) Rst in LLP / DFM
  - 2) CTG with hourly monitoring.
  - 3) FHR continuous monitoring
  - 4) w/lt uterine action.
  - 5) w/lt labour progression
  - 6) monitor vitals
  - 7) Inform S.O.S.

on epidural  
summit

25/6/20  
9:30am

C/S/B Dr. Ashalatha (Reg)  
C. Niveth

G.C: fair  
vitals - stable  
PLA: uterus term  
cephalic  
FHS (+)  
uterus ~ 22/30 sec/10min  
PW: 90% effaced  
os: 2-3 cms dilated  
BOR (+)  
PP: vertex @ -2 station  
pelvis: adequate and gynaecia

- Adv
- 1) Sy<sup>10</sup> - OXYTOCIN 520 @ 8-10 drops/min. <sup>in 10 RL</sup>
  - 2) CTG with hourly monitoring
  - 3) FHR continuous monitoring
  - 4) w/lt uterine action
  - 5) w/lt labour progression
  - 6) monitor vitals
  - 7) Inform S.O.S.

C. Niveth



25/6/20  
4:00pm

ops by Dr Ratnevali

CC fan

TPR - (N)

BP - 110/70 mmHg

H/C - NFD

P/A ut term

Cephalic

FNS 146 bpm

ut active

P/V Sp O<sub>2</sub> 90% effaced

O<sub>0</sub> 5cm dil

membr (-)

PP V<sub>p</sub> - 1st

Pelvis Gyn's Adequate

Rx

- 1) Cont AMK monitory
- 2) w/f ut action
- 3) \$0 only low dip in  
10RL

Noted by Cuba

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

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

ICV-00040142 IP22-00023373  
Patient Mrs G HARITHA  
1-07-2000 25 Y 11 M 14 D (F)  
Age: Dr. NIMARIKA ALLU  
I.P. N 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		cls/B Dr Patnavalli (Reg)
25/6/2026	6pm	Dr. Nithika (PW)
		P <sub>min</sub> / no weeks / 9 big baby in active labor
		at 4 hrs
		Aphric
		BP - 110/80 mmHg
		PR - 80 bpm
		PA - uterus firm
		Cephalic
		FHS ⊕ 112 bpm
		uterus contracting
		PV - Cx: fully effaced
		OS - OS - 5cm dilated
		PV - Vertex - station
		Reins - Adequate
		Gynaecoid

- ① Rest in LCP / DMIC
- ② CTG with hly monitoring
- ③ FHR continuous monitoring
- ④ w/ uterine action
- ⑤ w/ labor progression
- ⑥ monitor vital
- ⑦ inform sos.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

25/6/2026  
8:30pm

CLB - Dr. Nikita (Reg)  
Dr. Nisha (Pls)

Primi / no cracks poa / 2 big baby in Active labor.

ac fine  
Adequate

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

PR - 80 bpm

RR - 14 bpm

HLC - NAD

PA - ut term bys

Cephalic

FHS (+)

ut acting w/ no sept/min

PV - fully effaced

OS - 8cm dilated

PP-Vx - (0) Station - Nisha

Pelvis - Adequate & gynecoid.

adv

① Regular diet with plenty of oral fluids.

② continuous FHR monitoring

③ w/ uterine action

④ w/ labor progression

⑤ monitor vitals

⑥ inform SOS

SLB Dr. Nikita (Reg)

9:24pm

Case informed to Dr. Shailaya

ac fine, Adequate  
vitals - stable

PA - ut term, Cephalic

FHS (+) dip to  $\times 60$  bpm

utems acting (w/ 50 sec / 10 min)

PV - fully effaced

OS - 9cm dilated (rim +)

PP-Vx - 0 Station

Cephalic (+) @ +1 station

Pelvis - Adequate, gynecoid

adv

① continuous FHR monitoring

② FHR & TA being

③ w/ uterine action & progression of labor

④ monitor vitals

⑤ inform SOS

OTG  
non  
Reassuring  
Early decels  
present.

for

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

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

ICV-00040142

IP22-00023373

Pat Mrs G HARITHA

1-07-2000

25 Y 11 M 14 D (F)

Age

Dr. NIHARIKA ALLU

I.P.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/2020	11:30 PM	<p>Cx : fully dilated                      os - fully effaced                      PPVx (+) Station                      Caput (+)                      Pelvis - Gynecoid                      Adequate</p>
26/6/26	2:30 AM	<p><u>Assisted vaginal delivery with RMLE + RA.</u>  <u>2 Ventouse</u></p> <p>Patient is put on lithotomy position up on full dilation. Under aseptic precaution parts prepped and draped. 1% xylocaine infiltrated. RMLE given @ full distention. Baby delivered with help of ventouse. baby cried immediately after birth. Early cord clamping done. Baby handed over to paediatrician. Placenta and membranes delivered completely. RMLE inspected - No extensions found. A lateral superficial vaginal tear noted. Both sutured with 2-0 rapid vinyl. Hemostasis seemed well. uterus contracted well.</p> <p>Baby details: A term, single, female baby. delivered on 26/6/26, @ 12:41 AM with birth wt 3.6 Kgs &amp; APGAR 8/10. Baby shifted to NICU w/o Resp distress.</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/26  
2:30 AM

## Immediate post delivery orders

P/L | PND=0

also:

UC fails

Afebrile

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

PR - 86 bpm

RR - 14 cpm

H/L - No abnormality detected

PA - uterine retracted well

cc - No active pv bleeding

BL Breast soft

Baby: NICU

① Regular diet with plenty oral fluid.

② Tab. MONOCEF 200mg PO 12<sup>th</sup> hourly

③ Tab. PANTOP 40mg PO 24<sup>th</sup> hourly

④ No ACCURAPUS - 500mg PO 8<sup>th</sup> hourly

⑤ w/ any exchore or bleeding.

⑥ Express breast milk.

⑦ w/ postnatal care.

⑧ monitor vitals

⑨ inform SOS

note.

note by JLN

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

ICV-00040142 IP22-00023373 15  
Mrs G HARITHA  
1-07-2000 25 Y 11 M 14 D (F)  
Dr. NIHARIKA ALLU  
A [Barcode]  
J F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>26/6/26</del>	<del>9 AM</del>	<p>CLSB - Dr. Nikhat (Reg) Dr. Niroshini (Ph)   Dr. Soumya (Ph)</p> <hr/> <p>PILI / PND - 0</p> <p>AC - No pallor Afebrile BP - 110/70 mmHg PR - 78/min RR - 14/min HL - NAD P/A - uterus retracted well O/E - No active bleeding PIV</p> <hr/> <p>B/L Breast: soft Baby: NICU</p>
		<p>Rx:</p> <ol style="list-style-type: none"> <li>① Regular diet</li> <li>② plenty of oral fluids</li> <li>③ T. MONOCEF 200mg P/O 12<sup>th</sup> hly</li> <li>④ T. PANTOP 40mg po 24<sup>th</sup> hly</li> <li>⑤ T. ACECLOPLUS 500mg po 8<sup>th</sup> hly</li> <li>⑥ Express breast milk</li> <li>⑦ w/o bleeding p/v</li> <li>⑧ Perineal care</li> <li>⑨ Monitor vitals</li> <li>⑩ Inform S.O.S</li> </ol>
		<p><i>(Signature)</i></p> <p><i>(Signature)</i></p> <p><i>(Signature)</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/26  
2:30pm

CL(B Dr. Ratnavalli (Pg))

Dr. Sowmya (Pg), Dr. Nihiti (Pg)

P.L. | PND-0

B

GC: Fair

Afebrile

BP: 120/80mmHg

PR: 86/min

RR: 14/min

H/L: NO abnormality  
detected

PLA: uterus retracted well

O/E: NO active bleeding

- 1) Regular diet with plenty of oral fluids
- 2) continue Rx as per drug chart
- 3) Express breast milk
  - 4) w/lt bleeding plw
  - 5) Perineal care
  - 6) Monitor vitals
  - 7) Inform S.O.s

B/L Breast sgt

Baby - NICU

Dr. Nihiti

26.6.26  
10:30pm

P.L. | PND

Noted by Kalyani

ops by Dr. Asha Lakshmi / Dr. Nihiti  
(Pm)

GC: Fair

Vitals: Stable

RES: NAD

PLA: w/ retracted well

O/E: NO active  
bleeding plw

Baby NICU

breast: cofl.



27/6/2026  
SAM

SIB Dr. Nibhat (Reg)  
Dr. Soniya (PA) / Dr. Nishini (PA)  
Dr. Nisha (PA) / Dr. Nisha (PA)

PL1 | PND-1

at 4:15

Afebrile - HA

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

PR - 86 bpm

RR - 14 bpm

H/C - No abnormality detected

PA - uteri retracted well

OE - No active PV bleeding

B/C breast soft

Uterus: MCV

Passed urine

orders

- ① Regular diet with plenty of oral fluid
- ② T. MONOCEF 200mg PO 12<sup>th</sup> July
- ③ T. PANTOP 40mg PO 24<sup>th</sup> July
- ④ T. ACECO PLUS 500mg PO 5<sup>th</sup> July
- ⑤ off active PV bleeding
- ⑥ Express breast milk
- ⑦ monitor vitals
- ⑧ inform S.O.

Notes





**REGULAR PRESCRIPTIONS**

<b>DRUG :</b> T MONOCER				Date															
				Time	9:30														
Dose	Route	Frequency	Start Dt.																
20mg	PO	12 by	26/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> T PANROL				Date															
				Time	2:45														
Dose	Route	Frequency	Start Dt.																
10mg	PO	2 by	26/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b> T ACECOPUS				Date															
				Time	2:45														
Dose	Route	Frequency	Start Dt.																
10mg	PO	8 by	26/6																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			

<b>DRUG :</b>				Date															
				Time															
Dose	Route	Frequency	Start Dt.																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.																			





Date: 25/6/28

Time: 3:30AM

Name: G. Haxtra

Proposed Operation Epidural Analgesia

Age: 25

Preoperative Diagnosis primi @ 39wks @ big baby for Dol

Sex: f

B.P 120/80 H.R. 80/min R.R. 18/min Temp afebrile Height 150cm Weight 72kg Physical Status 1 (2) 3 4 5 I.P. No.

LABORATORY DATA

Hgb 12.9 g/dl	Glucose 106	Protien	HIV	X-ray	Other:
PCV	Urea	Alb	HBS Ag	ECG	
WBC	Creat	Total Bill	HCV	2D Echo	
Plate 2.18 lakh	Na	Dir. Bill	Blood group O+ve	Stress/Angio	
PT	K	LDH	Other		
PTT	Ca++	Alk phos	TSH = 1.29 uIU/ml	Allergies: -	
INR	Mg++	Amylase			

Medical History: - CVS: -

RESP: -

CNS: - Diabetes: -

Renal: -

Hepatic / GE: - APD+/-

Others:

Past Anaesthetic History: -

Physical Exam

Airway MP 1 2 (3) Mouth Opening 3FB Mentohyoid Distance: > 3FB Neck (N) Teeth: No loose tooth

Lungs: (N) B/L VRS

Heart: S1S2

CNS: intact Pupils: (N) EVM 15/15

Others: Pallor: + (N) Venous Access Site: secured Spine Exam for regional: Spices felt

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief Epidural 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.:..... SaO2 :.....

R.R.:..... Last Feed :.....

B.P./C.T.Y.:.....

Signature: O. Mounshii





Date: 25/6/26 Time: 4:00 AM Procedure done by: Dr. O. Mousalini  
 CSE/Spinal/Epidural ✓ Position: sitting Space: L3-4 Technique (LOR/LOS) ✓  
 Depth: 5 1/2 Catheter at Skin: 10cm 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
25/6/26 @ 4:00 AM		1 1/2 LOR RCC	T10 T10	110/80, 90/min	152/min	
25/6/26 @ 4:30 AM	D-125ml. Sufix @ 4ml/hr		T10 T10	100/70, 88/min	150/min	
5:30 AM	@ 4ml/hr		T10 T10	110/80, 80/min	152/min	
6:30 AM	@ 4ml/hr		T10 T10	120/80, 72/min	150/min	

26/06/2026  
 Deliver Details : Time: 12:44am APGAR: 8-9/10 ✓ (Nacodm, Kwi)  
 SVD / Instrumenta / LSCS (if LSCS Details)  
 FCH

Catheter Removed by and Tip Inspected : DR. Dheeraj Venkataraju

Patient Satisfaction: Satisfied

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



CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : G. Haritha
Gender : M [ ] E [x] IP No. :
Age : 25 Department :
Date : 25/6/26

I, G. Haritha S/D/W/O G. Uppendra
hereby consent for the procedure of Epidural Analgesia

For my patient / myself named G. Haritha UHID NO.

The doctor have clearly explained to me in language known to me about the following possible complications of the procedure : 8% pain relief, PPH, placental abruption, foetal G. placental, epidural, catheter migration

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

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : 0.125% sufentanil infusion

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 : O. Monalini

Name of the Doctor administering the sedation : O. Monalini

Patient Attendant :

Witness :

Signature : G. Uppendra

Signature :

Name : G. Uppendra Kumar

Name :

Relationship with Patient : Husband

Date & Time :

Date & Time : 25/06/26 @ 3:35 AM

Doctor (who is taking the consent) :

Signature : O. Monalini

Name : O. Monalini

Date & Time : 25/6/26 @ 3:35 AM

**ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం**



పేషెంట్ పేరు : .....  
 లింగం : పు  స్త్రీ  .....  
 ఐ.డి. నెం. ....  
 వయస్సు .....డిపార్ట్‌మెంట్.....  
 తేది : .....

నేను : .....S/D/W/O.....

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

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

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

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

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

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని  గుండే 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:

24/6/26

DEPARTMENT

ORG

NAME:

G. Haritha

UHID / I.P.NO.:

Hew - 40142

WARD / BED NO.:

MICU

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO.:

CLEARANCE GIVEN BY:  
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>Mr. Haritha</i>	Date & Time of Admission <i>24/06/26 @ 1:26 PM</i>	Date & Time of Transfer Order <i>26/06/26 @ 2:15 AM</i>
Treating Consultant <i>Dr. Niharika</i>	Transfer ordered by <i>Dr. Niharika</i>	Reason for Transfer <i>postnatal care</i>
From Bed / Ward / Hospital <i>MICU</i>	To Bed / Ward / Hospital <i>32Q</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>NST-8</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	<i>Tab. monof</i>	<i>(10)</i>
2.	<i>Tab. Aalife</i>	<i>(15)</i>
3.	<i>Tab. pantop</i>	<i>(8)</i>
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part, <i>Jheru</i>	Name of person ordering transfer <i>Dr. Niharika</i>	Name & Signature of Nurse Supervisor <i>Saba</i>	Referral note & referral Doctor Name:
---	---	---	---------------------------------------

Patient &amp; Clinical records received by:

Signature with Date & Time  
*4-11-22*  
*2022*

If the transfer order time &amp; 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 C. Hanika ID - 23373	Date & Time of Admission 24/6/26 @ 1:26 PM	Date & Time of Transfer Order 25/6/26 @ 3:50 AM	
Treating Consultant Dr. Nihanka	Transfer ordered by Dr. Kripalika	Reason for Transfer FB NUP	
From Bed / Ward / Hospital 322	To Bed / Ward / Hospital M/W	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 32	Number of Imaging films 2561 - 3	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.	12 set - ①		
2.	Re 500 - ①		
3.	reveler pad - ①		
4.	Hand care - ①		
5.	Low jelly - ①		
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Mala	Name of person ordering transfer Dr. Kripalika	Name & Signature of Nurse Supervisor Chitra	Referral note & referral Doctor Name:
Patient & Clinical records received by: Joshi 25/6/26 @ 3:50 PM			
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>ms. Hanitha</i>	Date & Time of Admission <i>24/6/26</i>	Date & Time of Transfer Order <i>24/6/26 at 3pm</i>	
Treating Consultant <i>Dr. Niharika</i>	Transfer ordered by <i>Dr. Nibite</i>	Reason for Transfer <i>plan for DOL</i>	
From Bed / Ward / Hospital <i>m2w</i>	To Bed / Ward / Hospital <i>322</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>22</i>	Number of Imaging films <i>NST - 1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Guyy</i>	Name of person ordering transfer <i>Dr. Niharika</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time <i>Diya 24/6/26</i>			

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

Unavailable bed

Nurse not available

Available bed not ready

## SURGERY DETAILS

Sl.No.

Date: 26/06/2026

Patient Name : Mrs. G. Haritha Age: 25yr Sex: Female

UHID No. : HCV-00040142 IP No: 23373

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

Name of the Surgery : AVD & Epidural

Time in: 12:00 Am

Time Out: 1:30 Am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. MVR. Shailaja	
2. Anaesthetist		
3. Asst. Surgeon		
4. OT Technician		
5. Circulating Nurse	Thansi	
6. Asst. Nurse	Salya	

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse *Thansi*

Order No: 691214 Ordered by: *Thansi*

AB.

AVD t Epidural

Ref. No F/CONB/SUR/OT/02



# CONSUMABLES OF OT

Patent Name Mrs. Haceritha Age: 2540  
 Gender M F UHIS/IP NO.....  
 Date: 26/5/26 Time: 12:45 AM

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		01
LMA			Sutures <u>2762</u>		02	Cord clamp		01
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		01				Vaccum Suction Set		
05 cc		01	Gloves <u>6/2</u>		03	Surgical Gloves <u>6/2</u>		02
02 cc						Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		02
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		01
IV set		01	NG tube			Koochies (S)		01
RL <u>500ml</u>		01	Cautery Pencil			Alcohol swabs		02
NS: 10ml/100ml/500ml/1000ml		01	Koochies			Neopuff tubing		01
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>5+5</u>		10			
Morphine			Gauze Pack					
Ketamine			Mop Pack		01			
Propofol			Steristrip			Net cath no 12		01
Rocuronium			Underpad		02	New mom pad		01
Glycopyrolate			Draw Sheet			Sizerator		01
Myopyrolate			Abgel			D/Water		01
Ondansetron			Foleys Catheter			D/Aprom		02
Pencan 23g/Spinal Needle 22			Urobag			Fig - Syntocine		04
Bupivacine 0.25%			Chest Drinage Catheter			Three way 10 cm		01
Bupivacine 0.25%(Heavy)			Romodrain bag			Fig - Loz gel.		01
Antibiotics			Bandage			Hand care		06
			Tegaderm			Fig - Dmtin		01
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg		02	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		01			
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Dr. Shailaja  
Surgeon

Anaesthesiologist

Salyu.  
Nurse

OT Technician

Order No: 691223 / 69120 / 69124 Ordered by: Shen  
691221

# 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	IP22-00023373	Ward	3F-THIRD FLOOR
Patient Name	Mrs G HARITHA	Bed Name	GW 322
Age/Sex	25 Y 11 M 15 D / Female	Order No	22-0000691223
Date	26/06/2026 03:48	Prescription No	PRIP22-0292151
Payor	AP POLICE AROGYA BHADRATHA	Dispensed Date	26/06/2026 04:45
UHID	HCV-00040142		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DROTIKIND 2 ML INJ (DROTAVERIN)	Mankind Pharmaceuticals Ltd.	H	G5AQY002	11/27	1	39.74	39.74
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	1	21.56	21.56
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	1	2.71	2.71
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
6	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	6	38.00	228.00
7	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
9	NELTON CATHETER 12FR	Polymed	GENERAL	2610065A	12/30	1	78.00	78.00
10	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	1	93.94	93.94
11	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261155	01/29	1	69.39	69.39
12	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	3	91.00	273.00
13	VEIN-O-LINE 10CM ROMSONS		GENERAL	G26D010122	03/31	1	424.00	424.00
14	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
<b>Total :</b>							<b>1,968.11</b>	<b>2,415.55</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Receiver Name

*evateuu - (i)*

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



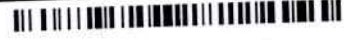
Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.  
 Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040  
 Tel No : 891-3501601

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 IP22-00023373  
 Patient Name Mrs G HARITHA  
 Age/Sex 25 Y 11 M 15 D / Female  
 Date 26/06/2026 03:09  
 Payor AP POLICE AROGYA BHADRATHA  
 UHID HCV-00040142

Ward 3F-THIRD FLOOR  
 Bed Name GW 322  
 Order No 22-0000691220  
 Prescription No PRIP22-0292148  
 Dispensed Date 26/06/2026 04:43

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblu		01052026	01/29	2✓	135.00	270.00
2	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5✓	10.00	50.00
3	HAND CARE GLOVE	Safetouch	GENERAL	0426R	02/29	6✓	38.00	228.00
4	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	1✓	949.00	949.00
5	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	2✓	210.00	210.00
6	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1✓	194.00	194.00
7	NITRILE EXAMINATION GLOVES P F - MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10✓	23.43	234.30
8	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1✓	100.31	100.31
9	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5✓	11.25	56.25
10	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2✓	170.00	340.00
<b>Total :</b>							<b>1,840.99</b>	<b>2,631.86</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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

*Self Invoice OT*



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

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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 IP22-00023389  
 Patient Name Baby B/O G HARITHA  
 Age/Sex 0 Y 0 M 0 D 3 H / Female  
 Date 26/06/2026 03:15  
 Payor AP POLICE AROGYA BHADRATHA  
 UHID HCV-00041061

Ward 1F-FIRST FLOOR-NICU  
 Bed Name NICU 111  
 Order No 22-0000691221  
 Prescription No PRIP22-0292149  
 Dispensed Date 26/06/2026 04:43

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 55- 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	2 ✓	22.50	45.00
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	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1 ✓	7.67	7.67
<b>Total :</b>							<b>375.41</b>	<b>493.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Receiver Name

Rainbow  
Children's  
Hospital

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safer Delivery.

## 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

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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	IP22-00023373	Ward	3F-THIRD FLOOR
Patient Name	Mrs G HARITHA	Bed Name	GW 322
Age/Sex	25 Y 11 M 15 D / Female	Order No	22-0000691234
Date	26/06/2026 07:44	Prescription No	PRIP22-0292155
Payor	AP POLICE AROGYA BHADRATHA	Dispensed Date	26/06/2026 07:44
UHID	HCV-00040142		

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
<b>Total :</b>							<b>519.00</b>	<b>519.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Receiver Name