

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 : IP22-00023355 Admit Date : 23-Jun-2026 Admit Time : 12:01 AM UHID : KMV-00011435

Patient Details :

Patient Name : Mrs NAGA MANILA Age : 33 Y
Guardian : T SHRIKANTH DOB : 20-09-1992
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Avn College Road Vishakhapatnam Andhra Pradesh INDIA 530001 Phone No : 8919172235/
E-mail : 8919172235@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 339 Ward Name : 3F-THIRD FLOOR
Room No : GW 339 Admission Type : First Visit

Contact Details :

Name : T SHRIKANTH Relationship : W/O
Contact Address : Avn College Road Vishakhapatnam Andhra Pradesh INDIA 530001 Phone No :


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name: _____ KMV-00011435 IP22-00023355
 UHID No : _____ IP N Mrs NAGA MANILA 20-09-1992 33 Y (F) nt : _____ Dept : _____
 Date of Admission : _____ Dr. CHUPPANA RAGA SUDHA of Discharge: _____ Time: _____
 Room / Bed No : _____ Suggested Billable bed type: _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/06/26	1:40 Am	MICU	336	Themi
23/6/26	2:32 PM	336	MW	nale
23/6/26	4:15 PM	msec	LDR - I	panai
23/6/26	6:20 PM	LDR - I	336	panai

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmya	23/6/26	90615	Con
2.	Cross checked by Baesakhi	24/6/26 @ 12 am		
3.	Prathysa samuel	24/6/26	90730	Pat
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by Prathysa

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
23/06/26	iv placement (outside)	①		
23/6/26	NVD & LA done by			
	DR. RAGASUDHA NAMU			
	Time in: 4:15pm	①	90649	Pameri
	Time out: 5:15pm			
Cross checked By Beisakhi 24/6/26 @ 12 AM				

ANY OTHER INFORMATION

*12/12
24/6/26*

Date: 24/6/26

Time: 12 AM

Prepared By: Beisakhi

Staff Nurse Cross checked By Beisakhi 24/6/26 12 AM	Shift / Ward	Billing Assistant	Billing Supervisor
---	--------------	-------------------	--------------------



I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints Came from VGH

ELAMA for further opinion regarding
 ↑ BP recordings not abn Vtr.

Obstetric Formula: G₄P₁L₁A₂

G₁ → Missed abortion → 2019 → medically managed

Obstetric History:
 G₂ → FT / Meh / bw: 2.8 Kgs | 8 yrs at present | NVD.

G₃ → Missed miscarriage → 2025 → medically managed

Present Pregnancy Record

G₄ → Spontaneous conception

Immunised

Regular antenatal checkup

RISK FACTORS:

26 week 5 days

→ Gestational HTN: 4th month of pregnancy
 used 5- Lebetelol 100mg BD till 4th month
 (as it is uncontrolled)
 → PE < 37 increased (1:96)
 started used 5- Lebetelol 100mg BD
 ∴ 15 days.
 CBR: 137/93 mmHg

LMP: 31/10/2025

EDD: 10/7/26

Corrected EDD:

GA: 37w 4 days

Menstrual History: Regular: Yes No 5/28day

Obstetric Examination

MIL: 4 years, NCM

Fundal Height: term 36 week

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable 5/5

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated 1cm

Membranes: 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: 75.90 kg

Allergies: (-)

Breast: Normal Abnormal

General Examination:

Consciousness: (+)

Pallor: (-)

Icterus: (-)

Edema: (-)

Temp: Afebrile

PR: 86/min

BP: 128/90 mmHg

DTR: (+)

CVS: S1 & S2 (+)

RS: (+) Vesicular breath sound

Liver / Spleen: NAD

Urine Output: Urine output

DIAGNOSIS

G₄P₁L₁A₂ | 37w 4 days | Gestational chronic HTN | moderate oligohydramnios | pathological CPR | PE < 37 +ve | for induction of labour.



<p>Family History Mother: HTN</p>	<p>Surgical History → H/o needle removal from (RF) buttock 9 yrs back.</p>
<p>Medical History: Gestational chronic HTN (!: 4th month) 22/6/26: At VCH => Sy: LABETALOL 20mg IV stat (BP 160/100) → T. NICARDIPINE 20mg stat 100R.</p>	<p>Medication History: On T. Labetalol 100mg po BD. Used T. Ecospirin 150mg : 12 week + 6 days & stopped @ 36 weeks.</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admission 2) Part preparation. 3) consent for induction of labour 4) CTG with hourly monitoring 5) FHR monitoring every 30mins. 6) w/h uterine action. 7) w/h labour progression 8) BP monitoring and hourly (if normif / uokhannity) 9) w/h headache, blurring vision, epigastric pain. 10) Monitor vitals <ul style="list-style-type: none"> 11) Suprm 5-0-5 10) T. MISOPROSTOL 25mg PLV @ 1:20am ↓ next dou due @ 5:20am next CTG @ 4:45am 	<p>Investigations: BCG → 0+K PT: 15-4 sec INR: 0.94</p> <p>22/6/26</p> <p>Hb: 10.2 gm/dl. } TC: 11,500 cells/mm³. } HIV PLT: 2.5 lakhs. } HBsAg } HCV } VDRL } NR</p> <p>S-creatin: 0.36, B-uxee: 13.0 mg/dl. T. Bilirubi: 0.76, Direct Bilirubi: 0.14 mg/dl. urine albumin: Nil.</p> <p><u>Outside</u> 22/6/26 37w 1day</p> <p>Presentation: cephalic placenta: anterior AFI: 5.7 (oligohydramnios) EFW: 2.678 kg (25-16) CPR → 1.345 (4-16) Doppler: Normal</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>BT: 1min 35 sec CT: 3min 55 sec. TSH: 1.09 GGT: 95 mg/dl</p> </div>

Doctor Name: Dr. Nikhet
 Signature:
 Date & Time: 22/6/26, 1:00am

Consultant Name: Dr. Raga Sudha
 Signature:
 Date & Time:

KMV-00011435 IP22-00023355
 Mrs NAGA MANILA
 20-09-1992 33 Y (F)
 Dr. CHUPPANA RAGA SUDHA



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/06/2026 Time of Arrival: 11:40 PM Time Seen by Nurse: 11:42 PM

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

2) Chief Complaint (Reason for Visit): (Circle the item as appropriate)

Severe Pain / Moderate Pain Preterm rupture of Membranes / Leaking Water PV
 Bleeding PV: Slight / Heavy Preterm Labor/ Labor
 Decreased Fetal Movement Spontaneous Rupture of Membrane / Leaking Water PV
 No Fetal Movement Other Reason: tlv

3) Vital Signs: Temperature: 98.4 F Pulse: 84 bpm RR: 20.6 / min SpO₂: 100% BP: 128/90 Weight:

4) Gestational Criteria:

Gravida: <u>G4</u>	P <u>1</u>	L <u>1</u>	A <u>2</u>
--------------------	------------	------------	------------

LMP: 3/10/2025 EDD: 10/07/2026 Gestational Age: 38 weeks 3 days

	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Uterine Contraction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Membrane Rupture	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Fluid Color:
Vaginal bleeding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Amount:
Pre Eclampsia Symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If No specify:		

5) Pain Screening: Numerical Pain Scale (NPS)

0 ————— 10
 No Pain ————— Worst possible pain

- Location:
- Duration: Days / Weeks/ Months (Strike out which is not applicable)
- Character:
- Frequency:
- Interventions:

6) Past History:

a) Surgeries: yes

b) Medical: yes



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others: sub: labetalol 100mg

9) Prenatal Medical History:

- None
- Chronic Hypertension
- Gestational Hypertension
- Diabetes
- Gestational Diabetes
- Low placenta
- Others if yes, specify

Triage Category: (Please tick on the category)

Refer to **OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)**

- Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
- Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
- Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
- Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
- Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (< spotting) < 37 weeks	Bleeding associated with cramping (> spotting) > 37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension > 140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	<ul style="list-style-type: none"> • Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis 	<ul style="list-style-type: none"> • Major trauma • Shortness of breath • Unplanned and unattended birth 	<ul style="list-style-type: none"> • Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration 	<ul style="list-style-type: none"> • Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills) 	<ul style="list-style-type: none"> • Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: Dr. Nikat @ 11:43pm

Nurse Name: Sham Nurse Signature: [Signature]

Date: 22/06/26 Time: 11:42pm

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/20	5:30am	CLSB Dr. Nithal (Reg) Dr. Nithal (Pu)
		GupILA2 (37w uday POG) / ^{astabornal} chronic HTN / moderate oligohydramnios / pathological CPR / PE < 37 w / for SOL
		G.C. Fair Afbrit BP: 128/88 mmHg PR: 90/min RR: 16/min HLL: No abnormality detected PLA: uterus ~ 36 weeks cephalic FHS (+) uterus ~ relaxed PLV: CI: 40-50% effaced OS: 1cm dilatation PP: Vertex @ -3 station pelvic: adequate & gynaecoid
		1) Ryt in LLP/DFMC 2) CTG 4th hourly monitoring. 3) FHR monitoring every 30 mins. 4) wlt uterine action. 5) wlt labour progression. 6) BP monitoring hourly (Pypam 9/ 7/ 140/80 mmHg) 7) wlt headache, blurry vision, epigastric pain 8) Monitor vitals 9) Pypam J.O.S.
		2nd dose T. MISOPROSTOL kept PLV @ 5:40am ↓ 3rd dose du @ 9:40am Next CTG @ 9:00am

Nithal

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/2026 :
8 am.

SIB. Dr Ashelath (Res)

Dr. Muralidharan (Pa) | Dr. Sanyal (Pa)
Dr. Nishu (Pa) / Dr. Nishu (Pa)

Gestational HTN / 37 weeks ^{HTN} / ^{Gestational} chronic HTN
moderate oligohydramnios / pathological C/P
for S/DL

(Johor) P&E - given last dose @ 5:40 AM

AC fine

Afebrile

BP - $\frac{123}{70}$ mmHg

HR - 86 bpm

RR - 18 rpm

H/C - No abnormality detected

PA - UT kren
cephalic
FHR (+)
uterine relaxed

next CTG
@ 9 AM

adv

- 1) Regular diet & plenty of oral fluid
- 2) w/ urine output & progression of labor
- 3) CTG with hourly (next 9 AM)
- 4) FHR every 30 min monitoring
- 5) w/ any PV leak / PV bleeding
- 6) monitor vitals

Notes (monitor BP every 2nd hourly)
inform if $\geq 140/90$ mmHg

w/ any signs of PE like SOB, Engorged pain, breathlessness, Headache

Wish

23/06/2020
2pm

C/S / By Dr Nikita (Reg)
Dr Conroy (Pg)

Gulika A2 ē 37 wks udays pog ē gestational HTN ē no
pathological CPR (<u>u</u> ilic) ē pe screen positive
in latent lab

PAM ⊕

EC: no pain
no PE
Afebrile
BP: $\frac{130}{80}$ mmHg
PR: 86 bpm
RR: 16/min
C/S: C1S2 ⊕
E/S: B/C AE ⊕
PIA: ut + term
cephalic
MUR ⊕
ut artery noddy,
2/30"/10'
Plv - C 40% efface
os 3-4 cm dilata
PPV @ 0' st
Pebis / gym
adq.

R₀

- 1) DF MCL up
- 2) MUR ⊕ every 30min
- 3) CTG ⊕ utt hly
- 4) w/ ut action, po-
- 5) w/ lea pl-, lea pl-
- 6) Vitak ⊕
- 7) BP ⊕ hourly - 2p: $\frac{140}{90}$ mm
- 8) w/ headache, epigastropain, nausea & vomiting, blurred vision.
- 9) lifan w

[Signature]

Shift to
M10

23/06/2022
6pm

Normal Vaginal Delivery & LA

~~10/10/2022~~

Patient spontaneously delivered a live Mch baby of
Bwt 2.504 kg @ 4:33 pm on 23/06/2022. Baby
cried immediately. MSL grade III @ut. Delayed
cord clamping done and handed over to paediatrician
placenta along with membranes delivered in toto. 10ml + 1%
xylocaine infiltrated into perineum. Vagina and perineum
explored for lacer - a midline 2° perineal lacer noted
and sutured with 2-0 rapid vicryl. A right paramedian
lacer noted and sutured with 2-0 rapid vicryl. Hemostasis
maintained.

Result - Mch 2.504 kg | 23.6.2022 @ 4:33 pm | apt 8-9/10.
mother side

Immediate post-natal notes

Ac: no pain

Afebrile

Bp: $\frac{160}{110} \xrightarrow[100mg]{TB\text{ tablet}}$ $\frac{130}{90}$ mmHg

PR: 56 bpm

RR: 16/m

pl: ut retract well

O/E: 2 vaginae pale inside

Bl - Breast soft

Baby: well with skin

Rp

1) TB Pantop 40mg pl. OD 1hr

2) TB Taxim-O 200mg pl. BD 1hr

3) TB Aceclopr 500mg pl. TID 1hr

4) BP @ 2nd half x 6hr

↓

4th half

uniform if $\geq \frac{140}{90}$ mmHg

Pto

23/6/26
8pm

C/S/B - Dr. Ratnavalli (Reg)
Dr. Nishuini (PA)

P₂L₂A₂ | PND-0

GC - No pallor

Afebrile

BP - 130/80mmHg

PR - 78/min

RR - 14/min

H/L - NAD

P/A - uterus retracted well

O/E - No active bleeding Y/V

B/L Breast: soft
Baby well on
mother side

Rx:

- ①. Regular diet
- ②. plenty of oral fluids
- ③. continue Rx as per drug chart
- ④. w/f Bleeding
- ⑤. Exclusive Breast feeding
- ⑥. Perineal care
- ⑦. BP monitoring 4th hourly
- ⑧. Insulin 80s

~~Dr. Nishuini~~
Dr. Nishuini

~~Noted by B. S. S. S.~~
Noted by B. S. S. S.

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

KMV-00011435 IP22-00023355
Mrs CHANDRA NAGA MANILA
20-09-1992 33 Y (F) ..
Dr. CHUPPANA RAGA SUDHA F
I.P. NO.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		U/S/B Dr Ashalatha (Reg)
24/6/2026	5:00 AM	Dr. Soumya (Ph) / Dr. Niroshini (Ph) Dr. Nishita (Ph) / Dr. Nishita (Ph)
		P2 L2 A2 / PND-0 R
		<p>nc fine Afebrile BP - 120/90 mmHg PR - 86 bpm RR - 14 cpm H/L - No abnormality detected PA - Uterus retracted well OE - No active bleeding PVs</p>
		<p>① Regular diet Plenty of oral fluid</p> <p>② T. PANDIP 200mg P/O 12th July</p> <p>③ T. PANDIP 400mg 10th July</p> <p>④ T. ACCROPIUS 200mg 10th July</p> <p>⑤ Exclusive breast feeding w/ any active bleeding</p> <p>⑥ monitor vitals BP - 2nd hourly</p> <p>⑦ w/ any signs of PE Headache / SOB / epigastric pain / breathlessness</p> <p>⑧ w/ any signs of PE Headache / SOB / epigastric pain / breathlessness</p> <p>⑨ w/ any signs of PE Headache / SOB / epigastric pain / breathlessness</p> <p>⑩ Inform S&S nurse</p>
		<p>BL - breast soft Baby mother side</p> <p>urine passed stool passed</p> <p>Plan Discharge today.</p> <p>Continue T. LABET 100mg tid for 1 week.</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

RIA 1 week

VARIABLE DOSE		Date		Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time							
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.	

VARIABLE DOSE		Date		Nurse Sig.		Nurse Sig.		Nurse Sig.	
		Time							
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
23/6/26	1:20 am	T. MISOPROST	25 mcg	PLV	[Signature]	Shew Saka
23/6/26	5:40 am	T. MISOPROST	25 mcg	PLV	[Signature]	Vaparna Chaisabhi
23/6/26	4:00 pm	I. LABETALOL	100 mg	P/O	[Signature]	Chis...
23/6/26	4:33 pm	I. OXYTOCIN	100	IM	[Signature]	Panani Chis
23/6	5:00 pm	I. JUSTIL	200 mg	PLA	[Signature]	Panani Chis
22/6	5:00 pm	I. LABETALOL	100 mg	P/O	[Signature]	Panani Chis

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

DEPARTMENT

NAME:

UHID / I.P.NO.:

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE;


RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



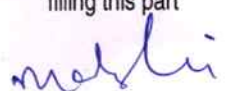
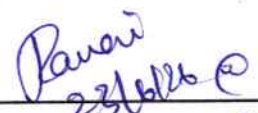
PATIENT TRANSFER FORM

Patient Name / I.P. No KMV-00011435 IP22-00023355 Mrs CHANDRA NAGA MANILA 20-09-1992 33 Y (F) Dr. CHUPPANA RAGA SUDHA 	Date & Time of Admission 23/6/20 @ 12:1 AM	Date & Time of Transfer Order 23/6/20 @ 2:38 PM
	Transfer ordered by DR. Ashe	Reason for Transfer N.V.D
From Bed / Ward / Hospital 3rd (336)	To Bed / Ward / Hospital MW	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file 30	Number of Imaging films (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.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part 	Name of person ordering transfer DR. Ashe	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Patient & Clinical records received by:  23/6/20 @			
Signature with Date & Time 23/6/20			

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




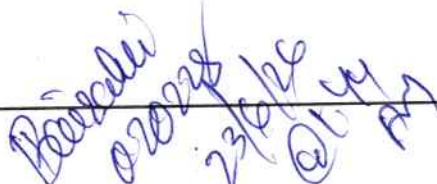
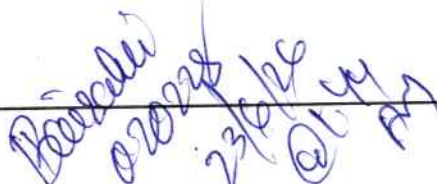
Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order	
msy. naga maula	23/6/26 @ 12:01 AM	23/6/26 @ 6:20 PM	
Treating Consultant	Transfer ordered by	Reason for Transfer	
Dr. Ragesudha	Dr. Nikhitha	post op care	
From Bed / Ward / Hospital	To Bed / Ward / Hospital	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
WR 2	336		
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
30	4		
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tab. pantop	10	
2.	Tab. Aceclophay	15	
3.	Tab. Taxim	10	
4.	New non pad	0	
5.	fixator	0	
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Ravi	Dr. Nikhitha	malathi	
Patient & Clinical records received by:			
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

KMV-00011435 Mrs NAGA MANILA 20-09-1992 33 Y (F) Dr. CHUPPANA RAGA SUDHA 	IP22-00023355 Date & Time of Admission 23/06/26 @ 12:01 AM	Date & Time of Transfer Order 23/06/26 @ 1:30 AM	
Treating Consultant Dr. Ragasudha	Transfer ordered by Dr. Nikat	Reason for Transfer SOL	
From Bed / Ward / Hospital MICU	To Bed / Ward / Hospital 339	Information to attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 32	Number of Imaging films 251-1	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.	undraped - 1		
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part 	Name of person ordering transfer Dr. Nikat	Name & Signature of Nurse Supervisor 	Referral note & referral Doctor Name:
Patient & Clinical records received by: 			
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: 23/06/26

Patient Name : ch. saga manila Age: 33 yrs Sex: Female

UHID No. : KMV-00011435 IP No: 23355

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

Name of the Surgery : NVD

Time in: 4:15 pm

Time Out : 5:15 pm

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

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 90649 Ordered by: pavani P



CONSUMABLES OF OT

298

Patent Name: Mrs. naga manila Age:
 Gender M F UHIS /IP NO:
 Date: Time:

Circulating Staff: Pawan 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 2762		01	Cord clamp		00
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		02				Vaccum Suction Set		
05 cc		01	Gloves 6 1/2		03	Surgical Gloves 6 1/2 + 7 1/2 = 02 + 1		
02 cc			S-Glove 7		01	Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		01
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		0
IV set		01	NG tube			Koochies (S)		01
RL		01	Cautery Pencil			Alcohol swabs		02
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 5+5		10	DLS Apron		01
Morphine			Gauze Pack			Newborn pad		01
Ketamine			Mop Pack		01	fixator		01
Propofol			Steristrip			inj. oxytocin		04
Rocuronium			Underpad		00	Tab. labetalol 10mg		10
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg		02	Plastic Bed Sheet					
Tab. Misoprost : 200mg		03	Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		06			
			Ramdione Scrub					
			Saral					

Myl
23/12/20

Surgeon _____ Anaesthesiologist _____ Nurse _____ OT Technician _____
 Order No: 90653 Ordered by: Pawan

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	IP22-00023355	Ward	3F-THIRD FLOOR
Patient Name	Mrs CHANDRA NAGA MANILA	Bed Name	GW 336
Age/Sex	33 Y / Female	Order No	22-0000690653
Date	23/06/2026 18:04	Prescription No	PRIP22-0291908
Payor	SELPAY	Dispensed Date	23/06/2026 18:11
UHID	KMV-00011435		

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	1	135.00	135.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	2	28.13	56.26
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	1	21.56	21.56
4	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
5	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
6	INTRAFLW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
8	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
10	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
11	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	6	23.43	140.58
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1	69.39	69.39
14	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	3	91.00	273.00
15	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
16	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
17	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
Total :							2,935.66	3,463.90

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA

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	IP22-00023362	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O CHANDRA NAGA MANILA	Bed Name	CRDL-GW -331-1
Age/Sex	0 Y 0 M 0 D 1 H / Male	Order No	22-0000690654
Date	23/06/2026 18:09	Prescription No	PRIP22-0291910
Payor	SELPAY	Dispensed Date	23/06/2026 18:12
UHID	HCV-00041007		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	250907	08/30	2	4.09	8.18
2	BABY DIAPER SMALL 5S- HAPPY HUG	HAPPY HUG		UVS01DIAP	12/99	1	120.00	120.00
3	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	22.50	22.50
4	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
5	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	2	91.00	182.00
6	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
Total :							375.74	470.83

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA