

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023392 Admit Date : 26-Jun-2026 Admit Time : 08:27 AM UHID : HCV-00040883

Patient Details :

Patient Name : Baby Of CH.RAJYA SRI Age : 0 Y 2 M 8 D
Guardian : MANOHAR DOB : 18-04-2026 12:08 PM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Andhra University Vishakhapatnam Andhra Pradesh INDIA 530003 Phone No : 9121772247/
E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 325 Ward Name : 3F-THIRD FLOOR
Room No : GW 325 Admission Type : First Visit

Contact Details :

Name : MANOHAR Relationship : D/O
Contact Address : Andhra University Vishakhapatnam Andhra Pradesh INDIA 530003 Phone No :


Signature


Doctor Details :

Doctor Name : Dr. RAVI HIMAJA Specialisation : PEDIATRIC SURGERY
Referral Doctor : Dr.Priyanka Vemuri Phone No : 9885780689
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040883 IP22-00023392
 Baby Of CH.RAJYA SRI
 UHID No :.... 18-04-2026 0 Y 2 M 8 D (F)Consultant :.....Dept.:.....
 Dr. RAVI HIMAJA
 Date of Admi Date of Discharge:.....Time:.....
 Room / Bed NoSuggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	9:45 Am	CR	MICU	Ramy
26/6/26	10:15 Am	MICU	OT-I	Ush
26/6/26	11:10 Am	OT-I	MICU	Ush
26/6/26	1:40 Pm	MICU	330	Ush

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6/20	W. Placement	①	691258	Ken
26/6/20	PAC	1	691260	Ken
26/6/20	Rt Hemio-stomy		14042	
	done ↓ G/A ↓		691306	Mahesh
	Surgeon: Hinaja			
	Anest: Dr. Praveen			
	Time in 10:15 am			
	Time out 11 am			

Order Valid by Mahesh

ANY OTHER INFORMATION

Sevoflurane used for 45 mins

Date: 26/6/20

Time: 4 pm

Prepared By: Mahesh

Staff Nurse Mahesh	Shift / Ward 3rd floor (330)	Billing Assistant	Billing Supervisor
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**Rainbow[®]
Children's
Hospital**
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

HCV-00040883 IP22-00023392
Baby Of CH.RAJYA SRI
18-04-2026 0 Y 2 M 8 D (F)
Dr. RAVI HIMAJA





Padiatric Multiorgan History & Physical Examination

Female

Name: Baby of Rajya Sri Age/Sex 2 months

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

clo Swelling in (RT) inguinal region since
1 month

History of present illness:

• clo swelling in (RT) inguinal region since
1 month.

• NO clo fever

• NO clo cough, cold

• NO clo loose stool.

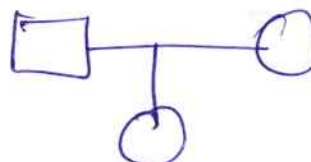


Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Uter late preterm / 2.3kg / baby had tachypnea @ birth admitted in NICU.

Family Chart



Birth & Socio Economic History:

About Father: _____
 About Mother: _____
 Any additional Information: _____

Developmental History:

attained upto 18 months

Immunization History:

Vaccinated upto 18 months

Anthropometry:

Head Circum (cms) _____ (Centile _____) Height (cms) _____ (Centile _____)
 Weight (kgs) 3.7kg (Centile _____)

On Examination:

Temperature: 36.5°C Pulse Rate : _____ B.P. _____ SPO2 96% on RA

Resp. rate and type of breathing : _____

RR -> 34/min

Rash _____

Lymphadenopathy _____

Oedema: no

Allergies (if any): _____

HCV-00040883 IP22-00023392

Baby Of CH. RAJYA SRI

18-04-2026 0 Y 2 M 8 D (F)

Dr. RAVI HIMAJA



Respiratory System:

Inspection (any s/o distress): _____

Air entry & breath sound : _____

Any Adde sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

BLU A E ⊕ , clear

Cardiovascular System:

Inspection of procordium : _____

Heart Sounds : _____

Any murmur: _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) _____

S1 S2 ⊕

Per Abdomen:

Inspection : _____

Palpation : _____

Ausculation : _____

Spine : _____ External Genitalia : _____

Relevant data from outside (CT.USE.etc.,) _____

Soft, non tender

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: _____

Cranial Nerves : _____

cry / some activity → good

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture: _____

Involuntary Movements : _____

Ⓝ

HCV-00040883 IP22-00023392
Baby Of CH. RAJYA BRI
18-04-2026 0 Y 2 M 8 D (F)
Dr. RAVI HIMAJA



Reflexes:

DTR

(N)

(N)

Superficials:

(N)

Plantars

Bladder / Bowel:

(N)

Clinical Summary & Diagnostic:

(R) inguinal hernia

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- Hb
- Bt
- Ct
- HBV
- HBsAg
- J. I. Pan
- 25/6/26

Planned Management:

- plan (R) herniotomy
↓ CA.
- IVF DNB 4 15ml/hr.
- Inj. ceftriaxone 6
200mg
- Inj. CEFOTAXIM
200mg before
surgery.

Signature of the Doctor :

Signature of the Consultant:

Name of the Doctor :

BALAJI

Name of the Consultant :

Date & Time :

Date & Time :



DISCHARGE PLANNING FORM

Note: * To be completed by a Doctor within (24) hours of admission

1. Anticipated Date of Discharge : _____
2. Destination Post Discharge : Home
Family Members Notified (Person Contacted _____)
 Transfer
Hospital Facility Notified (Person Contacted _____)
3. Discharge Status: Self Care Family Home Care Home Professional Assistance

<input type="checkbox"/> Needs Assistance In:		Remarks
<input type="checkbox"/> Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Nutritional Plan:
 Dietary Instruction Discussed with the:
 Patient Family Member Other:.....
5. Discharge Planning Discussed with the:
 Patient Family Member Other:.....
6. Patient / Family Education Plan:
 Education Topic /s :.....
 Patient's Educational Topic/s discussed with the:
 Patient Family Member Other:.....

Doctor Signature: _____


Name of the Doctor : _____

Date & Time : _____

RESULT SHEET

Ref No : F / HW / RS / INPR / 17
 HCV-00040883 IP22-00023392
 Patient Name: Baby Of CH. RAJYA SRI
 18-04-2026 0 Y 2 M 8 D (F)
 Dr. RAVI HIMAJA
 I.D. No. :


Date	26/6/1				
Time	9 AM				
Hb	9.5				
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS	68 mg/dl				
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	26/3/12					
Time	9 AM					
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BT ROT	→ 2 min 30 sec					
CT	→ 5 min 10 sec					
HIU	} NR					
HBsAg						
Doctor's Signature						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.) :

Pa **Dr. RAVI HIMAJA** I.P. No. Sheet No. Wards Weight (kg)
 3.7kg



REGULAR PRESCRIPTIONS

DRUG : ~~INJ. CEFTRIAXONE~~ Date/Time

Dose	Route	Frequency	Start Dt.
300mg	I.V	Q12H	26/6

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

Additional Instructions: *BALANCE*

Daily Doctor's Endorsement by a Sign.

DRUG : Inj. CEFOTAXEM Date/Time *26/6*

Dose	Route	Frequency	Start Dt.
200mg	ZV	Q12H	26/6

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

Additional Instructions: *Dilute in 20ml NS over 1 hour*

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.

OPERATION THEATER NOTES

Patient's Name: B/O. Ch. Rajya Sou Age: 2 Mo Gender: M F
UHID: HCV-00040883 I.P. No. 00023392 Weight: 3.7 kgs

Surgeon: <u>Dr. R. Himaya</u>	Asst. Surgeon:	
Anesthetist: <u>Dr. Raveen</u>	OT Nurse: <u>Paveeni</u>	
Surgical Procedure: <u>Rt herniotomy</u>		
Indication for Surgery: <u>Rt inguinal hernia</u>		
Date: <u>26/6/26</u>	Start Time: <u>10.15 AM</u>	End Time: <u>11 AM</u>

PRE-OPERATIVE PREPARATION

OPERATION NOTES :

- Rt inguinal crease incision given
- Ext oblique aponeurosis opened
- Sac is identified with ovary as a part of wall.
- Herniotomy done
- Wound closed in layers.

POST - OPERATIVE ORDERS:

- Re
- 1) NPO till 1 PM & allow feeds later
 - 2) IVF - $\frac{1}{2}$ DNS @ 15ml/hr
 - 3) Inj. Taxim 200mg iv BID
 - 4) Inj. PCM 4cc iv TID

Dr. Himaya

Consultant Surgeon's Name

Himaya

Consultant Surgeon's Signature

Date: 26/6/26 Time:

3.7 kg

PREANAESTHETIC EVALUATION

Date: 25/6/26 Time: 8 AM Name: Keela Arjunatha Sri

Proposed Operation: Rt - Herniotomy Age: 2 mn

Preoperative Diagnosis: Rt Inguinal Hernia Sex: Female

B.P. H.R. R.R. Temp Height Weight Physical Status 1 2 3 4 5 I.P. No. 23392

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

Allergies: (-)

Medical History: (-) CVS: S32 (+)

RESP: B/LAF (+) Diabetes: Birth Defects / preterm / UCL / H/O NICU stay / O2 support (sd).

CNS: conscious, active Vaccinated up to age APD +/-

Renal: Hepatic / GE: (N)

Others: c/o URTI. No cleft lip / palate

Past Anaesthetic History: (-)

Physical Exam P-I-C-C-E-E-

Airway MP 1 2 3 Mouth Opening Mentohyoid Distance: Neck: Teeth:

Lungs: Adequate

Heart: (+)

CNS: Pupils: B/L reactive EVM IR

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 YES/NO LMP

CURRENT MEDICATIONS:

PRE - OPERATIVE INSTRUCTIONS:
1. DVT Prophylaxis
2. NBM form:
3. Informed Consent Standard / High Risk
Hb, viral markers, BT-Ct

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: SaO2: 100% RA
R.R.: Last Feed: 4 AM - milk
B.P./C.T.Y.:

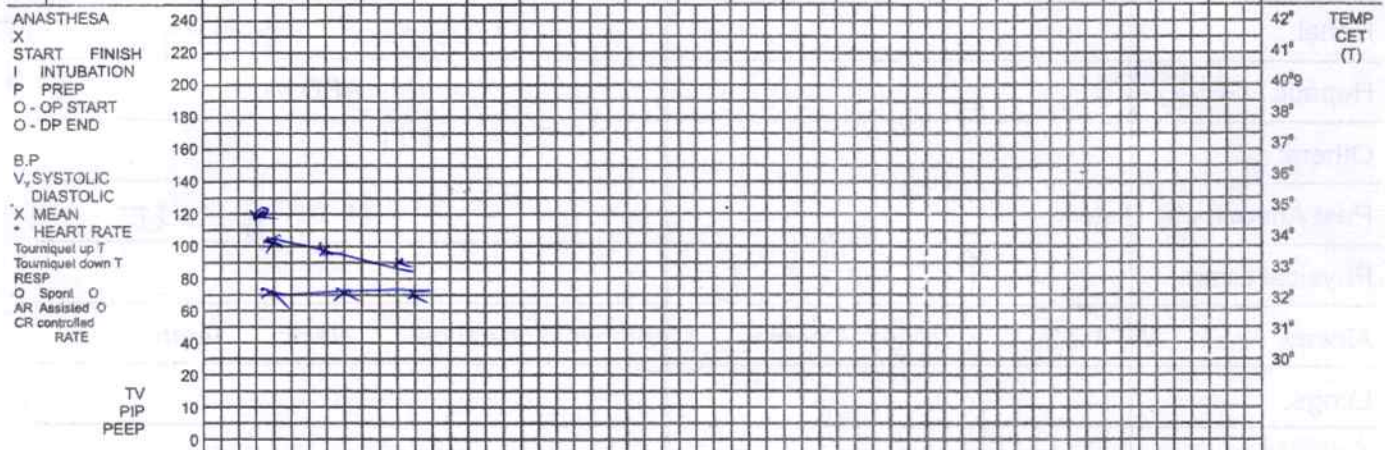
Signature: Dr. Dheeraja

PRE-OP DIAGNOSIS Rt Inguinal Hernia OPERATION Rt Hemiotomy Date 26/6/26

SURGEON Dr. Ravi Himaja ANAESTHESIOLOGIST Dr. Praveen

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

TIME	NOTES
N, O/AIR/O, LPM	
HALO/SO/SEVO	
DRUGS:	<u>Inj. Atropine - 2mg</u>
<u>Inj. glyco - 0.2mg</u>	<u>Inj. Hydrocortisone - 10mg</u>
<u>Inj. midax - 0.5mg</u>	<u>Inj. Myoppyllate - 1mg</u>
<u>Inj. Fentanyl - 2mcg</u>	
<u>Inj. Propofol - 6mg</u>	
FIO ₂ / SaO ₂	
ETCO ₂	
ECG	
CVP / Wedge	
Urine	
EBL	
FLUIDS BLOOD	



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

COMMENT/SYMBOL

LAB VALUES

PH

PACO₂

PaO₂/FIO₂

HCO₃/BE

Na/K

TIMES

ANAES START 10:15 AM

OP START

OP END

LEAVE OR 11 AM

END ANAES

GENERAL

MAC no DRUG

MAC with DRUG

REGIONAL LOC BY SURG

LINE (SIZE & LOCATION)

CVP

PA

ART

IV Peripheral

IV

IV

INDUCTION

IV INHAL RECTAL

IM OTHER

PREO CRICOID PR

MASK LMA

AIRWAY ORAL NASAL

ETT# 2.5 at R cm

ORAL NASAL CUFF

TRACHEOTOMY

TOPICAL DRUG _____ ml

TRANSTRACHEAL

DRUG _____ % _____ ml

AWAKE RAPID SEQUENCE

DIRECT VISION BLIND

FIBEROPTIC STYLETTE

BLADE# _____ ATTEMPTS _____

DIFFICULT WHY?

BILAT = BS

SEMICLOSED CIRCLE

CLOSED CIRCLE

NON REBREATH

AYREST PIECE

REGIONAL

EXTREMITY

SPECIFY _____

SPINAL

EPIDURAL

CATHETER

PUMP

OTHER _____

SITE

NEEDLE SIZE _____ DEPTH _____

PARASTHESIA YES _____ NO _____

CATHETER AT SKIN _____ (CM)

DRUG / DOSE _____

TEST DOSE _____

ANAES LEVEL _____

COMMENTS Intra op vitals stable

TRANSPORTATION TO PACU ICU OTHER

RELAXANT REVERSED YES NO

TRAIN OF 4 TET _____ HEAD LIFT _____

SIGNATURE

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General Epidural Spinal Other Regional

Anaesthesiologist : Dr. Praveen Surgeon : Dr. Hina
Received in PACU by : Ueba Time in : 11:25 AM

Procedure : RT Hemiatomy
Time Out : 1:40 PM

PULSE > BLOOD PRESSURE	250			250	O RESP	TEMP	0	Pre-Op BP	INTAKE/OUTPUT				
	240			240					OR BP	Emesis		IN	OUT
	230			230						Gastric Suction		NO	NO
	220			220						Voided		NO	NO
	210			210					O ₂	Urinary Catheter		NO	NO
	200			200						Chest Drainage		NO	NO
	190			190					Begun	Wound Drainage		NO	NO
	180			180						Recovery Room Blood Given		NO	NO
	170			170					Ended	PO FLUID		NO	NO
	160			160						IV FLUID		Yes	Yes
150			150	Method	TOTAL								
140			140	O ₂ Mask :	NO	Nasal Prongs :	NO	Ventilator :	NO				
130			130	Cannula :	Yes	Trach Collar :	NO	T-Place :	NO				
120			120	Always : NETT	NO	TRACH	NO	NASAL	NO				
110			110	OETT	NO	ORAL	NPO						
100			100										
90			90										
80			80										
70			70										
60			60										
50			50										
40			40										
30			30										
20			20										
10			10										
0			0										

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

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia <u>NBM 6hrs post surgery</u>
			2. Analgesia <u>IV fluids - 1/2 DNS @ 15ml/hr</u>
			3. Fluids <u>Inj. PCM 4ml IV Tid</u>
			4. Anti Emetics <u>Monitor Vitals</u>
			5. PCA/Epidural/ I.V. Infusion <u>Inform soo</u>
			6.

Evaluated and discharged by : Dr. Dr. Praveen

Transferred to Unit by Ueba

Discharged by : (Nurse) Ueba

Received on Unit by Goueri

CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 26/6/26

DEPARTMENT: Surgical

NAME: B10 ch. Rajyesri

UHID / I.P.NO.: HCV-00040883

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Hemiotomy ✓ GA

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

26 06 2026

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



[Handwritten signature]

SURGERY DETAILS

SI.No.

Date: 26/6/2026

Patient Name : B/O Ch Rajya Sri Age: 2 Months Sex: Female

UHID No. : HCV - 00040883 IP No: 00023392

Date of Surgery: 26/6/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery : Rf Herniotomy

Time in: 10:15 am

Time Out: 11 am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Himaja	
2. Anaesthetist	Dr. Pavan	
3. Asst. Surgeon		
4. OT Technician	Mercy	
5. Circulating Nurse	Makthi	
6. Asst. Nurse	Pavani	

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Himaja
Signature of the Surgeon

Malath
Signature of Circulating Nurse

Order No : 691306 Ordered by: Malath



Herniotomy

CONSUMABLES

OF OT - 01

Patent Name : Blo ch. Rajya Sri Age: 2m

Gender M (F) UHIS/IP NO. HCV-40883

Date : 26/06/26 Time : 11:45 am

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

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit.K		
LMA			Sutures <u>2304</u>		<u>01</u>	Cord clamp		
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc						Vaccum Suction Set		
05 cc			Gloves <u>PF 6.5</u>		<u>02</u>	Surgical Gloves		
02 cc						Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : <u>A/P/N</u>		<u>01</u>	Surgical blade <u>15</u>		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil		<u>01</u>			
NS: 10ml/100ml/500ml/1000ml		<u>01</u>	Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>5+5</u>		<u>10</u>			
Morphine			Gauze Pack			<u>protoGowns - 02</u>		
Ketamine			Mop Pack			<u>02 nasal Prong - 01</u>		
Propofol			Steristrip					
Rocuronium			Underpad		<u>01</u>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm <u>8582</u>		<u>01</u>			
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		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

100%
26/6/26

Dr. Himaja
Surgeon

Dr. Praveen
Anaesthesiologist

pavani
Nurse

OT Technician

Order No: 1355 / 1357 Ordered by: cheri

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	IP22-00023392	Ward	3F-THIRD FLOOR
Patient Name	Baby Of CH.RAJYA SRI	Bed Name	GW 325
Age/Sex	0 Y 2 M 8 D / Female	Order No	22-0000691355
Date	26/06/2026 13:11	Prescription No	PRIP22-0292220
Payor	SELPAY	Dispensed Date	26/06/2026 14:16
UHID	HCV-00040883		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706106	08/27	1	1,188.00	1,188.00
2	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
3	NITRILE EXAMINATION GLOVES P F - MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
4	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	1	93.94	93.94
5	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
6	PREGELLED SURGICAL PLATES PEAD (ADVANCE)	The Advanced cadiomed	GENERAL	2502272401	02/28	1	1,120.00	1,120.00
7	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
8	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526022026	02/29	5	11.25	56.25
9	SURGICAL BLADE 15	Surgeon	GENERAL	020525	04/30	1	7.03	7.03
10	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	2	140.00	280.00
11	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	R02260916	01/29	1	175.00	175.00
12	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	1	170.00	170.00
13	VICRYL 4-0 VP 2304	ETHICON SUTURES-J&J C1		T5010	02/30	1	630.00	630.00
Total :							4,118.96	5,004.83

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**

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	IP22-00023392	Ward	3F-THIRD FLOOR
Patient Name	Baby Of CH.RAJYA SRI	Bed Name	GW 325
Age/Sex	0 Y 2 M 8 D / Female	Order No	22-0000691357
Date	26/06/2026 13:13	Prescription No	PRIP22-0292231
Payor	SELPAY	Dispensed Date	26/06/2026 16:10
UHID	HCV-00040883		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	G25J040244	09/30	1	239.06	239.06
Total :							239.06	239.06

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY
VEMPADA

CONSUMABLES
OF OT - ① 219

Patent Name : Baby of CH. Raja Sri Age: 2 Months
Gender M F UHIS/IP NO. 40883/23392
Date : 26/06/26 Time :

Circulating Staff: Technician: Melay

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube 3.0 Unuffed		01	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		06				Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml			Koochies					
14. Abrasives		01	Ointments					
D-water		06	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			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
14. PCM		01	Tegaderm					
Suppositories			loban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		01			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Hinaja Anaesthesiologist Dr. Praveen Nurse Parvati OT Technician
Order No: 691387 Ordered by: [Signature]

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

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No IP22-00023392
Patient Name Baby Of CH.RAJYA SRI
Age/Sex 0 Y 2 M 8 D / Female
Date 26/06/2026 15:07
Payor SELFPAY
UHID HCV-00040883

Ward 3F-THIRD FLOOR
Bed Name GW 325
Order No 22-0000691387
Prescription No PRIP22-0292227
Dispensed Date 26/06/2026 15:58

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ATACURIUM 2.5ML INJ	ZYDUS HEALTHCARE		TAE25009	03/27	1	44.54	44.54
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	2	21.56	43.12
4	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	6	11.25	67.50
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	6	2.71	16.26
6	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	7160326	02/28	3	34.65	103.95
7	ET TUBE - 3.0 MM REBELLE			25080601	07/28	1	309.00	309.00
8	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	R2C260597	02/28	1	737.08	737.08
9	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
Total :							1,927.92	2,088.58

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO