

① 12/16/26

ACTIVITY RECORD FOR BILLING

MAH-00389819 IP2-00056583

Mrs SRISHTI SHARMA

03-01-1994 32 Y 5 M 14 D (F)

Name: ----- Dr. LAKSHMI DEVI APPASANI -----

UHID No : -----  ----- Consultant : ----- Dept : -----

Date of Admission : ----- Time : ----- Date of Discharge : ----- Time: -----

Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/16/26	5:40 PM	406	406	Clenkeul am
12/16/26	6:30 PM	406	LW	Aella
19/16/26	8:20 AM	LW	406	Sury

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
17-6-26	RPOC	002862	Arreedly
	Cross check	Arreedly	17/6/26
		rechecked by dimmala	18/6/26 12 AM
	Cross checked by Sandhya	18/6/26	@UATY
18/6/26	USG Abdomen & pelvic	002881	Suj
	Cross checked by Chandmani		

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
12/6/26	Tu Hunt	(outside) (OP)		[Signature]
17/6/26	PAC	1	946861	[Signature]
17				
12/6/26	SERPe done V GA	1	946826	[Signature]
12/6/26	by DR (Alchi Devi)	1	946825	[Signature]
	CROSS check	successfully	17/6/26	[Signature]
		rechecked by normaly	18/6/26	[Signature]
18/08/26	A.H.D		947139	[Signature]
	CROSS checked	by	Sankhya	18/6/26
				@4AM

ANY OTHER INFORMATION

of the given to Dr. Aranya
 [Signature]

Date: 17-6-26 Time: 10 AM to 5:40 PM Prepared By: Radhika

Staff Nurse Umesh Kumar	Shift / Ward CB to 406 Anita	Billing Assistant	Billing Supervisor
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I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 17/6/2026 Time of Admission : 11:20 AM
 Allergies : Nil Not know any drug allergies

PRESENTING COMPLAINTS :

~~Presenting~~ A1
 USG on 13/6/26 - suggestive of missed miscarriage
 16/6/26 - G.S. size 3.9 x 1.4 cm
 C.Y. size 6cm x 4cm structure

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 2023 Previous Periods : Regular LMP : 8/4/26 Contraception :	Parity : Primigravida Mode of Delivery : Last Child Birth :

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
hypothyroidism - thyroxin 25mcg	

FAMILY HISTORY:

Parents - HTN, DM

MEDICATION HISTORY:

Thyronex
25mcg

INITIAL ASSESSMENT :

Date _____ Ht. _____ Wt. _____ BMI _____ B.P. <u>100/60 PR-92/1</u> Pallor _____ CVR _____ Respiratory System _____ Thyroid _____	Breasts	Local/Speculum Examination
	Abdominal Examination	Bimanual Pelvic Examination

Soft

PROVISIONAL DIAGNOSIS :

A1 / missed miscarriage for SERPC

INVESTIGATIONS ORDERED

PLAN OF MANAGEMENT

Blood group - A+ve HIV HBsAg HCV NR Hb - 11.4 TC - 337 Plt - 247	Admit Prepare for PAC Inj TAXIM 1g IV QD Inj PANTOP 40mg IV Shift to OT on call 1/6/26
--	--

Name of the Doctor : Dr. Lakshmi Devi

Signature of Doctor _____

Date & Time : 17/6/26



①

12/10/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26 1 PM	<p>POD - Pt stable BP - 114/80 PR - 76 bpm PA - soft, non tender UE - NAB</p>	
	<p>Adv - Monitor vitals - NBM - Encourage towards - w/ excess pv bleed - infusions</p>	
	<p><i>[Signature]</i></p>	
17/6/26 4 PM	<p>BS - POD - 0</p>	
	<p>GC - fair eyes white PR = 68/mi BP - 100/60 P/A - soft, non tender - BS +/T -/- UE - no active bleeding</p>	<p>Adv - Start sipps flb liquid diet - Adequate hydration - - follow drug chart orders - w/ bleeding pv - monitor vitals - soft diet at 7pm - shift to non magal vomiting urine (P.T.O)</p>



(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/6/26		
7:30am	O-POD	
	Clo-nid	
	PR 84	
	BP: 120/72	
	PIA - uterally contracted	
	Plu - No active	
	bleeding pv	
17/6/26	O-POD (SERPC)	
7:30pm	Clo-nid	Adv
	PR - 84/min	Soft diet
	BP = 110/70	Vital Monitor
	PIA = soft	Adv
	A/V = NO active	w/bleeding pv
	bleeding	in your set.
	noted by Amita	8
		17/6/26 @ 7:30pm

Baby's mom

③ 18/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26	1-POD	
18/6/26	C/O = pain abdomen	Adh
	PR = 80	SO (N) diet
	BP = 116/64	Vitals Monitoring
	P/A = + soft	SB
	P/V NO active	w/ bleeding pr
	bleeds	inform so
U/V		1/2 Drotin instat
M/X		
		for
		noted by Rajiv 18/06/26
18/6/26	POD-01	C/O pain abdomen FA
apno	pt cle	R/o
	C/O fair, afebrile	→ soft diet
	BP - 102/74 mmHg	→ following chart
	PR - 70 bpm	→ monitor vitals
	S/E - NAB	→ w/ bleeding pr
U-P	P/A - soft, non-tender	→ pad for observation
flatus-P	U/E - NAB	→ adq. hydration
M-NP		→ Inform so
	No	
	T. Drotin start after lunch	
		Rajiv



④
 18/6/26

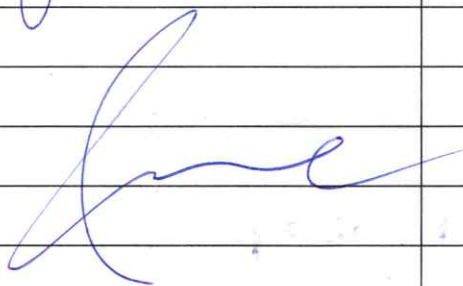
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26		
11:30pm	Pt - clo pain still continue	
	AC - No yellow	SpO ₂ - 100%
	PR - 96/min	
	BP - 140/80	
	- clo gas pain	PLA - soft
	- clo pain	
	left lower abd. / pain	O/E - nil bleedings
	drip urination & hip pain	<u>Adv.</u>
	Plan	→ Shift to labor room for observation
	- USG whole Abd. pelvis	- vitals monitoring
	- Pij - Pan 4mg IV	
	- Pij - Zofen 4mg IV	(medication)
	- Pij Tramadol 100ml in NS	
	noted by Anita 18/6/26 @ 4:30pm	



5
18/6/26

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 6PM	Pt Stable Pain Symptomatically better BP-106/70 PR-78/w PA-soft UE-NAB	
	Adv - Monitor vitals - @ diet - Drugs as charted - w/f excess PU bleed - Plan USG abd & pelvis - Infusions	
		
	USG Abdomen & Pelvis	
	done on 18/6/26 at 9:15 PM by Dr. Indira	
	(Radiologist)	
	Upper abdomen appears Normal	
	Pelvis - Uterus show multiple fibroids	
	of varying sizes, submucosal - 17 x 15 mm	
	Subserosal anterior - 2.5 x 1.8 mm	
	Intramural posterior @ lat - 40 x 25 mm	
	ET - (N)	
	Both ovaries - seen	

Imp -> Uterine fibroids

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 Dr. LAKSHMI DEVI APPASANI



18/6/26
 (6)



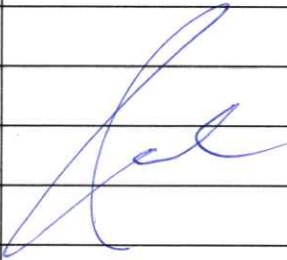
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26		
10:30 PM		
	Pt Stable	
	BP-110/70	
	PR-76/min	
	PA-Soft	
	HE-NAB	
	<u>Adv</u> - Monitor vitals	
	- (D) diet	
	- Drugs as charted	
	- w/o bleeding, pain	
	- Inform SOS	
	Noted by sis Deepika 18/6/26	
19/6/26		
2:30 am		
	Pt asleep	
	no complaints	
	<u>Adv</u> - Monitor vitals	
	- CST	
	- Inform SOS	



19/6/26
 (A)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26		Pt Stable
6:30am		BP - 120/70
		PR - 86/ri
		PA - 20/pt
		UE - NAB
	Adv - Monitor vitals	
	- @ diet	
	- P 2mg as charted	
	- w/f excess bleed	
	- Infusions	
	- Shift to 2000	
		
	Noted by Sis	Deepika 19/6/26

① 17/6/20



DRUG CHART

Date of Admission: 17-6-20 Drug Allergies: Not known any Drug Allergies

FOR THE SAFETY OF THE PATIENT

- GENERAL** - Ensure that all patient details are entered above. ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).
 - Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English instructions.
 - Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the FIVE RIGHTS before administration of medication.
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time
 - AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR). Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : INS. PANTOP				Date/Time	18/6																		
Dose	Route	Frequency	Start Date																				
40 MG	IV	BD	18/6	6am	X																		
Doctor's Signature		Valid Period	Pharm.																				
Additional Instructions:		5 PM 6 PM Chanda																					

DRUG : INS. ZOFER				Date/Time	18/6																	
Dose	Route	Frequency	Start Date																			
4MG	IV	BD	18/6	6am	X																	
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions:		5 PM 6 PM Chanda																				


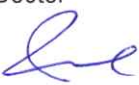

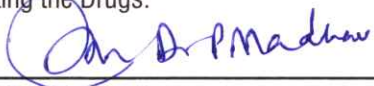
DRUG : INS. TRANADOL				Date/Time	18/6																	
Dose	Route	Frequency	Start Date																			
100 MG	IV	BD	18/6																			
Doctor's Signature		Valid Period	Pharm.																			
Additional Instructions:		5 PM 6 PM Chanda																				

VERIFIED BY : Name




REGULAR PRESCRIPTIONS

Weight Ward. 14

DRUG : <u>1g TAXIM</u>				Date Time	<u>17/6</u>	<u>18/6</u>																
Dose	Route	Frequency	Start Date																			
<u>1g</u>	<u>IV</u>	<u>BD</u>	<u>17/6</u>	<u>12AM</u>	X	X																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				<u>12PM 4/w</u> <u>Chand Seema</u>																		
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T-TAXIM</u>				Date Time	<u>18/6</u>	<u>19/6</u>																
Dose	Route	Frequency	Start Date																			
<u>200mg</u>	<u>Po</u>	<u>BD</u>	<u>18/6</u>	<u>9AM</u>	X	X																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				<u>9AM 2/w</u>																		
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T-PANTOP</u>				Date Time	<u>18/6</u>	<u>19/6</u>																
Dose	Route	Frequency	Start Date																			
<u>40mg</u>	<u>P/O</u>	<u>OD</u>	<u>18/6</u>																			
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				<u>6AM</u> <u>Chand Seema</u>																		
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>Tax. PARACETAMOL</u>				Date Time	<u>18/6</u>	<u>19/6</u>																
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>Po</u>	<u>stately</u>	<u>18/06</u>	<u>11AM</u>	X	X																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				<u>11AM</u> <u>Chand Seema</u>																		
Daily Doctor's Endorsement by a Sign																						

Rainbow
 MAH-00389619 IP2-00056583
 Mrs SRISHTI SHARMA
 03-01-1994 32 Y 5 M 14 D (F)
 Dr. LAKSHMI DEVI APPASANI

Ref. No. : F / HW / DC / RP / INPR / 05.a

Pat		I.P. No.	Sheet No. 2	Wards 16	Weight (kg)
-----	---	----------	-------------	----------	-------------

REGULAR PRESCRIPTIONS

DRUG : Tab. DICLOFENAC				Date	18/9/16														
				Time															
Dose	Route	Frequency	Start Dt.																
50mg	PO	8tbl/day	18/06	G.M.X. S.M.															
Name & Signature of the Doctor starting the Drugs:				G.M.X. S.M.															
Additional Instructions:				G.M.X. S.M.															
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.																			

Patient	I.P. No.	Sheet No.	Wards	Weight (kg)
		3	C4	

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.																			



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
17/6/26	12 PM	1g TAXIM	1g	IV	[Signature]	[Signature]
17/6/26	12 PM	1g PANTOP	40mg	IV	[Signature]	[Signature]
17/6/26	12.25 PM	PARACETAMOL	1g	IV	[Signature]	[Signature]
17/6/26	11:00 AM	1g Pon	40mg	IV	[Signature]	Sandhya
17/6/26	11 PM	1g Zofen	4mg	IV	[Signature]	Sandhya
18/6/26		1g Protein	40mg	IV	[Signature]	Sandhya
18/6/26	3:00 AM	76 Calpol	1g	P/O	[Signature]	Sandhya
18/6/26	3:30 PM	T. DROTIN	1 TAB	PO	[Signature]	Amrita Chandra
18/6/26	4:30 PM	1g BUSCOPAN	20mg	IV	[Signature]	Amrita Chandra

18/6/26 10:30 PM Symp. DOPHALAC 15ml P/O [Signature] Page: 3/4 (P.T.O.)

VERIFIED BY : Name Signature



⑥
I.V. FLUIDS CHART

Weight: Ward: *116*

Date	Time	Composition of I.V. Fluid (If infusion, mention ml./hr = Mcg/kg/min. etc)	Route	Flow Rate ml/hr	Doctor Sign	Nurse Sign	Date of Stopping	Doctor Sign	Nurse Sign
<i>17/6/26</i>	<i>18:30 Am</i>	<i>10 RL</i>	<i>IV</i>	<i>100 / W</i>	<i>he</i>	<i>[Signature]</i>	<i>17/6 / 26</i>	<i>he</i>	<i>[Signature]</i>
<i>17/6 / 26</i>	<i>3:40 PM</i>	<i>10 RL</i>	<i>IV</i>	<i>60</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>17/6 / 26</i>	<i>[Signature]</i>	<i>[Signature]</i>
<i>17/6 / 26</i>	<i>4 PM</i>	<i>10 RL</i>	<i>W</i>	<i>60</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>17/6 / 26</i>	<i>[Signature]</i>	<i>[Signature]</i>

Signature
 VERIFIED BY : Name

406

Patient's Name: Shruti Sharma
327



NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 18/6/26 Time: 10am

Origin: India Height: - Weight: - BMI: -

Food Allergies: Walnut, peanut, allergies

Diagnosis: ~~xxx~~ serpc

Medical History: NO

Surgical History: NO

- Vegetarian
- Non-Vegetarian
- Vegan

Diet Advised: Soft Normal diet

Patient's / Attendant's

Signature: Shruti

Name:

Date & Time:

Dietician's

Signature: [Signature]

Name: Jashvi

Date & Time: 18/6/26, 10am



OPERATION THEATER NOTES

Patient's Name : Srishti Age : 32 Gender : F

UHID : MAH-00389619 I.P.No : 00056583 Weight :

Surgeon : Dr. Lakshmi Devi Asst. Surgeon :

Anesthetist : Dr. Shalena OT Nurse : Bidyakalshmi

Surgical Procedure : SEPPC

Indications for Surgery : missed miscarriage

Date : 17/6/26 Start Time : 12:20 PM End Time : 12:50 PM

PRE-OPERATIVE PREPARATION : NBM
PAC
consent
PreMedications

OPERATION NOTES : • Under aseptic precautions, pt put in position, parts painted & draped.
• Cervix visualised & held, gentle suction curettage done
• Clots & POC cleared with suction
• Post procedure scan showed no POC
• Hemostasis confirmed
• Pt stable throughout procedure.

POST-OPERATIVE ORDERS :

- NBM x 4 hours
- follow drug chart orders
- Monitor vitals
- w/f bleeding p/v

Lakshmi Devi
Do ~~Signature~~

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 17/6/26 Time :

MAH-00389619
 Mrs SRI SHI SHARMA
 03-01-1984 32 Y 5 M 14 D (F)
 Dr. LAKSHMI DEVI APPASANI

Surgeon :
 Asst. Surgeon :
 Anaesthetist :
 Scrub Nurse :

Age : 32y Gender : F
 Surgery Name :
 Date : 17/4/20 In-time : 12:20pm Out-time : 12:50pm

IP2-00056583
 Rainbow Children's Hospital
 BirthRight BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

SURGICAL SAFETY CHECKLIST

Before Induction of Anaesthesia

SIGN IN Time: 12:20pm

Patient Has Confirmed
 Identity Yes No
 Site Yes No
 Procedure Yes No
 Consent Yes No
Site Marked Yes No NA
Anaesthesia Safety Check Completed Yes No
Pulse Oximeter on Patient & Functioning Yes No
Does Patient have a:
 Known Allergy? Yes No
 Yes, & Equipment / Assistance Available Yes No
Difficult Airway / Aspiration Risk?
 Yes, and Adequate Intravenous Access and Fluids Planned Yes No NA
 Blood Units Reserved Yes No NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?
 Yes No NA

Signature :
 Name : Dr. Shreehan

Before Skin Incision

TIME OUT Time: 12:45pm

Confirm all team members have introduced themselves by Name and Role Yes No
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm
 Correct Patient (Check ID Band) Yes No
 Correct Site Yes No
 Correct Procedure Yes No
Anticipated Critical Events
Surgeon Reviews:
 What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss? Yes No NA
Anaesthesia Team Reviews:
 Are There Any Patient-specific Concerns? Yes No NA
Nursing Team Reviews:
 Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?
 Yes No NA
 Yes No NA
Is Essential Imaging Displayed?
 Yes No NA

Signature :
 Name :
 Signature :
 Name :

Before Patient Leaves Operating Room

SIGN OUT Time: 1:50pm

Nurse Verbally Confirms with the Team:
 The Name of the Procedure Recorded Yes No
 That Instrument, Sponge and Needle Counts are Correct (or Not Applicable) Yes No NA
 The Specimen is Labelled (including patient name) Yes No NA
 Whether there are any Equipment Problems to be addressed Yes No NA
To Surgeon, Anaesthetist and Nurse:
 What are the key concerns for recovery and management of this patient?
 Yes No

Signature :
 Name :

