



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 : IP22-00023338

Admit Date : 21-Jun-2026

Admit Time : 07:03 AM UHID : HCV-00040656

Patient Details :

Patient Name : Mrs JAHNAVI

Age : 26 Y 6 M 9 D

Guardian : Mr K NITHIN

DOB : 12-12-1999

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Yendada Visakhapatnam Andhra Pradesh
INDIA 530045

Phone No : 8977227938

E-mail : no@gmail.com

Admission Details :

Bed Type : DELUXE ROOM

Bed No : DLX 204

Ward Name : 2F-SECOND FLOOR

Room No : DLX 204

Admission Type : First Visit


Contact Details :

Name : Mr K NITHIN

Relationship : W/O

Contact Address : Yendada Visakhapatnam Andhra Pradesh
INDIA 530045

Phone No :


Signature

Doctor Details :

Doctor Name : Dr. NAGA SUDHA LAKSHMI G

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Rainbow Website

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name: _____
 UHID No : ... HCV-00040856 IP22-00023338
 Date of Adm : ... Mrs JAHNAVI 26 Y 6 M 9 D (F) 12-12-1999
 Room / Bed : ... Dr. NAGA SUDHA LAKSHMI G
 Consultant : _____ Dept.: _____
 Date of Discharge: _____ Time: _____
 Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	8Am	mieu	OT-II	Panani
21/6/26	10Am	OT-II	mieu	Panani
21/6/26	12:10 pm	mieu	204	Panani

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Prathyusha Samuel	22/6/26	690346	Panani
2.	Jomiermee	22/6/26	690344	Panani
3.	Prathyusha samuel	23/6/26	90555	Panani
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross consultation done by: Naga

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
21/6/26	EPO placement PAC ✓			
	catheterisation ✓		90147	Pavani
	LSCS & SA done by ✓	①	90148	
	DR. Nagasudha mom			
	-Ans:- DR. Rajendra prasad			
	Time in: 8Am			
	Time out: 10Am			
	 CRP done done by Nagesh 			

ANY OTHER INFORMATION

Date: 22/6/26

Time: 10pm

Prepared By: Nagesh

Staff Nurse Nagesh	Shift / Ward 204	Billing Assistant	Billing Supervisor
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HCV-00040656 IP22-00023338

Mrs JAHNAVI
12-12-1999 26 Y 6 M 9 D (F)
Dr. NAGA SUDHA LAKSHMI G



LET FOR OBSTETRICS



102 kg

01/07/2026

Presenting Complaints for Elective LSC

LMP: 21/09/2025

EDD: ~~20/01/2026~~

Corrected EDD:

GA: 38w 4days

Obstetric Formula: primip

Menstrual History: Regular: Yes No 3-4 / m / 28-30d

Obstetric History: 0

Obstetric Examination

Fundal Height ut-term

Present Pregnancy Record

A1 - Spontaneous conception immunised

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others

Head Fifths Palpable 5/5

FHS: Normal Tachy Brady Absent

RISK FACTORS:

- K/O Bronchial Asthma
- Obesity grad III
- Hypothyroidism

Per Speculum Examination 0

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination 0

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

Height: 5'2" cm Pre preg Bmi: 28.5 kg/m²

Weight: 103 kg present Bmi: 41.8 kg/m²

Allergies: no

Breast Normal Abnormal

General Examination:

Consciousness: conscious Pallor: 0

Icterus: 0 coherer Edema: B/L mild p

Temp: Afebrile PR: 86 bpm

BP: 130/80 mmHg DTR: 0

CVS: S1S2 0 RS SpO2 99% aKa

Liver / Spleen: NAD Urine Output: adequate

DIAGNOSIS

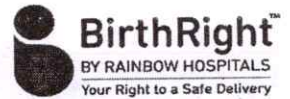
primip / 38wks 4days prog / K/O Bronchial Asthma / Hypothyroidism / Obesity grad III f Elective LSC ilolo maternal request

<p>Family History</p> <p>- nil -</p>	<p>Surgical History</p> <p>- nil -</p>
<p>Medical History:</p> <ul style="list-style-type: none"> - H/O Hypothyroidism - H/O Bronchial Asthma (last attack 2 weeks back) 	<p>Medication History:</p> <ul style="list-style-type: none"> On TB. Thyronom 50mg po OD 1-0-0 Using Rotacort sos. (formoterol + Budesonide)
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - Parts preparation - Informed written consent - CTG - Aene @ admission - NPO : 5:30am - FHR monitoring. - PAc - Prep R - Vital monitoring - Shift to OT area 	<p>Investigations: Scan on 18/06/2024 @ 38wld.</p> <ul style="list-style-type: none"> - cephalic presentation - placenta posterior high - AM: 7.8cm - EFW: 2873g (18%ile) - Doppler @ - <u>BGT = B positive</u> - HIV, HCV, VDRL, HBsAg - NR <p>29/5/24</p> <ul style="list-style-type: none"> Hb - 10.6g/l Plt - 2.73 lac/mm³ TC - 7230 DC - 85111110 GRBs - 150mg/dL S-Creat - 0.5mg/dL Tsu - 1.65uIU/ml

Doctor Name: J. Sanyal Sivas
 Signature: [Signature]
 Date & Time: 24/06/2024 7am

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

HCV-00040858 IP22-00023338
 Mrs JAHNAVI
 12-12-1999 26 Y 6 M 9 D (F)
 Dr. NAGA SUDHA LAKSHMI G



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 21/6/26 at 6:50 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: Doctor Notified on Admission: Yes No
Plan for LSCS Name of the Doctor: Dr. Asha Lakshmi
 Time Notified: 21/6/26 at 6:57 AM

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Yes</u>	<u>No</u>	<u>No</u>

Gynecology Assessment: Not Applicable
 Menstrual History: 3 to 4 days
 Onset of Menarche:
 Menstrual Cycle: Regular Irregular
 Last Menstrual Period: 24/9/25

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: 1 primi P L A

Previous LSCS: No

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

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

Vital Signs / Measurements: Temp: 98.4 F HR: 95/4 RR: 20/4
 BP: 132/80 Weight: 103 kg Height: 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 ...20..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score ...24..... (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: Jahnavi.....

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Gurpreet J.A.....

Date & Time: 21/6/2020 at 6:52 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
21/06/2021	10 AM	<u>Immediate post-op notes</u> <u>P/L - POD 'O' (EL uses clvo met reg) /</u> <u>K/O Bronchial Asthma / Hypothyroidism / Ob grade II</u>
		lc: no pain, B/L midp @
		Afebrile R₀
		BP: $\frac{110}{70}$ mmHg 1.) NPO x 6hr → Sips @ 4pm aft
		PR - 84 bpm
		RR - 16/min 2) IVF $\frac{200cc}{100ms}$ @ 80ml
		T/C - NAD
		P/A - ut retractd wcn 3) Ij PANTOP 40mg 11. 24th ly <input type="checkbox"/>
		O/E - NAB
		B/L Breast soft 4) Ij Pcm 1gm 11. 8th ly <input type="checkbox"/>
		Baby: well, noth sid
		W/ep: loose, clear 5) Ij MONOCEF 1gm 11. 12th ly <input type="checkbox"/>
		Drain op: minimal 6) Ij. JUSTIN 200mg plr 8th ly <input type="checkbox"/>
		7) Early Ambulation
		8) W/f bleeding plr
		9) Exclusive breastfeeding
		10) Stool Input/Output @ $\frac{1}{1}$

~~Removal of drain in site~~

~~Adv: Compression stockings~~

[Signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/06/2026

CLSB Dr. Asha Kompashika (Reg)

Dr Nisha (PG)

2:30pm

RLI - POD - 0 \pm LCS 1/1/0 maternal request.
K1C10 bronchial asthma / Hypothyroidism / Obesity Grade III.

ac/air

Afebrile

BP - $\frac{120}{72}$ mmHg

PR - 80 bpm

RR - 18 rpm

HCL - No abnormality detected

PA - uterine retracted well

OE - No active PV bleeding

BL breast soft

Baby well mother side

VO : 600ml since surgery / clear

Drain output : 5ml.

adv

- ① start oral sips at 4pm after checking BS
- ② Continue same IVF and IV medications as per drug chart
- ③ Exclusive breast feeding
- ④ w/o any active PV bleeding
- ⑤ w/o dressing soilage
- ⑥ No vomiting
- ⑦ drain output monitoring
- ⑧ monitor vitals
- ⑨ inform S.O.S

Nisha
N.B Nisha

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040858 IP22-00023338

Pat: Mrs JAHNAVI
12-12-1999 26 Y 6 M 9 D (F)
Dr. NAGA SUDHA LAKSHMI G

Age

I.P.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CS/B Dr. Ashalatha (Reg)
		Dr. Nisha (Ph)
22/06/2026	8:30 PM	Δ sis: PL1 / POD-0 & CSB / vulo maternal request K/O Bronchial asthma / Hypothyroidism / obesity GIII.
		CC: fns
		AP: none
		BP: 110/66 mmHg
		PR: 72 bpm
		HR: 120 bpm
		H/C: No abnormality detected
		PA: uterine retracted well
		Bowel sounds (+) soft
		OC: No active PV bleeding
		RLC breast: soft
		Delay well mother side
		Remove FC - to mscrow
		(a) 7 AM
		[VO - 1200 ml / since surgery] clear
		DO - 5 ml.

- adv:
- (1) soft diet
 - (2) Adequate hydration
 - (3) continue IV and W medications as per drug chart
 - (4) Exclusive breast feeding
 - (5) w/ any active PV bleeding
 - (6) No charting, of drain
 - (7) monitor vitals
 - (8) mscrow for

Noted by
Nisha
@ 8:30 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/06/2026

8am

SIB. Dr. Ratnavalli (Reg).

Dr. Saunnya (Pa) / Dr. Misoshini (Pa)

Dr. Anishe (Pa) / Dr. Anitha (Pa)

Δⁿⁱ: P.L. | POD-1 | EL CSCS 1/10 maternal request.

bc fails

Afebrile

BP - $\frac{126}{70}$ mmHg

PR - 86 bpm

RA - 1ncpm

HLC - No abnormality detected

PA - uterus retracted well
lft

DC - No active PR bleeding

elic breast lft

Baby well mother side

T.UO - 2470 ml / 2uhrs

(Clear) (FC removed)

DO - 5ml / 2uhrs

- urine passed.

Drain - 6ml

o/w

① soft diet

② Adequate hydration

③ Sy. monocet 1g iv 12th hly

④ Sy. PANTOPrazole iv 2nd hly

⑤ Sy. PARACETAMOL 1g iv 8th hly

⑥ JUSTIN suppository 200mg
PR 8th hly

⑦ Ambulation

⑧ Drain output monitoring

⑨ Exclusive breast feeding

⑩ w/o any active PV bleeding

⑪ w/o dressing soaks

⑫ monitor vitals

⑬ inform S.O.



Noted by Pallavi 22/6/26

① 8am

22/6/26
9:00pm

CLSB Dr. N. Khat (Reg)
Dr. N. White (PG)

PLI / POD-1 / EL-LSC / SW6 maternal request

GE: fair

Afebrile

BP: 120/80 mmHg

PR: 86/min

RR: 16/min

HIC: No abnormality
detected

MA: uterus retracted well

OLE: No active bleeding

BLV Breast soft

Baby well on mother side

- By
- 1) Regular diet with plenty of oral fluids.
 - 2) continue Rx as per drug chart
 - 3) Exclusive breast feeding.
 - 4) watch bleeding pt.
 - 5) Ambulation.
 - 6) monitor vitals
 - 7) Inform S.O.S

f
G. White

noted by
Nessa 29pm

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		SIB, Dr. Abhalesha (Pg)
23/06/2026		Dr. Soniya (Pg) / Dr. Nishu (Pg)
8am		Dr. Nisha (Pg) / Dr. Mihita (Pg)
		PL, POD-II EC CSU i/v/o maternal request.
		AC fails
		Atebrite
		BP - 122/78 mm Hg
		PR - 90bpm
		RR - 14cpm
		H/L - No abnormality detected
		PA - soft
		uterus retracted well
		OG - No active PV Bleeding
		RL - Breast soft
		Baby well mother side
		DO - 10ml
		addressing dry Es infact
		- urine passed
		- stool passed yesterday

- ① regular diet with plenty of oral fluids
- ② sup. MONOCEF 1g IV 12th July
- ③ sup. PARVOP 40mg IV 24th July
- ④ sup. PARACE-MOL 1g IV S.O.S
- ⑤ JUSTIN suppository 20mg PR 8th July
- ⑥ Amulabios
- ⑦ Drain output monitoring
- ⑧ Exclusive breast feeding
- ⑨ wff any active PV Bleeding
- ⑩ monitor vital
- ⑪ diaper soft

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

8:15 AM

field

T. MONOCYF 200mg Pl 12th mly

T. PANTOP 400mg Pl 24th mly

T. ACECCOLUS 500mg Pl 8th mly

note

N.B Santhosh

1. ...
 2. ...
 3. ...
 4. ...
 5. ...
 6. ...
 7. ...
 8. ...
 9. ...
 10. ...

9/10

1. ...
 2. ...
 3. ...
 4. ...
 5. ...

RESULT SHEET

Patient N

Age :

I.D. No.

HCV-00040656
Mrs JAHNAVI
12-12-1999
Dr. NAGA SUDHA LAKSHMI G
IP22-00023338
26 Y 6 M 9 D (F)
O. :
.....

Date	29/8/26				
Time					
Hb	10.6g				
PCV					
RBC					
WBC					
N/L					
Platelets	2.72 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	<i>Mishra</i>				

Date							
Time							
CUE - Alb							
CUE - Sugar							
CUE - Ketones							
CUE - PUS Cells							
CUE - RBC Cells							
CUE							
Stool Pus Cell							
OVA / Cyst							
Occult Blood							
BGT	B ⁺ ve						
H10	}						
HBsAg		}					
HCV			}				
VDR				}			
Doctor's Signature	Misha						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



I.P. No. <i>220025A</i>	Sheet No. <i>(2)</i>	Wards <i>(2)</i>	Weight (kg) <i>70.50</i>
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REGULAR PRESCRIPTIONS

DRUG : <i>inj PANTOP</i>				Date	<i>21/6</i>	<i>22/6</i>													
				Time	<i>AM</i>	<i>AM</i>													
Dose	Route	Frequency	Start Dt.																
<i>40mg</i>	<i>iv</i>	<i>24th by</i>	<i>21/6</i>																
Name & Signature of the Doctor starting the Drugs:				<i>[Signature]</i>															
Additional Instructions:				<i>stop 23/6/20, 8:15 AM</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signatures]</i>															

DRUG : <i>inj PCM</i>				Date	<i>21/6</i>	<i>22/6</i>													
				Time	<i>PM</i>	<i>PM</i>													
Dose	Route	Frequency	Start Dt.																
<i>1gm</i>	<i>iv</i>	<i>8th by</i>	<i>21/6</i>																
Name & Signature of the Doctor starting the Drugs:				<i>[Signature]</i>															
Additional Instructions:				<i>stop @ 10 PM 22/6/20</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signatures]</i>															

DRUG : <i>inj MONOCEF</i>				Date	<i>21/6</i>	<i>22/6</i>	<i>23/6</i>												
				Time	<i>AM</i>	<i>AM</i>	<i>AM</i>												
Dose	Route	Frequency	Start Dt.																
<i>1gm</i>	<i>iv</i>	<i>12th by</i>	<i>21/6</i>																
Name & Signature of the Doctor starting the Drugs:				<i>[Signature]</i>															
Additional Instructions:				<i>stop 23/6/20 8:15 AM</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signatures]</i>															

DRUG : <i>TB. Justin</i>				Date	<i>21/6</i>	<i>22/6</i>	<i>23/6</i>	<i>24/6</i>											
				Time	<i>AM</i>	<i>AM</i>	<i>AM</i>	<i>AM</i>											
Dose	Route	Frequency	Start Dt.																
<i>200mg</i>	<i>PR</i>	<i>8th by</i>	<i>21/6</i>																
Name & Signature of the Doctor starting the Drugs:				<i>[Signature]</i>															
Additional Instructions:				<i>stop 23/6/20 8:15 AM</i>															
Daily Doctor's Endorsement by a Sign.				<i>[Signatures]</i>															



Pat **Dr. NAGA SUDHA LAKSHMI G** (F)
 I.P. No. **23338**
 Sheet No. **2**
 Wards **2**
 Weight (kg) **70.3kg**

REGULAR PRESCRIPTIONS

DRUG : *f. Momo cef*

Date **23/6**
 Time **8 AM**

Dose	Route	Frequency	Start Dt.
<i>200mg</i>	<i>PO</i>	<i>12hr</i>	<i>23/6</i>

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

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

DRUG : *T. LANOP*

Date **24/6**
 Time **8 AM**

Dose	Route	Frequency	Start Dt.
<i>100mg</i>	<i>PO</i>	<i>24hr</i>	<i>23/6</i>

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

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

DRUG : *f. ACECLOPUS*

Date **23/6**
 Time **6 AM**

Dose	Route	Frequency	Start Dt.
<i>500mg</i>	<i>PO</i>	<i>8th</i>	<i>23/6</i>

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

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

DRUG :

Date
 Time

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs :

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Mrs JAHNAVI
12-12-1999 26 Y 6 M 9 D (F)
Dr. NAGA SUDHA LAKSHMI G



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

VARIABLE DOSE		Date		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time									
DRUG :		Route		Start Date		Dose		Dose		Dose	
Name & Signature of the Doctor		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
21/6/26	7:15 AM	luj PANTOP	40mg	llv	Jur	Guj
21/6/26	7:15 AM	luj ONDAR	4mg	llv	hs	Guj
21/6/26	7:45 AM	luj MONOCEF	1gm	llv	Jur.	Guj
21/6/26	9:20 AM	Q Dexamethas	8mg	1/v	Pradep	Pradep
21/6/26	9:20 AM	Q TRANAX	1 gm	1/v	Pradep	Pradep
21/6	8:36 AM	luj OXYTOCIN	10u	llv	Jur	Pradep
21/6	9:30 AM	1b JUSTIN	200mg	pln	Jur	Pradep
21/6	9:30 AM	1b MICOPROST	400mcg	pln	Jur	Pradep
22/6/26	11:40 PM	luj PARACETAMOL	1gm	llv	Jur	Pradep

HCV-00040656

IP22-00023338

Mrs JAHNAVI

12-12-1999

26 Y 6 M 9 D

(F)

DR. NAGA SUDHA LAKSHMI G



I.P. No.

Sheet No.

Wards

Weight (kg)

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min. etc.)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.	
21/6	8 AM	10 RL	IV	80ml/hr	PW	P	21/6	P	P	
21/6/26	8:30 AM	10 NS	IV	50ml/hr	PW	P	21/6	P	P	
21/6/26	9:30 AM	10 RL	IV	100ml/hr		P	21/6/26	P	P	
21/6	4:20 PM	10 RL	IV	80ml/hr	P	P	21/6/26	P	P	
21/6	9:00 PM	10 NS	IV	80ml/hr	P	P	21/6	P	P	
21/6	9:30 PM	10 NS	IV	80ml/hr	P	NAG	22/6/26	P	NAG	
21/6	2 AM	10 RL	IV	80ml/hr	P	NAG	21/6	P	NAG	
21/6	12 AM	10 NS	IV	80ml/hr	P	NAG	22/6/26	P	NAG	
		STOPPED								

Ref No. F/GYNIC/16



CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs. Jhawri Consultant I/C: Dr. Naga Suda Reg.No. _____

Surgeon's Name: <u>Dr. Naga Suda Laxmi</u>	Date of delivery: <u>21/06/2020</u>
Assistant surgeon: <u>Dr. Savantri</u>	Time of delivery: <u>8:30 AM</u>
Anaesthetist: <u>Dr. Rajendra Prax</u>	Sex of baby: <u>feh</u>
Type of Anaesthesia: <u>Spine</u>	Weight of baby: <u>2.799 kg</u>
Paediatrician: <u>Dr. Parames</u>	Apgar Score: <u>9/10</u>
Scrip Nurse: <u>paavani rish</u>	NICU Admission: <u>no</u>

Elective Emergency Indication: maternal request

- 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 gm

CTG description normal

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: Cephalic breech Other _____ Cervical dilatation: _____ cm

5th palpable: 9/5u 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
S/c drain inserted in situ (Romovac)

Uterine closure: One Layer Two layers no to vinye Suture

Peritoneal closure: Pelvic Abdominal None no to vinye Suture

Sheath closure: no to vinye Suture

Fat closure: Yes No 2-0 rapid vinye Suture

Skin closure: Subcuticular Matters 2-0 rapid vinye Suture

Vaginae evacuated: Yes No Estimated blood loss: <600ml

Drain: Yes No Remove in On order 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 ord


Signature

Date: 21/6/26 Time: 8:10 AM Name: Jahnavi
 Proposed Operation: LSES ↓ CAB Age: 30yr
 Preoperative Diagnosis: 35wks qday prog for LSES < Hypertension Grade III Sex: Female
 B.P. 130/80 H.R. 72/min R.R. 14/min Temp 98.4°f Height _____ Weight _____ Physical Status 1 2 3 4 5 I.P. No. 22-00023338

LABORATORY DATA

Hgb <u>10.6</u>	Glucose _____	Protien _____	HIV <u>+</u>	X-ray _____	Other: _____
PCV _____	Urea _____	Alb _____	HBS Ag <u>+</u>	ECG _____	
WBC _____	Creat _____	Total Bill _____	HCV <u>+</u>	2D Echo _____	
Plate <u>2.33</u>	Na _____	Dir. Bill _____	Blood group <u>B+ve</u>	Stress/Angio _____	
PT _____	K _____	LDH _____	Other _____		
PTT _____	Ca++ _____	Alk phos _____			
INR _____	Mg++ _____	Amylase _____			

Allergies: N/A

Medical History: BA(+), Thyroid(+), Obese(+) CVS: 8/12(+)
 RESP: B/L A5(+) H/O BA sp on inhaled medication
 CNS: concur 4/26 Diabetes: (-)
 Renal: (N)
 Hepatic / GE: (N) APD+/-
 Others: 1/10 Hypertension, Bronchial asthma, Obese - III (103 kgs)
 Past Anaesthetic History: - NA

Physical Exam

Airway: MP 1 2(3) Mouth Opening: (2) Mentohyoid Distance: 6 cm Neck: Short Teeth: 14/14
 Lungs: B/L A5(+) clear no crackles
 Heart: 8/12(+)
 CNS: concur 4/26 Pupils: B/L reactive EVM: Eulym6
 Others: - Pallor: +/- (+) Venous Access Site: # 0L Spine Exam for regional: difficult space

ANAES. PLAN: MAC/REGIONAL/GA-ETT/LMA Proposed Post-op: Plain relief 1y PCM (gm) Peri-op. plan explained to patient: Y/N
 WILL TAKE BLOOD YES/NO: _____ PREGNANT YES/NO: _____ LMP: _____
1y tramadol some R local NR by

CURRENT MEDICATIONS:
Inhaled for RA
hypertension - leucylm 2.50mg
05

PRE - OPERATIVE INSTRUCTIONS:
 1. DVT Prophylaxis DVT stockings till pt mobilized
 2. NBM form: 6hr (til 6 orders)
 3. Informed Consent Standard / High Risk Standard

IMMEDIATE PRE-ANESTHESIA EVALUATION
 H.R.: 72 SaO2: 98.1
 R.R.: 16 Last Feed: 5hr ago
 B.P./C.T.Y.: 130/80

Signature: [Signature]
insect
21/6/26
Amel/10/2026

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General Epidural Spinal Other Regional

Anaesthesiologist : A. Jolly Surgeon : M. Reddy Procedure : LCs

Received in PACU by : M. Gan Time in : 10:00 AM Time Out : 12:10 PM

O RESP PULSE >< BLOOD PRESSURE 250 240 230 220 210 200 190 180 170 160 150 140 130 120 110 100 90 80 70 60 50 40 30 20 10 0	[Handwritten vital signs on grid: BP 100/60, HR 100, RR 12, SpO2 98%]									
	Pre-Op BP	INTAKE/OUTPUT								
	OR BP	Emesis	<input checked="" type="checkbox"/>	NO	NO					
		Gastric Suction	<input checked="" type="checkbox"/>	NO	NO					
		Voided	<input checked="" type="checkbox"/>	NO	NO					
	O ₂	Urinary Catheter	<input checked="" type="checkbox"/>	NO	YES					
		Chest Drainage	<input checked="" type="checkbox"/>	NO	NO					
	Begun	Wound Drainage	<input checked="" type="checkbox"/>	NO	YES					
		Recovery Room Blood Given	<input checked="" type="checkbox"/>	NO	NO					
	Ended	PO FLUID	<input checked="" type="checkbox"/>	NO	NO					
	IV FLUID	<input checked="" type="checkbox"/>	NO	YES						
Method	TOTAL									
O2: Mask : <u>NO</u> Nasal Prongs : <u>NO</u> Ventilator : <u>NO</u> Cannula : <u>YES</u> Trach Collar : <u>NO</u> T-Place : <u>NO</u> Always : NETT <u>NO</u> TRACH : <u>NO</u> NASAL : <u>NO</u> OETT : <u>NO</u> ORAL : <u>NO</u>										

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	2	2	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	2	2	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	2	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 1 Cyanotic = 0	2	2	2	2	2	
TOTAL	10	10	10	10	10	

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia - 10 mg PCM 1gm TID, 10 mg tramadol 100mg as needed PRN
			2. Analgesia
			3. Fluids IV fluid 100ml/hr (RL, NS, DRS)
			4. Anti Emetics - 10 mg Emect 4hr N Sed.
			5. PCA/Epidural/ I.V. Infusion
			6.

Evaluated and discharged by : Dr. Somaselcham Transferred to Unit by Pawan
 Discharged by : (Nurse) Pawan Received on Unit by Pallavi



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Ms. Jahnvi Age : 26 yr
 Gender : M F IP No : 23338 Consultant : Dr. Naguludho
 Ward / Bed No. : MICU Anaesthesiologist : Dr. Rajendra Prasad
 Operative procedure planned : Ces

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 :

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 the above mentioned operation I Diagnostic I Therapeutic procedures

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 : 
Name : K. Nithin
Relationship with Patient : SPOUSE
Date & Time : 21/06/2026 @ 7:26

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature : 
Name : Dr Somashekhar
Date & Time : 21/6/26 @ 9:00AM

Informed Consent for Surgery or Special Procedure

Patient Name : Mrs Jahnuvi Age : 27y Gender : F
 UHID / IP No: 23338

INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms) Primary Elective LSCS with maternal request

upon
 (Name of the Patient).

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

I have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.

Bleeding, Infection, Injury to adjacent organs, Anesthetic related complications,

No postpartum hemorrhage

My signature on this form indicates that

- I have read and understood the information provided in this form.
- 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.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize and consent to the performance of the operation or procedure.

Consentee:

Signature: [Signature]

Name: Jahnuvi

Date & Time: 21/06/2016 - 7:30

Relative

Signature: [Signature]

Name: K. NITHIN

Relationship with patient: SPOUSE

Witness:

Signature:

Name:

Date & Time:

Signature: [Signature]

Name of Doctor: Dr. Soumya Sivaram

Date & Time: 21/06/2016

CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 21/6/20

DEPARTMENT: OBG

NAME: Mrs. Jahnavi

UHID / I.P.NO.: HCU - 00040656

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:


S. Jaiswal
SIGNATURE:

SURGERY DETAILS

Sl.No. _____ Date: 21/6/26.....

Patient Name : Jahnvi..... Age: 26 yrs Sex: Female.....

UHID No. : HCV-00040656..... IP No: 23338.....

Date of Surgery: 21/6/26..... OT: OT 1 OT 2 OT 3

Name of the Surgery : LSCS.....

Time in: 8:00 AM..... Time Out : 10:00 AM.....

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

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon _____ Signature of Circulating Nurse _____

Order No : 90147/90148..... Ordered by: pavani.....

LSCS

CONSUMABLES
OF OT → 291

Patent Name : Jahnvi Age: 26 yr
Gender M F UHIS / IP NO. HCV - 40656
Date : 21/6/26 Time : 11:00 am

Circulating Staff: K. pavani Technician:

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 2347		03	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 PF 7		01	Surgical Gloves 6.5 + 7 - 1 + 1		
02 cc			Sgl 6.5		04	Gauze Pack		
01 cc			Sgl 6 + 7		01 + 02	Syringe 1 ml / 2 ml		01
Cautery Plate (A/P/N)		01	Surgical blade 22		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL			Cautery Pencil		01	swabs		02
NS: 10ml/100ml/500ml/1000ml		01	Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 10 + 10		20			
Morphine			Gauze Pack			new mom pad - 01		
Ketamine			Mop Pack		01	o/AProngs - 04		
Propofol			Steristrip			o/water - 01		
Rocuronium			Underpad		02	mini vac set 8 - 01		
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter 16		01			
Pencan 23g/Spinal Needle 22			Urobag		01			
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm 8591		01			
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		01			
Justin: 12.5 mg/25mg/100mg		02	Plastic Bed Sheet		01			
Tab. Misoprost : 200mg		02	Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		16			
			Ramdione Scrub					
			Saral					

Dr. Nagasudha
Surgeon

Dr. RP
Anaesthesiologist

pavani
Nurse

OT Technician

Order No: 90158 / 90161 Ordered by: chris

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	IP22-00023338	Ward	2F-SECOND FLOOR
Patient Name	Mrs JAHNAVI	Bed Name	DLX 204
Age/Sex	26 Y 6 M 9 D / Female	Order No	22-0000690158
Date	21/06/2026 11:57	Prescription No	PRIP22-0291708
Payor	SELPAY	Dispensed Date	21/06/2026 12:29
UHID	HCV-00040656		

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		01032026	02/29	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(Nirif	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	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	2	20.26	40.52
12	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
13	NEOVAC VAC SET-8		General	2514682H	07/30	1	745.00	745.00
14	NEW MOM DISP MATERNITY.PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
16	NS 1000ML STERIPORT AMANTA		H	60650395	11/28	1	98.65	98.65
17	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	4	91.00	364.00
19	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
20	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2	91.00	182.00
21	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	10	11.25	112.50
22	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
23	SURGICARE NEURO STERILE GLOVE-7.0 PF	3M HEALTHCARE	GENERAL	25J7104D10	09/28	1	140.00	140.00
24	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R02260909	01/29	1	814.00	814.00
25	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
26	UROBAG (ADULT) - URODYNE		GENERAL	K25L050110	11/30	1	395.00	395.00
27	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
28	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
29	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	3	951.00	2,853.00

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

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Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
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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 IP22-00023338
Patient Name Mrs JAHNAVI
Age/Sex 26 Y 6 M 9 D / Female
Date 21/06/2026 11:57
Payor SELF PAY
UHID HCV-00040656

Ward 2F-SECOND FLOOR
Bed Name DLX 204
Order No 22-0000690158
Prescription No PRIP22-0291708
Dispensed Date 21/06/2026 12:29

Total :	11,858.90	15,281.60
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

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


Rainbow Children's Hospital
It takes a lot to raise the bar.



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery.

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INPATIENT ISSUES AGAINST ORDERS

IP No IP22-00023339

Patient Name Baby B/O JAHNAVI

Age/Sex 0 Y 0 M 0 D 3 H / Female

Date 21/06/2026 12:05

Payor SELFPAY

UHID HCV-00040954

Ward 2F-SECOND FLOOR

Bed Name CRDL-DLX-204-1

Order No 22-0000690161

Prescription No PRIP22-0291707

Dispensed Date 21/06/2026 12:28

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 LARGE 5S- HAPPY HUG	HAPPY HUG		UVL01DIAP	12/99	1	130.00	130.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	1	91.00	91.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
Total :							476.41	480.50

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI



CONSUMABLES OF OT → 205

Patent Name : JAHNAVI Age: 26 Y
 Gender M F UHIS /IP NO. 23338/40676
 Date : 21/6/26 Time :

Circulating Staff:..... Technician: Madhu

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		02	Gloves			Surgical Gloves		
02 cc		01	7.0, (7.5PF)		01+1	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		02	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		01	Koochies					
Q. oxytocin		04	Ointments					
Q. Bioxamic		02	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 22/25		1+1	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
Q. Dexamethasone		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					
			Microshield					
Q. Cox 27		01	Cotton Balls					
Q. meep		01	Latex Gloves					
			Ramdione Scrub					
			Saral					

Handwritten signature and date

Surgeon Anaesthesiologist Nurse OT Technician
 Order No: 690144 / 186 Ordered by: [Signature]

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 IP22-00023338
Patient Name Mrs JAHAVI
Age/Sex 26 Y 6 M 9 D / Female
Date 21/06/2026 10:06
Payor SELFPAY
UHID HCV-00040656

Ward 2F-SECOND FLOOR
Bed Name DLX 204
Order No 22-0000690144
Prescription No PRIP22-0291701
Dispensed Date 21/06/2026 10:14

OT (A)

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	DEXARIL 4MG INJ		H	DEX25005SR	05/27	1	10.88	10.875
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	2	21.56	43.12
5	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(Nirjif	H	2243471	09/27	1	2.71	2.71
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	4	18.90	75.60
9	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
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		1B261064	01/29	2	69.39	138.78
12	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
13	SPINAL NEEDLE 23 G	BECTON DICKINSON (BD)	GENERAL	2508009	07/30	1	221.72	221.72
14	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2508007	07/30	1	221.72	221.72
15	SURGICARE NEURO STERILE GLOVE-7.5 PF		GENERAL	25H7087D10	07/28	1	149.00	149.00
16	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	ARTHHC2511	11/27	1	36.52	36.52
17	THEMICAR 30MG INJ 10ML		H	TMR25005	10/27	1	364.35	364.35
Total :						2,000.30	2,343.18	

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI