

**ACTIVITY RECORD FOR BILLING**

Name: Aradh  
 UHID No : ----- IP No : ----- Consultant : ----- Dept : -----  
 Date of Admission : 08/06/26 Time : ----- Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : 4W Suggested Billable bed type : -----

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
08/06/26	2:24pm	4W	OT	<i>[Signature]</i>
08/06/26	3:20 PM	OT	MICU	<i>[Signature]</i>

**Cross Consultation Visit**

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
08/6/26	IV placement	① ✓	3088096	Davi
08/6/26	PAC	① ✓	3088095	Davi
<del>cross checked by Davi 08/6/26 @ 8pm.</del>				

**ANY OTHER INFORMATION**

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 -----  
 -----  
 -----  
 -----  
 -----

Date :

Time :

Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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Patient Sticker

VIH-00100884  
Mrs AARATHI R.  
11-05-1992  
Dr. SRILATA PATNAIK  
34 Y O M 28 D (F)  
IP-00060269

### ERY DETAILS

Date : 8/6/26

Patient Name: Mrs. Aarathi Date of Birth: Age: 34

Gender: Female Ward: OT UHID No.: 100884

Date of Surgery: 8/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : DILATATION AND CURETTAGE + SPINAL ANESTHESIA

Time in : 2:40 pm

Time Out : 3:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. P. Srilata	OT charges
2. Anaesthetist	Dr. Brenda	
3. Assistant Surgeon	Dr. Afene	
4. OT Technician	Naikhan	
5. Circulating Nurse	Manika	
6. Assistant Nurse	Ushika	

Special Equipment:  Laparoscopy  Bronchoscope  Harmonic  Morcelator  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3088050/51

Order by: [Signature]



Circulating Staff : *Sr manonale* Technician : *Rakesh*

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		<i>3</i>	<i>MTP Candae 6</i>		<i>1</i>	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<i>5</i>			<i>1</i>	Vaccum Suction Set		
05 cc		<i>8</i>	Gloves <i>642 pf</i>		<i>2</i>	Surgical Gloves		
02 cc		<i>2</i>	<i>642 Sil</i>		<i>1</i>	Gauze Pack		
01 cc			<i>8 pf</i>		<i>1</i>	Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			<i>No tube Alletan 12</i>		<i>1</i>	Koochies (S)		
RL		<i>1</i>	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml		<i>3</i>	Koochies					
<i>Cuscipine</i>		<i>1</i>	Ointments <i>Thunilong</i>		<i>1</i>			
<i>Bupivacain 0.5</i>		<i>1</i>	Suction Catheter					
Fentanyl			Cap. Mask		<i>8/8</i>			
Morphine			Gauze Pack		<i>2</i>			
Ketamine			Mop Pack		<i>1</i>			
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet <i>Alletan</i>		<i>1</i>			
Myopyrolate			Abgel					
Ondansetron		<i>1</i>	Foleys Catheter					
Pencan 25g/Spinal Needle 22		<i>2</i>	Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		<i>1</i>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		<i>1</i>	Vaccum Suction set		<i>1</i>			
Justin : 12.5 mg/25 mg/ 100 mg		<i>1</i>	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		<i>1</i>			
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon *Dr. Srilatha Patnaik* Anaesthesiologist *Dr. Brendhe* Nurse *Vani the* OT Technician *Rakesh*  
 Order No. : *3088058* Ordered by : *Rakesh*

**RAINBOW CHILDREN'S MEDICARE LIMITED**

**Rainbow Children's Hospital - Secunderabad**



H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,  
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009  
Tel No : 040-42462200, Ext 2000,2001,2002

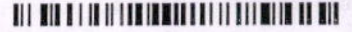
**VAT TIN :** 36920283145

**CIN :** L85110TG1998PLC029914

**DL NO :**

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

**INPATIENT ISSUES AGAINST ORDERS**



<b>IP No</b>	IP-00060269	<b>Ward</b>	N 2F-LABOUR WARD
<b>Patient Name</b>	Mrs AARATHI R.	<b>Bed Name</b>	LW 219
<b>Age/Sex</b>	34 Y 0 M 28 D / Female	<b>Order No</b>	0003088058
<b>Date</b>	08/06/2026 15:14	<b>Prescription No</b>	PRIP-1290323
<b>Payor</b>	STATE BANK OF INDIA	<b>Dispensed Date</b>	08/06/2026 15:16
<b>UHID</b>	VIH-00100884		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	ANAWIN INJ VIAL 0.5% 20 ML	NEON LABORATORIES LTD	H	SM107230	09/27	1	92.34	92.344
3	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	1	103.95	103.95
4	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BBUI25018	11/27	1	30.66	30.66
5	CUROPINE (ATROPINE) INJ 1 ML	PHARMA CURE LABORATRIES	H	AS1466	08/27	1	7.33	7.33
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	5	28.13	140.65
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26CO3K96	02/31	5	21.56	107.80
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
10	EASY GRIP (MTP CANULA)- 6	ROMSONS	GENERAL	24102OC	10/29	1	329.00	329.00
11	Encore Microptic gloves- 6.5		H	2510072605	10/28	2	117.00	234.00
12	ENCORE MICROPTIC GLOVES-8 PF	ANSEL	H	260200611T	02/29	1	128.00	128.00
13	FACE MASK-3LAYER THREADED	Sunrise		01260502	04/29	8	10.00	80.00
14	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	M2645016	03/30	2	123.00	246.00
15	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
16	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	1	949.00	949.00
17	NELTON CATHETER 12FR	Polymed	GENERAL	251497BH	07/30	1	78.00	78.00
18	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	72I9O38	06/30	3	16.14	48.42
19	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA251150	10/27	1	12.72	12.72
20	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
21	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	1	69.39	69.39
22	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	1	91.00	91.00
23	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
24	SURGEONS CAP	Medibblue	General	VI03062026	12/30	8	10.00	80.00
25	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
26	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00



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**INPATIENT ISSUES AGAINST ORDERS**



<b>IP No</b>	IP-00060269	<b>Ward</b>	N 2F-LABOUR WARD
<b>Patient Name</b>	Mrs AARATHI R.	<b>Bed Name</b>	LW 219
<b>Age/Sex</b>	34 Y 0 M 28 D / Female	<b>Order No</b>	0003088058
<b>Date</b>	08/06/2026 15:14	<b>Prescription No</b>	PRIP-1290323
<b>Payor</b>	STATE BANK OF INDIA	<b>Dispensed Date</b>	08/06/2026 15:16
<b>UHID</b>	VIH-00100884		

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<b>Total :</b>	<b>4,013.64</b>	<b>4,757.93</b>
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for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Sur - 15,000/-

Am - 5,000/-

~~OTC~~

OTC - 100/-

OTR - 6,000/-

**ADMISSION SHEET**

**Registration Details :**



Admission No : IP-00060269      Admit Date : 08-Jun-2026      Admit Time : 12:18 PM      UHID : VIH-00100884

**Patient Details :**

Patient Name : Mrs AARATHI R.      Age : 34 Y 0 M 28 D  
Guardian : Mr MR. VIKASH KUMAR      DOB : 11-05-1992  
Gender : Female      Religion :  
Occupation :      Martial Status : Married  
Address (H) : PLOT NO. 43, VENTURE-II, SARASWATHI      Phone No : 8897208660  
NAGAR COLONY, LOTHUKUNTA,      E-mail : aarthi.1105@gmail.com  
SECUNDERABAD. Gough Lines Hyderabad  
Telangana INDIA 500015

**Admission Details :**

Bed Type : MICU      Bed No : LW 219      Ward Name : N 2F-LABOUR WARD  
Room No : LW 219      Admission Type : First Visit

**Contact Details :**

Name : Mr MR. VIKASH KUMAR      Relationship : W/O  
Contact Address : PLOT NO. 43, VENTURE-II, SARASWATHI      Phone No : 8897208660  
NAGAR COLONY, LOTHUKUNTA,  
SECUNDERABAD. Gough Lines Hyderabad  
Telangana INDIA 500015

  
Signature

**Doctor Details :**

Doctor Name : Dr. SRILATA PATNAIK      Specialisation : OBSTETRICS AND GYNECOLOGY  
Referral Doctor : Self      Phone No :  
Co-Consultant :

**Payment Details :**

Payment Mode : Cash      Deposit Amount : 0.00  
Payor Name : STATE BANK OF INDIA





**PHYSICAL ASSESSMENT**

**General Appearance:**  Healthy  ill looking  Anxious  Agitated  Others: .....

**Fall Assessment:**  Yes  No Score ..... 15 ..... (complete the Morse Fall Risk Assessment Sheet)

**Risk of Pressure Sore:**  Yes  No Score ..... 6 ..... (complete the Braden Q Sheet)

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

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

Inform consultant for positive criteria

**NUTRITIONAL SCREENING:**  No Abnormality Detected

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

Inform consultant for positive criteria

**PSYCHOLOGICAL SCREENING:**

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

Inform consultant for positive criteria

**SOCIAL SCREENING:**

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

**Social History:** Lives With ..... Family .....

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

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

Above information given to ..... Mrs. 000 .....

Name of Person Orientation was given to: .....

Orientation not given Reason: .....

Nurse Signature: ..... Rani .....

Nurse Name: ..... Rani .....

Date & Time: ..... 08/6/26 @ 12:30pm .....



**IT FOR OBSTETRICS**

**Presenting Complaints**

LMP: 22/02/2026

EDD:

Corrected EDD:

GA:

Obstetric Formula: P<sub>1</sub>L<sub>1</sub>A<sub>1</sub>  
 ML: 9 yrs NCM

Menstrual History: Regular:  Yes  No

**Obstetric History:**

**Obstetric Examination**

I: 07/3.54/FTNVD/84PM/2.8/Parvathi Hosp/A&H/Uneventful/Bf x 2y.

Fundal Height:

II: Missed miscarriage / May 2026 / MERPC

Ut. Activity:  Relaxed  Mild  Mod  Severe

Present Pregnancy Record: Booked to RCH

Liquor:  Adequate  Oligo  Poly

since conception. Viability scan done at 12+5 w showed no cardiac activity

PP:  Cephalic  Breech  Others \_\_\_\_\_

for which MERPC was done in May 2026 after informed consent.

Head Fifths Palpable: \_\_\_\_\_

**RISK FACTORS:** RPOC scan done on consents.

Normal  Tachy  Brady  Absent

06/06/26 showed areas of mixed echogenicity of 2.2 x 16.8 x 21.9 mm. s/o retained products of conception

**Per Speculum Examination** Not done

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

- Pre-gestation Diabetes Mellitus

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Height: ...150... cm

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Weight: ...74... kg

Allergies: ...NIL...

Membranes:  Present  Absent

Breast:  Normal  Abnormal

Liquor:  Clear  Meconium  Blood Stained

General Examination: Pt is c/c/c

Presenting Part:  Vertex  Breech  Others

Consciousness: (+) Pallor: (-)

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

Icterus: (-) Edema: (-)

Temp: Axb PR: 86 bpm

Pelvis:  Adequate  Doubtful

BP: 115/80 mmHg DTR: (+)

CVS: S1S2 (+) RS BAE (+)

Liver/Spleen: NAD Urine Output: Adequate

**DIAGNOSIS**

P<sub>1</sub>L<sub>1</sub>A<sub>1</sub> with Prev NVD with Pre-gestational Diabetes Mellitus (M) with H/O MERPC with RPOC's with fibroid uterus for Dilatation & Curettage.



<p>Family History:</p> <p>Father: DM Mother: HTN</p>	<p>Surgical History:</p> <p>-</p>
<p>Medical History:</p> <p>Diabetes Mellitus since 2022.</p>	<p>Medication History:</p> <p>Tab metformin 500 mg OD.</p>
<p>Plan of Care: <u>CI to Dr Srilata Mam</u></p> <p>GRBS - 114 mg/dl</p> <ul style="list-style-type: none"><li>- Admission</li><li>- consent</li><li>- NBM</li><li>- PAE</li><li>- Part preparation</li><li>- monitor vitals</li></ul> <p>Follow drug chart Tab Misdoprostol 400mcg PV. Kept. Inform SOS.</p> <hr/> <p>Noted by Rakhi 08/06/26 @</p>	<p>Investigations: <u>BCA - 'A' POSITIVE</u></p> <p>AIV <u>7/6/26</u> HBSAg JNR BT - 2 min 30 sec CT - 4 min 50 sec USP - 10.4/9720/3.58 L.</p> <p><u>RPOC scan</u> <u>06/06/26</u></p> <p>Ut: Anteverted ET: 15 mm Area of mixed echogenicity in cavity with vascularity measuring 21.2 mm x 16.8 mm x 21.9 mm Multiple cystic areas in Cervix.</p>

Doctor Name: Dr. Althar  
Signature: [Signature]  
Date & Time: 08/06/26 @ 12 pm.

Consultant Name: Dr. Srilata Patnaik  
Signature: [Signature]  
Date & Time: 08/06/26

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

Ref. No. : F / HW / PGN / INPR / 15  
VIH-00100884 IP-00060269  
P Mrs AARATHI R. 11-05-1992 34 Y 0 M 28 D (F)  
Dr. SRILATA PATNAIK

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
08/06	3:30 pm	<p>o/l<sub>2</sub> Pt is c/c/c</p> <p>GC: fair</p> <p>Afebrile</p> <p>BP: 111/75 mmHg</p> <p>PR: 72 bpm</p> <p>S/E: NAD</p> <p>PIA: Soft, NT</p> <p>U/S: NAB</p> <p>Adv</p> <ul style="list-style-type: none"> <li>- NBM x 2 hours</li> <li>- w/lf bloody Plr</li> <li>- monitor vitals</li> <li>- follow drug chart</li> <li>- Inform SOS</li> </ul>
		<p>Noted by Suhani 3:30 pm 8/6/26</p> <p style="text-align: right;">Att Dr. Alka</p>
08/06	5:00 pm	<p>o/l<sub>2</sub> Pt is c/c/c</p> <p>GC: fair</p> <p>Afebrile</p> <p>BP: 108/72 mmHg</p> <p>PR: 70 bpm</p> <p>S/E: NAD</p> <p>PIA: Soft, NT BS (+)</p> <p>U/S: NAB.</p> <p>Adv</p> <ul style="list-style-type: none"> <li>- oral sips of water</li> <li>- flb clear liquids</li> <li>- w/lf bloody Plr</li> <li>- monitor vitals</li> <li>- follow drug chart</li> <li>- Inform SOS</li> </ul> <p>- Patient can be discharged.</p>
		<p>Noted by Suhani 5 pm 8/6/26.</p> <p style="text-align: right;">Att Dr. Alka</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



- Ant & Post Vaginal wall retracted with Sims Speculum.

- Anterior lip of Cervix held with Vulsellum

- Uterine sound inserted

- Gentle curettage done, RPOC obtained using ovum forceps & by suctioning w/ Karman cannula NO 6.

- Check USG scan done

- check curettage done

- Hemostasis secured

- Swabs & instrument count tallied.

Post op : NRM x 2 hours  
w/ bleed; Plv  
monitor vitals  
follow day chart  
Inform SOS.

Name of the Surgeon: DR SKILATA PATNAIK

Signature of the Surgeon: .....

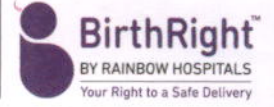
Date & Time: 08/06/26 3:15 PM.

VIH-00100884 IP-00060269

Mrs AARATHI R.

11-05-1992 34 Y 0 M 28 D (F)

Dr. SRILATA PATNAIK

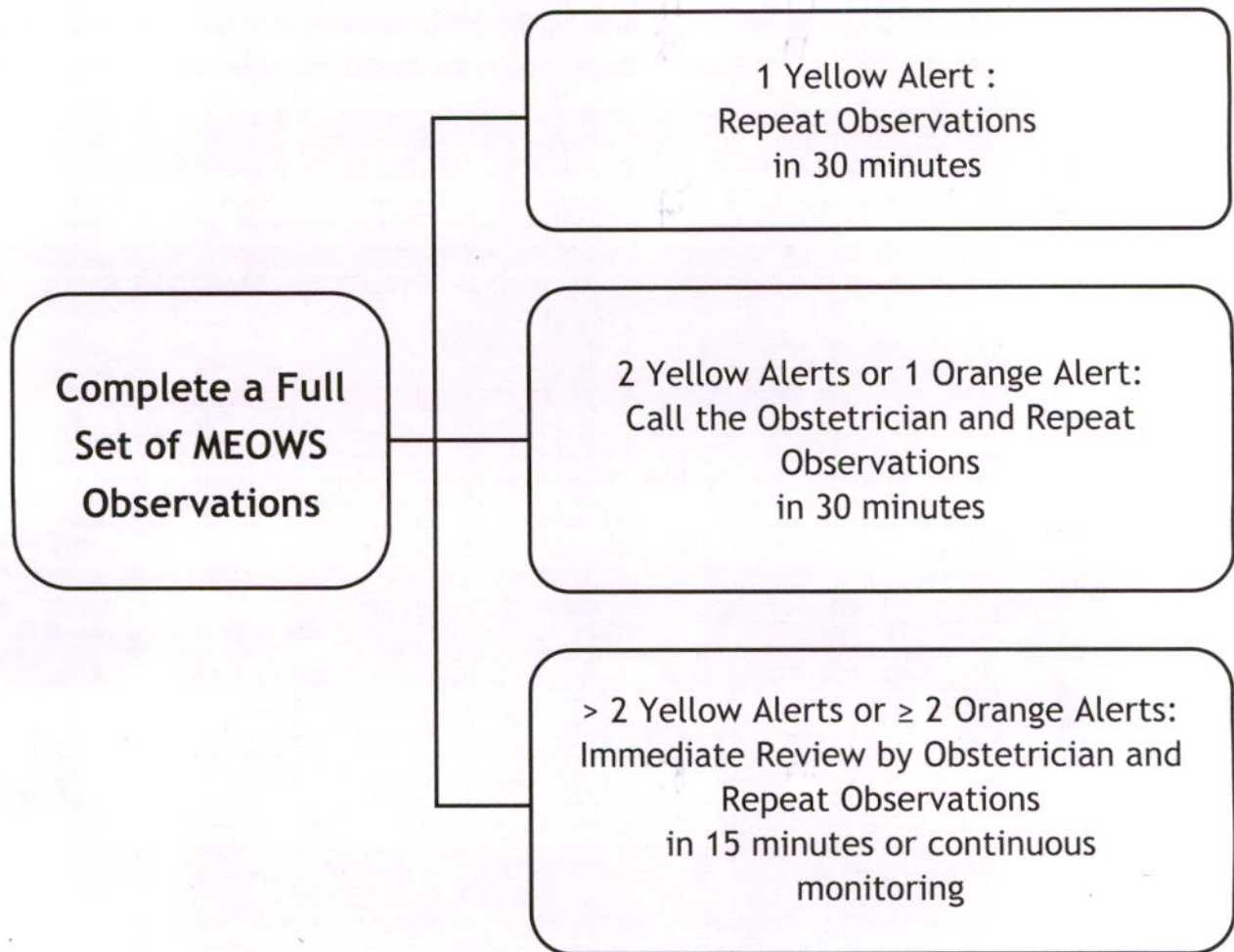


## Early warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date														Time										
		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %																									
	< 94 %																									
Administered O <sub>2</sub> (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
Systolic Blood Pressure ↑	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
Diastolic Blood Pressure ↓	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert																								
Voice																										
Pain																										
Unresponsive																										
URINE mls / hour	> 30																									
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									
	Heavy / Foul																									
Liquor	Clear / Pink																									
	Green																									
TOTAL YELLOW SCORES																										
TOTAL ORANGE SCORES																										
Nurse Initial																										

## Obstetrics and Gynaecology Early Warning Signs



\* The Modified Early Warning Score (MEOWS)

VIH-00100884 IP-00060269  
 Mrs AARATHI R. 34 Y 0 M 28 D (F)  
 11-05-1992  
 Dr. SRILATA PATNAIK



# FLUID CHART

Sheet No. : 9

- All measurements in ml.
- Add up each column separately. Make additions across the page to obtain 24 hrs. total of intake and output.

Date	Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
		Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G							
08/6	08:00 am											
	09:00 am											
	10:00 am											
	11:00 am											
	12:00 pm	RI-100ml										
	01:00 pm	RI-100ml								✓		
<b>Total Intake :</b>					<b>Total Output :</b>							
08/6	02:00 pm	RI-100ml										
	03:00 pm	RI 100ml FF										
	04:00 pm	RI 100ml FF										
	05:00 pm											
	06:00 pm											
	07:00 pm											
<b>Total Intake :</b>					<b>Total Output :</b>							
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
<b>Total Intake :</b>					<b>Total Output :</b>							

**Total 24 hrs. Intake**

**Total 24 hrs. Output**

Aarathi

VIH-00100884 IP-00060269  
 Mrs AARATHI R.  
 11-05-1992 34 Y 0 M 28 D (F)  
 Dr. SRILATA PATNAIK




## ON RECONCILIATION FORM

Drug Allergies: NIL  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.  
 (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... Shifted to: .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	TAB METFORMIN	500mg	PO	ONCE DAILY	08/06	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2						<input type="checkbox"/> C <input type="checkbox"/> DC
3						<input type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C- Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr Archan

Date & Time: 08/06/26 @ 12pm

Nurse Name & Signature: Rami

Date & Time: 08/06/26 @ 11pm

*Aarathi*  
Patient Sticker

VH-00100884  
Mrs AARATHI R.  
11-05-1992  
Dr. SRILATA PATNAIK  
34 Y O M 28 D (F)  
IP-00060269




# DRUG CHART

Date of Admission: 08/06/20 Drug Allergies: NIL  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)

VERIFIED BY : Name ..... Signature .....

<b>DRUG :</b>				Date Time																
Dose	Route	Frequency	Start Date																	
Doctor's Signature		Valid Period	Pharm.																	
Additional Instructions:																				

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

<b>DRUG :</b>				Date Time																	
Dose	Route	Frequency	Start Date																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions:																					

VIH-00100884

IP-00060269

Mrs AARATHI R.

11-05-1992

34 Y 0 M 28 D

(F)

Dr. SRILATA PATNAIK



REGULAR PRESCRIPTIONS

Weight. *sub* Ward. *c/w*

CHH 8/6/26  
CHH 8/6/26  
CHH 8/6/26  
CHH 8/6/26

DRUG : TAB PARACETAMOL				Date Time
Dose 1Gm	Route PO	Frequency 6 <sup>TH</sup> HOURLY	Start Date 8/6/26	
Name & Signature of the Doctor Starting the Drugs: <i>B de</i> <i>Dr. BRUNDA</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB CEFUROXIME				Date Time
Dose 500 mg	Route PO	Frequency 12 <sup>TH</sup> HOURLY	Start Date 08/06/26	
Name & Signature of the Doctor Starting the Drugs: <i>Ace</i> <i>DR ATHAR</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB PANTOPRAZOLE				Date Time
Dose 40MG	Route PO	Frequency ONCE DAILY	Start Date 08/6/26	
Name & Signature of the Doctor Starting the Drugs: <i>Ace</i> <i>DR ATHAR</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG : TAB METFORMIN				Date Time
Dose 500MG	Route PO	Frequency ONCE DAILY	Start Date 08/06	
Name & Signature of the Doctor Starting the Drugs: <i>Ace</i> <i>DR ATHAR</i>				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Weight. 74 kg Ward. C/D

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
08/06	2pm	INS CEFOTAXIME (AFTER TEST DOSE)	1 gm	iv	Ace	
08/06	12:40 pm	INS PANTOPRAZOLE	40 mg	iv	Ace	
08/06	12:40 pm	INS METOCLOPRAMIDE	10 mg	iv	Ace	
8/6/26	12:10 pm	TAB. MISOPROSTOL	400mcg	plv	ey	
8/6/26	3:10pm	SUPP. TRAMADOL	100mg	pr	B de	
8/6/26	3:10pm	SUPP. DICLOFENAC	100mg	pr	B de	
08/06/26	3:10pm	TAB MISOPROSTOL	400mcg	pr	Ace	

Dr. P. S. S. 8/6/26

VERIFIED BY : Name Signature

