

Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda
Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : <https://rainbowhospitals.in>

ADMISSION SHEET**Registration Details :**

Admission No : IP22-00023335 **Admit Date** : 21-Jun-2026 **Admit Time** : 02:00 AM **UHID** : HCV-00036003

Patient Details :

Patient Name : Mrs K MADHURIMA **Age** : 28 Y 2 M 14 D
Guardian : Mr PRADEEP **DOB** : 07-04-1998
Gender : Female **Religion** :
Occupation : **Marital Status** :
Address (H) : P & T Colony Vishakhapatnam Andhra Pradesh INDIA 530013 **Phone No** : 9676782905
E-mail : no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 309 **Ward Name** : 3F-THIRD FLOOR
Room No : SPVT 309 **Admission Type** : First Visit

Contact Details :

Name : Mr PRADEEP **Relationship** : W/O
Contact Address : P & T Colony Vishakhapatnam Andhra Pradesh INDIA 530013 **Phone No** :


Signature

Doctor Details :

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

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name: _____
 UHID No : _____ IP N _____
 Date of Admission : _____ of Discharge: _____ Time: _____
 Room / Bed No : _____ Suggested Billable bed type: _____

HCV-00036003 IP22-00023335
 Mrs K MADHURIMA
 07-04-1998 28 Y 2 M 14 D (F)
 Dr. CHUPPANA RAGA SUDHA



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
21/6/26	4:30pm	M2W	309 LDR-I	[Signature]
21/6/26	7:10pm	LDR-I	309	[Signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Prathyusha Samuel	22/6/26	90291	[Signature]
2.	Jyothirmayee	22/6/26		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEEDURE


Date	Proceedure	Quantity	Order No.	Signature
21/6/26	IV placement	①	90117	Guya
21/6/26	Epidural charges	①	90128	Guya
21/6/26	AVD Done by	}		
	Dr. Rajasudha			
	Under & Epidural		690204	Utho
	L/A			
	In time: 5pm	Joseph	checked	
	Out time: 6pm			

ANY OTHER INFORMATION

Date: 22/6/26

Time: 8pm

Prepared By:

Staff Nurse 	Shift / Ward	Billing Assistant	Billing Supervisor
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Patient Sticker



ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints *lower abdominal pain 10pm and 3 leakpl 10p*

LMP: *02/10/2025* EDD: *09/06/2026*

Corrected EDD: *05/07/2026* GA: *37 wks 6 days*

Obstetric Formula: *primi*

Menstrual History: Regular: Yes No *Aug | 3-4d | mcl/4d*
45-60d

Obstetric History:

Obstetric Examination *ML-10 months, NCM*

Fundal Height *Ut + term*

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable *5/5th*

FHS: Normal Tachy Brady Absent

Present Pregnancy Record

*G1- spontaneous conception
 - immunised
 - booked*

RISK FACTORS:

*- LTRs high risk for PE (1/38, 1/33)
 H10 TB. Eosipin 150mg p.o tui
 36 weeks.
 - UTA PI high resistance = 130k*

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced *80%* Effaced

Os: Closed _____ Dilated *2 finger loose*

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: *159.5* cm

Weight: *68.60* kg

Allergies: *-nil-*

Breast Normal Abnormal

General Examination:

Consciousness: *conscious coherent*

Icterus: *0/ut*

Temp: *Afebrile*

BP: *110/70 mmHg*

CVS: *S1S2 ⊕*

Liver / Spleen: *NAD*

Pallor: *⊕ ut*

Edema: *⊕ ut*

PR: *86 bpm*

DTR: *⊕ ut*

RS *SpO2 100% and*

RI - A2 ⊕

Urine Output: *adequate*

DIAGNOSIS

*Primigravida | 37 wks 6 days prog | 1st born as OHA | PE screen positive | PROM: 10pm
 [single loop of cord around neck in latent labor for spontaneous
 progression of labour*



<p>Family History</p> <ul style="list-style-type: none"> - Mother - Hypothyroid, DM 	<p>Surgical History</p> <p>- nil -</p>
<p>Medical History:</p> <ul style="list-style-type: none"> - H/o Grav: 2nd month 	<p>Medication History:</p> <ul style="list-style-type: none"> - On TB. GLYCOMET 250mg po 8th day 1-1-1 - 29 wks pos.
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - Informed consent - Part preparation - HR monitoring every 30min - CTG monitoring 4th wk - w/ uterine action lab progress - w/ bd ptv, leak ptv - Vital monitoring - Inform so <p style="text-align: center;">↓</p> <p>next CTG @ 5:30AM</p> <ul style="list-style-type: none"> - GRBS - 111 mg/dL 	<p>Investigations: Late growth scan on 9/6/20 @ 36w 2d.</p> <ul style="list-style-type: none"> - cephalic - posterior placenta - AFI: 8.9 - EPW: 2408g (19%ile) - Dopplers normal - single loop around neck. - UtA Doppla EDF high <p><u>BGT: Oposition</u></p> <ul style="list-style-type: none"> - HIV, HCV, VDRL, HBsAg - NR - Hb - 11.6g/l - Plt - 2.82 lac/cmm³ - TC - 15870 - DC - 76/17/5/2. Urine Albumin - - TSM - 0.77 mg/dl - gGT - 263 mg/dL. - HbA1c - 6.4% - FBS - 95 PPS - 173

Doctor Name: Dr. Sanyas Sivasankar

Signature: [Signature]

Date & Time: 21/06/2021 @ 11:50AM

Consultant Name: Dr. Ch Raga Sudha

Signature: [Signature]

Date & Time: [Blank]

HCV-00034003 IP22-00023335

Mrs K MADHURIMA
07-04-1998 28 Y 2 M 14 D (F)
Dr. CHUPPANA RAGA SUDHA

Patient



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 21/10/26 Time of Arrival: 1:18am Time Seen by Nurse: Gujr

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^F Pulse: 73/ht RR: 20/ht SpO₂: 99% BP: 123/67 Weight: 68.80kg

4) Gestational Criteria:

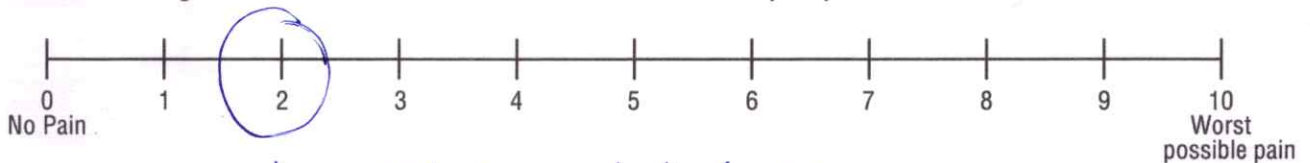
Gravida:	<u>0 primi</u>	P	L	A
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LMP: 9/9/25 EDD: 09/10/26 Gestational Age: 37w6d

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

5) Pain Screening:

Numerical Pain Scale (NPS)



- Location: lower Abdomin and back pain
- Duration: since 10pm every 5 min Days / Weeks/ Months (Strike out which is not applicable)
- Character: Intermittent
- Frequency: Every 5 mins 30 seconds to 35 seconds
- Interventions: PRN monitored

6) Past History:

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



7) Allergy: Yes No, 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 : Gurija Nurse Signature: Gurija

Date: 21/6/26 Time: 1:23 AM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00036003 / DCN / INPR / 15
Mrs K MADHURIMA IP22-00023335
07-04-1998 28 Y 2 M 14 D (F)
Dr. CHUPPANA RAGA SUDHA
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
21/06/2026	2:20 AM	<p>Cp - 90% effaced R_p</p> <p>soft PP</p> <p>OS - 3cm dilated</p> <p>PP vs @ -2' ↓ -1' st</p> <p>pelvis, gynecoid</p> <p>adq</p> <p>ment ⊕ ut.</p> <p>clear leak ⊕ ut</p> <p style="text-align: right;"><i>[Signature]</i></p>
21/06/2026	4:20 AM	<p>Cl: (By Dr. Ashelathalleg)</p> <p>Dr. Sanyas (P9)</p> <p><u>prim / 37wbd post / gom aOHAI / PE seen positive /</u> <u>single loop around neck / latent labor f spol</u></p> <p>PAM ⊕.</p> <p>gc: no pain R_p</p> <p>Afebrile</p> <p>Bp - 110/70 mmHg</p> <p>PR - 84 bt/min</p> <p>RR - 16/min</p> <p>HIL - NAD.</p> <p>PLA ut term</p> <p>1) DM/ ut.</p> <p>2) HR ⊕ continuously</p> <p>3) CTg ⊕ ut hwy</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Pto

Cephalu

MIR ⊕

ut acting new

3-4/10/10'

plv - Co 90% efface d;

soft mp

OS 3-4 conditaled

PP v. c 4' st

pelvis 1 gm
- ad

membr ⊖

4) w/ ut action, progren + labv

5) w/ bld plv, leak pl-

6) Sterile pad f observation

7) Vitab ⊕

8) Inform 80>

Stamp

→ Pt opted f epidural analgesic and the same was given
by anesthetist aft informed w/ta consent.

Noted by [Signature]



PROGRESS NOTES

(USE BALL POINT PEN ONLY)

HCV-00036003 IP22-00023335
 Mrs K MADHURIMA
 07-04-1998 28 Y 2 M 14 D (F) JM F
 Dr. CHUPPANA RAGA SUDHA

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		C/S/B Dr. Konpashika (Reg)
21/06/2026		Dr. Nisha (PG) / Dr. Soumya (PG)
	8:40 AM	Primil 37 weeks + 6 days POG / ADM on OTTA / PE screen positive SCAN for SPCL.
		clo - Nausea <u>abd</u>
		GC fails
		Afebrile
		BP - 112/80 mmHg
		PR - 86 bpm
		RR - 14 cpm
		HCL - No abnormality detected
		PA - Uterus term size
		Cephalic
		FHS - 140 bpm
		uterus acting [4C/45sec/10min]
		① Soft diet, plenty of oral fluid,
		② Feticus monitoring
		③ w/ uterine activity & progression of labor
		④ monitor vitals
		⑤ inf from 5.08
		Exam: PV - Ex 90 (effaced), soft, MP <u>in</u>
		OS - non dilated
		PP - Vx - (-) st
		membr \ominus
		Pelvis gynecoid
		Adequate
		To DO GRBS (PPBS @ 10:30 AM) \Rightarrow 117 mg/dL <u>met</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

2/6/20
11:39 am

Qs/B Dr. Kompashile (Reg) / Dr. Nisha (R)

Δ: Primigravida / 37 wks Gd / 4DM on chart / PE screen ⊕ / SLCAN / active labor / PROM (10pm)

ofe

Adv

Gc: fair
Temp: afebrile
PR: 76 bpm
BP: 100/62 mmHg
H/L: NAD
P/A: ut - term cephalic HC/4000/10mmHg
P/V: Cx - well effaced os - 4 cm dilated PPVx - 1 station pelvis adequate gynec output forming

- 1) Diabetic diet & plenty of oral fluids
- 2) Rest in LRP / DFM
- 3) CTG monitoring } continuously FHR mostly
- 4) w/ fetal urine action
- 5) w/ prep of labor
- 6) Monitor vitals
- 7) Inform Soc.

Noted by Panani

Dr. Kompashile (Reg)

4pm
~~3:15pm~~

P/V: Cx - fully effaced os fully dilated PPVx, station ↓ 2

Adv
Shift to LOR.

21/6/2026
6:30 pm

Immediate post - Delivery orders:

P/L | PND-0 | LHM on OTHA

orders

AC fails

Afebrile

BP - $\frac{110}{70}$ mmHg

PR - 86 bpm

RR - 112 bpm

HPL - No abnormality detected

PA - uterus retracted well

OE - No active PV bleeding

① Regular diet with plenty of oral fluid

② T. TAXIM 200mg P/O 12th hely

③ T. PANTOP 40mg P/O 24th hely

④ T. ACCILO PLUS 500mg P/O 8th hely

⑤ Express breast milk

⑥ wff any active PV bleeding

⑦ Perineal care

⑧ ARBS monitoring now.
⑨ - FBS tomorrow.

⑨ monitor vitals

⑩ uniform S.O.S

notes

BLC breast soft

Baby: NICU club
Respiratory distress
(subcostal retraction)

- ARBS - 116 mg/dL

Noted by club

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 1E

Patient No. HCV-00036003
Mrs K MADHURIMA
07-04-1998 28 Y 2 M 14 D (F)
Age : Dr. CHUPPANA RAGA SUDHA
I.P. No. :

IP22-00023335



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
21/6/26	8:30pm.	USG Dr. Ashalatha (Reg) Dr. Nisha (PW)
		PL1 PND-0 ADM on ORA -
		<u>also</u>
		ac fine Afebrile BP - $\frac{110}{68}$ mmHg PR - 72 bpm RR - 18 bpm HCL - No abnormality detected PA - clens retracted well OE - No active PV bleeding
		(1) Regular diet with plenty of oral fluid (2) continue same medications as per chart (3) Express breast milk (4) w/o any active PV bleeding (5) perineal care (6) monitor vitals (7) Inform S.O.S
		BL Breast soft Baby well NICU
		Pb Do FBS tomorrow,
		<u>perin</u> NB at 8:35pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/06/2026.

CSLB Dr Patnavalli (Reg)

8 AM SLB. Dr. Sanyal (Pa) / Dr. Mishra (Pu) / Dr. Mishe / Dr. Nikita

PLI / PND - 0 / adm on OHA.

GC fails

Afebrile

BP - 120/70 mmHg

PR - 80 bpm

RR - 14 bpm

H/L - No abnormality detected

PA - uterus retracted well

OE - No active A bleeding

RL Breast soft

Subj: NICU

FBS = 136 mg/dL

To Do - PPBS.

urine passed

stool not passed yet

adv

1) Regular diet with plenty of oral fluids

2) T. TAXIM 200mg PO 12th hly

3) T. PANTOP 40mg PO 24th hly

4) T. ACECLOPUS 500mg PO 8th hly

5) Express breast milk

6) w/ any active p bleeding

7) perineal care

8) monitor vitals

9) Inform SOS

[Signature]

[Signature]



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

DRUG : T. PAXIM				Date	21/6	22/6														
				Time	9	Am	X													
Dose	Route	Frequency	Start Dt.																	
300mg	PO	12ly	21/6																	
Name & Signature of the Doctor starting the Drugs:				<p><i>[Signature]</i></p>																
Additional Instructions:				<p>9 pm <i>[Signature]</i></p>																
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. PANTOP				Date	21/6	22/6														
				Time	6	Am	X													
Dose	Route	Frequency	Start Dt.																	
40mg	PO	24ly	21/6																	
Name & Signature of the Doctor starting the Drugs:				<p><i>[Signature]</i></p>																
Additional Instructions:				<p><i>[Signature]</i></p>																
Daily Doctor's Endorsement by a Sign.																				

DRUG : T. ACECLOPAC				Date	21/6	22/6														
				Time	6	Am	X													
Dose	Route	Frequency	Start Dt.																	
500mg	PO	5th ly	21/6																	
Name & Signature of the Doctor starting the Drugs:				<p><i>[Signature]</i></p>																
Additional Instructions:				<p>2 pm X 10 pm <i>[Signature]</i></p>																
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.																				

Date: Madhuvine 21/6/26 Time: 5:15 PM Name: Madhuvine

Proposed Operation: Normal vaginal delivery Age: 28 yrs

Preoperative Diagnosis: Prim G Para 3 w/ 1/60m on OHA for 10 yrs Sex: Female

B.P. 130/80 H.R. 92/min R.R. 16 Temp 98.4 Height 160 cm Weight 65 kg Physical Status 1 2 3 4 5 I.P. No. 22-00023335

LABORATORY DATA

Hgb 11.6 Glucose _____ Protien _____ HIV _____ X-ray _____ Other: _____
 PCV _____ Urea _____ Alb _____ HBS Ag + ECG _____
 WBC _____ Creat _____ Total Bill _____ HCV _____ 2D Echo _____
 Plate 218,21,000/cmm Na _____ Dir. Bill _____ Blood group O+ Stress/Angio _____
 PT _____ K _____ LDH _____ Other VDRL? NR
 PTT _____ Ca++ _____ Alk phos _____
 INR _____ Mg++ _____ Amylase _____ Allergies: _____

Medical History: CVS: ASD, Heart @ mtrs 90% (w CAD)

RESP: No S/S of resp failure (no RA)

CNS: concern & chn Diabetes: GDM on OHA

Renal: no CKD/AE (Ally 6 met 20 mg BID)

Hepatic / GE: no H/E, no W/drink, no drags, Bowel APD+/-

Others: E/Redde @

Past Anaesthetic History: NI

Physical Exam

Airway: MP 1/2/3 Mouth Opening: II Mentohyoid Distance: 6 cm Neck: SWA Teeth: ++

Lungs: RAE @ dly

Heart: S/S @

CNS: concern & chn Pupils: slit NR to light E V M: Eq Vg M6

Others: Pallor: +/- @ Venous Access Site: RT U2 Spine Exam for regional: (+)

ANAES. PLAN: Spinal 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

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: 82/min SaO2: 95% on RA
 R.R.: 16/min Last Feed: _____
 B.P./C.T.Y.: _____

Signature: [Signature]
21/6/26

POSTANAESTHESIA CARE UNIT RECORD

**Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES**

Anaesthesia : General Epidural Spinal Other Regional

Anaesthesiologist : _____ Surgeon : _____ Procedure : _____

Received in PACU by : _____ Time in : _____ Time Out : _____

O RESP PULSE >< BLOOD PRESSURE O RESP TEMP	250		250
	240		240
	230		230
	220		220
	210		210
	200		200
	190		190
	180		180
	170		170
	160		160
150		150	
140		140	
130		130	
120		120	
110		110	
100		100	
90		90	
80		80	
70		70	
60		60	
50		50	
40		40	
30		30	
20		20	
10		10	
0		0	

Pre-Op BP	INTAKE/OUTPUT		
		IN	OUT
OR BP	Emesis		
	Gastric Suction		
	Voided		
O ₂	Urinary Catheter		
	Chest Drainage		
	Wound Drainage		
Begun	Recovery Room Blood Given		
Ended	PO FLUID		
	IV FLUID		
Method	TOTAL		

O₂: Mask : _____ Nasal Prongs : _____ Ventilator : _____
 Cannula : _____ Trach Collar : _____ T-Place : _____
 Always : NETT _____ TRACH _____ NASAL _____
 OETT _____ ORAL _____

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 = 2	ACTIVITY					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					
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION					
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS					
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR					
TOTAL						

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia
			2. Analgesia
			3. Fluids
			4. Anti Emetics
			5. PCA/Epidural/ I.V. Infusion
			6.

Evaluated and discharged by : Dr. _____ Transferred to Unit by _____

Discharged by : (Nurse) _____ Received on Unit by _____

Patient ID :



Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALGESIA RECORD

Date : 21/6/26 Time: 5:10 AM Procedure done by: Dr. Rajendra Prasad S
 CSE/Spinal/Epidural Position: 10cm Sitting position Space: L2-L3 Technique (LOR/LOS)
 Depth: 10cm Catheter at Skin: 5cm Attempts: Loss of Resistance

Parasthesia : Yes/No if yes details :

Any other Issues:

- a) - Nil -
- b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP And Pulse	FHR	Comments
<u>5:10 AM</u>		<u>10ml</u>	<u>T6 T6</u>	<u>130/80 84</u>	<u>140/m</u>	<u>Vec = 0, Pt comfortably</u>
<u>6:20 AM</u>	<u>6ml/hr</u>		<u>T6 T6</u>	<u>130/80 82</u>	<u>142/m</u>	<u>Vec = 20 Pt comfortably</u>
<u>7:20 AM</u>	<u>6ml/hr</u>		<u>T6 T6</u>	<u>130/80 82</u>	<u>141/m</u>	<u>Vec = 20 Pt comfortably</u>
<u>8:30 AM</u>	<u>6ml/hr</u>		<u>T6 T6</u>	<u>130/80 82</u>	<u>140/m</u>	<u>Vec = 20 Pt comfortably</u>
<u>9:30 AM</u>	<u>6ml/hr</u>		<u>T6 T6</u>	<u>120/80 80</u>	<u>140/m</u>	<u>Vec = 0 Pt comfortably</u>
<u>10:45 AM</u>	<u>6ml/hr</u>	<u>5ml BAs</u>	<u>T6 T6</u>	<u>130/80 82</u>	<u>144/m</u>	<u>Vec = 4 Bolus given</u> <u>Monitor BP</u>

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

Catheter Removed by and Tip Inspected :

Patient Satisfaction: Satisfactory

Removed by Srivastava
7:00 pm
21/06/26

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



CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Mrs. K. Madhure
Gender : M F IP No. : 23335
Age : 28y Department : MICU
Date : 21/6/26

I, Mrs. K. Madhure S/DW/O hereby consent for the procedure of Epidural catheter for labor analgesia

For my patient / myself named Mrs. Madhure UHID NO. HCV-00036003

The doctors have clearly explained to me in language known to me about the following possible complications of the procedure: Hypotension, PPH, Failed epidural

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

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: ppv

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 : Dr. Rajendra Prasad

Name of the Doctor administering the sedation: Dr. Lejendra Prasad

Patient Attendant :
Signature : P. Senthil Pragasam
Name : P. Senthil Pragasam
Relationship with Patient: Mother
Date & Time : 21-06-2026 4:15 AM

Witness :
Signature : Ch. Chinni
Name : Ch. Chinni
Date & Time : 21/6/26 at 4:55 AM

Doctor (who is taking the consent) :
Signature :
Name : Dr. Lejendra Prasad
Date & Time : 21/6/26 4:55 AM

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చటకు అంగీకార పత్రం



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

నేను.....S/D/W/O.....

నేను/నా బాలుడు / బాలిక ఐ.డి.నెం.

జరుగు అను విధానంపై 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 :

CLEARANCE FOR SURGERIES / PROCEDURE

DATE:

21/6/26.

DEPARTMENT

~~MS~~ OBG

NAME:

mes. k. madhura

UHID / I.P.NO.:

Hev-00036003

WARD / BED NO.:

mieu.

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

50,000/-

DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



PATIENT TRANSFER FORM

Patient Name / I.P. No Mrs. madhuvima IP NO. 0002335	Date & Time of Admission 20/6/20 2Am.	Date & Time of Transfer Order 21/6/20 at 7:30 AM	
Treating Consultant Dr. Raga Sudha	Transfer ordered by Dr. Ashalathe Krupakehika	Reason for Transfer plan for delivery	
From Bed / Ward / Hospital LDR- 1200	To Bed / Ward / Hospital 309	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 18	Number of Imaging films not (5)	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.	New Mom Pad	- (1)	
2.	Fixcetor	- (1) Tab: Pantap (10)	
3.	Tab: Taxim	- (10)	
4.	Tab: Aceclo	- (15)	
5.			
Shifting Summary / Notes written by Doctor: Dr. Krupakehika			
Name and Signature of Person filling this part Ganga	Name of person ordering transfer Dr. Ashalathe	Name & Signature of Nurse Supervisor malathi	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time 21/6/20 at 7:20 PM			

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

Unavailable bed

Nurse not available

Available bed not ready

SURGERY DETAILS

Sl.No.

Date: 21/6/2026

Patient Name: Mrs. K. Madhurima Age: 28 Yrs Sex: Female

UHID No.: HCV - 00036003 IP No.: 00023335

Date of Surgery: 21/6/2026 OT: OT 1 OT 2 OT 3

Name of the Surgery: AVD C Epidural

Time in: 5:00 PM

Time Out: 6:00 PM

NAME

AMOUNT

1. Surgeon: Dr. Ragaudha

2. Anaesthetist:

3. Asst. Surgeon:

4. OT Technician:

5. Circulating Nurse: Usha

6. Asst. Nurse: Sandhya

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 690204 Ordered by:

And Epidural.

CONSUMABLES
292
OF OT

Patent Name Mrs. K. Madhurima Age: 28
Gender M UHIS/IP NO: 36003
Date: 21/06/2026 Time:

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

Anaesthesia Disposables	Qty.		Surgical disposables	Qty.		Disposables (Baby side)	Qty.	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack NVD	01		Inj. Vit.K	-01	
LMA			Sutures			Cord clamp	-01	
ECG leads : A/P/N			2762	01		Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc	01					Vaccum Suction Set		
05 cc	01		Gloves 6 1/2	05		Surgical Gloves	7 1/2 - 01	
02 cc						Gauze Pack	6 1/2 - 02	
01 cc						Syringe 1 ml / 2 ml	-01	
Cautery Plate : A/P/N			Surgical blade			Surgical Blade #20	-01	
IV set			NG tube			Koochies (S)	-01	
RL	01		Cautery Pencil			Neopuff tubing	-01	
NS: 10ml/100ml/500ml/1000ml			Koochies			Alcohol swabs	-02	
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 10+10	20				
Morphine			Gauze Pack					
Ketamine			Mop Pack 1x5	01		Fixator	-01	
Propofol			Steristrip			Disaprons	-03	
Rocuronium			Underpad	03		Partoguards	-03	
Glycopyrolate			Draw Sheet			Reusables	-02	
Myopyrolate			Abgel			Inj - Eustein	-05	
Ondansetron			Foleys Catheter			Inj - 10x21	-01	
Pencan 23g/Spinal Needle 22			Urobag			Nelcath 1/2"	-01	
Bupivacine 0.25%			Chest Drainage Catheter			Hand case	-02	
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set					
Justin: 12.5 mg/25mg/100mg	02		Plastic Bed Sheet					
Tab. Misoprost : 200mg	03		Betadine Solution	00				
			Microshield					
			Cotton Balls					
			Latex Gloves	16				
			Ramdione Scrub					
			Saral New moon	01				

Dr. Rajasulha
Surgeon

Anaesthesiologist

Randha
Nurse
Sham

OT Technician

Order No: 690230/690235

Ordered by:

22/6/26



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	IP22-00023335	Ward	3F-THIRD FLOOR
Patient Name	Mrs K MADHURIMA	Bed Name	SPVT 309
Age/Sex	28 Y 2 M 14 D / Female	Order No	22-0000690230
Date	21/06/2026 21:12	Prescription No	PRIP22-0291736
Payor	SELPAY	Dispensed Date	21/06/2026 21:27
UHID	HCV-00036003		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblu		01032026	02/29	3	135.00	405.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2243471	09/27	2	2.71	5.42
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091689	02/28	5	18.90	94.50
6	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	10	10.00	100.00
7	HAND CARE GLOVE	Safetouch	GENERAL	0426R	02/29	1	38.00	38.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
9	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
11	NELTON CATHETER 12FR	Polymed	GENERAL	2610065A	12/30	1	78.00	78.00
12	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
13	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	16	23.43	374.88
15	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
16	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	3	450.00	1,350.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1	69.39	69.39
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	5	91.00	455.00
19	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22026	02/29	10	11.25	112.50
20	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	ARTHC2511	11/27	1	36.52	36.52
21	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26D140041	03/29	3	170.00	510.00
22	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
						Total :	4,694.89	7,249.16

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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	IP22-00023341	Ward	1F-FIRST FLOOR-NICU
Patient Name	Baby B/O K MADHURIMA	Bed Name	NICU 109
Age/Sex	0 Y 0 M 0 D 6 H / Female	Order No	22-0000690235
Date	21/06/2026 21:39	Prescription No	PRIP22-0291742
Payor	SELPAY	Dispensed Date	22/06/2026 00:02
UHID	HCV-00040957		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	250907	08/30	2	4.09	8.18
2	BABY DIAPER SMALL 5S- HAPPY HUG	HAPPY HUG		UVS01DIAP	12/99	1	120.00	120.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	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	2	91.00	182.00
7	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
Total :							466.41	561.50

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

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

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023341	Ward	1F-FIRST FLOOR-NICU
Patient Name	Baby B/O K MADHURIMA	Bed Name	NICU 109
Age/Sex	0 Y 0 M 0 D 15 H / Female	Order No	22-0000690285
Date	22/06/2026 08:54	Prescription No	PRIP22-0291753
Payor	SELPAY	Dispensed Date	22/06/2026 08:54
UHID	HCV-00040957		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	RESUSCITATIONPIECECIR CUTRD1300(NEOPUF)	Fisher & Pakel		2103907488	08/28	1	783.00	783.00
Total :							783.00	783.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY
VEMPADA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

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	IP22-00023335	Ward	3F-THIRD FLOOR
Patient Name	Mrs K MADHURIMA	Bed Name	SPVT 309
Age/Sex	28 Y 2 M 15 D / Female	Order No	22-0000690310
Date	22/06/2026 10:22	Prescription No	PRIP22-0291759
Payor	SELPAY	Dispensed Date	22/06/2026 10:23
UHID	HCV-00036003		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	1	38.00	38.00
Total :							38.00	38.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : HEMASUNDAR REDDY
VEMPADA