

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023379 Admit Date : 25-Jun-2026 Admit Time : 09:40 AM UHID : HCV-00024945

Patient Details :

Patient Name : Mrs LAVANYA TOTTALA Age : 33 Y 5 M 23 D
Guardian : Mr SAREEN KUMAR PENTA DOB : 02-01-1993
Gender : Female Religion :
Occupation : Marital Status :
Address (H) : taraka rama lay out Gitam Engg. college
Visakhapatnam Andhra Pradesh INDIA
530045 Phone No : 8142276644/ 9099950020
E-mail : no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 318 Ward Name : 3F-THIRD FLOOR
Room No : SPVT 318 Admission Type : First Visit

Contact Details :

Name : Mr SAREEN KUMAR PENTA Relationship : W/O
Contact Address : taraka rama lay out Gitam Engg. college
Visakhapatnam Andhra Pradesh INDIA 530045 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:

UHID No : HCV-00024945 IP22-00023379 Consultant : Dept:

Date of Admission : ... Mrs LAVANYA TOTTALA 02-01-1993 33 Y 5 M 23 D (F) Dr. CHUPPANA RAGA SUDHA . Date of Discharge: Time:

Room / Bed No :  Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/16	11:20 AM	MRUO	OT-II	Buy
25/6/16	1 PM	OT-II	MRUO	Buy
25/6/16	2:40 PM	MRUO	318	Chela

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JOTHIRAME	25/6/16	691129	Signature
2.	Lactation consultation		Rejected.	Signature
3.				Signature
4.				Signature
5.				Signature
6.				Signature
7.				Signature
8.				Signature
9.				Signature
10.				Signature

Cross used by

PROCEEDURE


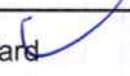
Date	Proceedure	Quantity	Order No.	Signature
25/6/26	IV placement PAC catheterization. LSCC E Tubectomy done by Dr. Paganudha under S/A Dr. ^{Sowjanya} Praveen Time in :- 11:20 Am Time out :- 12:20 pm.	①	1035 1036	Ghija
25/6/26	IV placement	①	91078	Ghija

ANY OTHER INFORMATION

Date: 27/6

Time: 8:30

Prepared By:

Staff Nurse 	Shift / Ward 	Billing Assistant	Billing Supervisor
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I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

came for Elective LSCS @ 11 AM.
 + all tubectomy
 Obstetric Formula: G2 P1 L1

LMP: 23/9/25

EDD: 30/6/26

Corrected EDD:

GA: 39w 2 days

Menstrual History: Regular Yes No

4-5d / 28 days cycle

Obstetric Examination

Fundal Height 9cm

mL - 7yours
 NCM.

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable 4/5

FHS: Normal Tachy Brady Absent

Obstetric History:

G1 - IVF pregnancy / LSCS - non progression of labour
 say 3.65 kg / 22 months

Present Pregnancy Record

G2: - spot conception
 fully managed (IT, Tdap, flu)
 Reliance AUCS done

RISK FACTORS:

H/O - PV - Bleed @ 8th mo
 moderately moderately managed

K1C10 - hypothyroidism - since 8yours,
 was using Thyronorm 50mcg - took to 75mcg in 3rd trimester.

- Not a K1C10 DM, HTN, Asthma, epilepsy, TB

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 164 cm

Weight: 83 kg

Allergies: Nil

Breast Normal Abnormal

General Examination:

Consciousness: ⊕

Icterus: ⊕

Temp: Afebrile

BP: 110/80 mmHg

CVS: S1S2 ⊕

Liver / Spleen: NAD

Pallor: ⊕

Edema: mild ⊕

PR: 86/min

DTR: ⊕

RS Normal vesicular breath sounds

Urine Output: normal

DIAGNOSIS

G2 P1 L1 | 39 weeks + 2d POU / PCP | Hypothyroidism
 per EL LSCS + all tubectomy.



<p>Family History mother - HTN father - DM.</p>	<p>Surgical History LSCS - 2 yrs back.</p>
<p>Medical History: Hypothyroidism x years</p>	<p>Medication History: on T Thyronorm 75mcg od, Had - Betamethasone 12mg twice Auto Retinoplacental cysts (low lying placenta @ 8th months)</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1 Admission (at 5 PM) 2 NPO. 3 local antiseptic preparation 4 OR @ admission. 5 consent for procedure 6 Pre anesthetic checkup 7 follow the op medication 1h before starting 8 monitor vitals <p>Shift to OT on call</p>	<p>Investigations: BCT → 0+K</p> <p>22/6/26 - Hb - 12.9 gm% PCV - 38.9 vol% Plt - 1.8 L/cmm WBC - 11,210 cells/cmm</p> <p>RPR syphilis (NR) Hbs Ag (NR) AcV (NR) HIV (NR)</p> <p>26/4/26 - GPT - 95 mg/dl (fasting) 79 mg/dl (2h)</p> <p>26/4/26 TSH - 4.3 U</p> <p>15/6/26 : SLUG (37 w 6 days)</p> <p>Presentation: cephalic placenta: posterior AFI: 14.6 EFW: 3.226 Kgs (51y.5h) Lower uterine segment thickness: 31mm single loop of cord around neck. Doppler: Normal</p>

Doctor Name: Dr Anshu
 Signature: *[Signature]*
 Date & Time: 25/6/2026 at 9:30 AM

Consultant Name: Dr. Ch Raga Sudha
 Signature: *[Signature]*
 Date & Time: 25/6/26 at 9:30 AM



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 25/6/26 at 10AM

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify nico

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
 Name of the Doctor: Dr. Ashok alia
 Time Notified: 25/6/26 at 10:07AM

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>yes</u>	<u>Rainbow.</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>23/9/25</u>	Caesarean Section: <input type="checkbox"/> No <input checked="" 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: _____	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 type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 2 P 1 L 1 A _____

Previous LSCS: Yes

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

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

Vital Signs / Measurements: Temp: 98.4 F HR: 80/10 RR: 20/10
 BP: 120/80 Weight: 83 kgs 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: Lavanya

Orientation not given Reason:

Nurse Signature: Gurika

Nurse Name: Gurika

Date & Time: 28/6/2024 10:03 AM

25/6/20
3:30pm

ops by Dr Ratnavalli
Dr Nihila (P4)

GC fair

TPR - (N)

BP - 110/70 mmHg.

H/L - NAD

P/A ut retracted well
o/e NO active bleed.

Re

1) Allow liquids from 6pm

2) Cont IV fluids
IV medications as
per chart

3) I/O chart

4) Vitals monitoring

5) w/f bleeding

P/R opnd
omms
25/6

26/06/2026.

8 AM.

SIB- Dr. Moushumi (Pus) / Dr. Soumya (Pus).
Dr. Misha (Pus) / Dr. Nishita (Pus)

PEL2 / POD-1

AC fins
Atehmle

BP - $\frac{108}{60}$ mmHg

PR - 76 bpm

RR - inc pm

HLL - No abnormality detected

PA - uteri retracted well

of - No active or bleeding

3L breast fluff

Bulky - mother side

PUU - 2700 ml / deep my

(clear)

PC removed

adv

1) Regular diet with plenty of oral fluid

2) T. MONITOR 200mg Plb 12th July

3) T. PANDP 100mg Plb 24th July

4) T. ACECIPUS 500mg Plb 8th July

5) Exclusive breastfeeding

6) monitor vitals

7) wlf any active or bleeding

8) monitor wlf ambulation

9) inform S.O.F

ishes

N. B. Sandhya
07A222
26/6/26
9 AM.

by
why



PROGRESS NOTES

(USE BALL POINT PEN ONLY)

HCV-00024945 IP22-00023379
 Mrs LAVANYA TOTTALA
 02-01-1993 33 Y 5 M 24 D (F)
 Dr. CHUPPANA RAGA SUDHA



F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/22	8:30pm	C/S/B Dr. Ratnavelli (Reg) Dr. Sowmya (Plg), Dr. N. Phit (Plg)
		<u>P2 L2 1 POD-1.1 Hypothyroidism</u>
		B
		CC: fair
		Afebrile
		BP: 120/70 mmHg
		PR: 86/min
		RR: 14/min
		H/L: no abnormality detected
		PLA: uterus retracted well
		ole: No active bleeding plv
		B/L Breast soft
		Baby well & mother side
		6/26/22
		90/R/26/22
		26/6

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26.8.26
10:30 pm

P/L 2' Pos

Op by Dr. Asha Kalia / Dr. Anirban
(PW)

h.c: fair

vitals: stable

REFL: NAD

P/A: unremarkable

well

Baby well

Breast soft

OP: NO active

bleeding PW

P

1. Reg. diet

2. Plenty of oral

fluids

3. Continue to on

per chart

4. vitals

5. Breast feeding

6. Ambulation

7. Infection

Shw

NS Shw
21:40

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00024945 IP22-00023379

Mrs LAVANYA TOTTA

Patie 02-01-1993 33 Y 5 M 25 D (F)

Dr. CHUPPANA RAGA SUDHA

Age



I.P. I.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
24/06/2024	8 AM	C/S/ By Dr. Michael (Reg)
		Dr. Soumya (Pg) / Dr. Vinodini (Pg)
		Dr. Nishu (Pg) / Dr. Nishu (Pg)
		<u>P2h - Post I + BCTB + Hypothyroid</u>
		GC: fair
		Afebrile
		Bp: 110 / 70 mmHg
		PR: 84 bpm
		RR: 16 / min
		HIL: NAP
		PLA: Not started well
		O/E: NAP
		R/L Breast soft
		Baby: well mothered
		Mini pass.
		1) Regular diet and plenty of oral fluid
		2) TL Pantoprazole 40 mg po OD / 100
		3) TL Accupro 50 mg po TID / 100
		4) TL MONOCEL 200 mg po BID / 100
		5) L/L active 4/5 pl
		6) Exclusive breastfeeding
		7) Ambulate
		8) Vitals @
		9) 14/20
		<i>[Signature]</i>

pleas discharge today

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

RESULT SHEET

HCV-00024845 IP22-00023379 / HW / RS / INPR / 17
 Mrs LAVANYA TOTTALA
 02-01-1993 33 Y 5 M 23 D (F)
 Dr. CHUPPANA RAGA SUDHA
 - Sheet No. :



Date	22/6/26				
Time					
Hb	12.8				
PCV					
RBC					
WBC					
N/L					
Platelets	1.8 lacs				
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					
Doctor's Signature					

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	OTUE					
ABO	}	NR				
HBSAG						
HCV						
W.B						
Doctor's Signature	<i>[Signature]</i>					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :



 MRI :



 Others (ECG, Contrast Studies etc.,) :







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

DRUG : Syj. MONOCEF				Date	25/6/20														
				Time	10 AM														
Dose	Route	Frequency	Start Dt.																
1gm	IV	10 th h4	25/6/20																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				10 AM } 10 PM } on 26/6/20 @ 10:00 AM															
Daily Doctor's Endorsement by a Sign.																			

DRUG : Syj. EDOMEPRAZOLE				Date	25/6/20														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
40mg	IV	2 nd h4	25/6/20																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				6 AM } on 26/6/20 @ 10:00 AM															
Daily Doctor's Endorsement by a Sign.																			

DRUG : Syj. PARACETAMOL				Date	25/6/20														
				Time	6 AM														
Dose	Route	Frequency	Start Dt.																
1gm	IV	8 th h4	25/6/20																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				2 AM } 10 PM } on 26/6/20 @ 10:00 AM															
Daily Doctor's Endorsement by a Sign.																			

DRUG : T. MONOCEF				Date	26/6/20														
				Time	8 AM														
Dose	Route	Frequency	Start Dt.																
200mg	PO	12 th h4	26/6/20																
Name & Signature of the Doctor starting the Drugs:																			
Additional Instructions:				8 PM } 															
Daily Doctor's Endorsement by a Sign.																			

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

DRUG : T PANDOP				Date																
				Time	2/16															
Dose	Route	Frequency	Start Dt.																	
40mg po		24mc	26/6/26	6 AM																
Name & Signature of the Doctor starting the Drugs :																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : T ACELOPLUS				Date																
				Time	26/6/26															
Dose	Route	Frequency	Start Dt.																	
500mg po		8 ^{hr} qd	26/6/26	6 AM																
Name & Signature of the Doctor starting the Drugs :																				
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.																				

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.																				

Ref No. F/GYNIC/16



CAESAREAN SECTION OPERATIVE NOTES

Name: Lavanya Sathya Dr. Ragesudhe Consultant I/C: Dr. Ragesudhe Reg.No. _____

Surgeon's Name: <u>Dr. Ragesudhe</u>	Date of delivery: <u>25/6/26.</u>
Assistant surgeon: <u>Dr. Ashalatha</u>	Time of delivery: <u>11:44am.</u>
Anaesthetist: <u>Dr. Sowjanya</u>	Sex of baby: <u>Male</u>
Type of Anaesthesia: <u>spinal</u>	Weight of baby: <u>3.474kg.</u>
Paediatrician: <u>Dr. Haritharan</u>	Apgar Score: <u>9/10</u>
Scrip Nurse: <u>Swaramma SPKR.</u>	NICU Admission: <u>No</u>

Elective Emergency Indication: Elective LSCS Pilo PCP + B/L tubercy

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: 3mins

CTG description FHR (+)

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: Cephalic breech Other _____ Cervical dilatation: (-) cm

5th palpable: _____ Fetal position: _____

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: Normal Cord around the neck Yes No

Appearance of placenta: Normal Cavity explored Yes No

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

Complications / Comments: BL tubectomy by modified Pomeroy's technique.
Delayed cord clamping done.

Uterine closure: One Layer Two layers 2-0 vicryl Suture

Peritoneal closure: Pelvic Abdominal None Suture

Sheath closure: Yes 1-0 vicryl Suture

Fat closure: Yes No 2-0 rapid vicryl Suture

Skin closure: Subcuticular Matters 2-0 rapid vicryl Suture

Vagimea evacuated: Yes No Estimated blood loss: 2500ml.

Drain: Yes No Remove in _____ days Await instructions

Ctheter: Yes No Remove in 24 hrs days Await instructions

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

Intraoperative antibiotics cover Yes No Thromboprophylaxis: Yes No

Post operative Comments: Follow post op orders

C. J. Singh
Signature

Date: 25/6/26

Time: 8:30 AM

Name: T. Lavanya

Proposed Operation: LSCS

Age: 33 yr

Preoperative Diagnosis: G2P1L1 / 39 weeks / Hypothyroid

Sex: F

B.P.	H.R.	R.R.	Temp	Height	Weight	Physical Status
110/70	88/min	24/min	Afebrile			1 2 3 4 5

I.P. No. 24945

LABORATORY DATA

Hgb 12.9	Glucose	Protien	HIV NR	X-ray	Other:
PCV	Urea	Alb	HBS Ag NR	ECG	
WBC	Creat	Total Bill	HCV NR	2D Echo	
Plate 1.8 Laker	Na	Dir. Bill	Blood group +ve	Stress/Anglo	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			
INR	Mg++	Amylase			

Allergies: NIL

Medical History:

CVS: S1S2 ⊕

RESP: B/L A ⊕

Hypothyroid

CNS: Conscious Coherent

Diabetes: -

Renal:

Hepatic / GE: NAD

APD+/-

Others:

Past Anaesthetic History:

Physical Exam

Adeq

(N)

(N)

(N)

Airway

MP 1 2 3

Mouth Opening

Mentohyoid Distance:

Neck:

Teeth:

Lungs: B/L A ⊕

Heart: S1S2 ⊕

CNS: Conscious Coherent

Pupils: (N)

EVM 6

Others:

Pallor: +/-

Venous Access Site:

Spine Exam for regional: (N)

ANAES. PLAN

MAC/REGIONAL/GA-ETT/LMA

Proposed Post-op Plain relief

Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO

PREGNANT LMP

YES/NO

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:

- DVT Prophylaxis
- NBM form: Gmc before surgery
- Informed Consent Standard / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

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

Signature: Dr. Praveen



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Patient ID :

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

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

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

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

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



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : T. Lavanya Age : 2.3.4v
 Gender : M F - IP No : 24945 Consultant : Dr. Raga Sudha
 Ward / Bed No. : Anaesthesiologist : Dr. Ravipanya - K
 Operative procedure planned : LSCS

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

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

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

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

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 T. Lavanya the above mentioned operation I Diagnostic I Therapeutic procedures LSCS ↓ SA

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 : *[Signature]*

Name : *Sarveen Kumar*

Relationship with Patient : *Husband*

Date & Time : *25/06/26 11:10 am*

Witness :

Signature : *[Signature]*

Name : *[Signature]*

Date & Time : *25/6/26 11 Am*

Doctor (who is taking the consent) :

Signature : *[Signature]*

Name : *Dr. Sowjanya*

Date & Time : *25/6/26 11:10 AM*

Informed Consent for Surgery or Special Procedure

Patient Name : Mrs. Lavanya Totale Age : 33yr Gender : F

UHID / IP No: HCV-00024945

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).....

Elective LSCS + Bil tubectomy
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 structures, injury to bladder,

failed tubectomy, ectopic pregnancy, adhesions, NICU baby admission if baby is required,

My signature on this form indicates that

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consentee:

Signature : [Signature]

Name: LAVANYA TOTALE

Date & Time : 25th June 2026
10 AM

Signature : [Signature]

Date & Time : 25/6/26, 10:00am

Relative

Signature : [Signature]

Name: Saroen Kumar P

Relationship with patient 25/06/26
10:30 am

For Name of Doctor : Dr. Ragesudh

Witness:

Signature : [Signature]

Name: Pavani

Date & Time : 25/6/26
at: 10 AM

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

25/6/16

DEPARTMENT

OBG

NAME:

Lavanya TOTTALA

UHID / I.P.NO.:

HEV-24945

WARD / BED NO.:

MICU

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

LCSE Pubectomy

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:

5

SURGERY DETAILS

Sl.No. _____ Date: 25/6/26

Patient Name : T. Lavanya Age: 33y/8 Sex: Female

UHID No. : HCV-00024945 IP No: 23379

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

Name of the Surgery : LSCS & Tubectomy

Time in: 11:20 AM Time Out : 12:20 PM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Ragasudha</u>
2. Anaesthetist	<u>Dr. Sowjanya</u>
3. Asst. Surgeon
4. OT Technician
5. Circulating Nurse	<u>Pavani</u>
6. Asst. Nurse	<u>Eswaramma</u>

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon _____ Signature of Circulating Nurse _____

Order No : 1035/1036 Ordered by: Pavani

LSCS & Tubectomy

CONSUMABLES
OF OT

Patent Name : T. Lavanya Age: 33yr

Gender M F UHIS /IP NO. HCV - 24945

Date : 25/6/26 Time :

Circulating Staff: Parani 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	02		Cord clamp	01	
ECG leads : A/P/N			2762	01		Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		01				Vaccum Suction Set		
05 cc		01	Gloves 91 6.5	08		Surgical Gloves 7+7.5	1+1	
02 cc						Gauze Pack		
01 cc						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			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 10 +10	20				
Morphine			Gauze Pack					
Ketamine			Mop Pack	01		New non pad	01	
Propofol			Steristrip			fixator	01	
Rocuronium			Underpad	02		DI Apron	04	
Glycopyrolate			Draw Sheet			DI water	01	
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			Betadine Solution	01				
			Microshield					
			Cotton Balls					
			Latex Gloves	16				
			Ramdione Scrub					
			Saral					

Surgeon Dr. Rajeswara Anaesthesiologist Dr. Sankar Nurse A. Suman OT Technician
Order No: 691103/1104 Ordered by:

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam



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

VAT TIN : 37253643118

CIN : L85110TG1998PLC029914

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

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

INPATIENT ISSUES AGAINST ORDERS



IP No	IP22-00023379	Ward	3F-THIRD FLOOR
Patient Name	Mrs LAVANYA TOTTALA	Bed Name	SPVT 318
Age/Sex	33 Y 5 M 23 D / Female	Order No	22-0000691103
Date	25/06/2026 15:01	Prescription No	PRIP22-0292089
Payor	SELPAY	Dispensed Date	25/06/2026 15:17
UHID	HCV-00024945		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblu	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706106	08/27	1	1,188.00	1,188.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		01052026	01/29	4	135.00	540.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	1	2.71	2.71
7	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
8	FOLEYS CATHETER 16- UROCATH		GENERAL	G26B120O58	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		LSCSDRAPEKIT	12/29	1	2,700.00	2,700.00
11	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	1	949.00	949.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
15	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	8	91.00	728.00
18	SURGEONS CAP	Mediblu	GENERAL	MB2505141	05/28	10	11.25	112.50
19	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
20	TEGADERM WITH PAD (8591)BIG 9CM*25CM	3M HEALTHCARE	GENERAL	R022609O9	01/29	1	814.00	814.00
21	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
22	UROBAG (ADULT) - URODYNE		GENERAL	K25J050041	09/30	1	395.00	395.00
23	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
24	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
25	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5072	10/30	2	951.00	1,902.00

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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	IP22-00023379	Ward	3F-THIRD FLOOR
Patient Name	Mrs LAVANYA TOTTALA	Bed Name	SPVT 318
Age/Sex	33 Y 5 M 23 D / Female	Order No	22-0000691103
Date	25/06/2026 15:01	Prescription No	PRIP22-0292089
Payor	SELPAY	Dispensed Date	25/06/2026 15:17
UHID	HCV-00024945		

Total :	10,983.30	13,707.74
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

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

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023385	Ward	3F-THIRD FLOOR
Patient Name	Baby B/O LAVANYA TOTTALA	Bed Name	CRDL-SPV-318-1
Age/Sex	0 Y 0 M 0 D 3 H / Male	Order No	22-0000691104
Date	25/06/2026 15:03	Prescription No	PRIP22-0292088
Payor	SELFPAY	Dispensed Date	25/06/2026 15:17
UHID	HCV-00041052		

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	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	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 # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
7	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
Total :							466.41	470.50

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

LSCS

CONSUMABLES OF OT ① 216

Patent Name : M. S. Davanya. T. Age: 33 yrs
 Gender M F JHIS /IP NO. 23379/2495
 Date : 25/06/26 Time :

Circulating Staff:..... Technician: Meeuf

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		③				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		①				Vaccum Suction Set		
05 cc		②	Gloves 6 1/2 (PF)		①	Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		①	NG tube			Koochies (S)		
RL		①	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		①	Koochies					
<i>iy: Omytoun</i>		④	Ointments					
<i>iy: Bixauic</i>		②	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 28		①	Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.5% (Heavy)		①	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Muf
25/6/26

Surgeon Dr. Ragesudha Anaesthesiologist Dr. Sanjay Nurse Esraamme OT Technician
 Order No: 691057 Ordered by: Meeuf

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

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023379	Ward	3F-THIRD FLOOR
Patient Name	Mrs LAVANYA TOTTALA	Bed Name	SPVT 318
Age/Sex	33 Y 5 M 23 D / Female	Order No	22-0000691057
Date	25/06/2026 13:02	Prescription No	PRIP22-0292107
Payor	SELPAY	Dispensed Date	25/06/2026 17:41
UHID	HCV-00024945		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3B10O03	10/27	2	73.23	146.46
2	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BUI26002	12/27	1	30.65	30.65
3	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	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
6	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
7	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	1	93.94	93.94
9	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1	69.39	69.39
10	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	1	140.00	140.00
Total :							1,061.80	1,335.29

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY VEMPADA

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

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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	IP22-00023379	Ward	3F-THIRD FLOOR
Patient Name	Mrs LAVANYA TOTTALA	Bed Name	SPVT 318
Age/Sex	33 Y 5 M 24 D / Female	Order No	22-0000691164
Date	25/06/2026 23:28	Prescription No	PRIP22-0292135
Payor	SELFPAY	Dispensed Date	25/06/2026 23:34
UHID	HCV-00024945		

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

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA