

ACTIVITY FOR BILLING

VIH-00143241 IP-00060214

Mrs RAMYA RAVEENDRAN NAIR

Name: 22-06-1985 40 Y 11 M 12 D (F)

Dr. MADHUMITA ANIRUDDHA GITAY

UHID No



Consultant : -----

Dept : -----

Date of Admission : 3/6/2026 Time : 7:19 AM Date of Discharge : ----- Time: -----

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/2026	@ 10:56 am	MICU	OT	
3/6/2026	1:30 pm	OT	post operative	
4/6/2026	12:55 pm	MICU	Room (105)	
4/6/2026	12:55 pm	MICU		

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
3/6/2026	Iv placement	①	3086547	
3/6/2026	PAC	①	3086540	
3/6/2026	catheterization	①	3086541	

	Wound checked	by	C. Sherwin	3/6/26 3pm

ANY OTHER INFORMATION

Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward  4/6/26 @ 6pm.	Billing Assistant	Billing Supervisor
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105

Patient Name : - VIH-00143241 IP-00060214 -
Mrs RAMYA RAVEENDRAN NAIR -

Registration No.: 22-06-1985 40 Y 11 M 13 D (F) -
Dr. MADHUMITA ANIRUDDHA GITAY -



MEDICATION
NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
5/6/26	00.00	6AM.		
	1.00	Tab THYROXINE 125mcg (OD)		
	2.00	Inf PANTOPRAZOLE 40mg (BD)		
	3.00	Inf METRONIDAZOLE 500mg (TID)		
	4.00	Inf PARACETANOL 1gm (TID)		
	5.00	Inf CEFOTAXIME 1gm (BD)		
	6.00			
	7.00			
	8.00			
	9.00			
	10.00			
	11.00			
	12.00			
	13.00			
	14.00			
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

VIH-00143241 IP-00060214

Mrs RAMYA RAVEENDRAN NAIR

22-06-1985 40 Y 11 M 12 D

Dr. MADHUMITA ANIRUDDHA GITAY



SURGERY DETAILS

Date : 3/6/26

Patient Name: Mrs. Ramya Raveendran Nair Date of Birth: 22-06-1985 Age: 40 Yrs

Gender: Female Ward: OT UHID No.: 00143241

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

Name of the Surgery : Laparoscopic Incisional Hernioplasty (IPOM) and Excision of Scar endometriosis under general anesthesia

Time in : 11:10 AM Time Out : 01:20 PM

	NAME	AMOUNT
1. Surgeon	Dr. Madhumita Dr Chandrika	OT charges
2. Anaesthetist	Dr. Madhav	-
3. Assistant Surgeon	Dr. Yogeshwarai	Laproscope charge
4. OT Technician	Tech. Vaishnavi	11.30 AM - 12.30 PM
5. Circulating Nurse	Sr. Maria / Sr. Vanitha	3086658
6. Assistant Nurse	Sr. Reeba F / Sr. Manimala	

- 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: 3086653 / 3086654 / 3086657 Order by: Reeba F

9/23-28.

44. 85910

Play Econ - 117116

30159.

X

Play - ① Her nro
 ② Endomet

85910. 100%

112955 50% X

~~Play Econ~~

~~Play~~

- ③ ALTA - 1000 +
- 4 med - 2500 +
- 5 diet - 3000 +
- 6 GEM - 1320 +

7 Insurance proce - 1500 +

8 Investigation - 5390 +

9 non medicab - 15159. +

10 procedure - 44298 +

11 strap secure - 112359 +

245691

CONSUMABLES
mesh.
OF OT 3/6/26

Patient
Gender
Date:

Ref. No. F/CONB/SUR/OT/02
VIH-00143241 IP-00060214
Mrs RAMYA RAVEENDRAN NAIR Age : 40y.
22-06-1985 40 Y 11 M 12 D
Dr. MADHUMITA ANIRUDDHA GITA

Circulating Staff : Technician :

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (70) cuffed		1	Major Pack general	1		Inj. Vit. K		
LMA			Sutures 844	1		Cord Clamp		
ECG leads : A/P/N		3	2317	1		Suction Catheter		
HME filter A/P/N		3	5085	1		Feeding Tube		
Syringe 10 cc		3		1		Vaccum Suction Set		
05 cc		3	Gloves PP677	1	3	Surgical Gloves		
02 cc		3	8.9.7	2		Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N		1	Surgical blade 20 22	1		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		2	Cautery Pencil	1		T.V.R. Seb	1	
NS : 10ml/100 ml/ 500ml/1000ml	1	1	Koochies			mesh 15x15	1 ph	
NS		4	Ointments			proceed - PCDM		
Nasopharyngeal airway (26)		1	Suction Catheter			Screw Stap	1 ph.	
Fentanyl			Cap. Mask	10	10	proximate Staple	1	
Morphine midazolam		1	Gauze Pack	2		Deemauc Pen	1	
Ketamine			Mop Pack	2		D. water (500ml)	2	
Propofol		2	Steristrip AP/esob	1				
Rocuronium		2	Underpad					
Glycopyrolate			Draw Sheet					
Myopyrolate		1	Abgel					
Ondansetron lox patch		2	Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
High pressure soxcm		1	Tegaderm Nelson (10 NO)	1				
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg		1	Vaccum Suction set		1			
Justin : 12.5 mg/25 mg/ 100 mg		1	Plastic Bed Sheet					
Tab. Misoprost : 200 mg			Betadine Solution					
Ryles tube 14 FT		1	Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon *Dr. Chandhika* / Anaesthesiologist *Dr. Brunda* Nurse *Ruby P / Manimala* OT Technician
 Order No. : 3086675 / 3086701 Ordered by : *Sr. Ruby P / Manimala*

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-00060214	Ward	N 2F-MICU
Patient Name	Mrs RAMYA RAVEENDRAN NAIR	Bed Name	MICU 227
Age/Sex	40 Y 11 M 13 D / Female	Order No	0003086679
Date	03/06/2026 16:34	Prescription No	PRIP-1289784
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	03/06/2026 16:35
UHID	VIH-00143241		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			260511I	03/29	1	775.00	775.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	240706I0B	08/27	1	1,153.00	1,153.00
3	DERMARK PEN ROMSON	ROMSONS	GENERAL	G25I010300	08/28	1	331.00	331.00
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26CO3K92	01/31	3	28.13	84.39
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	3	21.56	64.68
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	3	11.25	33.75
7	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
8	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
9	ENCORE MICROPTIC GLOVES-7 PF	ANSEL		260301121T	03/29	3	128.00	384.00
10	ET TUBE 7.0 CUFFED RUSCH			40E25F4507	05/30	1	402.00	402.00
11	FACE MASK-3LAYER THREADED	Sunrise		VI02012026	12/99	10	10.00	100.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	3	100.00	300.00
13	GENERAL SURGICAL KIT (MEDITAKE)		H	MT0105026	04/29	1	1,950.00	1,950.00
14	HIGH PRESSUR EXTENTION 200 CM PRYMAX	ROMSONS	GENERAL	26020225	01/31	1	449.00	449.00
15	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26C010482	02/31	1	487.00	487.00
16	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
17	LOX-LIDOCAIN-5PER PATCH 2S	Neon Laboratories Ltd	H	LT00126	01/28	2	417.00	834.00
18	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353002	07/27	2	69.10	138.20
19	MERSILK 3-0 NW 5085	ETHICON SUTURES-J&J	C1	V4009	10/29	1	195.00	195.00
20	MIDAZOX INJ 5MG 5ML		H	KAS26001	01/28	1	30.90	30.90
21	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	M2642SF036	04/30	2	949.00	1,898.00
22	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350476	10/27	1	140.20	140.20
23	NASOPHARYNGEAL TUBES 28	RUSCH	GENERAL	40E25L6062	10/30	1	278.00	278.00
24	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		235040261NLZA	09/30	10	23.43	234.30
25	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	1C261641	02/29	1	44.93	44.93
26	NS IV 1000 ML BOTTLE	OTSUKA PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	1	105.22	105.22
27	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	2510292407	10/27	1	1,195.00	1,195.00
28	PROLENE 2-0 NW 844	ETHICON SUTURES-J&J	C1	V4008	04/29	1	470.62	470.625
29	PROXIMATE PLUS MD 3500 STAPLER(PMW35)	ETHICON ENDO- SURGERY - J&J	GENERAL	888D30	12/30	1	1,762.00	1,762.00
30	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	2	69.39	138.78
31	ROCUNIUM INJ 50 MG 5 ML	Neon Laboratories Ltd	H	1491044	02/28	2	1,010.00	2,020.00
32	RYLES TUBE 14 POLYMED	Polymed	H	2515355K	08/30	1	84.37	84.37



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Tel No : 040-42462200, Ext 2000,2001,2002

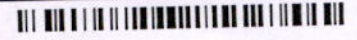
VAT TIN : 36920283145

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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-00060214	Ward	N 2F-MICU
Patient Name	Mrs RAMYA RAVEENDRAN NAIR	Bed Name	MICU 227
Age/Sex	40 Y 11 M 13 D / Female	Order No	0003086684
Date	03/06/2026 17:20	Prescription No	PRIP-1289785
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	03/06/2026 17:21
UHID	VIH-00143241		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	NELTON CATHETER-10 POLYMED	Polymed	GENERAL	2610064A	12/30	1	78.00	78.00
Total :							78.00	78.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Secunderabad**

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No IP-00060214
Patient Name Mrs RAMYA RAVEENDRAN NAIR
Age/Sex 40 Y 11 M 13 D / Female
Date 03/06/2026 16:34
Payor MEDI ASSIST INSURANCE TPA PVT LTD
UHID VIH-00143241

Ward N 2F-MICU
Bed Name MICU 227
Order No 0003086679
Prescription No PRIP-1289784
Dispensed Date 03/06/2026 16:35

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
33	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D2005	03/31	1	91.00	91.00
34	SUPRIDOL SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP349016	10/27	1	36.92	36.92
35	SURGEON CAP(FEMALE) (PROTECTCARE)		General	211030042026	12/29	10	10.00	100.00
36	SURGICAL BLADE 22	Surgeon	GENERAL	22C100126	12/30	1	7.67	7.67
37	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
38	VICRYL 2-0 VP 2317	ETHICON SUTURES-J&J C1		TT5025	03/30	1	888.00	888.00
Total :						14,670.43	18,275.67	

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

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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-00060214	Ward	N 1F-FIRST FLOOR
Patient Name	Mrs RAMYA RAVEENDRAN NAIR	Bed Name	SR 105
Age/Sex	40 Y 11 M 13 D / Female	Order No	0003086786
Date	04/06/2026 08:16	Prescription No	PRIP-1289832
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	04/06/2026 08:16
UHID	VIH-00143241		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261261	02/29	1	61.31	61.31
2	D WATER 500 ML BOTTLE (NIRLIFE)	NIRLIFE HEALTH CARE	NO APPLICABLE	1C261294	02/29	1	61.31	61.31
Total :							122.62	122.62

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SHEEPA PALANI

ADMISSION SHEET

Registration Details :



Admission No : IP-00060214

Admit Date : 03-Jun-2026

Admit Time : 07:19 AM UHID : VIH-00143241

Patient Details :

Patient Name : Mrs RAMYA RAVEENDRAN NAIR

Age : 40 Y 11 M 12 D

Guardian : Mr KIRLOSKAR DAS

DOB : 22-06-1985

Gender : Female

Religion : OTHERS

Occupation :

Martial Status : Married

Address (H) : H NO:5-47,FATHI NAGAR Aliabad Hyderabad
Telangana INDIA 500015

Phone No : 9985997572/ 9866655684

E-mail : na123@gmail.com

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 KIRLOSKAR DAS

Relationship : W/O

Contact Address : H NO:5-47,FATHI NAGAR Aliabad Hyderabad
Telangana INDIA 500015

Phone No : 9985997572

Signature

Doctor Details :

Doctor Name : Dr. MADHUMITA ANIRUDDHA GITAY

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

VIH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-06-1985 40 Y 11 M 12 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 3/6/2026

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 Nil

Chief Complaints: _____ Doctor Notified on Admission: Yes No
Lap Hernioplasty Name of the Doctor: Dr. AJHAR
 Time Notified: 7am

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

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism since 25 years</u>	<u>- prev LSCS</u> <u>- Thyroidectomy in 2000.</u>	<u>Yes.</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History: _____ Onset of Menarche: _____ Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular Last Menstrual Period: <u>20/5/2026</u>	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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes Others: <u>Lap hernioplasty</u>	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

Obstetric History: G _____ P 2 L 2 A _____
 Previous LSCS: Yes

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: Father: HTN, Laryngeal Ca, Mother: HTN

Vital Signs / Measurements: Temp: 97.2°F HR: 50b/min RR: 29b/min
 BP: 114/60mmHg Weight: 53kgs Height: 160cm BMI: 24.6 kg/m²

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 '15' (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score '0' (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. Ramya Raveendran Nair

Name of Person Orientation was given to: Mrs. Ramya Raveendran Nair



Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Prathyusha

Date & Time: 3/6/2026 @7:20 Am

PATIENT TRANSFER FORM

Patient Name & UHID No. VIH-00143241 IP-00060214 Mrs RAMYA RAVEENDRAN NAIR 22-06-1985 40 Y 11 M 12 D Dr. MADHUMITA ANIRUDDHA GITAY 		Date & Time of Admission 3/6/26 @ 7:19 AM	Date & Time of Transfer Order 3/6/26 @ 1 ³⁰ pm.
		Transfer Ordered by Dr. Madhavi	Reason for Transfer post op care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 	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.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Maria		Name of Person Ordered Transfer Dr. Madhavi	
Patient & Clinical Records Received by : pooja			
Date & Time of Patient Received : 3/6/26 @ 1:40 PM			

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

- Unavailable Bed Nurse not Available Available Bed not ready

PATIENT TRANSFER FORM

VIH-00143241 IP-00060214
Mrs RAMYA RAVEENDRAN NAIR
22-06-1985 40 Y 11 M 12 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY



Date & Time of Admission 3/6/26 @ 7:19 Am		Date & Time of Transfer Order 3/6/26 @ 10:56 am
Treating Consultant Name	Transfer Ordered by Dr. Areeshma	Reason for Transfer Surgery for Lap Hernioplasty
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 30	Number of Imaging Films - Nil -	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.	Nil	
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring Sr. P. pooja		Name of Person Ordered Transfer Dr. Areeshma
Patient & Clinical Records Received by : Name 3/6/26 56 @ 10 Am.		
Date & Time of Patient Received :		

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

VIH-00143241 IP-00060214
Mrs RAMYA RAVEENDRAN NAIR
22-06-1985 40 Y 11 M 12 D (F)
Dr. MADHUMITA ANIRUDDHA GITAY



Treating Consultant Name

Date & Time of Admission

03/6/26 @ 7:19 am

Date & Time of Transfer Order

03/6/26 @ 12:05 AM

Transfer Ordered by

Dr. Yogeshwari

Reason for Transfer

observation

From Unit

micu

To Unit

(105)

Information to Attendant

Yes

No

Number of Sheets in Clinical File

10

Number of Imaging Films

1
USG Abdomen

Personal belongings including clinical documents. If any handed over to attendant

Yes

No

op. field If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab:- paracetamol - (15)	
2.	tab:- picalofenac - (10)	
3.	Tab:- tramexolol - (10)	
4.	wset - (1)	
5.	Tab:- 1	

Shifting Summary / Notes Written by Doctor : Yes No

Dr. Yogeshwari

Name & Signature of Person who is Transferring

Sis Subhshini

Name of Person Ordered Transfer

Dr. Yogeshwari

Patient & Clinical Records Received by :

Ss. Beenuka

Date & Time of Patient Received :

4/6/26 @ 12:05 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

MEDICAL HISTORY	SURGICAL HISTORY
- Hypothyroidism since 25 years on Tab Thyroxine 125 µg OD.	- Prev 2 LSCs - Thyroidectomy in 2000
FAMILY HISTORY	NOTES / ALLERGIES
Father: HTN, Laryngeal Ca Mother: HTN	NIL


INITIAL ASSESSMENT

Date <u>03/06/26</u>	Breasts	Local / Speculum Examination
Ht. <u>160 cm</u> Wt. <u>83</u>	<u>Normal</u>	
BMI <u>24.6</u>		
B.P. <u>118/71 mmHg</u>	Abdominal Examination	Bimanual Pelvic Examination
Pallor <u>⊖</u>	Lower abdominal	
CVS <u>S₁S₂ ⊕</u>	Swelling s/o Incisional	
Respiratory System <u>BAE ⊕</u>	Hernia	
Thyroid <u>Hypothyroid</u>	of size 4x3 cm.	
PR <u>51 bpm</u>	increases on coughing.	
	& decreases on lying down.	

PROVISIONAL DIAGNOSIS: P₂L₂ with Prev 2 LSCS ⊖ Tubectomised ⊖ Hypothyroidism ⊖
⊖ Incisional Hernia ⊖ Scar Endometriosis for Lap Hernioplasty

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
	- Admission - consent - NBM - Darts preparation - Foley's catheterisation - Monitor vitals - follow deep chart - Inform SOS.	- USG - Abdomen & Pelvis scan for mapping of incision site

Name of the Doctor: DR MADHUMITA A
Date: 03/06/26 Time: 07:00 AM.


Signature of Doctor

sinus bradycardia

1

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
03/06/26	USG of anterior abdominal wall	
-	Endometrioma in anterior abdominal wall involving rectus abdominis - 27 x 16 x 27mm	
-	Simple reducible Reducible hernia in Rt anterior abdominal wall, superior to the endometrioma - Defect - 25mm - Greater omentum and small bowel loops as hernial contents	Dr.
3/6/2026 1:30 PM	POD-0 (Lap Hernia) O/E	
Vo - 700ml Clear adequate	Pt is c/c/c Gc fair Afebrile BP - 105/60 mmHg PR - 52 bpm S/E - NAD P/A - soft NT BS -	Adv - NBM x 6-8 hrs - Monitor vitals - W/F bleeding - I/O charting - Follow drug chart - Inform SOS - Rest
	L/E - NAB Noted by pooja @ 2 PM 3/6/26	Dr. Madhumita Dr. Yogeshwar



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26	POD-0 (Lap Hernioplasty)	
5:30pm	O/E Pt is c/c/c c/c fair	<u>Adv</u>
	Afebrile	- NBM till 8 PM
UO - 400ml	BP - 110/80mmHg	- W/F Bleeding PV
clear	PR - 78bpm	- Monitor vitals
adequate	S/E - NAD	- Follow drug chart
	PIA - soft NT	- No charting
	BS ⊕	- Rest
	Noted by pooja	- Inform sos
	@ 6pm	Dr. Yogeshwar
	3/6/26	
3/6/26	POD - 0 (Lap Hernioplasty)	
9 PM	O/E	
	Pt is c/c/c	<u>Adv</u>
	c/c fair	- sips of water f/b clear
	Afebrile	liquids
UO - 350ml	BP - 115/75mmHg	- Monitor vitals
clear	PR - 68bpm	- W/F bleeding
adequate	S/E - NAD	- Follow drug chart
if no vomitings.	PIA - soft, NT	- No charting
Pt can be	BS + / +	- Inform sos
shifted to	YE - NAD	
Room at 9:30 PM		Dr. Yogeshwar
	Noted by Shwini	
	3/6/26 9pm	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 8 AM	<u>POD-0 (Lap Hernioplasty)</u>	
	O/E pt is d/c	<u>Adv</u>
	Gc fair	- Adv soft diet.
	Afebrile	- Monitor vitals
	BP- 117/78mmHg	- W/F bleeding
	PR 62bpm	- Follow drug chart
	S/E-NAD	- Inform sos
	PIA-SOFT NT	- I/O charting
Uo-3100ml Clear adequate	BS + / + + / +	
Remove Foley's after ambulation	L/E-NAB	Dr. Yogeshwari
4/6/26 9:30 AM	C/I to Dr. Chandrika Mann <u>POD-0 (Lap Hernioplasty)</u>	
	O/E pt is d/c	<u>Adv</u>
	Vitals stable	- Ambulation
	PIA- Soft NT	- Remove Foley's after ambulation
	BS ⊕	- Clear liquids flb Soft diet
		- W/F bleeding PV
		- Monitor vitals
		- Follow drug chart
		- Inform sos

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 12:30 pm	POD-1 (Lap. Herznioplasty)	Adv:
U/O - clear, adequate	O/E - pt is c/c/c	- Ambulation
Remove Foley's	GC - Fair	- Adequate hydration
after Ambulation	Afebrile	- Soft diet
motion	BP - 117 / 78 mmHg	- w/f bleeding PU
not	PR - 62 bpm	- monitor vitals
passed	S/E - INAD	- follow drug chart
	PIA - soft, NT.	- Inform SAS
	BS (+)	
	L/E - NAB	
	Dr. Ashwin	Dr. Niketa
4/6/26	S/B Dr. Chandana	
	well	Plan for (D)
	T. Taxim O 1-1 x 1WR	
	T. LYSERD 1-1 x 5 days	
	T. Pantocid 40, 1-1 x 1WR	
	Review 2WR for clip removal	
	Dr. Chandana	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 5:50 PM	POD-1	(Lap. Hernioplasty)
	O/E - pt is c/c/c.	Adv:
	Gc - Fair	- Ambulation
	Afebrile.	- Adequate hydration
	BP - 114/71 mmHg	- Soft diet
	PR - 69 bpm	- w/F bleeding pu
	S/E - NAD.	- monitor vitals
	PIA - soft, NT	- follow drug chart
	BS (+)	- Infom sos.
	L/E - NAB.	
		<i>(Signature)</i> Dr. Madhumita
		<i>(Signature)</i> Dr. Anilwita
Noted by Subham 4/6/26 @ 6:15 PM		
5/6/26	POD-2	
8:10 AM	Comfortable Vitals stable	
	Pt. can be discharged	
		<i>(Signature)</i> Dr. Madhumita

SURGICAL SAFETY CHECKLIST

Surgeon : Dr. Madhuniya
 Asst. Surgeon : Dr. Yogeshwari
 Anaesthetist : Dr. Madhavi
 Scrub Nurse : Dr. Ruby F/Sr. Madhuniya

Patient Name : Mrs. Rany Age : 10 Yrs Gender : F
 UHID No. : 142241 Surgery Name : Lap Hernioplasty
 Date : 03/06/26 In-time : 11:10 AM Out-time : 1:30 PM



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN		Time: <u>11:00 AM</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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>[Signature]</u>		
Name : <u>Dr. P. Madhavi</u>		
	<u>03/06/26</u>	

TIME OUT		Time: <u>11:10 AM</u>
Confirm all team members have introduced themselves by Name and Role <input 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Correct Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Anticipated Critical Events <u>Lap Hernioplasty</u>		
Surgeon Reviews:		
What are the Critical or Unexpected Steps, Operative Duration, <u>Needs for Open</u> , Anticipated Blood Loss? <u>1 1/2 hrs</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Anaesthesia Team Reviews:		
Are There Any Patient-specific Concerns? <u>Bondylaritis</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
Nursing Team Reviews:		
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns? <u>Yes</u> <input 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>[Signature]</u>		
Name : <u>[Signature]</u>		

SIGN OUT		Time: <u>1:20 PM</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature : <u>[Signature]</u>		
Name : <u>DR. YOGESHWARI</u>		

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Rainbow[®]
 Children's
 Hospital
 It takes a lot to treat the little.

BirthRight[™]
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

OPERATION NOTES

Surgeon : Dr K. Chandana		Asst. Surgeon : DR. YOGESHWAR	
Pre-Operative Diagnosis: Incisional Hernia + Scar			
Surgical Procedure :		Endometriosis	
See Laparoscopic Incisional Hernioplasty			
Indications for Surgery : (IPOM) and Excision of Scar Endometriosis			
Date : 3/6/26	Start Time : 11 ¹⁰ AM	End Time : 1 ²⁰ PM	
Post Operative Diagnosis: Under aseptic conditions under GA pt placed in supine position parts painted and draped.			
- Scar Endometriosis Cyst in intramuscular plane over (R) side of the caesarean scar			
- Hernial defect 2.5 x 3 cm in the			
Peri-Operative Complications: (R) lower abdomen			
Pneumoperitoneum created using Veress, introduced ports 10mm x 5mm x 2 through Palmer's port			
FINDINGS CONFIRMED.			
Incision given over the hernial opening			
Endometrioma excised and sent for HPE			
Haemostasis confirmed			
15x15 Composite introduced and protene.			
Amount of Blood Loss: Defect closed		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination:			
Operation Notes: Mesh opened within the abdomen & fixed at the corners using protene 2-0 sutures. Rest of mesh tacked in			

Place \bar{c} absorbable tacher

Ports closed until

Skin \bar{c} clip

Khandana

NBM 6-8 hours

IV ~~Am~~ Cefotaxim- 1 gm
12 hrs

IV metrogyl 500, 8 hrs

T.V Pantocid 40, 12 hrs

IV Pen 1 gm 8 hrs

iv Dynapar 1505

IV Fluids

DNS/RC 120 ml/hr

Khandana

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE



Patient Name : MRS RAMYA RAVEENDRAN NAIR Gender: Male Female Age : 40 Y
UHID No : VIH-00143241 / IP-00060214 Date : 03/06/26

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

LAPAROSCOPIC / OPEN INCISIONAL HERNIOPLASTY
upon MRS RAMYA RAVEENDRAN NAIR
(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery / procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, BLADDER AND BOWEL INJURY, NEED FOR BLOOD AND BLOOD PRODUCTS TRANSFUSION AND ASSOCIATED REACTIONS, INFECTIONS, NEED FOR LAPAROTOMY, RECURRENCE

My signature on this form indicates that

1. I have read and understood the information provided in this form
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize the consent to the performance of the operation or procedure.

Name of the Doctor who is performing the Surgery / Procedure: DR CHANDRIKA K

Consentee :

Signature : [Signature]

Name : MRS RAMYA RAVEENDRAN NAIR

Date & Time : 03/06/26 7:45 AM

Witness :

Signature :

Name :

Date & Time :

Docu. No. : RCH / FRM / CLINICAL / 027

Patient Attendant :

Signature : [Signature]

Name : KIRLOSAR DAS

Relationship with Patient: HUSBAND

Date & Time : 03/06/26 7:45 AM

Doctor (who is taking the consent) :

Signature : DR ATHAR

Name : ATHAR

Date & Time : 03/06/26 7:45 AM



CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Ramya Raveendran Nair Age : 40 yr.
 Gender: M F - IP No : Consultant : Dr. Madhumita
 Ward / Bed No. : Anaesthesiologist : Dr. M. Vineetha
 Operative procedure planned : Laparoscopic Hernia Repair

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
- Hepatic disorders Shock Multiple organ failure Polytrauma / RTA
- Incapacitating COPD Others : Post neurospinal Laryngospasm

Comments : Desaturation

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient Mrs. Ramya Raveendran Nair the above mentioned operation I Diagnostic I Therapeutic procedures Laparoscopic Hernia Repair

I authorize and give consent for anaesthesia (Regional / General Anesthesia / Monitored anesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anesthesia.

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, CVP 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 anesthesiologist 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 / MAC 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 : [Signature]

Name : RAMYA

Relationship with Patient: SELF

Date & Time : 2 JUN / 12:30PM

Witness :

Signature : [Signature]

Name : KIRLOSKAR DAS

Date & Time : 2 JUNE 2026 / 12:30PM

Doctor (who is taking the consent) :

Signature : [Signature]

Name : DR. M. VINAYATHA

Date & Time : 02/06/26 12 pm

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION

Name: Mr. Ramya Raveendran ^{Nair.} Age: 40 yr. Sex: Female UHID.No: V14-00143241

Date: 02/06/26 Time: _____ Proposed Operation: Laparoscopic Hernia Repair

Diagnosis: Incisional Hernia (R) Side

B.P/CRT: 112/70 H.R: 57/min Weight: 63.25kg ASA Physical Status: 1 2 3 4 5

2805

Hgb: 10.5
 PCV: 31.5
 WBC: 4600
 Plate: 3.11
 PT: 15.2
 PTT: 33.6
 INR: 1.04

Laboratory Data:
 Glucose: 86 Protein: 7.69
 Urea: 18.63 Alb: 3.94
 Creat: 0.72 Total Bil: 0.41 0.07
 Na: 136.6 Dir. Bil: _____
 K: 4.5 LDH: _____
 Ca++: _____ Alk phos: 57.4
 Mg++: _____ Amylase: _____
 Cl-: 103 SGOT/SGPT: 16.62/10.06

HIV: _____
 HBS Ag: NR
 HCV: _____
 Blood group: A positive
 T3: 0.72
 T4: 10.08
 TSH: 6.45

X-Ray: ↑ B/L Broncho vascular markings.
 ECG: Sinus Bradycardia
 2D Echo: EF: 62%, Normal MA, 29x13 mm
 Stress/Angio: _____
 Other: _____
Use abdomen & pelvis
Incisional Hernia
lean endo metrisis.

Medical History: CVS: no active cardio respiratory complaints Diabetes:

RESP: _____

CNS: _____

Renal: W Physical Activity: Good

Hepatic / GE: _____

Others: _____

Past Anaesthetic History: up to Total thyroidectomy in 2000 & GA.

Physical Exam: up to 2 LSCS & SAB.

Airway: MP 1 2 3 4 Mouth Opening: 2F Mentohyoid Distance: (N) Neck: (N) Teeth: Intact

Lungs: clear (P), clear.

Heart: S1S2 (P)

CNS: AMP (P)

Pregnant: Yes No NA Venous Access Site: accessible Spine Exam for regional: (W)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
T-Thyroxine	120 mcg OD

- Pre-Operative Instructions:**
- DVT Prophylaxis: Coconut water
 - NIL ORAL: Water / ORS 2 Hours Others 6 Hours Explained.
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: Continue T-Thyroxine on day of surgery.

Signature: _____ Name: DR. M. VINETHA



ANAESTHESIA CHART



Pre Induction Assessment:

Change in Patient Condition: Yes No

Physical Status: Patient Identified Fasting Status: Adequate

H.R.: 53/min B.P./CRT: 112/65 SpO₂: 100% R.R.: 18/min Chart Reviewed:

Pre-OP Diagnosis: Incisional Hernia + Endometrioma Operation: Laparoscopic Hernia repair Last Feed: >6hr

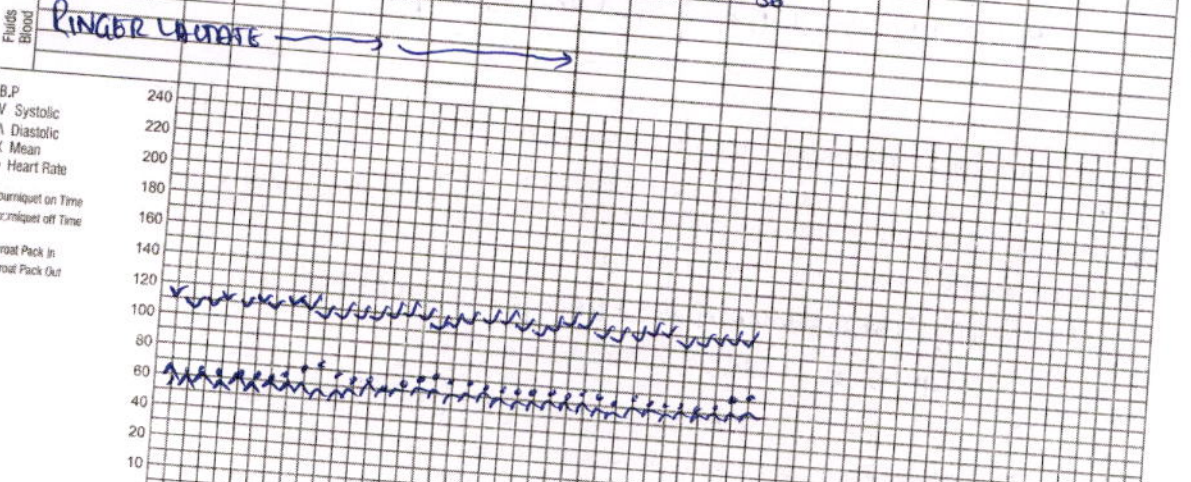
Surgeon: Dr. Chandrika / Dr. Madhumita Anaesthesiologist: Dr. Madhu Date: 03/06/26

Drugs: HALO/ISO/SEVO 3% Technician: Rakesh

PROPOFOL 100 + 40mg IV
 MIDAZOLAM 2mg IV
 FENTANYL 100mcg IV
 ROCURONIUM 30mg IV

PARACETAMOL 1gm IV
 MORPHINE 6mg IV

FiO ₂ / SaO ₂	100	100	100	100	100	100	100	100	100	100	100	100	100	100
ETCO ₂	36	36	39	40	42	41	40	38	39	42	44	45	NSR	36
ECG	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR
Temperature	36													
Urine Output														



LAB Values

ABG: _____

GRBS: _____

Others: _____

Antibiotic
 Suppository
TRAMADOL 100mg PR
DICLOFENAC 100mg PR
 Blood Loss

NOTES

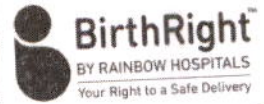
- Equipment Checked and Functional
- BP
- Cuff Site: R/R
- Art Site: _____
- EKG Lead: 3 leads
- Temp Site
- FIO₂ Monitor
- Agent Monitor
- Pulse Oximeter
- Capnograph
- Ventilator
- Nerve Stimulator
- Position: Supine
- Pressure Points Checked
- Eye Care:
 - Oint
 - Tape
 - Padding
 - Awake

- Temp:
- FIME
 - Cling Film
 - Hugger's
 - Other
 - Fluid Warmer
 - OH Warmer
 - Cotton Wool
- Times:
- Anaes Start: 11:10 AM
- OP Start: 11:30 AM
- OP End: 1:10 PM
- Leave OR: 1:20 PM
- Anaesthesia:
- GA
 - Monitored Anaesthesia Care
 - Regional
- Line (Size & Location)
- CVP: _____
 - ART: _____
 - IV: 18G L.U.
 - IV: _____
 - IV: _____

- Induction
- IV
 - Pre O₂
 - Others
 - Inhal
 - RSI
- Mask SGA
- Airway Oral Nasal
- ETT# 7.0 at 20 cm
- Oral
 - Nasal
 - Cuff
 - Tracheostomy
 - Topical
- Drug: _____
- Awake Direct Vision
- Video Laryngoscopy Stylette / Bougie
- Fiberoptic
- Bleed# 3 Attempts: 1
- Difficulty Why? _____
- Bilal = BS
 - Semi-Closed Circle
 - Closed Circle
 - Other

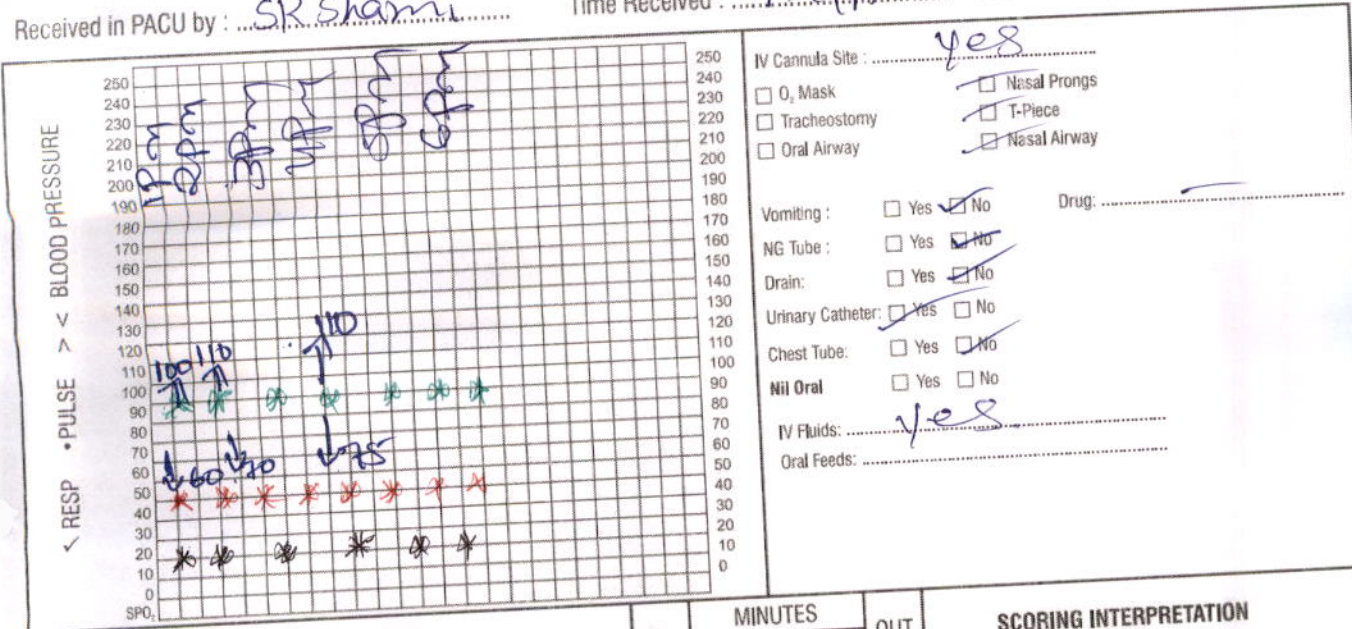
- Regional: LA patches applied at incision site
- Extremity _____
- Spinal Epidural Caudal
- Position: _____
- Site: _____
- Needle Size: _____ Depth: _____
- Parasthesia Yes No
- Catheter at skin _____ cm
- Drug Name & Conc: _____
- Bolus: _____
- Infusion: _____
- Block Level: _____
- Comments: _____
- Transportation to
- PACU
 - ICU
 - Other
- Relaxant Reversed Yes No NA
- Name of the Doctor: _____
- Signature of the Doctor: Dr. P. Madhu

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 22-06-1985 40 Y 11 M 12 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



UNIT RECORD

Received in PACU by : SR Shami Time Received : 7:19 AM Time Discharged : 12:5 AM



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	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	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	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	2	
TOTAL		9	9	10	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
3/6/26	1:30pm	0	*	SR Shami

Pain Tool Used: N PASS FLACC Wong Baker NPS
 Anaesthesiologist Name : SR Madhav
 Anaesthesiologist Signature: [Signature]
 Date & Time: 3/6/26
 PACU Nurse Name : SR Jyoti
 PACU Nurse Signature: [Signature]
 Date & Time: 3/6/26

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

Transferred to Unit by (PACU): SR Jyoti
 Date & Time: 3/6/26 12:5 AM

VIH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-06-1985 40 Y 11 M 12 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



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 :

VIH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-06-1985 40 Y 11 M 12 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

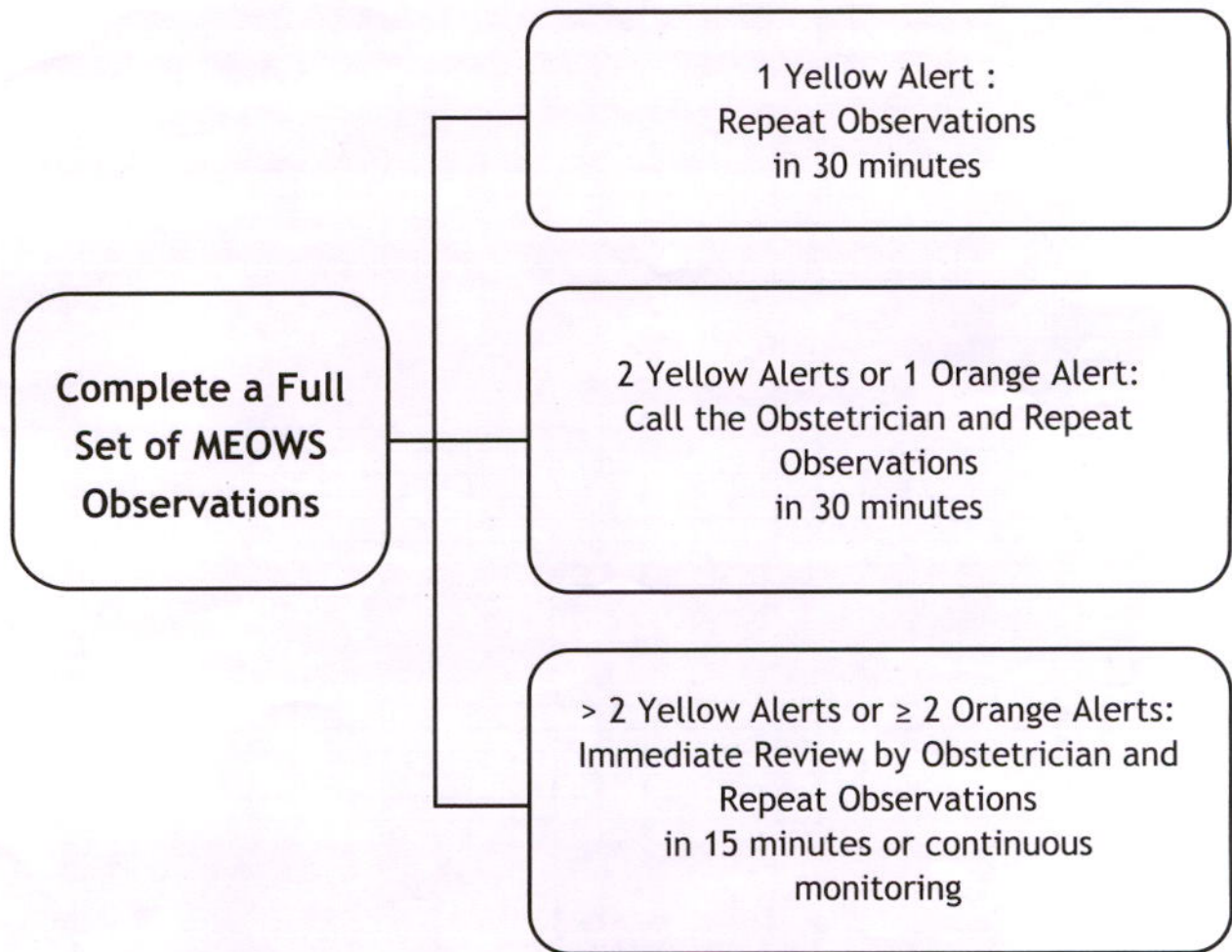


Early warning Observation Score Chart - Obstetrics

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 %																									19
	< 94 %																									99
Administered O ₂ (L/min.)																										
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									37.7
	35																									
< 35																										
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
50																									51	
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									114
	90																									
	80																									
70																										
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80																										
70																										
60																										
50																										
40																									74	
NEURO RESPONSE [✓]	Alert																									✓
	Voice																									
	Pain																									
	Unresponsive																									
URINE mls / hour	> 30																									✓
	< 30																									
Proteinuria	Protein ++																									
	Protein > ++																									
Lochia	Normal																									NA
	Heavy / Foul																									
Liquor	Clear / Pink																									NA
	Green																									
TOTAL YELLOW SCORES																										0
TOTAL ORANGE SCORES																										0
Nurse Initial																										AP

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



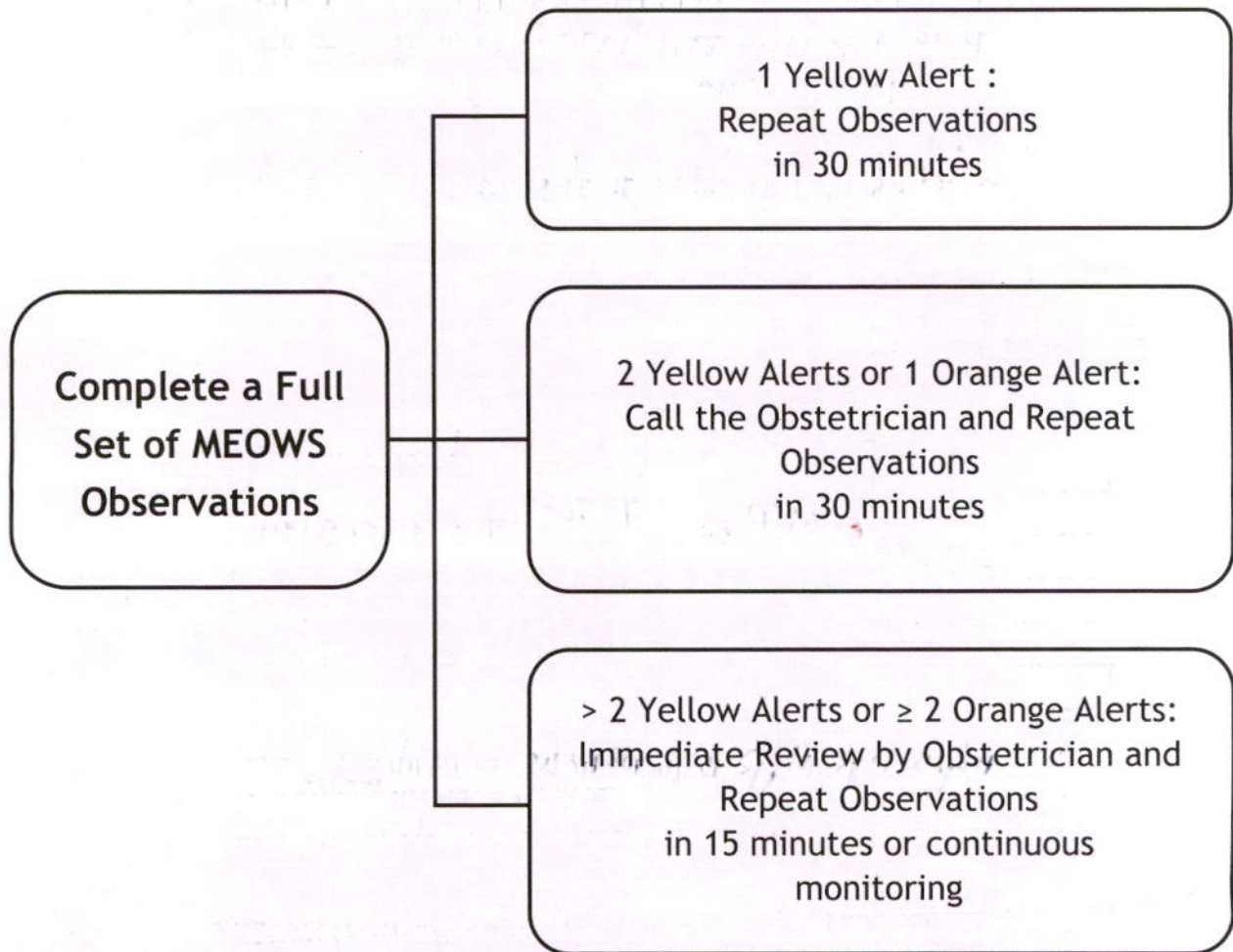
2

Early Warning Observation Score Chart - Obstetrics

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

3/6/26		Date	8	9	10	11	12	1	2	3	4	5	6	7
		Time												
RESP (write rate in corresp. box)	> 30													
	21 - 30													
	11 - 20		19	19	19	19	19	19	19	19	19	19	19	19
	0 - 10													
Saturations	94 - 100 %		99	99	99	99	99	99	99	99	99	99	99	99
	< 94 %													
Administered O ₂ (L/min.)			9	9	9	9	9	9	9	9	9	9	9	9
Temp °C	40													
	39													
	38													
	37		37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5
	36		36	36	36	36	36	36	36	36	36	36	36	36
	35													
	< 35													
Heart Rate	170													
	160													
	150													
	140													
	130													
	120													
	110													
	100													
	90													
	80													
	70													
60		57	57	57	57	57	57	57	57	57	57	57	57	
50														
40														
Systolic Blood Pressure	190													
	180													
	170													
	160													
	150													
	140													
	130													
	120		116	115	114	112	101	102	103	113	115	110	113	110
	110													
	100													
	90													
80														
70														
60														
50														
Diastolic Blood Pressure	130													
	120													
	110													
	100													
	90													
	80													
	70		75	72	73	72	70	69	60	70	73	74	75	70
60														
50														
40														
NEURO RESPONSE [✓]	Alert		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Voice		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Pain		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Unresponsive													
URINE mls / hour	> 30		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	< 30													
Proteinuria	Protein ++													
	Protein > ++													
Lochia	Normal		NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Heavy / Foul													
Liquor	Clear / Pink		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Green													
TOTAL YELLOW SCORES			0	0	0	0	0	0	0	0	0	0	0	0
TOTAL ORANGE SCORES			0	0	0	0	0	0	0	0	0	0	0	0
Nurse Initial			P	P	P	P	P	P	P	P	P	P	P	P

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



Early Warning Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PAT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES

VIH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-08-1985 40 Y 11 M 13 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



Name : Dat

UHID No. : IP No. :

Date		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		19		19			18			19															
	0-10																									
	Saturations	94 - 100%	99		99			99			99															
	< 94%																									
Administered O ₂ (L/min)		2		2																						
Temp °C	40																									
	39																									
	38																									
	37		37.5		37.5			36.5			36.5															
	36																									
	35																									
	<35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90		85		88																					
	80																									
	70																									
	60								69		89															
	50																									
40																										
Systolic Blood Pressure	190																									
	180																									
	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110		116		115				114		120															
	100																									
	90																									
	80																									
	70																									
60																										
50																										
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
90																										
80		78		81				71		85																
70																										
60																										
50																										
40																										
NEURO RESPONSE [✓]	Alert																									
	Voice																									
URINE mis / hour	>30	✓			✓			✓		✓			✓													
	<30																									
Proteinuria	Protein ++																									
	Protein>>>																									
Lochia	Normal	3			1			✓		✓			✓													
	Heavy / Foul																									
Liquor	Clear / Pink	0			0			NA		NA																
	Green																									
TOTAL YELLOW SCORE		0			1			0		0			0													
TOTAL ORANGE SCORE		0						5/2		0			0													

*Noted by
Subher
4/6/26
@6A*

VIH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-06-1985 40 Y 11 M 12 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



FLUID CHART

Sheet No. : 1

- 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	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	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			500ml			Total 24 hrs. Output			passed				

VIH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-06-1985 40 Y 11 M 13 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



FLUID CHART

Sheet No. :

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse		
Date	Time	Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine				
			Mouth	I.V	N.G								
4/6/26	08:00 am											20/6/26 @ 6 pm	
	09:00 am		Jelly	200ml									
	10:00 am		water	200ml									
	11:00 am			200ml									
	12:00 pm			200ml					400ml				
	01:00 pm			200ml									
Total Intake :		3600ml			Total Output :								
	02:00 pm										21/6/26 @ 6 pm		
	03:00 pm		Red water										
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :					Total Output :								
	08:00 pm										22/6/26 @ 6 pm		
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :					Total Output :								
	02:00 am										23/6/26 @ 6 pm		
	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	

VIH-00143241 IP-00060214
 Mrs. RAMYA RAVEENDRAN NAIR
 22-06-1985 40 Y 11 M 13 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY



FLUID CHART

Sheet No. :

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	
			Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	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	
-----------------------------	--



MEDICATION 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: MICU 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 THYROXINE	125 mcg	PO	ONCE DAILY	03/06	<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 Das

Date & Time: 03/06/26 7:30 AM

Nurse Name & Signature: Prathyusha A

Date & Time: 3/6/26 @ 7:30AM



MEDICATION 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: MICU Shifted to: Room (205)

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	T. THYROXINE	125 MCg	PO	ONCE DAILY	3/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INS CEFOTAXIME	1gm	IV	12TH HOURLY	3/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INS METRONIDAZOLE	500mg	IV	8TH HOURLY	3/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	INS PANTOPRAZOLE	40mg	IV	12TH HOURLY	3/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5	INS PARACETAMOL	1gm	IV	8TH HOURLY	3/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
6	INS DICLOFENAC	75mg	IV	AS AND WHEN REQUIRED	3/6/26	<input checked="" 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. Youkeshwari

Date & Time: 3/6/2026 9pm

Nurse Name & Signature: K. Subashini

Date & Time: 3/6/26 at 4pm



DRUG CHART

Date of Admission: 3/6/2026 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)

DRUG : INT. DICLOFENAC				Date Time																	
Dose	Route	Frequency	Start Date																		
75MG	IV	As and when required	3/6/26																		
Doctor's Signature		Valid Period	Pharm.																		
Dr. Geethamma																					
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:																					

Signature: S. Anand Kumar 3/6/26

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 63kg Ward. Llw

Madhuma Aniruddha
 3/6/26

DRUG : TAB THYROXINE				Date Time	3/6 n/g
Dose	Route	Frequency	Start Date	6 Am	3/6 n/g
125mcg	PO	ONCE DAILY	03/06		
Name & Signature of the Doctor Starting the Drugs: Ae ₂ DR ATHAR					
Additional Instructions: ON EMPTY STOMACH					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB. PARACETAMOL				Date Time	
Dose	Route	Frequency	Start Date		
1GM	PO	6TH HOURLY	3/6/26		
Name & Signature of the Doctor Starting the Drugs: B de Dr. BRUNDA					
Additional Instructions: STOP 3/6/26, 11:30 PM [Signature]					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB. DICLOFENAC				Date Time	
Dose	Route	Frequency	Start Date		
50MG	PO	8TH HOURLY	3/6/26		
Name & Signature of the Doctor Starting the Drugs: B de Dr. BRUNDA					
Additional Instructions: STOP 3/6/26, 11:20 PM [Signature]					
Daily Doctor's Endorsement by a Sign					

DRUG : TAB. TRAMADOL				Date Time	
Dose	Route	Frequency	Start Date		
100MG	PO	8TH HOURLY	3/6/26		
Name & Signature of the Doctor Starting the Drugs: B de Dr. BRUNDA					
Additional Instructions: STOP 3/6/26, 11:30 PM [Signature]					
Daily Doctor's Endorsement by a Sign					

VH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-08-1985 40 Y 11 M 13 D (F)

Patient

Dr. MADHUMITA ANIRUDDHA GITAY

I.P. No.

Sheet No.

Wards

Weight (kg)



① L1W 63kg

REGULAR PRESCRIPTIONS

DRUG : INI. CEFOTAXIME

Dose	Route	Frequency	Start Dt.	Date	Time
1GM	IV	12th hly	3/06	3/6	4/6
Name & Signature of the Doctor starting the Drugs:				10 AM / 2 PM / 10 PM	
Additional Instructions:				STOP DR. NEKHITA 4/6/26 12:30 PM	
Daily Doctor's Endorsement by a Sign.					

DRUG : INI. METRONIDAZOLE

Dose	Route	Frequency	Start Dt.	Date	Time
500 MG	IV	8th hly	3/06	3/6	4/6
Name & Signature of the Doctor starting the Drugs:				2 PM / 10 PM	
Additional Instructions:				10 PM / 2 PM	
Daily Doctor's Endorsement by a Sign.					

DRUG : INI. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.	Date	Time
40MG	IV	12th hly	3/06	3/6	4/6
Name & Signature of the Doctor starting the Drugs:				6 AM / 10 PM	
Additional Instructions:				6 AM / 10 PM	
Daily Doctor's Endorsement by a Sign.					

DRUG : INI. PARACETAMOL

Dose	Route	Frequency	Start Dt.	Date	Time
1GM	IV	8th hly	3/06	3/6	4/6
Name & Signature of the Doctor starting the Drugs:				2 PM / 10 PM	
Additional Instructions:				10 PM / 2 PM	
Daily Doctor's Endorsement by a Sign.					

Dr. Madhuma 3/6/26 @ 2pm
 Dr. Ramya 3/6/26 @ 2pm
 Dr. Nehita 3/6/26 @ 2pm
 Dr. Navsheen 3/6/26 @ 2pm

Patient Name :



I.P. No.


Sheet No.

Wards

Weight (kg)

REGULAR PRESCRIPTIONS

Dr. Donbika
 Bangalore
 4/6/26
 8:29 AM

DRUG : TAB . CEFIXIME				Date															
				Time	10 AM														
Dose	Route	Frequency	Start Dt.																
200MG	PO	12TH HOURLY	4/6/26																
Name & Signature of the Doctor starting the Drugs:																			
 DR . NISHIKANTA .																			
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.																			

VIH-00143241 IP-00060214
 Mrs RAMYA RAVEENDRAN NAIR
 22-06-1985 40 Y 11 M 12 D (F)
 Dr. MADHUMITA ANIRUDDHA GITAY

Weight. 63kg Ward. 410



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.	

VARIABLE DOSE		Date Time	Nurse Sig.		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
03/06	9:55 AM	INS CEFOTAXIME (AFTER TEST DOSE)	1 gm	IV	As	Pooja Shankhi
03/06	7:40 AM	INS PANTOPRAZOLE	40 mg	IV	As	Tiya
03/06	7:45 AM	INT METOCLOPRAMIDE	10 mg	IV	As	Tiya
3/6/26	11:20 AM	INS MORPHINE	6 mg	IV	B de	Rakesh Wf.
3/6/26	12:40 PM	INS PARACETAMOL	1 gm	IV	B de	Rakesh Wf.
3/6/26	1:20 PM	SUPP. TRAMADOL	100 mg	PR	B de	Rakesh Wf.
3/6/26	1:20 PM	SUPP. DICOFENAC	100 mg	PR	B de	Rakesh Wf.
3/6/26	8:10 PM	INS ONDANSETRON	4 mg	IV	As	Pooja As

Signature.....
VERIFIED by : Name.....

I.V. FLUIDS CHART

Weight. 63 kg Ward. L10



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
3/6	7:40 Am	RINGER LACTATE	IV	F.F	AG ₂	Tiya	3/6		Tiya
3/6	8:20 Am	RINGER LACTATE	IV	100 ml HR	AG ₂	Tiya	3/6	B. B.	Rakesh Vij.
3/6	11:30 AM	RINGER LACTATE	IV	800ml HR	B. B.	Rakesh Vij.	3/6	B. B.	Rakesh Vij.
3/6	12:30 PM	RINGER LACTATE	IV	500ml HR	B. B.	Rakesh Vij.	3/6		
3/6	3:20 PM	DEXTROSE NORMAL SALINE	IV	120ml hr	Y	poja	3/6	Y	
3/6	8 PM	RINGER LACTATE	IV	120ml hr	Y	Tiya			

Signature

VERIFIED BY : Name