

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023337 Admit Date : 21-Jun-2026 Admit Time : 03:51 AM UHID : CUV-00142084

Patient Details :

Patient Name : Mrs P. AMRUTHA VARSHNI Age : 29 Y 2 M 22 D
Guardian : Mr P. RAJESH DOB : 30-03-1997
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : 40-15/1-30, BRUNDAVANA COLONY,
LABBIPETA, Chandramoulipuram Punnam Phone No : 9640866084/ 9866316084
Vijayawada Andhra Pradesh INDIA 520010 E-mail : na123@rainbowhospitals.in

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 320 Ward Name : 3F-THIRD FLOOR
Room No : GW 320 Admission Type : First Visit

Contact Details :

Name : Mr P. RAJESH Relationship : W/O
Contact Address : 40-15/1-30, BRUNDAVANA COLONY,
LABBIPETA, Chandramoulipuram Punnam Phone No :
Vijayawada Andhra Pradesh INDIA 520010

Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : AP POLICE AROGYA BHADRATHA

ACTIVITY RECORD FOR BILLING

Name: _____
 UHID No :
 Date of Admissio
 Room / Bed No :

CUV-00142084 IP22-00023337
 Mrs P. AMRUTHA VARSHNI (F)
 30-03-1997 29 Y 2 M 22 D
 Dr. CHUPPANA RAGA SUDHA

.....Consultant :Dept.:.....
Date of Discharge:.....Time:.....
Suggested Billable bed type:.....

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|----------|---------|---------|--------------------|
| 21/6/26 | 4 AM | MDUO | 320 | Gopi |
| 21/6/26 | 7:50 PM | 320 | 314 | Kavya |
| 22/6/26 | 8:05 AM | 314 | MICU | Sirisha. |
| 22/6/26 | 10:50 AM | MICU | OT - II | Usha |
| 22/6/26 | 12:10 PM | OT - II | MICU | Usha |
| 22/6/26 | 1:20 PM | MICU | 314 | Usha |

Cross Consultation Visit

| | Doctors Name | Date | Order No. | Signature |
|-----|-------------------|---------|-----------|------------|
| 1. | Prathyusha samuel | 22/6/26 | 90376 | Prathyusha |
| 2. | Jyothirmayee | 22/6/26 | 90493 | Sirisha. |
| 3. | Prathyusha samuel | 23/6/26 | 90554 | Prathyusha |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Cross checked by Sirisha.

PROCEDURE

| Date | Procedure | Quantity | Order No. | Signature |
|---------|-------------------|----------|-----------|-----------|
| 22/6/26 | IV placement | ① | 90277 ✓ | Sivanya |
| 22/6/26 | Epidural changes | | Paid ✓ | Uth |
| 22/6/26 | Emergency LSCS | | | |
| | Done by | | | |
| | Dr. Rajasudha | | | |
| | Welder & Epidural | | 690340 ✓ | |
| | PAC | | 690341 ✓ | Mallik |
| | Catheterization | | | |
| | In time: 11:00Am | | | |
| | Out time: 12:00Pm | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Cross checked by Sivanya

ANY OTHER INFORMATION

Date:

24/6/26

Time:

Prepared By:

| | | | |
|-----------------------------------|---------------------|--------------------------|---------------------------|
| <p>Staff Nurse</p> <p>Sivanya</p> | <p>Shift / Ward</p> | <p>Billing Assistant</p> | <p>Billing Supervisor</p> |
|-----------------------------------|---------------------|--------------------------|---------------------------|

I.P. /



OR OBSTETRICS

Presenting Complaints *Lower abdominal pain* : Jan of 21/06/2025

LMP : 22/09/2025

EDD : 29/06/2025

Obstetric Formula : *G2A1*

Corrected EDD:

GA : *38wks 4days*

Menstrual History : Regular Yes No *3-4d / mth*

Obstetric Examination *MU - 3y/10cm*

Fundal Height *ut r term*

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable *5/5th*

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated *admits tip of finger*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Obstetric History:

G1 - Jan 2024 | missed miscarriage @ 8wks / MMRPC done / check scan done

Present Pregnancy Record

Spontaneous conception immunised bockia

RISK FACTORS:

*H/O Hypoplastic nasal bone
: Anomaly scan
Incip.*

Height : *161* cm

Weight : *69.3* kg

Allergies : *Nil.*

Breast Normal Abnormal

General Examination:

Consciousness : *conscious* Pallor: *Out*

Icterus : *Out* Edema: *Out*

Temp: *afebrile* PR: *86 bpm*

BP: *110/70 mmHg* DTR: *Out*

CVS: *S1S2* RS *sp2 aa' area*

Liver / Spleen : *NAD* Urine Output: *ade.*

DIAGNOSIS

G2A1 | 38wks 4days prog | mild Intrahepatic cholestasis | single loop of cord around neck | hypoplastic nasal bone in early labor f spec



| | |
|--|---|
| <p>Family History</p> <p>- father - DM</p> | <p>Surgical History</p> <p>- nil -</p> |
| <p>Medical History:</p> <p>- Mild Intrahepatic cholestasis " " Lwk</p> | <p>Medication History:</p> <p>- IB. UDiliv 300mg po 12th hly 1-01</p> |
| <p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - Informed written consent - FHR monitoring every 30min - CTG monitoring 4th hly - Pains preparation - w/t uterine progestin labor - w/t bleeding plv, leak plv - Vitals monitoring - Inform so. <p style="text-align: center;">↓</p> <p>next CTG @ 7am</p> | <p>Investigations: Growth scan on 27/05/2021 @ 35w 2d.</p> <ul style="list-style-type: none"> - cephalic presentation - posterior placenta - AFI: 13 - EFW. 2566 gm (44%ile) - BPD 97th %ile - Doppler normal - Single loop of cord around neck - Hypoplastic nasal bone - NT scan Double marker - low risk - Anomaly scan s/o Hypoplastic nasal bone (4mm) <div style="border: 1px solid black; padding: 5px; display: inline-block;">BGT: O positive</div> <ul style="list-style-type: none"> <li style="width: 50%;">- HIV, HCV, VDRL, HBsAg - NR <li style="width: 50%;">- 105 <li style="width: 50%;">9/11/20 Hb - 10 g/l <li style="width: 50%;">- gCT - 22 mmol/L <li style="width: 50%;">Pct - 247 lac/cmm <li style="width: 50%;">- HbA1c - 5.5% <li style="width: 50%;">TC - 14050 <li style="width: 50%;">- TSH - 1.89 uIU/ml <li style="width: 50%;">DL - 76/15/217 <li style="width: 50%;">- ICT - negative |

9/6 - S. Bilirubin - 2.12 2u. 70 umol/L

Doctor Name: Dr. Soumya Sivastava
 Signature: [Signature]
 Date & Time: 21/06/2021 @ 4am

Consultant Name: Dr. Ch. Raga Sudha
 Signature: [Signature]
 Date & Time:

CUV-00142084 IP22-00023337
 Mrs P. AMRUTHA VARSHNI
 30-03-1997 29 Y 2 M 22 D (F)
 Dr. CHUPPANA RAGA SUDHA

Patient Stic



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/6/26 Time of Arrival: 2:50 AM Time Seen by Nurse: Geeta

1) Level of Consciousness: Conscious Semi-Conscious Unconscious

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

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

3) Vital Signs: Temperature: 98.4 Pulse: 86 RR: 20 SpO₂: 100% BP: 110/60 Weight:

Gestational Criteria:

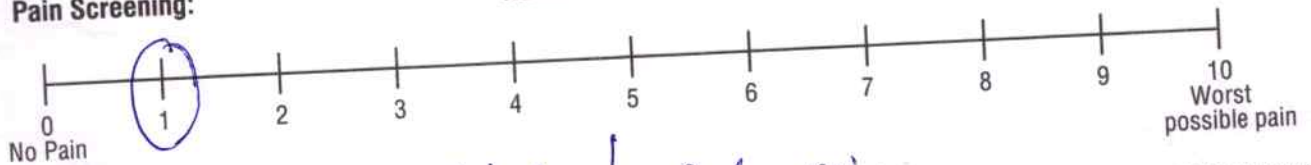
| | | | | |
|----------|-----|---|---|-----|
| Gravida: | G 2 | P | L | A / |
|----------|-----|---|---|-----|

LMP: 22/9/26 EDD: 29/6/26 Gestational Age: 38 weeks 4 days

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

Pain Screening:

Numerical Pain Scale (NPS)



- Location: lower Abdomin / Back pain
- Duration: since 1 AM Days / Weeks / Months (Strike out which is not applicable)
- Character: Intermittent
- Frequency: every 5 mins
- Interventions: PRN monitoring

6) Past History:

- a) Surgeries: NO
- b) Medical: NO

CUV-00142084 IP22-00023337
 Mrs P. AMRUTHA VARSHNI
 30-03-1997 29 Y 2 M 22 D (F)
 Dr. CHUPPANA RAGA SUDHA



7) Allergy: Penicillin Sulfa, If Yes:

8) Current Medications: Prenatal Vitamin None Others:

9) Prenatal Medical History:

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

Triage Category: (Please tick on the category)

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

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

OBCU Obstetrical Triage Acuity Scale (OTAS)

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

Time seen by Doctor: Dr. Ashalatha

Nurse Name: GIRIJA Nurse Signature: [Signature]
 Date: 21/6/26 Time: 2:55AM

21/06/2026 :
3:00pm

MSIB Dr. Pongphika (Reg)
Dr. Nisha (PN)

GA1 | 38 weeks + 4 days PUA / mild intrahepatic
cholestasis | SLCAN | hypoplastic nasal bone | in early labor
for SPO2.

ac fair
Afebrile
BP - $\frac{110}{65}$ mmHg
HR - 85 bpm
RR - 16cpm
HLL - No abnormality
Detected

PA - uterine term size
cephalic
FHS ⊕

uterine acting (dc / nose / lower)

CTH
Reactive

Nisha.

ALD Kanya

- ado
- ① Regular diet with plenty of oral fluids
 - ② CTA trace may ^{4 to} vary
 - ③ FHR - every 30 mins monitoring
 - ④ w/ uterine action / progression of labor.
 - ⑤ w/ any PV leak / PV bleed
 - ⑥ monitor vitals
 - ⑦ inform SOS

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

P-4 No. F / HW / PGN / INPR / 15
CUV-00142084 IP22-00023337
Mrs P. AMRUTHA VARSHNI
30-03-1997 29 Y 2 M 22 D (F)
Dr. CHUPPANA RAGA SUDHA
Age
I.P. ...

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|-----------|------|---|
| | | MR LB Dr. Raga sudha Consultant |
| 21/6/2026 | 6pm. | Dr. Komposhaka (Reg) / Dr. Alisha |
| | | GA1 / 38 weeks + 2nd pos / mild subhepatic cholestasis |
| | | hypoplastic nasal bone / in early labor / per stool. |
| | | all fins ash |
| | | Aphakic |
| | | BP - 110/70 mmHg |
| | | PR - 80 bpm |
| | | RR - 18 bpm |
| | | HCL - no abnormality detected |
| | | PA - ataxic turn / eye |
| | | aphakic |
| | | HR : 140 bpm |
| | | Warms acting (1c/1nosoc/10min) |
| | | PV - Gx minimally effaced |
| | | OS - 1cm dilated |
| | | PP - Gx (-S) |
| | | Pelvis - Adequate |
| | | Gynoid. |

- 1) Regular diet & plenty of suckling
- 2) Oth with hourly
- 3) HR monitoring every 30 min
- 4) w/ uterine action & progression of labor
- 5) w/ any pv leak / pv bleed
- 6) monitor uterine
- 7) inform staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/6/2026

8:30pm

SB - Dr Ashalatha (Reg)

or Nisha (PL)

G2A1, 38 weeks + 4 days POG / mild intrahepatic cholestasis of pregnancy / hypoplastic nasal bone / SLCAN / in early labor for SPUL

MC finds

Atelectasis

BP - 110/70 mmHg

PR - 80 bpm

RT - clear

AFC - No abnormality detected

RA - Vertex term size

Cephalic

FHS (+) normal

uterus acting (2c/10sec/10min)

adv

1) regular diet & plenty of oral fluid

2) continue with baby care

3) FHR every 30 min monitoring

4) w/ uterine action, progression of labor

5) monitor vitals

6) inform SOB

Ashalatha

SB - Dr Komparesha (Reg) / Dr Nisha (PL)

Adv: G2A1, 38w+5d / mild IHC / hypoplastic nasal bone / SLCAN / in latent labor / w/ good pain / tightness in abdomen

RA - VT term size

Cephalic

FHS (+)

uterus acting (12c/10sec/10min)

PV - CX - 50-60-1. effaced

OS - 1 finger loose

PPVx (-3) SL

Reliefs - Adequate gynecoid

1) regular diet

2) w/ uterine action & progression of labor

3) w/ any PV leak / bleed

4) monitor vitals

5) inform SOB

Dr Nisha Komparesha

3 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: CUV-00142084 IP22-00023337
Mrs P. AMRUTHA VARSHNI
30-03-1997 29 Y 2 M 23 D (F)
Age : Dr. CHUPPANA RAGA SUDHA
I.P. N



| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|------------|------|--|
| | | CS/B. Dr. Ashalatha (Reg) |
| 22/06/2026 | | Dr. Nisha (Pl) |
| 7:15 AM | | GA1 / 38w + 5d PDA / mild intrahepatic cholestasis / hypoplastic nasal bone / scan / in early labor for SPOL. |
| | | AC fails ado: Afebrile |
| | | BP - $\frac{100}{70}$ armHg ① Regular diet & plenty of oral fluid. |
| | | PR - FHR bpm ② CTG with hourly (next @ 11 AM) |
| | | RR - 18cpm ③ FHR every 30 min monitoring |
| | | HLL - No abnormality detected ④ w/ uterine activity eg progression of labor |
| | | RA - uterus firm size cephalic ⑤ w/ any PV leak / PV bleeding |
| | | FHS (+) 130bpm ⑥ monitor vitals |
| | | uterus acting (3C/50sec/10min) ⑦ inborn SOB |
| | | PV - GA - 80% effaced, soft, Posterior Nisha |
| | | OS - 2cm dilated. |
| | | PP-Vx - (-) st |
| | | Pelvis - Gynecoid Adequate |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/06/2020
8 AM

C/S / By Dr. Ratnavalli (Jc)
Dr. Soumya (Pg) / Dr. Mishra (Pg) / Dr. Nishitha (Pg)

G2A1 c 38wks 5 days preg c mild Intrahepatic cholestasis c
Hypoplastic nasal bone c single loop aortic neck in ^{latent} early labor

PAFM ⊕

R

EC: no pain.
Afebrile
BP: $\frac{110}{70}$ mmHg
PR: 80 bpm
RR: 16/min
WC: S1 ⊕
RIS: BIC A ⊕
P/A: ut term
cephalic
Dur ⊕

- 1) DMCI up
- 2) continuous FHR monitoring
- 3) CTG monitoring 4th hourly
- 4) w/t ut action, progress of labor
- 5) w/t bleeding plv, leucpl.
- 6) Reg diet and plenty of oral fluids
- 7) Vital monitoring
- 8) Inform so

ut acting well
2-3 / 30" / 10"

plv - Cp 90% effaced
soft, mp.
os 2-3cm dilated
pp vs e - 2' st
relax, gynecoid
adequate.

→ pt opted for epidural analgesia for pain relief and the same was sited by anaesthetist after informed written consent.

CTG @ 7am
↓
next CTG at 11am

N.B. Sited by

[Signature]

8:40am

patient opted for Epidural Analgesia at 2-3cm dilation and hence the same way sited by Anaesthetist in strict aseptic conditions.

[Signature]

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|--------------------|--------------------|---|
| 22/6/25 | 9:40 AM | C/S/B - Dr. Ragesudha mam |
| | | P/V - Cx - 90% effaced os - 3cm dilated PP - Vn@ - 1 station pelvis - adequate & gynecoid |
| on Epid | | <u>Adv:</u> - Follow previous orders |
| | | <u>Signature</u> Dr. N. N. N. |
| 22/6/25 | 10:15am | C/S/B Dr. Ragesudha mam |
| | | Patient posted for emergency LSCS P/V/O occipitoposterior position. |
| | | <u>Adv</u> 1) Consent for surgery. 2) pre-op medication 3) Pre-anesthetic checkup. 4) Foley's catheterization 5) P/R monitoring 6) Monitor vitals 7) Inform S.O. 8) Shift to OT on call |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/20
12:00pm

Immediate Post Op Note

P.L.A. | P00-0 | mild intrahepatic cholestasis of pregnancy |
Emergency LSCS 11/10 occipito posterior position

GC: Fair
Afebrile
BP: 100/70mmHg
PR: 72/min.
RR: 14/min
HLL: No abnormality detected
PLA: uterus retracted well
o/c: no active bleeding

BL Breast soft
Baby well in mother's side

Urine output: 300ml:OT

1) NBM x 8 hours
Allow oral sips @ 5:00pm
Allow soft diet @ 7:00pm.

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

- 3) Sy: TAXIM 200 1gm IV 12th hly
- 4) Sy: PANTOP 40mg IV 24th hly.
- 5) Sy: DUNAPAR 75mg in 100ml NS IV 8th hly
- 6) Exclusive breast feeding.
- 7) w/f bleeding plw.
- 8) I/O charting.
- 9) w/f dressing change.
- 10) Monitor vitals
- 11) Suform S.O.S.

C. Nishat.

Noted by Ueb



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

CUV-00142084 IP22-00023337
 F Mrs P. AMRUTHA VARSHNI
 30-03-1997 29 Y 2 M 23 D (F)
 A Dr. CHUPPANA RAGA SUDHA F
 I.

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|---------|--------|---|
| 22/6/20 | 5:30pm | CL/B Dr. Nikita (Reg) Dr. Sowmya (Plg), Dr. Nikita (Plg) |
| | | P.L.A. / POD-0 / mild sympathetic cholestasis of pregnancy / Emergency LSCS in <u>oblique occipitoposterior</u> position |
| | | R |
| | | Gc: fair 1) Allow soft diet @ 5:00pm |
| | | Afebrile Allow soft diet @ 7:00pm |
| | | BP: 100/60mmHg. 2) continue Rx as per PR: 80/min drug chart- |
| | | PR: 14/min 3) exclusive breast feeding. |
| | | H/L: No abnormality 4) w/ bleeding plv. |
| | | detected 5) s/o charting. |
| | | PLA: uterus retracted well 6) w/ dressing soaks. |
| | | o/c: No active bleeding 7) monitor vitals. |
| | | 8) Suform s.o.s |
| | | B/L Breast soft |
| | | Baby well in motherside |
| | | Urine output: 530ml :- OT |
| | | 1 minute |

N. S. Kumar

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/26
9:00pm

cls/B Dr. Nikhat (Reg)
Dr. Nikhat (Reg)

P14A1 (POD-0) mild DHEP | Emergency LSC iwlo occipitopos-l-erion position

GC: Fair

Afebrile

BP: 110/80mmHg

PR: 86/min

RR: 14/min

HIL: No abnormality detected

PLA: uterus retracted well

ole: No active bleeding

BIL Breast soft

Baby well & mother's self

Urine output: 1000ml:OT

Remove Foley's
@ 6AM tomorrow

N. B. Singh

R

- 1) Soft diet with plenty of oral fluids
- 2) continue Rx as per drug chart
- 3) Exclusive breast feeding.
- 4) w/lt bleeding plu.
- 5) Ambulation.
- 6) I/O charting.
- 7) w/lt dressing change.
- 8) monitor vitals.
- 9) Superior I.O.

N. B. Singh

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / ...
IP22-00023337
Patient: Mrs P. AMRUTHA VARSHNI
30-03-1997 29 Y 2 M 23 D (F)
Age: Dr. CHUPPANA RAGA SUDHA
I.P. No. 

| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|------------|------|--|
| | | CLSB Dr. Ashalatha (Reg) |
| 23/06/2026 | | SIB Dr Soumya (Pu) / Dr. Neerashini (Pu) Dr. Neelha (Pu) / Dr. Archita (Pu) |
| | | CLSB |
| | | PILA, POD-1 / mild ITHCP / emergency cscs Nulo UP position in releases. |
| | | ac fairs abd |
| | | Aflexible |
| | | BP - 100 mmHg 6u |
| | | PR - 88 bpm |
| | | RR - 18 bpm |
| | | H/L - No abnormality detected |
| | | PA - uterus retracted well |
| | | OE - No active pu bleeding |
| | | SLC breast soft |
| | | Barely well another side |
| | | I.VO - 2100 ml / since surgery (clear) (FC removed) |
| | | Remove Epidural Remove cannula |
| | | (1) Regular diet with plenty of oral fluid |
| | | (2) T MAXIM 200mg Po 12 th hourly |
| | | (3) T PARAPROP 100mg Po 8 th hourly |
| | | (4) T ACECLOPUS 500mg Po 8 th hourly |
| | | (5) Exclusive breast feeding |
| | | (6) w/o any active pu bleeding |
| | | (7) Ambulation |
| | | (8) monitor vital |
| | | (9) inform ROS |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

[Handwritten Signature]

27/06/2026
9pm

MSIB Dr. Nikita (Reg) | Dr. Soumya (Pa)

Di: RLIA₁ | POD-1 | mild HCP | emergency US P10/0
OP position in Calce

ac fuis
Atebrile

BP - $\frac{100}{60}$ mmHg

PR - 86 bpm

RR - 16 rpm

H/L - No abnormality
Detected

PA - uterus retracted well

oe - No active PV bleeding

elc Breast soft

Zuley: well mother side

adv

1) Regular diet with plenty
of oral fluids

2) Continue same medications
as per drug chart.

3) Exclusive breast feeding

4) w/o any active PV bleeding

5) Ambulation

6) monitor vitals

7) Inform S.O.P

disch

N.B Kanyar

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: CUV-00142084 IP22-00023337
Mrs P. AMRUTHA VARSHNI
Age: 30-03-1997 29 Y 2 M 23 D (F)
Dr. CHUPPANA RAGA SUDHA
I.P. I



| DATE | TIME | (SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY) |
|--------------------|----------------|---|
| 29/6/26 | 9am | C/S/B - Dr. RatnaValli (Reg) Dr. Nirashini (PC) |
| | | <u>PILA / POD-1</u> |
| | | Rx. |
| | | AC - NO pallor |
| | | Afebrile |
| | | BP - 120/80mmHg |
| | | PR - 78/min |
| | | RR - 14/min |
| | | HPL - NAD |
| | | P/A - uterus retracted well |
| | | OPC - No active bleeding P/V |
| | | B/L Breast: soft |
| | | Baby well c mother side |
| | | (1) Regular diet |
| | | (2) plenty of oral fluids |
| | | (3) continue Rx as per drug chart |
| | | (4) w/o Bleeding P/V |
| | | (5) vitals monitoring |
| | | (6) Achive Breast |
| | | (7) Dipon feeds |
| | | <i>[Signature]</i> |
| | | <i>N.B Sivaksha</i> |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/06/2026
8:00 AM

CSIB Dr Ashalatha (Reg)
SIB Dr Soumya (Reg) / Dr. Niroshini (Pu)
Dr. Anushe (Pu) / Dr. Archita (Pu)

PLA, / POD-2 (emergency) eyes auto OP position
on label / mild IHC

at fair
afebrile

BP - $\frac{112}{76}$ mmHg

PR - sinus br

RR - 18 bpm

HIL - no abnormality detected

OA - clonus retracted well

OE - No active PU bleeding

also

① Regular diet & plenty of oral fluid

② 5 ITAXIM 200mg PO 12th only

③ 7 PANTOP 40mg PO 2nd only

④ 7 ACCLOPUS 500mg PO 8th only

⑤ active breast feeding

⑥ w/ any active PU bleeding

⑦ monitor vitals

⑧ inform SOS

BL breast soft

Baby well mother side

urine passed

stool passed yesterday

flatus passing.

Wish

[Signature]

Plan



Discharge



today







| | | | |
|----------|-----------|-------|-------------|
| I.P. No. | Sheet No. | Wards | Weight (kg) |
|----------|-----------|-------|-------------|


REGULAR PRESCRIPTIONS

| | | | | | | | | | | | | | | | | | | | |
|--|-------|----------------------|-----------|---|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : Sy. TAXIM | | | | Date/Time | 22/6/26 | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | BA | 5m | | | | | | | | | | | | | | |
| 1gm | IV | 12 th hly | 22/6/26 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | |  | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | Stop 23/6/26 8am B.M.K.S. | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | |  | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-------|----------------------|-----------|---|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : Sy. PANTOP | | | | Date/Time | 23/6 | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | BA | 5m | | | | | | | | | | | | | | |
| 40mg | IV | 24 th hly | 22/6/26 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | |  | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | Stop 23/6/26 8am | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | |  | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-------|---------------------|-----------|---|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : Sy. DYNAPAR | | | | Date/Time | 22/6, 23/6 | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | GA | 5m | | | | | | | | | | | | | | |
| 75mg in 100ml NS | IV | 8 th hly | 22/6/26 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | |  | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | Stop 23/6/26 8am 9PM 10PM to 12 L.S. | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | |  | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|---|------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. TAXIM | | | | Date/Time | 23/6, 24/6 | | | | | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | 8am | 5m | | | | | | | | | | | | | | |
| 200mg | PO | 12 hly | 23/6 | | | | | | | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | |  | | | | | | | | | | | | | | | |
| Additional Instructions: | | | | 8 PM 8 PM | | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | |  | | | | | | | | | | | | | | | |

| | | | |
|----------------|------|--|-------------|
| Patient Name : | I.P. |  | Weight (kg) |
|----------------|------|--|-------------|

REGULAR PRESCRIPTIONS

| | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. PANTOL | | | | Date Time | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | 6 AM | | | | | | | | | | |
| 40mg | PO | b.i.d | 23/6 | 24/6 | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | <div style="display: flex; justify-content: space-between;"> Am Sim 24/6 </div> | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | <div style="display: flex; justify-content: space-between;"> 2 </div> | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|--|--|--|--|--|--|--|--|--|--|--|
| DRUG : T. ACELEORUS | | | | Date Time | | | | | | | | | | |
| Dose | Route | Frequency | Start Dt. | 6 AM | | | | | | | | | | |
| 30mg | PO | b.i.d | 23/6 | 24/6 | | | | | | | | | | |
| Name & Signature of the Doctor starting the Drugs: | | | | <div style="display: flex; justify-content: space-between;"> Am Sim 24/6 </div> | | | | | | | | | | |
| Additional Instructions: | | | | | | | | | | | | | | |
| Daily Doctor's Endorsement by a Sign. | | | | <div style="display: flex; justify-content: space-between;"> 2 </div> | | | | | | | | | | |

| | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | | | | | | |

| | | | | |
|----------------|----------|-----------|-------|-------------|
| Patient Name : | I.P. No. | Sheet No. | Wards | Weight (kg) |
|----------------|----------|-----------|-------|-------------|

REGULAR PRESCRIPTIONS

| | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--|-------|-----------|-----------|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. | | | | | | | | | | | | | | | | | | | | |

| VARIABLE DOSE | | Date | | | | | | |
|--------------------------------|------------|----------|------------|------------|------------|------------|--|----------|
| | | Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. | | |
| DRUG : | | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |
| Route | Start Date | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |
| Additional Instructions | | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |

| VARIABLE DOSE | | Date | | | | | | |
|--------------------------------|------------|----------|------------|------------|------------|------------|--|----------|
| | | Time | Nurse Sig. | Nurse Sig. | Nurse Sig. | Nurse Sig. | | |
| DRUG : | | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |
| Route | Start Date | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |
| Name & Signature of the Doctor | | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |
| Additional Instructions | | Dose | | Dose | | Dose | | Dose |
| | | Dr Sign. | | Dr Sign. | | Dr Sign. | | Dr Sign. |

STAT / ONCE ONLY DRUGS

| DATE | TIME | MEDICATION | DOSAGE & OTHER INSTRUCTIONS | ROUTE | SIGNATURE | NURSES |
|---------|---------------------|------------------------|-----------------------------|--------|-----------|------------------|
| 22/6/26 | 10:45 ^{AM} | Dry: TAXIMA | 2gm | IV | J | Cheri Malathi |
| 22/6/26 | 10:20 ^{AM} | Dry: PANTOP | 40mg | IV | J | Cheri Malathi |
| 22/6/26 | 10:20 ^{AM} | Dry: ONDEM | 4mg | IV | J | Cheri Malathi |
| 22/6/26 | 10:30am | Dry: PERINORM | 10mg | IV | J | Cheri Malathi |
| 22/6/26 | 11:45am | 11:45am ↙ T. JUSTIN | 200mg | PO PLR | J | Cheri Malathi |
| 22/6 | 11:30AM | Dry: PCM | 1gm | IV | R | Cheri Malathi |
| 22/6 | 11:45AM | Dry: TRAMADOL | 100 mg | IV | R | Cheri Malathi |
| 22/6 | 11:40AM | Dry: midazol | 1 mg | IV | R | Cheri Malathi |
| | | | | | | |
| | | | | | | |

CAESAREAN SECTION OPERATIVE NOTES

Name: Mrs. P. Amritha Vaschini Consultant I/C: Dr. Raga Sudhe Reg.No. _____

| | |
|--|----------------------------------|
| Surgeon's Name: <u>Dr. Raga Sudhe</u> | Date of delivery: <u>22/6/26</u> |
| Assistant surgeon: <u>Dr. Ratnavalli</u> | Time of delivery: <u>11:16am</u> |
| Anaesthetist: <u>Dr. Dhruv</u> | Sex of baby: <u>Male</u> |
| Type of Anaesthesia: <u>Epidural</u> | Weight of baby: <u>3.878kg</u> |
| Paediatrician: <u>Dr. Haritharan</u> | Apgar Score: <u>9/10</u> |
| Scrip Nurse: <u>Pavani'shr</u> | NICU Admission: <u>No</u> |

Elective Emergency Indication: Emergency LSCS 11/6 occipitoposterior position

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: 10:15am Knife to rectus: 3mins

CTG description CTG - reactive

If there was a delay give the reasons: _____

EXAMINATION FINDINGS WHEN APPROPRIATE

Presentation: Cephalic breech Other _____ Cervical dilatation: 2cm cm

5th palpable: 4/5 Fetal position: occipito posterior

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 ^{1 loop} Yes No

Appearance of placenta: Normal Cavity explored Yes No

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

Complications / Comments: 1 loop of cord around neck, forceps delivery, H1 SL grade - I, delayed cord clamping done.

Uterine closure: One Layer Two layers 1-0 PDS Suture

Peritoneal closure: Pelvic Abdominal None _____ Suture

Sheath closure: Yes 1-0 vicryl Suture

Fat closure: Yes No _____ Suture

Skin closure: Subcuticular Matters 2-0 rapid vicryl Suture

Vagina evacuated: Yes No Estimated blood loss: 2500ml

Drain: Yes No Remove in _____ days Await instructions

Catheter: Yes No Remove in 24 hours 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. White Signature

PREANAESTHETIC EVALUATION

Date: 28/10/16 Time: 8:40 AM

Name: P. Annurtha vaishini

Proposed Operation: Epidural labour analgesia

Age: 29y

Preoperative Diagnosis: 9 Em LSC

Sex: Female

| B.P | H.R. | R.R | Temp | Height | Weight | Physical Status | I.P. No. |
|--------|------|-----|------|--------|--------|-----------------|----------|
| 117/72 | 100 | 20 | | | | 1 2 3 4 5 | |

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/Angio | |
| PT | K | LDH | Other | | |
| PTT | Ca++ | Alk phos | | | |
| INR | Mg++ | Amylase | | | |
| | | | | | |

Allergies: Nil

Medical History: Bilirubinemic CVS: 8/12 (+)

RESP: B/L AE (+) cholestasis of pregnancy (+) 2 d/o stryng.

CNS: Diabetes: -

Renal:

Hepatic / GE: (+) APD+/- -

Others:

Past Anaesthetic History: (-)

Physical Exam: P-R-C-T-E Adequate

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

Lungs:

Heart: (+)

CNS: Pupils: B/L reactive EVM 15

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
Epi. LSC @ 11 AM

IMMEDIATE PRE-ANESTHESIA EVALUATION
H.R.: SaO2:
R.R.: Last Feed: 9:40 PM
B.P./C.T.Y.: BP - 110/71

Signature: Dr. Dhruvaja

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General Epidural Spinal Other Regional

Anaesthesiologist : Dr. Dheeraja Surgeon : Dr. Pagarudha Procedure : Emergency LSCS

Received in PACU by : Usha Time in : 11 AM Time Out : 1:20 PM

| PULSE >> BLOOD PRESSURE | 11 AM | | 1:20 PM | |
|-------------------------|-------|--|---------|--|
| | 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 | | | | |

| Pre-Op BP | INTAKE/OUTPUT | | |
|----------------|---------------------------|-----------------|----------------|
| OR BP | Emesis | Gastric Suction | Voided |
| | NO | NO | NO |
| | NO | NO | NO |
| | Yes | Yes | Yes |
| O ₂ | Urinary Catheter | Chest Drainage | Wound Drainage |
| | Yes | NO | NO |
| Method | Recovery Room Blood Given | PO FLUID | IV FLUID |
| | NO | NO | Yes |
| | TOTAL | | Yes |

| | | | | | |
|-----------------------|-----|----------------|-----|--------------|----|
| O ₂ Mask : | NO | Nasal Prongs : | NO | Ventilator : | NO |
| Cannula : | Yes | Trach Collar : | NO | T-Place : | NO |
| Always : NETT | NO | TRACH | NO | NASAL | NO |
| OETT | NO | ORAL | NPO | | |

| 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 = 1 Cyanotic = 0 | COLOR | 2 | 2 | 2 | | |
| TOTAL | | 10 | 10 | 10 | | |

| Date & Time | MEDICATIONS (Drug Dosage, Route) | MD | POST OPERATIVE INSTRUCTIONS |
|-------------|----------------------------------|----|--|
| | | | 1. Analgesia NPO for 4hr. |
| | | | 2. Analgesia IV - 10 PMS/RL @ 100 ml/hr. |
| | | | 3. Fluids 2L. Pom 1gm IV 1-1-1 |
| | | | 4. Anti Emetics 2L. TRAMADOL 100 mg IV 1-1-1. |
| | | | 5. PCA/Epidural/ I.V. Infusion maintain vitals |
| | | | 6. Oxygen 50%. |

Evaluated and discharged by : Dr. Dheeraja Transferred to Unit by Usha
 Discharged by : (Nurse) Usha Received on Unit by Santhosh

Date: 24/6/26 Time: 9:10 Am Procedure done by: Dr. Dhruv
CSE/Spinal/Epidural Position: sitting Space: L2-L3 Technique (LOR/LOS)
Depth: 2.5cm Catheter at Skin: 12.5 Attempts: 2

Parasthesia : Yes/No if yes details :

Any other Issues:

- a)
- b)

| Time | Infusion Rate (ml/hr) | Bolus (ml) | Level Left Right | Maternal BP And Pulse | FHR | Comments |
|------------|-----------------------|----------------------|---------------------|-----------------------|-----|----------|
| TD: | 2j | LOx 2% + ADP | | 3ml | | |
| | | ↓ | | | | |
| AD: | 2j | 0.125% Bupivacaine | | 3ml | | |
| | | ↓ | | | | |
| Injection: | 2j | 0.125% Bupivacaine + | | | | |
| | | @ 4ml/hr | | | | |
| | | - | Matu | HR, BP | | |
| | | - | titrate accordingly | | | |
| | | - | Jaume | RR | | |

↳ Shifted to Em LSCS @ 11 AM Big baby.

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Yes

11:10 Am
23/6/26
Dr. Praveen
Pradeep

[Signature]

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

[Signature]



**CONSENT FOR
SPECIAL PROCEDURES
AND SEDATION**

Patient Name : Mrs. P. Anrutha Varshni
Gender : M F IP No. : 00023337
Age : 29y Department : M.I.C.U.
Date : 22/06/2025

I, P. Anrutha Varshni S/DW/O

hereby consent for the procedure of Epidural labour analgesia

For my patient / myself named P. Anrutha Varshni UHID NO.

The doctors have clearly explained to me in language known to me about the following possible complications of the procedure:

The doctors have explained to me about the alternative to the procedure as : Epidural

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications :

I have been explained about possible complication of sedation such as: fall in blood pressure

Fall in heart rate , suppression of spontaneous breathing , others.....

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedure as well as sedation.

Name of the Doctor performing the procedure :

Name of the Doctor administering the sedation:.....

Patient Attendant :

Signature : P. Rajesh

Name : P. RAJESH

Relationship with Patient: Husband

Date & Time : 22/06/2025 . 08:00 AM

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : Dr. Dhruva

Name : Dr. Dhruva

Date & Time : 22/6/25

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చటకు అంగీకార పత్రం



పేషెంట్ పేరు :
 లింగం: పు స్త్రీ
 ఐ.డి.నెం.
 వయస్సు.....డిపార్ట్‌మెంట్ :
 తేది:.....

నేను.....S/D/W/O.....

నేను/నా బాలుడు / బాలిక ఐ.డి.నెం.

జరుగు అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.
 డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్ కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని గుండె రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు :.....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు.నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు:

మత్తు ఇచ్చు డాక్టరు పేరు:

సహాయకుడు: సాక్షి

సంతకము : సంతకము :

పేరు : పేరు :

తేది మరియు సంతకము : తేది మరియు సమయము :

డాక్టర్:

సంతకము :

పేరు :

తేది మరియు సమయము :



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : P. Annithavairam Age : 29 y
 Gender: M F - IP No: 2337 Consultant: Dr. Ragasudhe
 Ward / Bed No. : Anaesthesiologist: Dr. Dheeraj
 Operative procedure planned : Em. USG

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 events 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 doctors 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 : ⊕ Hemodynamic instability

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 / my patient P. Annithavairam the above mentioned operation / Diagnostic / Therapeutic procedures
Em. USG

I authorize and give consent for anaesthesia Regional / General Anesthesia / 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 Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him/her will administer the Anaesthesia.

- Pregnant: Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient Attendant :

Signature :
Name : P. RAJESH
Relationship with Patient: Husband
Date & Time : 22/06/26 10:30 AM

Witness :

Signature :
Name :
Date & Time : 22/06/26

Doctor (who is taking the consent) :

Signature :
Name : Dr. Phunaja
Date & Time : 22/6/26

Informed Consent for Surgery or Special Procedure

Patient Name : Msy. P. Amrutha Varshini Age : 29yr. Gender : F.

UHID / IP No: CVV-00142024

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).....

Emergency L & S 9th to occipito posterior position
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

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 : P. Amruthavarshini
Name : P. Amruthavarshini
Date & Time : 22/06/2026 10:20Am

Relative

Signature : P. Rajesix
Name : P. RAJESIX
Relationship with patient : Aunt

Witness:

Signature : [Signature]
Name : Y. Dattatreya
Date & Time : 22/06/2026

Signature : [Signature] Name of Doctor : For Dr. Ragesudhe

Date & Time : 22/6/26

PATIENT TRANSFER FORM

| | | | |
|--|--|--|---------------------------------------|
| Patient Name / I.P. No MIS. Anurutha Varshni IP NO: 00023337 | Date & Time of Admission 21/6/26 at: 3:51 PM | Date & Time of Transfer Order 22/6/26 at: 1:20 PM | |
| Treating Consultant Dr. Pagarwade | Transfer ordered by Dr. Ratnavalki | Reason for Transfer LSCS Done POP - today | |
| From Bed / Ward / Hospital MICU | To Bed / Ward / Hospital 314 | Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in clinical file 35 | Number of Imaging films NST (8) | 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. | RL - (1) | 10cc - (2) | |
| 2. | NS - (1) | SC - (2) | |
| 3. | Ty: Diclo - (3) | | |
| 4. | 100ml NS - (3) | | |
| 5. | | | |
| Shifting Summary / Notes written by Doctor: Dr. Ratnavalki | | | |
| Name and Signature of Person filling this part C. U. S. | Name of person ordering transfer Dr. Ratnavalki | Name & Signature of Nurse Supervisor Malathi | Referral note & referral Doctor Name: |
| Patient & Clinical records received by: Sarthoshhi | | | |
| Signature with Date & Time [Signature] 1:30 PM 22/6/26 | | | |

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

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

| | | | |
|--|--|---|--|
| Patient Name / I.P. No Anurutha varshine | Date & Time of Admission 21/6/26. 3:51 Am | Date & Time of Transfer Order 22/6/26 @ 8:10 Am | |
| Treating Consultant Dr. Rajesudha | Transfer ordered by Dr. Asha latha | Reason for Transfer Epidural | |
| From Bed / Ward / Hospital 314 | To Bed / Ward / Hospital MICU | Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in clinical file 33 | Number of Imaging films NST - (7) | Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, What ? | |
| Medications / Consumables / Surgicals / Hand over | | | |
| Sl.No. | Item Name | Quantity | |
| 1. | RC — ① | | |
| 2. | DV set — ① | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| Shifting Summary / Notes written by Doctor: | | | |
| Name and Signature of Person filling this part Sireesha. | Name of person ordering transfer Dr. Asha latha | Name & Signature of Nurse Supervisor Durga | Referral note & referral Doctor Name: |
| Patient & Clinical records received by: Usho 16826 | | | |
| Signature with Date & Time 22/6/26 at: 8:30pm | | | |

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

Unavailable bed

Nurse not available

Available bed not ready

PATIENT TRANSFER FORM

| | | | |
|--|--|--|---------------------------------------|
| Patient Name / I.P. No <i>mrs. Amrutha</i> | Date & Time of Admission <i>21/6/26</i> | Date & Time of Transfer Order <i>21/6/26 at 4:30AM</i> | |
| Treating Consultant <i>Dr. Ragesudha</i> | Transfer ordered by <i>Dr. Ashalatha</i> | Reason for Transfer <i>plan for delivery</i> | |
| From Bed / Ward / Hospital <i>M20</i> | To Bed / Ward / Hospital | Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| Number of Sheets in clinical file <i>18</i> | Number of Imaging films <i>NST-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>Amrutha</i> | Name of person ordering transfer <i>Dr. Ragesudha</i> | Name & Signature of Nurse Supervisor <i>malathi</i> | Referral note & referral Doctor Name: |
| Patient & Clinical records received by: | | <i>malathi</i> | |
| Signature with Date & Time | | | |

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

Unavailable bed

Nurse not available

Available bed not ready

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

20/6/26

DEPARTMENT

OBG

NAME:

Mrs - Amrutha

UHID / I.P.NO.:

CUU - 00142084

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NUD / LSCS ✓

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:


SIGNATURE:


SURGERY DETAILS

Sl.No.

Date: 22/06/26

Patient Name : P. Amrutha varghni Age: 29yrs Sex: Female

UHID No. : CUV-00142084 IP No: 23337

Date of Surgery: 22/06/26 OT: OT 1 OT 2 OT 3


Name of the Surgery: Emergency LSCS & Epidural

Time in: 11:00 AM

Time Out: 12:00 PM

| | <u>NAME</u> | <u>AMOUNT</u> |
|----------------------|----------------------|---------------|
| 1. Surgeon | <u>Dr. Ragasudha</u> | |
| 2. Anaesthetist | <u>Dr. Deheeraj</u> | |
| 3. Asst. Surgeon | | |
| 4. OT Technician | <u>P. Pradeep</u> | |
| 5. Circulating Nurse | <u>Usha</u> | |
| 6. Asst. Nurse | <u>Pavan P.</u> | |

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon 

Signature of Circulating Nurse

Order No : 690340/341 Ordered by: Usha

LSCS

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

Rainbow
Children's
Hospital
It takes a lot to treat the little.

BirthRight
BY RAINBOW HOSPITAL
Your Right to a Safe Delive

CONSUMABLES OF OT 293

Patent Name: P. Amrutha Varshini Age: 29 yrs
Gender: M F UHS/IP NO.: CUV-142084
Date: 22/6/26 Time: 12 Pm

Circulating Staff: Usha Technician:

| Anaesthesia Disposables | Qty. | | Surgical disposables | Qty. | | Disposables (Baby side) | Qty. | |
|-----------------------------|--------|------|------------------------|--------|------|-------------------------|--------|------|
| | Issued | Used | | Issued | Used | | Issued | Used |
| ET tube | | | Major Pack | - | - | Inj. Vit.K | | 01 |
| LMA | | | Sutures | 2347 | 02 | Cord clamp | | 01 |
| ECG leads : A/P/N | | | | 2702 | 00 | Suction Catheter | | |
| HME filter : A/P/N | | | | 2T62 | 01 | Feeding Tube | | |
| Syringe 10 cc | | 01 | | | | Vaccum Suction Set | | |
| 05 cc | | 01 | Gloves PF # | | 01 | Surgical Gloves 6.5 | | 03 |
| 02 cc | | | Sgl 6.5 | | 05 | Gauze Pack | | |
| 01 cc | | | Sgl 6 | | 02 | Syringe 1 ml/ 2 ml | | 01 |
| Cautery Plate A/P/N | | | Surgical blade | 22 | 01 | Surgical Blade # 20 | | |
| IV set | | | NG tube | | | Koochies (S) | | 01 |
| RL | | | Cautery Pencil | | | swabs | | 02 |
| NS: 10ml/100ml/500ml/1000ml | | | Koochies | | | | | |
| | | | Ointments | | | | | |
| | | | Suction Catheter | | | | | |
| Fentanyl | | | Cap. Mask | 5+5. | 10 | | | |
| Morphine | | | Gauze Pack | | | Diapers - | | 04. |
| Ketamine | | | Mop Pack | . | 01 | Dlwater - | | 02 |
| Propofol | | | Steristrip | | | New mom pad - | | 01. |
| Rocuronium | | | Underpad | . | 02 | fixator - | | 01. |
| Glycopyrolate | | | Draw Sheet | | | | | |
| Myopyrolate | | | Abgel | | | | | |
| Ondansetron | | | Foleys Catheter | 16 | 01 | | | |
| Pencan 23g/Spinal Needle 22 | | | Urobag | | 01 | | | |
| Bupivacine 0.25% | | | Chest Drinage Catheter | | | | | |
| Bupivacine 0.25%(Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | | | |
| | | | Tegaderm | | | | | |
| Suppositories | | | loban | | | | | |
| Anamol : 80mg/250mg/170 mg | | | Double J Stent | | | | | |
| Supridol 100mg | | | Vaccum Suction set | | | | | |
| Justin: 12.5 mg/25mg/100mg | | 02 | Plastic Bed Sheet | | 01 | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | | 01 | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | . | 15 | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Dr. RS
Surgeon

Dr. Dheeraja
Anaesthesiologist

Pavani
Nurse

OT Technician

Order No: 690372 Ordered by:

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 | IP22-00023337 | Ward | 3F-THIRD FLOOR |
| Patient Name | Mrs P. AMRUTHA VARSHNI | Bed Name | SPVT 314 |
| Age/Sex | 29 Y 2 M 23 D / Female | Order No | 22-0000690372 |
| Date | 22/06/2026 13:40 | Prescription No | PRIP22-0291792 |
| Payor | AP POLICE AROGYA BHADRATHA | Dispensed Date | 22/06/2026 14:46 |
| UHID | CUV-00142084 | | |

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|--------------------------------------|------------------------------------|----------|------------|----------|---------|-----------------|-----------------|
| 1 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26C03K91 | 02/31 | 1 | 28.13 | 28.13 |
| 2 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26B2OK59 | 01/31 | 1 | 21.56 | 21.56 |
| 3 | D WATER 10 ML AMPULE | Aculife Health Care Pvt.Ltd(Nirlif | H | 2243471 | 09/27 | 2 | 2.71 | 5.42 |
| 4 | FOLEYS CATHETER 16- UROCATH | | GENERAL | G26B120058 | 01/31 | 1 | 259.50 | 259.50 |
| 5 | JUSTIN SUPPOSITORIES 100 MG 5 S | Neon Laboratories Ltd | H | BLNP274058 | 12/28 | 2 | 18.74 | 37.48 |
| 6 | POVINANZ SOLUTION 10% 100 ML | | H | N0160136 | 01/28 | 1 | 100.31 | 100.31 |
| 7 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D3007 | 03/31 | 5 | 91.00 | 455.00 |
| 8 | SGLOVE # 6 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 25J1015 | 09/30 | 2 | 91.00 | 182.00 |
| 9 | SURGICAL BLADE 22 | Surgeon | GENERAL | 081125 | 10/30 | 1 | 7.67 | 7.67 |
| 10 | SURGICARE NEURO STERILE GLOVE-7.0 PF | 3M HEALTHCARE | GENERAL | 25J7104D10 | 09/28 | 1 | 140.00 | 140.00 |
| 11 | UROBAG (ADULT) - URODYNE | | GENERAL | K25L050110 | 11/30 | 1 | 395.00 | 395.00 |
| 12 | VICRYL 2-0 NW 2762 | ETHICON SUTURES-J&J C1 | | T5013 | 11/28 | 1 | 519.00 | 519.00 |
| 13 | VICRYL PLUS 1 VP - (2347) | ETHICON SUTURES-J&J C1 | | T5072 | 10/30 | 2 | 951.00 | 1,902.00 |
| Total : | | | | | | | 2,625.62 | 4,053.07 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : SALAPU HARINI

Receiver Name

Em. L.S.C.S

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



CONSUMABLES OF OT → 206 ②

Patent Name: P. Anurtha Varshmi Age:
 Gender: M F UHIS/IP NO. 23337
 Date: 22/6/26 Time:

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 | | | Cord clamp | | |
| ECG leads: A/P/N | | 03 | | | | Suction Catheter | | |
| HME filter: A/P/N | | | | | | Feeding Tube | | |
| Syringe 10 cc | | 03 | | | | Vaccum Suction Set | | |
| 05 cc | | 02 | Gloves | | | Surgical Gloves | | |
| 02 cc | | 01 | 6.5 | | 01 | Gauze Pack | | |
| 01 cc | | | | | | Syringe 1 ml/ 2 ml | | |
| Cautery Plate: A/P/N | | | Surgical blade | | | Surgical Blade # 20 | | |
| IV set | | | NG tube | | | Koochies (S) | | |
| RL | | 01 | Cautery Pencil | | | | | |
| NS: 10ml/100ml/500ml/1000ml | | 01/1 | Koochies | | | | | |
| <u>D. oxytocin</u> | | 04 | Ointments | | | | | penifix -01 |
| <u>D. TRAMADOL</u> | | 01 | Suction Catheter | | | | | D.S.Y. 50cc -01 |
| Fentanyl | | | Cap. Mask | | | | | P. mo line -01 |
| Morphine | | | Gauze Pack | | | | | |
| Ketamine | | | Mop Pack | | | | | |
| Propofol | | | Steristrip | | | | | |
| Rocuronium | | | Underpad | | | | | |
| Glycopyrolate | | | Draw Sheet | | | | | <u>D. Cox with ADR -01</u> |
| Myopyrolate | | | Abgel | | | | | <u>D. Cox 22. -01</u> |
| Ondansetron | | 01 | Foleys Catheter | | | | | |
| Pencan 23g/Spinal Needle 22 | | | Urobag | | | | | <u>D. PCM -01</u> |
| Bupivacine 0.25% | | 01 | Chest Drinage Catheter | | | | | |
| Bupivacine 0.25%(Heavy) | | | Romodrain bag | | | | | |
| Antibiotics | | | Bandage | | | | | |
| | | | Tegaderm | | | | | |
| Suppositories | | | loban | | | | | |
| Anamol : 80mg/250mg/170 mg | | | Double J Stent | | | | | |
| Supridol 100mg | | | Vaccum Suction set | | | | | |
| Justin: 12.5 mg/25mg/100mg | | | Plastic Bed Sheet | | | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | | | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon: Anaesthesiologist: Nurse: shilpa OT Technician:
 Order No: 690327 Ordered by:

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 IP22-00023337
Patient Name Mrs P. AMRUTHA VARSHNI
Age/Sex 29 Y 2 M 23 D / Female
Date 22/06/2026 14:46
Payor AP POLICE AROGYA BHADRATHA
UHID CUV-00142084

Ward 3F-THIRD FLOOR
Bed Name SPVT 314
Order No 22-0000690397
Prescription No PRIP22-0291796
Dispensed Date 22/06/2026 14:49

OT (A)

| S.No | Item Name | Manufacture Name | Schedule | Batch No | Exp Date | Iss QTY | Unitprice | Net Amount |
|----------------|---|-------------------------------------|----------|------------|----------|---------|-----------------|-----------------|
| 1 | BUPICAINE INJ VIAL 0.5% 20ML | | H | BPC26001 | 02/28 | 1 | 94.20 | 94.20 |
| 2 | DSYRINGE 10ML (NIPRO) | NIPRO | GENERAL | 26C03K91 | 02/31 | 3 | 28.13 | 84.39 |
| 3 | DSYRINGE 50 ML LUER SLIP NIPRO | NIPRO | GENERAL | 25L20K27 | 11/30 | 1 | 204.38 | 204.38 |
| 4 | DSYRINGE 5ML.(NIPRO) | NIPRO | GENERAL | 26B2OK59 | 01/31 | 2 | 21.56 | 43.12 |
| 5 | DSYRINGS 2.5ML(NIPRO) | NIPRO | GENERAL | 26A06K07 | 12/30 | 1 | 11.25 | 11.25 |
| 6 | E.C.G ELECTRODES (ADULT) | JMS | GENERAL | EB260008 | 02/29 | 3 | 61.00 | 183.00 |
| 7 | EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML | Neon Laboratories Ltd | H | O91689 | 02/28 | 4 | 18.90 | 75.60 |
| 8 | HIGH PRESSUR EXTENTION 200 CM PRYMAX | ROMSONS | GENERAL | 25121378 | 11/30 | 1 | 449.00 | 449.00 |
| 9 | NS 100ML ACCULIFE - EH | Aculife Health Care Pvt.Ltd(Nirilif | | 1B260853 | 01/29 | 1 | 44.93 | 44.93 |
| 10 | NS 500ML CLOSED BOTTLE | Denis Chem Lab Ltd | H | 1B261141 | 01/29 | 1 | 93.94 | 93.94 |
| 11 | ONDOKIND INJ 4 MG 2 ML | SWISS CRITICURE | | BA26025 | 01/28 | 1 | 12.72 | 12.72 |
| 12 | PERIFIX 401 (EPIDURAL KIT) 18G*13 1 4 | Bbraun Medical PvtLtd | GENERAL | 25K23A8701 | 09/30 | 1 | 2,126.25 | 2,126.25 |
| 13 | RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE | CLARIS LIFE SCIENCES LTD | H | 2C26O597 | 02/28 | 1 | 737.05 | 737.05 |
| 14 | RL 500 ML CLOSED SYSTEM | Fresenius Kabi India Pvt Ltd | | 1B261064 | 01/29 | 1 | 69.39 | 69.39 |
| 15 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D3007 | 03/31 | 1 | 91.00 | 91.00 |
| 16 | THEMICAINE 2% 30ML INJ | Themis Medicare Ltd | H | ARTHC2511 | 11/27 | 1 | 36.52 | 36.52 |
| 17 | THEMICAINE ADR INJ 30 ML | Themis Medicare Ltd | H1 | TAD25009 | 09/27 | 1 | 31.36 | 31.36 |
| 18 | THEMIDOL INJ 2ML | Themis Medicare Ltd | H1 | ARTMD2601 | 03/28 | 1 | 25.31 | 25.31 |
| Total : | | | | | | | 4,156.89 | 4,413.41 |

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 | IP22-00023347 | Ward | 3F-THIRD FLOOR |
| Patient Name | Baby B/O P. AMRUTHA VARSHNI | Bed Name | CRDL-SPV-314-1 |
| Age/Sex | 0 Y 0 M 0 D 2 H / Male | Order No | 22-0000690358 |
| Date | 22/06/2026 13:02 | Prescription No | PRIP22-0291779 |
| Payor | SELPAY | Dispensed Date | 22/06/2026 13:20 |
| UHID | HCV-00040974 | | |

| 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 55-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 | 6043348 | 01/31 | 1 | 22.50 | 22.50 |
| 5 | PHYTOCURE-K 1MG INJ 0.5 ML | SWISS CRITICURE | | PK125 | 04/27 | 1 | 47.15 | 47.15 |
| 6 | SGLOVE # 6.5 (SURGICARE) | ICARE (KANAM LATEX) | GENERAL | 26D3007 | 03/31 | 3 | 91.00 | 273.00 |
| Total : | | | | | | | 367.74 | 553.83 |

Handwritten signature/initials

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : VEERINI RAMALAKSHMI

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 IP22-00023337
Patient Name Mrs P. AMRUTHA VARSHNI
Age/Sex 29 Y 2 M 23 D / Female
Date 22/06/2026 13:00
Payor AP POLICE AROGYA BHADRATHA
UHID CUV-00142084

Ward 3F-THIRD FLOOR
Bed Name SPVT 314
Order No 22-0000690357
Prescription No PRIP22-0291780
Dispensed Date 22/06/2026 13:20

| 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 | DISPOSABLE APRONS STERILE XL | Mediblu | | 01032026 | 02/29 | 4 | 135.00 | 540.00 |
| 3 | FACE MASK 3 LAYER - ELASTIC | Local | GENERAL | 02260102 | 12/28 | 5 | 10.00 | 50.00 |
| 4 | MOPS 30X30 8PLY 5S X-RAY | DATT MEDI PRODUCTS | H | M2642SF023 | 02/30 | 1 | 949.00 | 949.00 |
| 5 | NEW MOM DISP MATERNITY PAD FIXATOR - XL | DYNAMIC TECHNO | General | 85803 | 12/30 | 1 | 210.00 | 210.00 |
| 6 | NEW MOM DISP MATERNITY PADS MAXIPAD | DYNAMIC TECHNO | | 104538 | 01/31 | 1 | 194.00 | 194.00 |
| 7 | NITRILE EXAMINATION GLOVES P F- MEDIUM | ELITE MEDICALS | GENERAL | 26FB001 | 01/29 | 16 | 23.43 | 374.88 |
| 8 | SURGEON CAP(FEMALE) (PROTECTCARE) | | GENERAL | 211526O22O26 | 02/29 | 5 | 11.25 | 56.25 |
| 9 | UNDER PADS10S 60X90 MATTEY PRO(ROMSONS) | ROMSONS | H | G26D140041 | 03/29 | 2 | 170.00 | 340.00 |
| Total : | | | | | | | 1,952.68 | 2,964.13 |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : VEERINI RAMALAKSHMI

Receiver Name