

ACTIVITY RECORD **LING**

VH-00182133 IP-00060392
 Mrs SALONI SURANA
 17-07-1999 26 Y 11 M 1 D (F)
 Dr. KAPPAGANTULA APARNA

UHID | 

----- Consultant : ----- Dept : -----

Date of Admission : 18/6/26 Time : 8:12 AM Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	10:12 AM	MICU	OT	<i>[Signature]</i>
18/6/26	11 AM	OT	MICU	<i>[Signature]</i>

Cross Consultation Visit

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

VIH-00182133 IP-00060392
 Mrs SALONI SURANA
 17-07-1999 26 Y 11 M 1 D (F)
 Dr. KAPPAGANTULA APARNA



SURGERY DETAILS

Date : 18/06/26
 Patient Name: Mrs. SALONI GURANA Date of Birth: 17/07/1999 Age: 26 Yr
 Gender: FEMALE Ward : OT UHID No.: 182133
 Date of Surgery: 18/06/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery : PROPHYLACTIC CERVICAL CERCLAGE ✓

Time in : 10:25 am Time Out : 11 am ✓

	NAME	AMOUNT
1. Surgeon	Dr. K. APARNA	OT CHARGES
2. Anaesthetist	Dr. Brunda	
3. Assistant Surgeon	Dr. Greeshma	
4. OT Technician	Br. Rakesh	
5. Circulating Nurse	Sr. Meghana	
6. Assistant Nurse	Sr. VANITHA	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 3091618/19 ✓

Order by: Ruby. F ✓



3091618
19

CONSUMABLES OF OT

VIH-00182133 IP-00060392
Mrs SALONI SURANA
17-07-1999 26 Y 11 M 1 D (F)
Dr. KAPPAGANTULA APARNA



Age :
me :

Circulating Staff : Dr. Meshame Technician : Rakesh

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>Protogreen</u>		<u>2</u>	Inj. Vit. K		
LMA			Sutures <u>5061</u>		<u>1</u>	Cord Clamp		
ECG leads : A/P/N		<u>3</u>				Suction Catheter		
HME filter : A/P/N			<u>Nelton low</u>		<u>1</u>	Feeding Tube		
Syringe 10 cc		<u>3</u>				Vaccum Suction Set		
05 cc		<u>4</u>	Gloves <u>6 npr / 6 npr</u>		<u>2/2</u>	Surgical Gloves		
02 cc		<u>2</u>	<u>6 npr / 6 npr</u>		<u>2/2</u>	Gauze Pack		
01 cc						Syringe 1 ml / 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<u>1</u>	Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml			Koochies					
			Ointments <u>Phenacaine</u>		<u>1</u>			
			Suction Catheter					
Fentanyl			Cap. Mask		<u>8/8</u>			
Morphine			Gauze Pack		<u>1</u>			
Ketamine			Mop Pack		<u>1</u>			
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet <u>Allesob</u>		<u>1</u>			
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		<u>1</u>	Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)		<u>1</u>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban <u>D10pion</u>		<u>3</u>			
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set		<u>1</u>			
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution		<u>2</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon Dr. K. Aparna
Order No. : 3091617

Anaesthesiologist Dr. Brenabe
Ordered by :

Nurse Vanitha
Rekha

Rakesh
OT Technician



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

IP No	IP-00060392	Ward	N 2F-MICU
Patient Name	Mrs SALONI SURANA	Bed Name	MICU 227
Age/Sex	26 Y 11 M 1 D / Female	Order No	0003091617
Date	18/06/2026 10:57	Prescription No	PRIP-1291839
Payor	SELPAY	Dispensed Date	18/06/2026 11:00
UHID	VIH-00182133		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			VI01062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713922	12/27	1	31.47	31.47
3	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD05926	03/28	2	103.95	207.90
4	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	3	120.00	360.00
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	3	28.13	84.39
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	Encore Microptic gloves- 6.5		H	26020044IT	02/29	2	117.00	234.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
11	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	8	10.00	80.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
13	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	1	949.00	949.00
14	NELTON CATHETER-10 POLYMED	Polymed	GENERAL	2610064A	12/30	1	78.00	78.00
15	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR001	03/29	10	23.43	234.30
16	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24M24G8217	11/29	1	469.69	469.69
17	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	VU20052026	12/30	2	450.00	900.00
18	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261790	02/29	1	69.39	69.39
19	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
20	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C2003M	02/31	2	91.00	182.00
21	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	8	10.00	80.00
22	THEMICAINE 30GM JELLY	Themis Medicare Ltd	H	TT080	03/28	1	34.82	34.82
23	TRUSILK 4 SN5061 PCM	Sutures India		BB250633	10/30	1	511.00	511.00
24	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010038	02/31	1	739.00	739.00
Total :							5,023.69	6,849.70

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Receiver Name

Name	Mrs SALONI SURANA	UHID	VIH-00182133
Father/Guardian	Mr SRESTH SUVARNA	Age/Gender	26 Y 11 M 1 D/Female
Address	PLOT NO 30, SANJEEVYA COLONY, SIKH VILLAGE, Karkhana, Hyderabad, Telangana, INDIA, 500009		
IP No	IP-00060392	Admission Date	18-06-2026
Ref Doctor	Self.	Discharge Date	

DISCHARGE SUMMARY

Consultants : Dr. KAPPAGANTULA APARNA, OBSTETRICIAN & GYNAECOLOGIST

Diagnosis: Primigravida with 15+ 4 weeks with IVF coception with DCDA Twins for Prophylactic Cervical Cerclage. CERVICAL CERCLAGE UNDER SPINAL ANAESTHESIA DONE ON 18.06.2026.

History:

LMP: 28.02.2026

Obstetric formula: Primigravida

EDD: 07.12.2026

Gestation at admission: 15+4 weeks

Obstetric History:

G1 - Present pregnancy IVF conception.

Medical History: Nil

Family History: Mother- DM

Surgical History: Nil

Allergies: Nil

Name	Mrs SALONI SURANA	UHID	VIH-00182133
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Antenatal Details: Mrs SALONI SURANA was booked to Rainbow hospital at 12+6 weeks of gestation. Previous ANC's done at RCH Himayatnagar. She had regular antenatal checkups and investigations as advised. She is on Tab. Ecosprin 150 mg OD since conception. She was admitted at 15+ 4 weeks with IVF coception with DCDA Twins for Prophylactic Cervical Cerclage.

Investigations: Enclosed.

Blood group: " A" POSITIVE

Surgery Notes:

Operation performed: Prophylactic cervical cerclage under spinal anaesthesia.

Indication: Prophylactic

Operative findings:

- Under aseptic conditions, under spinal anaesthesia, patient placed in lithotomy position.
- Parts painted & draped.
- Bladder emptied.
- Anterior & posterior vaginal walls retracted with sims speculum.
- Anterior lip of cervix held with sponge holding forceps.
- Cervical cerclage done using Mc Donald technique with silk stitch.
- Knot placed anteriorly.
- Hemostasis secured.

Post-Operative Notes: Postoperative period: - Uneventful, patient was stable, FHR- good at the time of discharge.

Advice:

1. Tab. Taxim-O 200mg twice daily till 22.06.2026 (9am - 9pm) after food.
2. Tab. Dolo 650 mg SOS after food.
4. Tab. Pantoprazole 40 mg once daily till 22.06.2026 (7am) before food.

Name	Mrs SALONI SURANA	UHID	VIH-00182133
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5. Tab. Susten SR 300 mg once daily (9 pm) till further orders.
6. Tab. Dydrogesterone 10 mg twice daily (8 am- 2 pm) till further orders.
7. Modified bed rest.
8. Review SOS if bleeding pv, leaking pv or pain in abdomen.

Review after one week on 24.06.2026 in Gynec OP (This consultation will be charged).

For OPD appointment contact 040-43404340 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in (or) contact our Toll Free number 1800-2122

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name : *Saloni Surana*

Signature : *[Handwritten Signature]*

Relationship with patient : *Self*

This summary has been explained by :

Summary prepared by: Dr.

Registrar/Resident/C.M.O

Name	Mrs SALONI SURANA	UHID	VIH-00182133
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AParna
Dr. KAPPAGANTULA APARNA
MD
OBSTETRICIAN & GYNAECOLOGIST
43142

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060392 Admit Date : 18-Jun-2026 Admit Time : 08:12 AM UHID : VIH-00182133

Patient Details :

Patient Name : Mrs SALONI SURANA Age : 26 Y 11 M 1 D
Guardian : Mr SRESTH SUVARNA DOB : 17-07-1999
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : PLOT NO 30, SANJEEVYA COLONY, SIKH VILLAGE Karkhana Hyderabad Telangana INDIA 500009 Phone No : 9866898492/ 7995640354
E-mail : na@gmail.com

Admission Details :

Bed Type : MICU Bed No : MICU 228 Ward Name : N 2F-MICU
Room No : MICU 228 Admission Type : First Visit

Contact Details :

Name : Mr SRESTH SUVARNA Relationship : W/O
Contact Address : PLOT NO 30, SANJEEVYA COLONY, SIKH VILLAGE Karkhana Hyderabad Telangana INDIA 500009 Phone No : 9866898492



Signature

Doctor Details :

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

Payment Details :

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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 28/2/25

EDD:

Corrected EDD: 7/12/26

GA: 15 + 4 weeks

Obstetric Formula: Primigravida

Menstrual History: Regular: Yes No

MS - 3 yrs, NCM

Obstetric Examination

Obstetric History:

Fundal Height:

Ut in 14 - 16 weeks

G1 - PP - IVF conception (1st cycle - own gamete)

Booked to RCH at 12 & 4 weeks.

Pre ANCs - Himayatrager RCH.

Present Pregnancy Record:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

- T1, T2 - uneventful.

- on tab aspirin since (1st cycle) conception

Head Fifths Palpable: _____

RISK FACTORS:

FHS: Normal Tachy Brady Absent

128 bpm

Per Speculum Examination

Not done

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Not done.

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 160 cm

Weight: 65.7 kg

Allergies: _____

Breast: Normal Abnormal

General Examination:

Consciousness: C/C/C

Pallor: (-)

Icterus: (-)

Edema: (-)

Temp: Afebrile

PR: 84 bpm

BP: 118/67 mmHg

DTR: (+)

CVS: S1 S2 (+)

RS: BAE (+)

Liver/Spleen: NAD.

Urine Output: Adequate

DIAGNOSIS

Primigravida = 15 + 4 weeks with IVF conception with DCDA twins for prophylactic cervical cerclage.



<p>Family History:</p> <p>mother - DM.</p>	<p>Surgical History:</p> <p>Nil</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>ON Tab Aspirin 150 mg. OD.</p>
<p>Plan of Care: <u>CTI to Dr Aparna</u> <u>makam</u></p> <ul style="list-style-type: none">- Admission- NBM- consent- part preparation- FHR monitoring- follow drug chart- monitor vitals- Inform SOS.- send CBP & Blood group & RH typing.	<p>Investigations: <u>BG - 'A' POSITIVE</u></p> <p>HIV } HBsAg } NR HCV } HDLR } CBP - 11.7 11.85 2.92</p> <p>30/5/26 - NT DCDA twin 12 + 3 weeks</p> <p>- NT I - 1.70mm II - 1.40mm</p> <p>- CL - 32mm</p> <p>FTS - low risk</p> <p>16/6/26 - CL scan</p> <ul style="list-style-type: none">- DCDA twin- 1st + 2 week.- PL - posterior- AFP - LP - 3.9cm- CL - 35mm

Noted by Subhrami
18/6/26 8:30AM

Doctor Name: Subhrami
Signature: Dr. Aparna
Date & Time: 18/6/26 8:30AM

Consultant Name: Dr. Aparna
Signature: _____
Date & Time: 18/6/26



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 18/01/20

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify _____

Primary Language: Telugu English Hindi Others, specify _____

Do you require an interpreter? Yes No if Yes specify _____

Source of Information: Patient Family Others, specify _____

Allergies: Yes No Medications Blood Transfusion Food Other: _____

If yes, identify _____

Chief Complaints: cervical cerclage Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Sujana
 Time Notified: 8:30 AM

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify) _____

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

Gynecology Assessment: <input checked="" type="checkbox"/> Not Applicable Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>28/12/26</u>	Gynecology Surgical History: Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Myomectomy: <input type="checkbox"/> No <input type="checkbox"/> Yes Others: _____	Gynecological History: Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
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Obstetric History: G _____ P Parvi L _____ A _____

Previous LSCS: Nil

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other _____

Vital Signs / Measurements: Temp: 98.6 F HR: 92 bpm RR: 18 bpm
 BP: 110/70 mm Weight: 65.7 Height: 60 BMI: _____

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 28 (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. Saloni

Name of Person Orientation was given to: Mrs. Saloni


Orientation not given Reason:

Nurse Signature: *K. Subasree*

Nurse Name: *K. Subasree*

Date & Time: *18/6/26 8:10 AM*

PATIENT TRANSFER FORM

IH-00182133 IP-00060392		Date & Time of Admission		Date & Time of Transfer Order	
Mrs SALONI SURANA 7-07-1999 26 Y 11 M 1 D (F) Dr. KAPPAGANTULA APARNA 		18/6/26 at		18/6/26 at 10:12pm	
Treating Consultant Name		Transfer Ordered by		Reason for Transfer	
		Dr. Greshma		post opp case	
From Unit		To Unit		Information to Attendant	
MICU		OT		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File		Number of Imaging Films		Personal belongings including clinical documents. If any handed over to attendant	
35		nil		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over					
Sl.No.	Item Name			Quantity	
1.					
2.					
3.	nil				
4.					
5.					
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Dr. Greshma					
Name & Signature of Person who is Transferring			Name of Person Ordered Transfer		
S.S. Subini			Dr. Greshma		
Patient & Clinical Records Received by :					
Manimale					
Date & Time of Patient Received :					
18/6/26 @ 10:12am					

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

1941

1941

1941


1941

1941

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1941

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00182133 IP-00060392 Mrs SALONI SURANA 17-07-1999 26 Y 11 M 1 D (F) Dr. KAPPAGANTULA APARNA 		Date & Time of Admission 18/6/26 @ 8:12 AM	Date & Time of Transfer Order 18/06/26 @ 11 AM
		Transfer Ordered by Dr. Brunda	Reason for Transfer Post-OP care
From Unit OT	To Unit NICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 39	Number of Imaging Films - NIL -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.	- NIL -		
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Brunda			
Name & Signature of Person who is Transferring Srs Meghana		Name of Person Ordered Transfer Dr. Brunda	
Patient & Clinical Records Received by : Subhashini			
Date & Time of Patient Received : 18/6/26 11 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

UNITED STATES DEPARTMENT OF JUSTICE

MEMORANDUM FOR THE ATTORNEY GENERAL

DATE: 10/15/54

RE: [Illegible]

TO: [Illegible]

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]



MEDICATION RECONCILIATION FORM

Drug Allergies: 18/6/20 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: ICU Shifted to: OT

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 IRON	1 TAB	PO	OD	18/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	TAB CALCIUM	1 TAB	PO	OD	18/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	TAB PROGESTERONE SUSTAIN RELEASE	300MG	PO	24TH HOURLY	18/6	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	TAB DYDROPROGESTERONE	10MG	PO	12TH HOURLY	18/6	<input type="checkbox"/> C <input checked="" 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. Jhar Dr. Jhar

Date & Time: 18/6/20 9:30 AM

Nurse Name & Signature: K. Subasini

Date & Time: 18/6/20 7:30 AM



1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/6/26 10:50 AM	<p>Pop-o (Post Cesarean)</p> <p>O/E pt is c/c/c</p> <p>Gc - fair</p> <p>Afebrile</p> <p>BP - 120/73 mmHg</p> <p>PR - 89 bpm</p> <p>S/E - NAD</p> <p>P/A - ut ~ 15 wks</p> <p>Relaxed</p> <p>FHR ⊕</p> <p>L/E - NAB</p>	<p>Adv</p> <ul style="list-style-type: none"> - NBM x 2hrs - Rest - W/F Bleeding PV - Monitor vitals - Follow drug chart - Inform SOS.
<p>10:50 AM Noted by Subhrajit 18/6/26</p>		<p><i>[Signature]</i></p>
	<p>Pop-o (post cesarean)</p>	<p>Adv:</p>
18/6/26 12:50 pm	<p>O/E - pt is c/c/c</p> <p>Gc - Fair</p> <p>Afebrile</p> <p>BP - 118/76 mmHg</p> <p>PR - 84 bpm</p> <p>S/E - NAD</p> <p>P/A - ut ~ 15 wks</p> <p>relaxed</p> <p>FHR ⊕ 140 bpm</p> <p>L/E - NAB</p>	<ul style="list-style-type: none"> - water sips f/b clear liquids & soft diet - modified bed rest - w/f bleeding PV - monitor vitals - FHR monitoring - Follow drug chart - Inform SOS.
<p>urine passed pt. can be discharged</p>		<p><i>[Signature]</i></p>
<p>Noted by mangya 18/6/26 @ 12:50 PM</p>		<p>D2 - Nilwita</p>

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

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

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

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

- Pregnant : Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

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

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

Patient / Patient Attendant :

Signature :
Name : Saban Surana
Relationship with Patient: self
Date & Time : 18/6/26 9:30 AM

Witness :

Signature :
Name : neeraksi Mother 1
Date & Time : 18/6/26 9:30 AM

Doctor (who is taking the consent) :

Signature :
Name : Dr. Brunda
Date & Time : 18/6/26, 9am

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. Saloni Age: 26y Sex: F UHID.No: V14-00182133
 Date: 18/6/26 Time: 9am Proposed Operation: Cervical cerclage
 Diagnosis: Primigravida 15+4 wks to IVF Conception & DCOM Twin
 B.P / CRT: 118/67 mmHg H.R: 82bpm Weight: 65.7kgs ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb:	Glucose:	Protein:	HIV: <u>Yes</u>	X-Ray:
PCV:	Urea:	Alb:	HBS Ag: <u>Yes</u>	ECG:
WBC:	Creat:	Total Bill:	HCV: <u>Active</u>	2D Echo:
Plate:	Na:	Dir. Bill:	Blood group: <u>Active</u>	Stress/Anglo:
PT:	K:	LDH:	T3	Other:
PTT:	Ca++:	Alk phos:	T4	
INR:	Mg++:	Amylase:	TSH	
	Cl-:	SGOT/SGPT:		

Allergies: NKDD

Medical History: CVS :

RESP : _____ Diabetes : _____
 CNS : _____
 Renal : _____
 Hepatic / GE : _____ Physical Activity: Active
 Others : - on Tab. Ecosprin 150mg OD since conception, not taken last day.

Past Anaesthetic History: OR ↓ MAC

Physical Exam:

Airway: MP 1 (2) 3 4 Mouth Opening: Adequate Mentohyoid Distance: (N) Neck: (N) Teeth: Intact
 Lungs: BL AE ⊕ clear
 Heart: S1S2 ⊕
 CNS: NAD

Pregnant: Yes No NA Venous Access Site: (F) Spine Exam for regional: Mildline

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE

Pre-Operative Instructions:

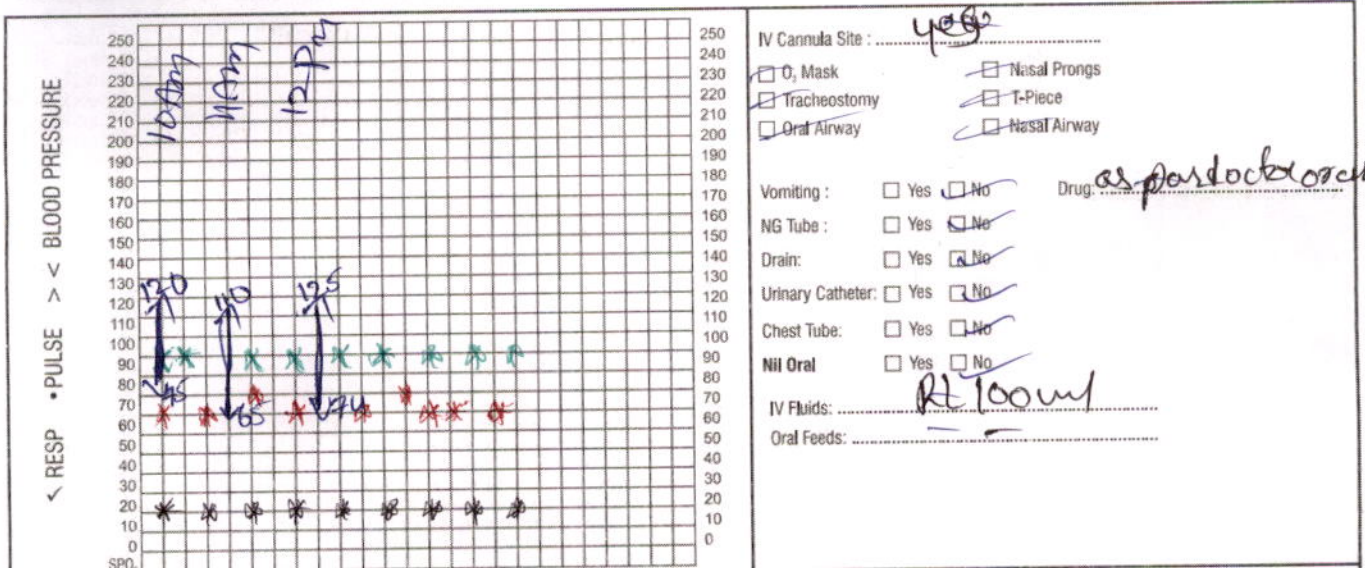
- DVT Prophylaxis :
- NIL ORAL $\left\{ \begin{array}{l} \text{Water / ORS 2 Hours} \\ \text{Others 6 Hours} \end{array} \right.$
- Informed Consent: Standard High Risk
- Post Operative Pain Management: Discussed with Patient
- Other Instructions: - USP to be sent

Signature: [Signature] Name: Dr. Brunda



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by: SR Subasini Time Received: 11 AM Time Discharged: 12:30 PM



POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
18/6/1		0	TO provided comfortable position Tytti	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

Anaesthesiologist Name: Dr. Boudra

Anaesthesiologist Signature: [Signature]

Date & Time: 18/6/20 12 PM

PACU Nurse Name: SR subasini

PACU Nurse Signature: [Signature]

Date & Time: 18/6/20 12 PM

Transferred to Unit by (PACU): SR subasini

Date & Time: 18/6/20 12 PM

VIH-00182133 IP-00060392
 Mrs SALONI SURANA
 17-07-1999 26 Y 11 M 1 D (F)
 Dr. KAPPAGANTULA APARNA



Department of Anaesthesiology
EPIDURAL ANALGESIA RECORD

Date: Time: Procedure done by

CSE /Spinal /Epidural Position : Space : Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts :

Parasthesia : Yes/No if yes details :

Solution Composition :

Any other issues :

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level		Maternal		FHR	Comments
			Left	Right	BP	Pulse		

Delivery Details : Time : APGAR: SVD / Instrumental / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction :

Discharge /Shifting ordered by

Doctor Signature:

Doctor Name:

Date and Time :

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. K. Aparna
 Asst. Surgeon : Dr. Geetha
 Anaesthetist : Dr. Brunda
 Scrub Nurse : Sr. Vanitha

Patient Name : Mrs. Saloni
 UHID No. : 182183 Surgery
 Date : 18/06/20 In-time : 10:25am Out-time : 11AM

VIH-00182133 IP-00060392

Mrs SALONI SURANA
 17-07-1999 26 Y 11 M 1 D (F)
 Dr. KAPPAGANTULA APARNA



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>10:15AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature : <u>B de</u>	
Name : <u>Dr. Brunda</u> <u>18/6/20</u>	

TIME OUT	Time: <u>10:25am</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site <u>Cervix</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Cervical cerclage</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Bleeding</u> <u>30 mins</u> <u>12ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature : <u>M</u>	
Name : <u>Meghana</u>	

SIGN OUT	Time: <u>11AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature : <u>Dr</u>	
Name : <u>Dr. Geetha</u>	

- Anterior and Posterior vaginal walls retracted using Sims speculum.
- Anterior lip of cervix held using sponge holding forceps.
- Cervical cerclage done using McDonald's stitch and knot placed anteriorly.
- Hemostatic sutured.
- No active bleeding.
- Instruments and Dop count tallied.

Adv

- NBM x 2hrs
- Rest
- Monitor vitals
- Follow drug chart
- FHR monitoring
- Inform COS

Dr. Geetha

Name of the Surgeon: Dr. APARNA K.

Signature of the Surgeon:

Date & Time: 18/6/26, 10:50 AM

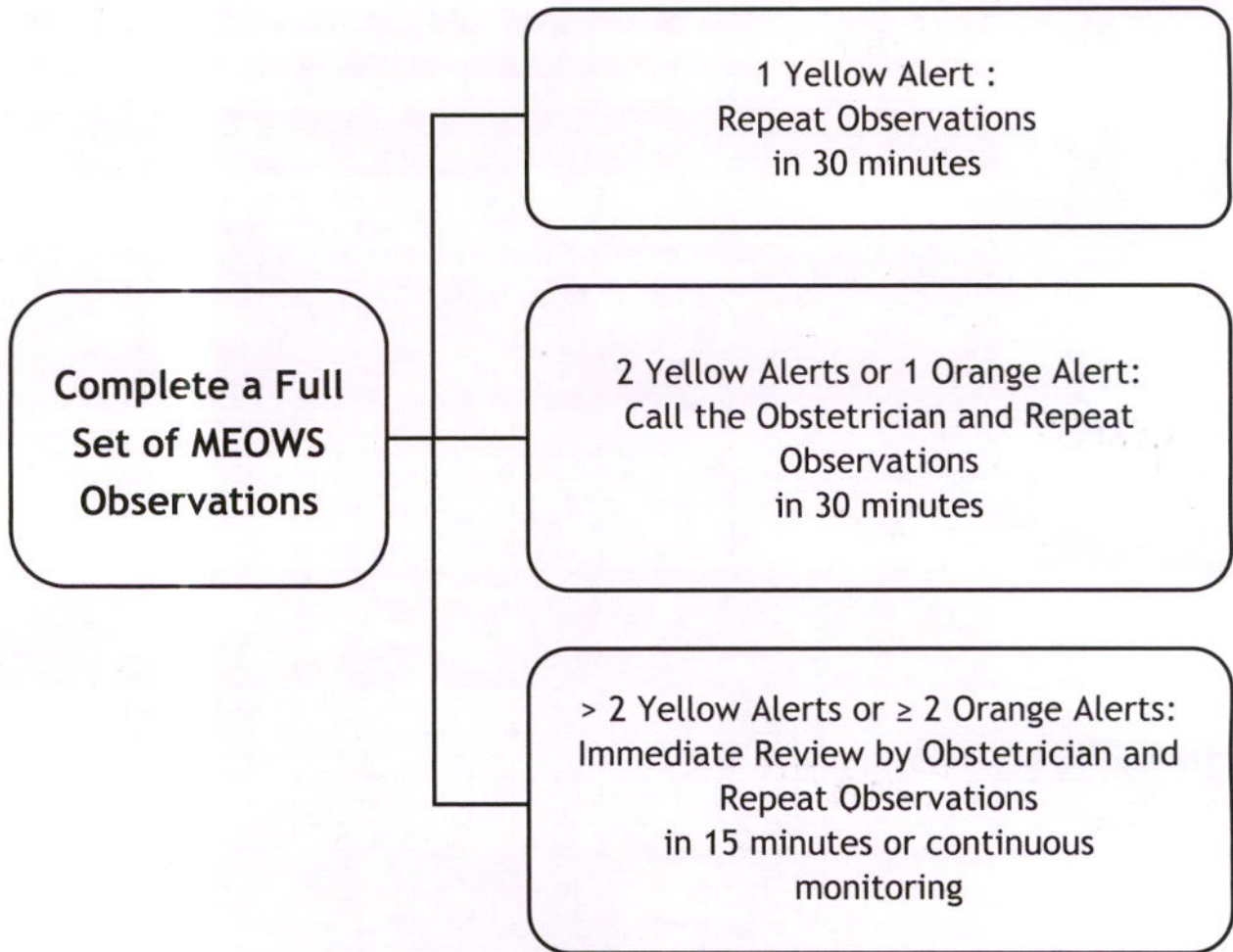


Early Warning Observation Score Chart - Obstetrics

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 <small>(write rate in corresp. box)</small>	> 30																														
	21 - 30																														
	11 - 20				19	19	19	19																							
	0 - 10																														
Saturations	94 - 100 %				99	99	99	99																							
	< 94 %																														
Administered O ₂ (L/min.)																															
Temp ^o c	40																														
	39																														
	38																														
	37				37	37	37	37																							
	36																														
	35																														
	< 35																														
Heart Rate	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110																														
	100																														
	90																														
	80																														
	70				70			78	75																						
	60				69																										
	50																														
40																															
Systolic Blood Pressure	190																														
	180																														
	170																														
	160																														
	150																														
	140																														
	130																														
	120																														
	110				120				120																						
	100				119	118																									
	90																														
	80																														
	70																														
60																															
50																															
40																															
Diastolic Blood Pressure	130																														
	120																														
	110																														
	100																														
90																															
80																															
70																															
60				60																											
50																															
40																															
NEURO RESPONSE [✓]	Alert				✓	✓	✓	✓																							
	Voice																														
	Pain																														
	Unresponsive																														
URINE mls / hour	> 30				✓	✓	✓	✓																							
	< 30																														
Proteinuria	Protein ++																														
	Protein > ++																														
Lochia	Normal				NA	NA	NA	NA																							
	Heavy / Foul																														
Liquor	Clear / Pink				NA	NA	NA	NA																							
	Green																														
TOTAL YELLOW SCORES					0	0	0	0																							
TOTAL ORANGE SCORES																															
Nurse Initial					g	h	a	i																							

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00182133
 Mrs SALONI SURANA IP-00060392
 17-07-1999 26 Y 11 M 1 D (F)
 Dr. KAPPAGANTULA APARNA

18/6/26



FLUID CHART

Sheet No. : 1

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine		
18/6/26	08:00 am											
	09:00 am											
	10:00 am	RL NBM										- Jyothi
	11:00 am	RL NBM 100ml per hrs										
	12:00 pm	RL NBM 100ml per hrs										
	01:00 pm											
	Total Intake :						Total Output :					
	02:00 pm											
	03:00 pm											
	04:00 pm											
	05:00 pm											
	06:00 pm											
	07:00 pm											
Total Intake :						Total Output :						
	08:00 pm											
	09:00 pm											
	10:00 pm											
	11:00 pm											
	12:00 am											
	01:00 am											
Total Intake :						Total Output :						
	02:00 am											
	03:00 am											
	04:00 am											
	05:00 am											
	06:00 am											
	07:00 am											
Total Intake :						Total Output :						

Total 24 hrs. Intake

Total 24 hrs. Output

IP-00060392
 Mrs SALONI SURANA
 17-07-1999 26 Y 11 M 1 D (F)
 Dr. KAPPAGANTULA APARNA



DRUG CHART

Date of Admission: 18/6/26 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)

Date: 18/6/26

DRUG : T: PARACETAMOL				Date/Time															
Dose	Route	Frequency	Start Date																
650MG	PO	WHEN REQUIRED	18/6																
Doctor's Signature		Valid Period	Pharm.																
[Signature]																			
Additional Instructions:																			

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

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

VERIFIED BY Name:



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
18/6	9:30 AM	INT HYDROXY PROGESTERONE CAPROATE	500 MG	IM	✱	me
18/6	9:40 AM	INT METOCLOPRAMIDE	10 MG	IV	✱	me
18/6	9:40 AM	INT PANTOPRAZOLE	40 MG	IV	✱	me
18/6	9:50 AM	INT CEFOTAXIME (AFTER TEST DOSE)	1 GM	IV	✱	me

VERIFIED BY: Name Signature

D. K. Appanna



ESTIMATION SLIP



Date: 17/6/26 UHID/IP No.: VH-00182133 Sl. No.: 28891

Name of Patient: Mr. Saloni Surana Age: 26y Gender: F

Father's / Husband's Name: Mr. Sui Surana Corporate/Occupation: SU

Address: Hydrabad Phone: 9100823898 Email: _____

Procedure/Plan: Cesarean DOS: _____

MODE OF PAYMENT: SELF TPA: CASH GIPSA: _____ OTHER

TARIFF INFORMATION: DR. K. Aparna

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges									
Doctor's Fee									
Tax									

PARTICULARS	AMOUNT (₹)												
Surgeon's / Anesthetist's Fee / O.T Charges	<u>36000/-</u>												
O.T Consumables	<u>3000</u> - Subject to approval by TPA/Insurance Company												
Instrument Charges	Not Covered by TPA/Insurance Company												
Pharmacy, Consumables & Investigations	<u>5K DAC</u> * As per actual - Not Included In Estimation												
Equipment Charges	<table border="1"> <tr> <td>Monitor :</td> <td>Oxygen:</td> <td>Infusion Pump/Syringe Pump:</td> </tr> <tr> <td>Ventilator</td> <td>Conventional:</td> <td>HFO-SLE 5000:</td> </tr> <tr> <td>Phototherapy</td> <td>Single Surface:</td> <td>HFO-Sensormedix:</td> </tr> <tr> <td></td> <td>Double Surface:</td> <td>Triple Surface:</td> </tr> </table>	Monitor :	Oxygen:	Infusion Pump/Syringe Pump:	Ventilator	Conventional:	HFO-SLE 5000:	Phototherapy	Single Surface:	HFO-Sensormedix:		Double Surface:	Triple Surface:
Monitor :	Oxygen:	Infusion Pump/Syringe Pump:											
Ventilator	Conventional:	HFO-SLE 5000:											
Phototherapy	Single Surface:	HFO-Sensormedix:											
	Double Surface:	Triple Surface:											
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.	* As per actual - Not Included In Estimation												
Package													
Others	<u>NKA-1K, MRD-200, Consultant-200(M), PR-200</u>												
Initial Minimum Deposit													

REMARKS : 45K

1. estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
2. The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thoroscopic, etc) / Unilateral to Bilateral Procedure.
3. In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
4. Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
5. Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
6. For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
7. During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
8. Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
9. Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
10. Tariffs are subject to revision.
11. Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I _____ have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client: [Signature] Signatory Relationship: Brother Signature of the Financial Counselor: [Signature]