

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 : IP22-00023355

Admit Date : 23-Jun-2026

Admit Time : 12:01 AM UHID : KMV-00011435

Patient Details :

Patient Name : Mrs NAGA MANILA

Age : 33 Y

Guardian : T SHRIKANTH

DOB : 20-09-1992

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : Avn College Road Vishakhapatnam Andhra Pradesh INDIA 530001

Phone No : 8919172235/

E-mail : 8919172235@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 339

Ward Name : 3F-THIRD FLOOR

Room No : GW 339

Admission Type : First Visit

Contact Details :

Name : T SHRIKANTH

Relationship : W/O

Contact Address : Avn College Road Vishakhapatnam Andhra Pradesh INDIA 530001

Phone No :

Signature**Doctor Details :**

Doctor Name : Dr. CHUPPANA RAGA SUDHA

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:----- KMV-00011435 IP22-00023355 -----

UHID No :.....IP N Mrs NAGA MANILA 20-09-1992 33 Y (F) nt :.....Dept:.....
Dr. CHUPPANA RAGA SUDHA

Date of Admission :..... of Discharge:.....Time:.....

Room / Bed No :..... Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/06/26	1:40 Am	MICU	336	Jhemi
23/6/26	2:32 PM	336	MUW	male
23/6/26	4:15 pm	micu	LDR-I	panai
23/6/26	6:20 pm	LDR-I	336	panai

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmya	23/6/26	9065	Cam
2.	Cross checked by Baissakhi 24/6/26 @ 12 am			
3.	Prathyusha Samuel	24/6/26	90770	Prat
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by Prathyusha



I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints: Came from VGH & LAMA for further opinion regarding ↑ BP recordings not abt Vtr.
 Obstetric Formula: G₁P₁L₁A₂
 C₁ → Missed abortion → 2019 → medically managed
 Obstetric History:
 C₂ → FT / mech / bw: 2.8 Kgs / 3 years at present NVD.
 C₃ → Missed miscarriage → 2025 → medically managed

LMP: 31/10/2025 EDD: 10/7/26
 Corrected EDD:
 Menstrual History: Regular: Yes No 5/28day
 ML: 4 years, NCHA

Obstetric Examination
 Fundal Height: term 36 week
 Ut. Activity: Relaxed Mild Mod Severe
 Liquor: Adequate Oligo Poly
 PP: Cephalic Breech Others _____
 Head Fifths Palpable 5/5
 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 1cm.

Membranes: Present Absent
 Liquor: Clear Meconium Blood Stained
 Presenting Part: Vertex Breech Others
 Sutton: -3 -2 -1 0 +1 +2
 Pelvis: Adequate Doubtful

Present Pregnancy Record
 C₄ → Spontaneous conception
 Immunised
 Regular antenatal checkup

RISK FACTORS: 26 week 5 days
 Gestational HTN: 4th month of pregnancy used 5. Labetalol 100mg BD till 4th month (as it is uncontrolled)
 PE < 37 increased (1:96) ↓
 restarted used 5. Labetalol 100mg BD ∴ 15 days.
 CBR: 137/93 mmHg

Height: 156 cm
 Weight: 75.90 kg

Allergies: (-)
 Breast: Normal Abnormal

General Examination:
 Consciousness: (+) Pallor: (-)
 Icterus: (-) Edema: (-)
 Temp: Afebrile PR: 86/min
 BP: 128/90 mmHg DTR: (+)
 CVS: S1 & S2 (+) RS (+) Vesicular breath sound
 Liver/Spleen: NAD Urine Output: Urine output.

DIAGNOSIS: G₁P₁L₁A₂ | 37w 4 days | Gestational chronic HTN | moderate oligohydramnios | pathological CPR | PE < 37 +ve | for induction of labour.



<p>Family History Father: HTN</p>	<p>Surgical History → H/o needle removal from (R) buttock 9 yrs back.</p>
<p>Medical History: Chronic HTN (! 4th month) 22/6/26: At VGH => Sy: LABETALOL 20mg IV stat (BP 160/100) ↓ 20min 160/100 → T. NICARDIPINE 20mg stat to DR.</p>	<p>Medication History: on T. Labetalol 100mg po BD. used T. Aspirin 150mg : 12 week + 6 days & stopped @ 36 weeks.</p>
<p>Plan of Care:</p> <ol style="list-style-type: none"> 1) Admission 2) Parts preparation. 3) consent for induction of labour 4) CTG with hourly monitoring 5) FHR monitoring every 30mins. 6) w/h uterine action. 7) w/h labour progression 8) BP monitoring 2nd hourly (if amif / uokhanny) 9) w/h headache, blurring vision, epigastric pain. 10) Monitor vitals 11) Suprm 5-0-5 12) T. MISOPROSTOL 25mg PLV @ 1:20am ↓ next dou due @ 5:20am next CTG @ 4:45am 	<p>Investigations: BCT → O+K PT: 15-4sec INR: 0.94 22/6/26 Hb: 10.2g/dl TC: 11,500 cells/mm³ PLT: 2.5 lakhs Creatinine: 0.36, B-cree: 13.0 mg/dl Bilirubin: 0.76, Direct Bilirubin: 0.14 mg/dl urine albumin: Nil. 22/6/26 37w 1day Presentation: cephalic Placenta: anterior AFI: 5.7 (oligohydramnios) EFW: 2.678 kg (24.1lb) CPR → 1.395 (4.1lb) Doppler: Normal</p> <p>HIV HBsAg HCV VDRL } NR</p> <p>BT: 1min 35sec CT: 3min 55sec TSH: 1.09 GCT: 95mg/dl</p>

Doctor Name: Dr. Nikhat

Signature: [Signature]

Date & Time: 23/6/26, 1:00am

Consultant Name: Dr. Raga Sudha

Signature: [Signature]

Date & Time: [Blank]



OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 22/06/2026 Time of Arrival: 11:40 PM Time Seen by Nurse: 11:42 pm

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: HLN

3) Vital Signs: Temperature: 98.4 F Pulse: 84 bpm RR: 20.6 bpm SpO₂: 100% BP: 128/90 Weight:

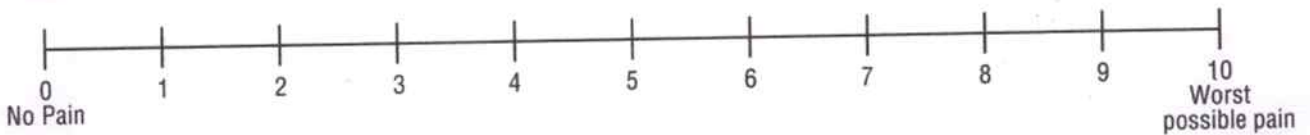
4) Gestational Criteria:

Gravida:	<u>G 4</u>	P	<u>1</u>	L	<u>1</u>	A	<u>2</u>
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LMP: 3/10/2025 EDD: 10/07/2026 Gestational Age: 38 weeks 3 days

Uterine Contraction	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> NA	Onset	Time	Frequency:
Membrane Rupture	<input type="checkbox"/> Yes	<input checked="" 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 checked="" type="checkbox"/> Yes	<input 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:
- Duration: Days / Weeks/ Months (Strike out which is not applicable)
- Character:
- Frequency:
- Interventions:

6) Past History:

- a) Surgeries: yes
- b) Medical: yes



7) Allergy: Yes No, If Yes :

8) Current Medications: Prenatal Vitamin None Others: *sub: labetalol, calceol*

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. Nikat @ 11:43pm*

Nurse Name: *Sham* Nurse Signature: *Sham*

Date: *22/06/26* Time: *11:42pm*

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/20		CLSLB Dr. Nishat (Pg)
5:30am		Dr. Nishat (Pg)
		cupila 37w uday POG / ^{astatoral} chronic HTN / moderate oligohydramnios
		pathological CPR / PE < 37 +ve / for SOL
		G.C. Fair
		Afebrile
		BP: 128 / 88 mmHg.
		PR: 90/min
		RR: 16/min
		HLL: No abnormality detected
		PLA: uterus ~ 36 weeks
		cephalic
		FHS ⊕
		uterus ~ relaxed
		PLV: CX: 40-50% effacement
		AS: 1cm dilatation
		PP: Vertex @ -3 station
		pelvic: adequate & gynaecoid
		2nd dose T. MISOPROSTOL kept PLV @ 5:40am
		↓
		2nd dose due @ 9:40am
		Next CTG @ 9:00am

- 1) Ryt in LLP / DFMC
- 2) CTG 4th hourly monitoring.
- 3) FHR monitoring every 30 mins.
- 4) w/o uterine action.
- 5) w/o labour progression.
- 6) BP monitoring hourly (reform if > 140/90 mmHg)
- 7) w/o headache, blurry vision, epigastric pain
- 8) monitor vitals
- 9) Supra J.O.S.

Nishat

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/2026 :
8 am.

SIB. Dr Ashraf (Res)

Dr. Moushumi (Pa) | Dr. Soumya (Pa)
Dr. Neel (Pa) / Dr. Mihir (Pa)

GaHcA2 | 37 weeks ^{HD} POC / ^{Gestational} chronic HCN
moderate oligohydramnios / pathological CPR
for SCL

(Johor) P&E - given last dose @ 5:30 AM

AC fine
Afebrile
BP - $\frac{123}{70}$ mmHg
PR - 86 bpm
RR - 18 rpm
H/C - No abnormality detected
PA - UT scan cephalic FHs (+) uterus sealed

Next CTG @ 9 AM

[Signature]

adv

- 1) Regular diet & plenty of oral fluid
- 2) w/ urine action & progression of labor
- 3) CTG with h/ly (next 9 AM)
- 4) FHR every 30 min monitoring
- 5) w/ any PV leak / PV bleeding
- 6) monitor vitals (monitor BP every 2nd hourly) inform if $\geq 140/90$ mmHg w/ any signs of PE like RCV, epigastric pain, breathlessness, headache

Wish

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		S/B Dr. Raga Sudha
23/6/26.	10:20 AM	Dr. Ashalatha
		G2P4A2 / 37 weeks + 4d POG / ^{Gestational} Chronic HDN / moderate oligohydromnios / Pathological CPR / for EOL in later labo for spec
		Co: Fair PAm ⊕ ALO
		Afebrile no st/f immine, 1) Rest in LLP / DMCC
		BP: 120/82 mmHg <u>feet tpc</u> 2) CTA with hly monitoring.
		PR: 98/min 3) FHR monitoring every 30m
		RR: 14/min 4) w/ uterine action.
		H/L: No abnormality detected 5) w/ labour progression.
		PLA: uterine term 6) BP monitoring and hourly
		cephalic (inform if > 140/90 mmHg)
		FHL ⊕ 7) w/ headache, blurring vision, epigastric pain
		uterus nacting (3-ur/30-35acc)
		PV Cx - 70% effaced 8) Monitor vitals
		CX - 2cm dilated 9) Reformat 1:0:1
		PPVx - (-2)
		Pelvis: adequate & gynaec
		3rd dou deferred Plub adequate contractory

CDC reactive

non CTG

@ 2pm

NOTE: DO NOT WRITE OUTSIDE THE MARGINS

23/06/2026
2pm

C/S / By Dr Nikita (Reg)
Dr Conroy (Pg)

Gulika A2 ē 37 wks uday pog ē gestational HTN ē
pathological CPR (<u>u</u>) ē pe screen positive
ū latent lat

PAFM ⊕

UC: no pain
no PE

Afebrile

BP: $\frac{130}{80}$ mmHg

PR: 86 bpm

RR: 16/min

CS: C1S2 ⊕

ELs: BICAE ⊕

PIA: ut a term
cephalic

PR ⊕

ut aterm modly,
2/30" / 10'

Plv - C₁ 40% efface
os 3-4 cm dilate
PPV @ 0' st
Pelvis: gm
 adq.

R₀

- 1) DF ucl up
- 2) PMR ⊕ every 30min
- 3) CTG ⊕ utt hly
- 4) w/ ut action, pos
- 5) w/lea pl-, leapl-
- 6) Vitak ⊕
- 7) BP ⊕ hourly - 2p: 130/90mm
- 8) w/ headache, epigastropain, nausea & vomiting, blurred vision
- 9) Infan w

[Signature]
Dny

Shift to
Mtw

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

KMV-00011435 IP22-00023355
Mrs CHANDRA NAGA MANILA
20-09-1992 33 Y (F)
Dr. CHUPPANA RAGA SUDHA

P
A
I.H.



15
F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/06/2021	4pm	<p>Cp well effar R₀</p> <p>os 6-fem diates 1) wk ut auto.</p> <p>pp v₀ @ +ii st</p> <p>relax / gm 2) fua @ cont</p> <p>add.</p> <p>ARM - msc iii. 3) Bp @ hourly.</p> <p style="text-align: center;">[Signature]</p> <p style="text-align: center;">[Signature]</p>
23/06/2021	4:15pm	<p>Cp well effared. Ach</p> <p>os full diates - Shift to U</p> <p>pp v₀ @ +ii st</p> <p style="text-align: center;">[Signature]</p> <p style="text-align: center;">[Signature]</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/06/2022
6pm

Normal Vaginal Delivery & LA

LAB Report

Patient spontaneously delivered a live Mch baby of
Bwt 2.504 kg @ 4:33 pm on 23/06/2022. Baby
cried immediately. MSL grade III @ut Delayed
cord clamping done and handed on to paediatrician
placenta along c membranes delivered in toto. 10ml + 1%
xylocaine infiltrated into perineum. Vagina and perineum
explored f ltr - a midline 2° perineal ltr hole
and sulcus c 2-3 rapid vices. A right paramedial
ltr hole and sulcus c 2-3 rapid vices. Menstrua
maintained.

Result - Mch/ 2.504 kg | 23.6.2022 @ 4:33 pm | appr 8-9/10.
mother side

Immediate post-natal not

Rp

Gc: no path
Afebril

Bp: $\frac{160}{110} \xrightarrow[100mg]{15 \text{ tablet}}$ $\frac{130}{90} \text{ mmHg}$

PR: 56 bpm

RR: 16/m

pl/a: ut uterata well

O/E: 2 vaginae part inside

B/c Breast soft

Baby: well mother side

1) TB Pantop 40mg pl. OD 1hr

2) TB TAXIM-O 200mg pl. BD 1hr

3) TB ACECOPUS 500mg pl. TID 1hr

4) BP @ 2nd hly x 6hr

↓

4th hly

uniform if $\geq \frac{140}{90} \text{ mmHg}$

Pto

23/6/26
8pm

C/S/B - Dr. Ratnavalli (Reg)
Dr. Niroshini (PA)

P₂L₂A₂ | PND-0

GC - No pallor

Afebrile

BP - 130/80 mmHg

PR - 78/min

RR - 14/min

H/L - NAD

P/A - uterus retracted well

O/E - No active bleeding Y/V

B/L Breast: soft

Baby well on
mother side

Rx:

- ①. Regular diet
- ②. plenty of oral fluids
- ③. continue Rx as per drug chart
- ④. w/f bleeding Y/V
- ⑤. Exclusive Breast feeding
- ⑥. Perineal care
- ⑦. BP monitoring 4th hourly
- ⑧. Insulin 800

~~Dr. Niroshini~~
Dr. Niroshini

~~Noted by Beetselali~~

PROGRESS NOTES
(USE BALL POINT PEN ONLY)



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Us/B Dr Ashalatha (Reg)
24/6/2026	8am	Dr. Soumya (PA) / Dr. Anishini (PA) Dr. Anshu (PA) / Dr. Mihika (PA)
		P2 L2 A2 / PND-0 R
		nc fine (1) Regular diet & plenty of oral fluid
		Afebrile (2) T max 38.0°C No 12th July
		BP - 120/90 mmHg (3) T PANDIP 4cm No 24th July
		PR - 86 bpm (4) T. Acetaminophen 100mg No 24th July
		RR - 14cpm (5) T. Acetaminophen 100mg No 24th July
		H/L - No abnormality detected (6) w/ any active bleeding
		PA - Urine collected well (7) monitor vitals
		OE - No active bleeding PVs BP - 2nd hourly
		BL - breast soft (8) w/ any signs of PE
		Baby mother side Headache / SOB / epigastric pain / breathlessness
		urine passed (9) w/ any signs of PE
		stool passed (10) w/ any signs of PE
		Plan discharge today
		Continue TABLET 100mg tid (1 week)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

RIA 1 week



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

DRUG : TB PANTOP				Date Time	23/6 2:30 pm														
Dose	Route	Frequency	Start Dt.	6 am 6 pm															
40mg	po	24hly	23/6																
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:																			
Daily Doctor's Endorsement by a Sign.				[Signature]															

DRUG : TB TAXIM-D				Date Time	23/6 8 am														
Dose	Route	Frequency	Start Dt.	8 am															
200mg	po	12hly	23/6																
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:				[Handwritten notes]															
Daily Doctor's Endorsement by a Sign.				[Signature]															

DRUG : TB. Acetopus				Date Time	23/6 6 am														
Dose	Route	Frequency	Start Dt.	6 am															
500mg	po	8hly	23/6																
Name & Signature of the Doctor starting the Drugs:				[Signature]															
Additional Instructions:				[Handwritten notes]															
Daily Doctor's Endorsement by a Sign.				[Signature]															

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.																			



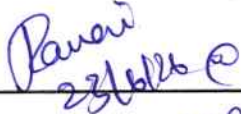
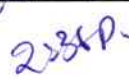
VARIABLE DOSE		Date							
		Time		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route	Start Date	Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		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.	
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
23/6/26	1:20am	T. MISOPROST	25mcg	plv		Shew Saka
23/6/26	5:40am	T. MISOPROST	25mcg	plv		Aparna Chaisakhe
23/6/26	4:00pm	I. LABETALOL	100mg	p/o		Cher...
23/6/26	4:33pm	I. LI OXYTOC	100	ilm		Pawan Chp
23/6	5:00pm	I. JUSTIN	200mg	pln		Pawan Chp
22/6	5:00pm	I. LABETALOL	100mg	pln		Pawan Chp

PATIENT TRANSFER FORM

Patient Name / I.P. No KMV-00011435 IP22-00023355 Mrs CHANDRA NAGA MANILA 20-09-1992 33 Y (F) Dr. CHUPPANA RAGA SUDHA 		Date & Time of Admission 23/6/20 @ 12:1 AM		Date & Time of Transfer Order 23/6/20 @ 2:38 PM	
		Transfer ordered by Dr. Asha		Reason for Transfer N.V.D	
From Bed / Ward / Hospital 3rd (336)		To Bed / Ward / Hospital MW		Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 30		Number of Imaging films (3)		Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input 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 		Name of person ordering transfer Dr. Asha		Name & Signature of Nurse Supervisor	
Referral note & referral Doctor Name:					
Patient & Clinical records received by: 					
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

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order	
ms. naga maula	23/6/26 @ 12:01 AM	23/6/26 @ 6:20 PM	
Treating Consultant	Transfer ordered by	Reason for Transfer	
DR. Ragesudha	DR. Nilchitha	post op care	
From Bed / Ward / Hospital	To Bed / Ward / Hospital	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
WR 2	336		
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
30	4		
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Tab. pantop	10	
2.	Tab. Aceclophy	15	
3.	Tab. Taxim	10	
4.	New non pad	1	
5.	fixator	1	
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Pavan	DR. Nilchitha	malathi	
Patient & Clinical records received by:			
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:

22/06/2026

DEPARTMENT

OBG

NAME:

ms. Shandra Naga manila

UHID / I.P.NO.:

KMV-11435

WARD / BED NO.:

Ward

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE:

NVD / LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE:

23/6/2026

RECEIPT NO:


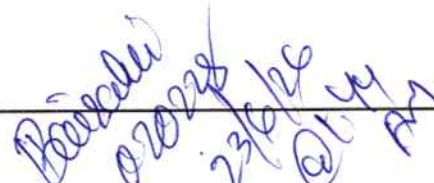
CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:



[Handwritten signature]

PATIENT TRANSFER FORM

KMV-00011435 Mrs NAGA MANILA 20-09-1992 33 Y (F) Dr. CHUPPANA RAGA SUDHA 	IP22-00023355	Date & Time of Admission 23/06/26 @ 12:01 AM	Date & Time of Transfer Order 23/06/26 @ 1:30 AM
Treating Consultant Dr. Ragesudha	Transfer ordered by Dr. Nikat	Reason for Transfer Sol	
From Bed / Ward / Hospital MCU	To Bed / Ward / Hospital 339	Information to attendant Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 32	Number of Imaging films NST-1	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.	undressed - 1		
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Shan	Name of person ordering transfer Dr. Nikat	Name & Signature of Nurse Supervisor SABGA	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time  23/06/26 @ 1:44 AM			

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: 23/06/26

Patient Name

ch. naga manila Age: 33 yrs Sex: Female

UHID No.

KMV-00011435 IP No: 23355

Date of Surgery:

23/06/26

OT:

OT 1

OT 2

OT 3

Name of the Surgery:

NVD

Time in:

4:15 pm

Time Out:

5:15 pm

NAME

AMOUNT

1. Surgeon

Dr. Ragasudha

2. Anaesthetist

3. Asst. Surgeon

4. OT Technician

5. Circulating Nurse

K. pavani

6. Asst. Nurse

eswari

Special Equipment: Laparoscopy Bronchoscope Harmonic Morcelator C-ARM Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No:

90649

Ordered by:

pavani



CONSUMABLES OF OT

Patent Name: mes. naga manila Age:
 Gender: M F UHIS /IP NO.
 Date: Time:

298

Circulating Staff: Pawani 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 2762		01	Cord clamp		00
ECG leads : A/P/N						Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		02				Vaccum Suction Set		
05 cc		01	Gloves 6 1/2		03	Surgical Gloves 6 1/2 + 7 1/2 = 02 + 1		
02 cc			S.Glove 7		01	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		01
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		0
IV set		01	NG tube			Koochies (S)		01
RL		01	Cautery Pencil			Alchol swabs		02
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 5+5		10	D/S Apron		01
Morphine			Gauze Pack			New born pad		01
Ketamine			Mop Pack		01	fixator		01
Propofol			Steristrip			inj. oxytocin		04
Rocuronium			Underpad		00	Tab. labetalol long		10
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
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					
Tab. Misoprost : 200mg		03	Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves		06			
			Ramdione Scrub					
			Saral					

Myl
23/6/26

Surgeon: Anaesthesiologist: Nurse: OT Technician:
 Order No: 90653 Ordered by: Pawani

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	IP22-00023355	Ward	3F-THIRD FLOOR
Patient Name	Mrs CHANDRA NAGA MANILA	Bed Name	GW 336
Age/Sex	33 Y / Female	Order No	22-0000690653
Date	23/06/2026 18:04	Prescription No	PRIP22-0291908
Payor	SELPAY	Dispensed Date	23/06/2026 18:11
UHID	KMV-00011435		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblu		01052026	01/29	1	135.00	135.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	2	28.13	56.26
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B20K59	01/31	1	21.56	21.56
4	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	4	18.90	75.60
5	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
6	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
8	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF023	02/30	1	949.00	949.00
10	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
11	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
12	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	6	23.43	140.58
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261064	01/29	1	69.39	69.39
14	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	3	91.00	273.00
15	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
16	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
17	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J C1		T5013	11/28	1	519.00	519.00
Total :							2,935.66	3,463.90

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA

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

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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 IP22-00023362
Patient Name Baby B/O CHANDRA NAGA MANILA
Age/Sex 0 Y 0 M 0 D 1 H / Male
Date 23/06/2026 18:09
Payor SELFPAY
UHID HCV-00041007

Ward 3F-THIRD FLOOR
Bed Name CRDL-GW -331-1
Order No 22-0000690654
Prescription No PRIP22-0291910
Dispensed Date 23/06/2026 18:12

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	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	01/31	1	22.50	22.50
4	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
5	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007	03/31	2	91.00	182.00
6	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
Total :							375.74	470.83

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : YAMALA LATHA