

### ADMISSION SHEET



#### Registration Details :

Admission No : IP22-00023349      Admit Date : 22-Jun-2026      Admit Time : 12:52 PM      UHID : KMV-00012408

#### Patient Details :

Patient Name : Mrs M JAYA LAKSHMI      Age : 38 Y 5 M 30 D  
Guardian : Mr K BABU      DOB : 23-12-1987  
Gender : Female      Religion :  
Occupation :      Martial Status :  
Address (H) : Pedda Waltair Vishakhapatnam Andhra Pradesh INDIA 530017      Phone No : 7330777296  
E-mail : no@gmail.com

#### Admission Details :

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

#### Contact Details :

Name : Mr K BABU      Relationship : W/O  
Contact Address : Pedda Waltair Vishakhapatnam Andhra Pradesh INDIA 530017      Phone No :

*Mr. Jayalaha*  
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 : MEDI ASSIST INSURANCE TPA PVT LTD

**ACTIVITY RECORD FOR BILLING**

Name:-----  
 UHID No :.....  
 Date of Admission :.....  
 Room / Bed No :.....

IP22-00023349  
 KMV-00012408  
 Mrs M JAYA LAKSHMI  
 23-12-1987 38 Y 5 M 30 D (F)  
 Dr. CHUPPANA RAGA SUDHA

-----  
 sultant : .....Dept.:.....  
 Date of Discharge:.....Time:.....  
 Suggested Billable bed type:.....

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
22/6/26	3:50pm	m8c0	OT-II	Grye
22/6/26	6pm	OT-II	m8c0	Baindas
22/6/26	7:30pm	m8c0	322	Grye

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	23/6/26	90887	Rowler
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEEDURE**

Date	ProceEDURE	Quantity	Order No.	Signature
22/6/16	DU placement PAC			
	catheterization		90415	Ganga
	Total Laparoscopic		90416	
	hysterectomy + B/L salpingectomy			
	done by Dr. Rajasudha			
	Dr. Sai barath.			
	under G/A			
	Dr. praveen			
	Time in :- 4 pm			
	Time out :- 5:30 pm			

Dr. Praveen

**ANY OTHER INFORMATION**

sevoflurine used for 1 hour 30 min

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Prepared By: \_\_\_\_\_

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

Date of Admission : 22/06/2026 Time of Admission : 12pm.  
Allergies : ☹️  Not know any drug allergies

PRESENTING COMPLAINTS :

→ clo Heavy menstrual bleeding : 1 year ↓  
- associated with clots ⊕ MIRENA inserted in september  
- associated with pain abdomen. removed 7 days back (cervix got displaced)  
- flow for 8-10 days (5-6 pads/day).  
→ clo frequent cycles in August & september (2025) ⇒  
↓  
Regularised after MIRENA insertion.  
↓  
frequent cycles in March, April, May, June (7-1 week)  
17/6/26  
USG → uterus: antverted, adenomyosis with fibroids.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 18 years Previous Periods : Irregular LMP : 13/6/26. Contraception : used Cu-T (in b/w pregnancies)	Parity : P <sub>3</sub> L <sub>3</sub> A <sub>2</sub> Mode of Delivery : 3 → LSCS, B/L tubectomy done. Last Child Birth : 6 years at present

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil significant.	→ H/o excision of surgical site granuloma in 2017 → H/o 3 LSCS &

Patient Sticker

**FAMILY HISTORY:**

Father. Diabetic.

**MEDICATION HISTORY:**

None significant.

**INITIAL ASSESSMENT:**

Date <u>22/1/26</u>	Breasts	Local / Speculum Examination
Ht. <u>153cm</u> Wt. <u>76kg</u>	<u>Soft</u>	
BMI _____		
B.P. <u>110/70mm Hg</u>		
Pallor <u>(-)</u>		Bimanual Pelvic Examination
CVR <u>S+S (+)</u>	Abdominal Examination	
Respiratory System <u>(+) Vesicular breath sounds</u>	<u>- soft -</u>	
Thyroid <u>- No enlargement</u>		

**PROVISIONAL DIAGNOSIS :**

A 38yr old | P<sub>3</sub>L<sub>3</sub>A<sub>0</sub> | AUB - A & L | for total laparoscopic hysterectomy.

**INVESTIGATIONS ORDERED**

14/1/26  
CBC : Hb = 11.9g/dl  
plt = 2.71 lakhs.  
BGT - Onyatin  
HIV } non reactive.  
HBsAg }  
Anti HCV }  
Sr creatinine → 0.6mg/dl  
ECG, Chest X-ray.

**PLAN OF MANAGEMENT**

- 1) Admission
- 2) Part preparation.
- 3) consent for surgery.
- 4) Pre-op medication.
- 5) Pre-anesthetic checkup.
- 6) Monitor vitals, SpO<sub>2</sub>.
- 7) Send BGT, HIV, HBsAg, Anti-HCV, creatinine, ECG, Chest X-ray
- 8) shift to OT on call

Name of the Doctor : Dr. Raga Sudhe

Date & Time : 22/1/26, 2:00pm.

Signature of Doctor [Signature]

KMV-00012408 IP22-00023349  
 Mrs M JAYA LAKSHMI  
 23-12-1987 38 Y 5 M 30 D (F)  
 Dr. CHUPPANA RAGA SUDHA



## OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: Arrival 22/6/26 at: 12:30pm

**Baseline Information:**

Admission From:  ER  OPD  Admission Desk  Others, specify NICU

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:** Heavy Menstrual Bleeding Doctor Notified on Admission:  Yes  No  
 Name of the Doctor: Dr. Ratnavale  
 Time Notified: at: 12:30pm

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

Past Medical History	Past Surgical History	Previous Hospital Admission
NO.	Yes	Yes

**Gynecology Assessment:**  Not Applicable **Gynecology Surgical History:** **Gynecological History:**

Menstrual History: 14 Yrs Caesarean Section:  No  Yes  
 Onset of Menarche: 7-8 days Cervical Cerclage:  No  Yes  
 Menstrual Cycle:  Regular  Irregular Ectopic Pregnancy:  No  Yes  
 Last Menstrual Period: 14/6/26 Myomectomy:  No  Yes  
 Others: \_\_\_\_\_

Contraceptives:  No  Yes  
 Vaginal Discharge:  No  Yes  
 Post-Coital Bleeding:  No  Yes  
 Infertility:  No  Yes  
 If Yes Type:  Primary  Secondary

**Obstetric History:** G ..... P 3 ..... L 9 ..... A 2 .....

**Previous LSCS:** .....

**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: 98.2°F HR: 86 bpm RR: 20 bpm  
 BP: 116/74 mmHg Weight: 76 kg Height: 153 cm 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 ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... (complete the Braden Q Sheet)

**FUNCTIONAL SCREENING:** If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others .....

Inform consultant for positive criteria

**SOCIAL SCREENING:**

- 1. **Marital Status:**  Single  Married  Divorced  Widow
- 2. **Special Habits:** Smoker:  Yes  No Alcohol Abuse:  Yes  No Drug Abuse:  Yes  No

**Social History:** Lives With ..... Husband .....

**Orientation has been given regarding the following aspects:**

- Call Bell in Reach:  Yes  No
- Waste Disposal Explained:  Yes  No
- Infusion Pump:  Yes  No
- Hand Hygiene Explained:  Yes  No
- Others

Above information given to ..... Patient .....

Name of Person Orientation was given to: ..... Mrs. Jaya Katarina .....


Orientation not given Reason: .....

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

Nurse Name: ..... Ush .....

Date & Time: ..... 22/6/26 at 4:12:35 pm .....

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

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
<del>22/06/2026</del>	<del>25 30pm</del>	C/S (By Dr. Nikitha Reddy) Dr. Soumya (Pg) / Dr. Nikitha (Pg)
		38yr old multiparous - AUB-A anal for (P3 L3 A2)
		Total laposcopic hysterectomy + gm.
		<u>Re</u>
		AC: no pain 1) NPO for solids and liquid; Afebrile
		BP: $\frac{110}{70}$ mmHg 2) Preanesthetic checkup
		PR: 84 L/min 3) Prep R before shifting to OT
		RR: 16/min
		CVC: S1S2 ⊕ 4) Shift to OT area
		RLS: BIL AE ⊕
		PLA: soft 5) Inform son
		6) Collect reports and do chest X-ray
		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/20  
5:30pm

Immediate post op Note

POD-0 / Total Laparoscopic Hysterectomy + Bil  
salpingectomy.

GC: fair

Afebrile

BP: 110/70 mmHg

PR: 86/min

RR: 16/min

HIL: No abnormality detected

PA: soft

ole: No active bleeding.

Urine output: 100ml:OT

1  
v. Nilu

- 1) NBM 2 hours  
Allow oral sips @ 11:30pm  
Allow soft diet @ 6:00am tomorrow.

2) SUF  $\left\{ \begin{array}{l} 20RL \\ 20NS \\ 10DNS \end{array} \right\}$  @ 100ml/hr.

3) Sy: PARACETAMOL 1gm IV 8th hly

4) Sy: PANTOP 40mg IV 24th hly

5) w/o active bleeding

6) monitor vitals

7) Supp. S.O.S

8) Stocherting.

Noted by Gurp 22/6/20  
014720 at 7:20pm

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

Pa KMV-00012408 IP22-00023349  
Mrs M JAYA LAKSHMI  
23-12-1987 38 Y 5 M 30 D (F) J F  
Ac Dr. CHUPPANA RAGA SUDHA  
I.I 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/12/20	9:00pm	CLSB Dr. Nikhat (Reg) Dr. Nikhat (Pa)
		P00-0 / Total Laparoscopic hysterectomy + s/l salpingectomy
		Cc: Fatr A: bair
		BP: 100/70 mm Hg PR: 86/min RR: 14/min HLL: No abnormality detected PLA: sgt o/e: No active bleeding Urine Output: 400ml/07
		1) Allow oral spts @ 11:30pm Allow sgt diet @ 6:00am tomorrow
		2) continue Re as per drug chart
		3) w/o active bleeding
		4) Monitor for vitals
		5) s/l b charting.
		6) Inform S.O.S.
		<del>Remark Foley's @ 6:00am tomorrow</del>
		<del>W. B. Srinivas</del>
		<del>S. Srinivas</del>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/06/2026  
SMB

US/B Dr Akhalpaha (Res)  
S/B Dr. Anoshini (Pa) / Dr. Soumya (Pa)  
& Misha (Pa) / Nehita (Pa)

POD-1 | Total laproscopic hysterectomy +  
SL Salpingectomy

Defails  
Afebrile

BP - 120 mmHg  
SD

RR - 20 bpm

RR - 10 bpm

Ht - No abnormality detected

PA - soft

OC - No active bleeding

~~F-vo - 1500 ml since surgery  
clear / FC resumed.~~

orders

① soft diet & Adequate hydration

② T. Acetaminophen 500mg  
PO 8th hrs

③ T. PABVOP 40mg PO  
with milk

④ w/ any active bleeding

⑤ monitor vitals

⑥ inspect s/s

Misha

A/B Sivam









## OPERATION THEATER NOTES

Patient's Name: Mrs. M. Jaya Lakshmi ..... Age: 38y ..... Gender: M  F   
UHID: K.MV-12408 ..... I.P. No. 23349 ..... Weight: .....

Surgeon: Dr. Ragandha	Asst. Surgeon: Dr. Sai Bharath
Anesthetist: Dr. Praveen	OT Nurse: Divya Sistr.
Surgical Procedure: total Laparoscopic hysterectomy + BIL salpingectomy.	

Indication for Surgery: AVB → Adenomyosis CAUB-A&L.

Date: 22/6/26

Start Time:

End Time:

### PRE-OPERATIVE PREPARATION

1) NBM

2) Drg: JAXIM 2gm IV

3) Drg: PANDOP 10mg IV

4) Drg: ONDEM 10mg IV.

### OPERATION NOTES: Bladder - catheterised.

↓ General Anaesthesia, ↓ strict aseptic conditions.  
part painted and draped. patient in lithotomy and  
Snedelenberg position. Uterine manipulator inserted into cervix and secured.

→ A 5mm supra umbilical incision given & pneumoperitoneum  
created with the help of veress needle, camera port was  
passed.

→ 2 lateral (left) → 5mm port sites were also created. ↓ vision

→ Dmental adhesions noted to the anterior abdominal wall  
and were released.

→ pelvis explored, small bowel and sigmoid mobilised.

→ Intraoperative findings:

1) uterus of size 3x4cm noted

2) BIL ovaries found and appeared to be normal

3) BIL fallopian tubes found and appeared to  
be normal.

- B/L Round ligaments coagulated and dissected
  - B/L tubovarian ligaments coagulated and dissected.
  - B/L Uterine arteries coagulated and cut
  - Cardinal and uterosacral ligaments coagulated and divided.
  - Circumferential colpotomy performed over vaginal cup using monopolar hook.
  - Uterus <sup>and fallopian tube</sup> retrieved vaginally. Vault closed laparoscopically with 2-0 vicryl
  - pelvis irrigated with normal saline. Hemostasis confirmed at all pedicle and vault. All instruments removed under vision.
  - Pneumoperitoneum released.
  - Port site closed with 2-0 vicryl subcuticular.
- specimen sent for Histopathological Examination.

POST - OPERATIVE ORDERS:

- 1) NBM X 6 hours
- 2) Sy: PARACETAMOL 1gm IV 8<sup>th</sup> hly.
- 3) Sy: PANTOP 40mg IV 2<sup>nd</sup> hly
- 4) w/d active bleeding.
- 5) Monitor vitals.
- 6) Inform S.O.S.
- 7) DVF  $\left\{ \begin{array}{l} 20RL \\ 20NS \\ 10DNS \end{array} \right\} @ 100ml/hr.$
- 8) No choking.

~~initialed~~

For Dr. Raga Sudha

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date: 22/6/26 Time: 8:00 pm

PREANAESTHETIC EVALUATION

Date: 22/6/16 Time: 11:20 PM Name: M. Jaya Lakshmi

Proposed Operation: TLH. Age: 38 y.

Preoperative Diagnosis: Adenomyosis Sex: Female

B.P. H.R. R.R. Temp Height Weight Physical Status I.P. No. 23249

LABORATORY DATA

Hgb 11.9 Glucose \_\_\_\_\_ Protien \_\_\_\_\_ HIV \_\_\_\_\_ X-ray \_\_\_\_\_ Other: \_\_\_\_\_  
 PCV \_\_\_\_\_ Urea \_\_\_\_\_ Alb \_\_\_\_\_ HBS Ag \_\_\_\_\_ ECG \_\_\_\_\_  
 WBC 2.4 x 10<sup>9</sup>/L 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: oil

Medical History: CVS: 98% No

RESP: B/L A/P - c/o. cold, cough x 1 wk (productive)

CNS: conscious, oriented Diabetes: -

Renal: Normal

Hepatic / GE: APD+/- -

Others:

Past Anaesthetic History: No 3 LSC, No secondary surgery.

Physical Exam P - 1 - c - c - L - E -

Airway MP 1 2 3 Mouth Opening Mentohyoid Distance (N) Neck: (D) Teeth: (A)

Lungs: Adequate

Heart:

CNS: (N) Pupils: B/L reactive E V M W

Others: Pallor: +/- Venous Access Site: f 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:  
 1. DVT Prophylaxis  
 2. NBM form:  
 3. Informed Consent Standard / High Risk  
 - Serum, viral markers, BqT  
 - Ecg, CXR(PA)

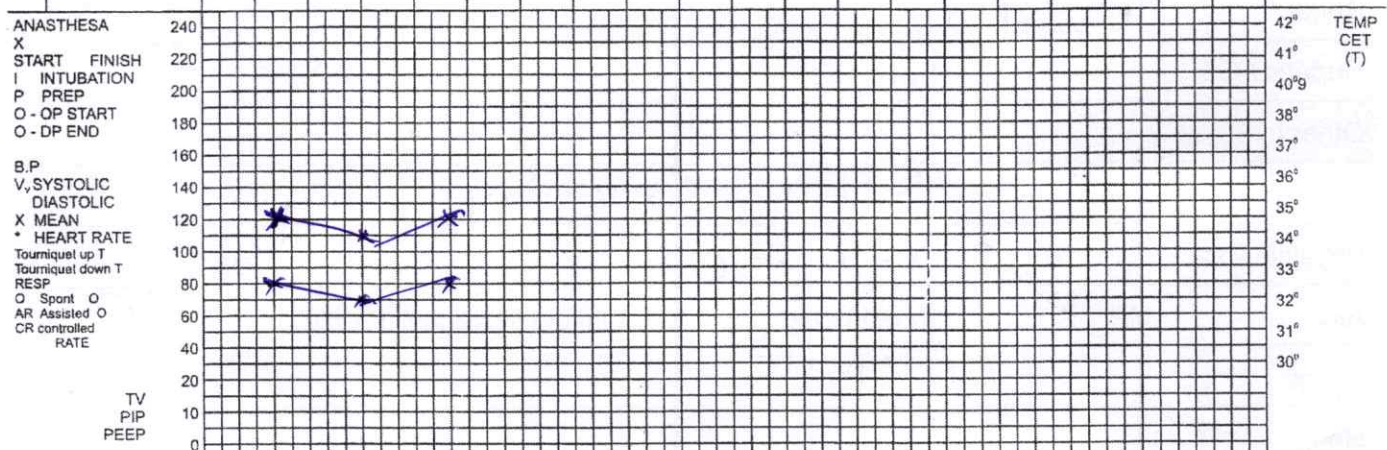
IMMEDIATE PRE-ANESTHESIA EVALUATION  
 H.R.: SaO2 :  
 R.R.: Last Feed :  
 B.P./C.T.Y.:  
 Solids water

Review & report  
 - Deb't & Dr. Chini now.  
 Signature: [Signature]  
 Dr. Manoj

PRE-OP DIAGNOSIS Adenomyosis OPERATION TLH Date 22/6/26  
 SURGEON Dr. Raga Sudha 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. Propofol - 120mg</u>
<u>Inj. glyco - 0.2mg</u>	<u>Inj. Vec - 5mg + 1mg + 1mg</u>
<u>Inj. midaz - 1mg</u>	<u>Inj. Myoppyrolate - 5mg</u>
<u>Inj. Ketum - 1mg</u>	<u>Inj. Pem - 100ml - iv</u>
FI <sub>2</sub> / SaO <sub>2</sub>	<u>Inj. Hydrocortisone - 100mg</u>
ETCO <sub>2</sub>	
ECG	
CVP / Wedge	
Urine	
EBL	
FLUIDS	
BLOOD	



- EQUIPMENT CHECKED AND FUNCTIONAL
  - BP
  - CUFF SITE
  - ART SITE
  - EKG LEAD
  - TEMP SITE
  - FIO<sub>2</sub> MONITOR
  - AGENT MONITOR
  - PULSE OXIMETER
  - PA OXIMETER
  - CAPNOGRAPH
  - VENTILATOR
  - NERVE STIMULATOR
- POSITION Lithotomy
- PRESSURE POINT CKD
  - EYE CARE
  - OINT
  - TAPE
  - PADDING
  - TEMP
  - HUMIDIFIER
  - BLD WARMER
  - LIGHTS
  - HEATERS
  - HUGGER'S
  - BLANKET
  - OTHER

COMMENT/SYMBOL	TIME
LAB VALUES	PH
	PACO <sub>2</sub>
	PaO <sub>2</sub> /FIO <sub>2</sub>
	HCO <sub>3</sub> /BE
	Na/K

TIMES  
 ANAES START 4:30 PM  
 OP START \_\_\_\_\_  
 OP END \_\_\_\_\_  
 LEAVE OR 5:45 PM  
 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# 7.0 at 20 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 \_\_\_\_\_ CAUDAL \_\_\_\_\_  
 CATHETER \_\_\_\_\_  
 PUMP \_\_\_\_\_  
 OTHER \_\_\_\_\_

SITE  
 NEEDLE SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
 PARASTHESIA \_\_\_\_\_ YES NO \_\_\_\_\_  
 CATHETER AT SKIN \_\_\_\_\_ (CM)  
 DRUG / DOSE \_\_\_\_\_  
 TEST DOSE \_\_\_\_\_  
 ANAES LEVEL \_\_\_\_\_  
 COMMENTS Intro of vitals stable

TRANSPORTATION TO PACU  ICU  OTHER   
 RELAXANT REVERSED YES  NO   
 TRAIN OF 4 TET HEAD LIFT

SIGNATURE Dr. Praveen  
22/6/26

POSTANAESTHESIA CARE UNIT RECORD

Department of Anaesthesiology  
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General  Epidural  Spinal  Other Regional

Anaesthesiologist : Dr. Praveen Surgeon : Dr. Raga Sudha Procedure : TLH

Received in PACU by : Gayo Time in : 6:18pm Time Out : 7:30pm

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	13:18pm 101 77 60 60 80/44 48/44 48/44											
	Pre-Op BP	INTAKE/OUTPUT										
	OR BP	Emesis		NO	NO							
		Gastric Suction		NO	NO							
		Voided		NO	NO							
	O <sub>2</sub>	Urinary Catheter		Yes	Yes							
		Chest Drainage		NO	NO							
	Begun	Wound Drainage		NO	NO							
		Recovery Room Blood Given		NO	NO							
	Ended	PO FLUID		NO	NO							
	IV FLUID		Yes	NO								
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 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 Apneic = 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	2	2		
Fully awake = 2 Arousable on calling = 1 Not responding = 0 CONSCIOUSNESS		2	2	2		
Pink = 2 Pale, dusky, blotchy, jaundiced, other Cyanotic = 1 COLOR		2	2	2		
TOTAL		10	10	10		

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia <u>NBM Gluc post surgery</u>
			2. Analgesia <u>IV - 20ml @ 80ml/hr</u>
			3. Fluids <u>10 DNS</u>
			4. Anti Emetics <u>Pij. PCM - 100ml - IV - Tid</u>
			5. PCA/Epidural/ I.V. Infusion <u>Monitor vitals</u>
			6. <u>Inform SD</u>

Evaluated and discharged by : Dr. Dr. Praveen Transferred to Unit by Gayo

Discharged by : (Nurse) Gayo Received on Unit by \_\_\_\_\_





# CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : ..... Ms. M. Jaya Lakshmi ..... Age : 28.4  
 Gender : M  F  IP No : 23349 ..... Consultant : Dr. Rajasudha  
 Ward / Bed No. : ..... Anaesthesiologist : Dr. Praveen  
 Operative procedure planned : TLH

**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 : Laevigospam

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 M. JAYALAKSHMI the above mentioned operation I Diagnostic I Therapeutic procedures TLH ↓ GA

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 : ..... *K. Babu* .....  
Name : ..... *Babukandak* .....  
Relationship with Patient : ..... *Husband* .....  
Date & Time : ..... *22/06/26* .....

**Witness :**

Signature : ..... *Babu* .....  
Name : ..... *K. Krishnaveni* .....  
Date & Time : ..... *22/6/26* .....

**Doctor (who is taking the consent) :**

Signature : ..... *[Signature]* .....  
Name : ..... *Dr. Beaveen* .....  
Date & Time : ..... *22/6/26* .....

# Informed Consent for Surgery or Special Procedure

Patient Name : Mrs. M. Jayalakhmi Age : 38 yr Gender : F.

UHID / IP No: KMV-00012408

## 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).....

Total Laparoscopic hysterectomy  
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 & their repair.

conversion to open surgery, shoulder tip pain, anaesthesia related complications.

### 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: M. Jayalakhmi

Name: M. Jayalakhmi

Date & Time: 22/6/2022 14:10 hrs (2pm)

### Relative

Signature: K. Babu

Name: Babu kumar

Relationship with patient: Husband

### Witness:

Signature: [Signature]

Name: Kaishnaveni

Date & Time: 22/6/2022

Signature: [Signature]

Name of Doctor: For Dr. Raga Sudhe

Date & Time: 22/6/2022

[Signature]

# PATIENT TRANSFER FORM

Patient Name / I.P. No <i>ms. Jayalaxi</i>	Date & Time of Admission <i>22/6/16 at</i>	Date & Time of Transfer Order <i>22/6/16 at 7:30 pm</i>	
Treating Consultant <i>Dr. Raja Sridha</i>	Transfer ordered by <i>Dr. Nidrite</i>	Reason for Transfer <i>Total laparoscopic hysterectomy + Bk salpingectomy</i>	
From Bed / Ward / Hospital <i>m2w</i>	To Bed / Ward / Hospital <i>322</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>28</i>	Number of Imaging films <i>Chest x-ray E.C.G = 1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Gujja</i>	Name of person ordering transfer <i>Dr. Rajasudha</i>	Name & Signature of Nurse Supervisor <i>malathi</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Kavya 22/6/16</i>			
Signature with Date & Time <i>Kavya 22/6/16</i>			

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

Unavailable bed

Nurse not available

Available bed not ready

**CLEARANCE FOR SURGERIES / PROCEDURE**

DATE:

22/6/26

DEPARTMENT

OBG

NAME:

M. Jayalakshmi

UHID / I.P.NO.:

~~AMR~~ KMR-12408

WARD / BED NO.:

1111

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

Lap. Hysterectomy

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:  
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



MEDICARE LTD.  
HOSPITALS

## SURGERY DETAILS

Sl.No.

Date: 22/06/2026.....

Patient Name : Mrs. M. JAYA LAKSHMI Age: 38Y Sex: FEMALE.....

UHID No. : KMV-12408 IP No: 23349.....

Date of Surgery: 22/06/2026 OT:  OT 1  OT 2  OT 3

Name of the Surgery : Lap. hysterectomy + B.L. Salpingectomy.....

Time in: 4 pm.....

Time Out: 5:30 pm.....

### NAME

### AMOUNT

1. Surgeon : DR. RAGA SUDHA.....

2. Anaesthetist : DR. PRAVEEN.....

3. Asst. Surgeon : DR. SAIBHARATH.....

4. OT Technician : SRINU.....

5. Circulating Nurse : INDRANI.....

6. Asst. Nurse : DIVYA.....

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  C-ARM  Cystoscopy

Signature of the Surgeon



Signature of Circulating Nurse

Order No : 90415 / 90416 Ordered by: Guje.....

Lad. Hysterectomy

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



# CONSUMABLES OF OT 209

Patent Name: M. Jayalakshmi Age: 38y  
 Gender: M UHIS/IP NO. 23349  
 Date: 22/06/26 Time: 4:00pm

Circulating Staff: Indrani Technician: Stinivala

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7.0 Cuffed</u>		<u>01</u>	Major Pack			Inj. Vit.K		
LMA			Sutures			Cord clamp		
ECG leads: <u>A/P/N</u>		<u>03</u>				Suction Catheter		
HME filter: A/P/N						Feeding Tube		
Syringe 10 cc		<u>03</u>				Vaccum Suction Set		
05 cc		<u>03</u>	Gloves			Surgical Gloves		
02 cc		<u>02</u>				Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate: A/P/N			Surgical blade			Surgical Blade # 20		
IV set		<u>01</u>	NG tube			Koochies (S)		
RL		<u>01</u>	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		<u>02</u>	Koochies					
<u>100cm Ex (3way)</u>		<u>01</u>	Ointments					
<u>PCM</u>		<u>01</u>	Suction Catheter					
Fentanyl			Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol		<u>02</u>	Steristrip					
Rocuronium <u>Vecuronium</u>		<u>02</u>	Underpad					
Glycopyrolate		<u>01</u>	Draw Sheet					
Myopyrolate		<u>02</u>	Abgel					
Ondansetron		<u>01</u>	Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>Betadine</u>		<u>01</u>	Tegaderm					
Suppositories			Ioban					
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>Hydrocortisone</u>		<u>01</u>	Microshield					
<u>DI water</u>		<u>05</u>	Cotton Balls					
			Latex Gloves					
			Ramdone Scrub					
			Saral					

Surgeon: Dr Regaludha Anaesthesiologist: Dr Praveen Nurse: Stinivala OT Technician: Stinivala  
 Order No: 690423 Ordered by: Stinivala

**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 IP22-00023349 Ward 3F-THIRD FLOOR  
Patient Name Mrs M JAYA LAKSHMI Bed Name GW 322  
Age/Sex 38 Y 5 M 30 D / Female Order No 22-0000690423  
Date 22/06/2026 18:37 Prescription No PRIP22-0291813  
Payor MEDI ASSIST INSURANCE TPA PVT LTD Dispensed Date 22/06/2026 19:07  
UHID KMV-00012408

OT (A)

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BUTODOL 2MG INJECTION			KP095042	09/27	1	91.10	91.10
2	CORTIREACH 100 MG INJ	SWISS CRITICURE	H	BD25104	09/27	1	47.85	47.85
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	3	28.13	84.39
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	3	21.56	64.68
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	5	2.71	13.55
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
8	ET TUBE - 7.0 MM WITH CUFFED REBELLE		GENERAL	ET25H28	07/30	1	380.00	380.00
9	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
10	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	2	69.10	138.20
11	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350488	11/27	2	140.20	280.40
12	NEOVAC INJ 4MG 2ML	Neon Laboratories Ltd	H	385438	01/28	2	79.34	158.68
13	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	2	93.94	187.88
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	2C26O597	02/28	1	737.05	737.05
16	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1	69.39	69.39
17	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP250O3	06/27	1	15.50	15.50
18	VEIN-O-LINE 100CM ROMSONS	ROMSONS		G26B010729	01/31	1	442.00	442.00
<b>Total :</b>							<b>2,827.84</b>	<b>3,453.89</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

Lap hysterectomy

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



# CONSUMABLES OF OT 295

Patent Name : Mrs. M. Jaya Lakshmi Age : 38Y  
 Gender M F UHIS/IP NO. 23349  
 Date : 29/06/16 Time : 4pm

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>vicryl 2347</u>		<u>01</u>	Cord clamp		
ECG leads : A/P/N			<u>vicryl 4918</u>		<u>01</u>	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<u>02</u>				Vaccum Suction Set		
05 cc			Gloves <u>P.F 6 1/2</u>		<u>01</u>	Surgical Gloves		
02 cc			<u>P.F 7 1/2</u>		<u>01</u>	Gauze Pack		
01 cc			<u>6 1/2 &amp; 6</u>		<u>8+1</u>	Syringe 1 m/ 2 ml		
Cautery Plate : <u>A/P/N</u>		<u>01</u>	Surgical blade 11		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml		<u>01</u>	Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask <u>10+10</u>		<u>20</u>			
Morphine			Gauze Pack			<u>proto Gowns = 04</u>		
Ketamine			Mop Pack		<u>01</u>	<u>T.U.R. pset = 01</u>		
Propofol			Steristrip			<u>Banded spots = 03</u>		
Rocuronium			Underpad		<u>02</u>	<u>D/A pprans = 02</u>		
Glycopyrolate			Draw Sheet			<u>D/water = 02</u>		
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter <u>16</u>		<u>01</u>			
Pencan 23g/Spinal Needle 22			Urobag		<u>01</u>			
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		<u>01</u>			
Justin: 12.5 mg/25mg/100mg			Plastic Bed Sheet		<u>01</u>			
Tab. Misoprost : 200mg			Betadine Solution		<u>01</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>16</u>			
			Ramdione Scrub					
			Saral					

Surgeon Dr. Raghavendra Anaesthesiologist Dr. Praveen Nurse Divya OT Technician

Order No: 690425/426 1522 1523 Ordered by: Divya

# 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

**Rainbow Children's Hospital**  
It takes a little to make the little.

**BirthRight**  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery.

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 IP22-00023349  
Patient Name Mrs M JAYA LAKSHMI  
Age/Sex 38 Y 5 M 30 D / Female  
Date 22/06/2026 18:59  
Payor MEDI ASSIST INSURANCE TPA PVT LTD  
UHID KMV-00012408

Ward 3F-THIRD FLOOR  
Bed Name GW 322  
Order No 22-0000690425  
Prescription No PRIP22-0291811  
Dispensed Date 22/06/2026 19:06

OT

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	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	2	28.13	56.26
3	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirrif	H	2243471	09/27	2	2.71	5.42
4	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
5	FOLEYS CATHETER 16-UROCATH		GENERAL	G26B120O58	01/31	1	259.50	259.50
6	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K25K010004	10/30	1	487.00	487.00
7	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
8	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
9	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
10	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510172407	10/27	1	1,195.00	1,195.00
11	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	4	450.00	1,800.00
12	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	8	91.00	728.00
13	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25J1015	09/30	1	91.00	91.00
14	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526022026	02/29	10	11.25	112.50
15	SURGICAL BLADE 11	Surgeon	GENERAL	28O525	04/30	1	7.03	7.03
16	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D10	11/28	1	140.00	140.00
17	SURGICARE NEURO STERILE GLOVE-7.5 PF		GENERAL	25H7087D10	07/28	1	149.00	149.00
18	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	2	170.00	340.00
19	UROBAG (ADULT) - URODYNE		GENERAL	K25L050110	11/30	1	395.00	395.00
20	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
21	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		T5O72	10/30	1	951.00	951.00
22	VICRYL RAPID 4-0 W9918	ETHICON SUTURES-J&J		AW5834	03/30	1	818.00	818.00
<b>Total :</b>							<b>7,317.36</b>	<b>10,047.90</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

Rainbow  
Children's  
Hospital  
It takes a lot to start the life.



## RAINBOW CHILDREN'S MEDICARE LIMITED

### Rainbow Children's Hospitals - Visakhapatnam

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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 IP22-00023349  
Patient Name Mrs M JAYA LAKSHMI  
Age/Sex 38 Y 5 M 30 D / Female  
Date 22/06/2026 18:59  
Payor MEDI ASSIST INSURANCE TPA PVT LTD  
UHID KMV-00012408

Ward 3F-THIRD FLOOR  
Bed Name GW 322  
Order No 22-0000690426  
Prescription No PRIP22-0291812  
Dispensed Date 22/06/2026 19:07

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	Bandaaid Spot			279C9227	12/28	3	2.00	6.00
Total :							2.00	6.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

**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**

<b>IP No</b>	IP22-00023349	<b>Ward</b>	3F-THIRD FLOOR
<b>Patient Name</b>	Mrs M JAYA LAKSHMI	<b>Bed Name</b>	GW 322
<b>Age/Sex</b>	38 Y 6 M 0 D / Female	<b>Order No</b>	22-0000690573
<b>Date</b>	23/06/2026 11:09	<b>Prescription No</b>	PRIP22-0291880
<b>Payor</b>	MEDI ASSIST INSURANCE TPA PVT LTD	<b>Dispensed Date</b>	23/06/2026 11:13
<b>UHID</b>	KMV-00012408		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblu		01052026	01/29	2	135.00	270.00
<b>Total :</b>							<b>135.00</b>	<b>270.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

**Receiver Name**

**Authorized Signature**

Pharmacist Name : SALAPU HARINI

# 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	IP22-00023349	Ward	3F-THIRD FLOOR
Patient Name	Mrs M JAYA LAKSHMI	Bed Name	GW 322
Age/Sex	38 Y 6 M 0 D / Female	Order No	22-0000690522
Date	23/06/2026 06:17	Prescription No	PRIP22-0291862
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	23/06/2026 07:43
UHID	KMV-00012408		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	NS 1000ML STERIPORT AMANTA		H	60650395	11/28	1	98.65	98.65
<b>Total :</b>							<b>98.65</b>	<b>98.65</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Receiver Name