

Rainbow  
 ANC-00014472 IP28-00004542  
 Mrs SHWETA JAISWAL  
 25-08-1994 31 Y 9 M 16 D (F)  
 Dr. ANURADHA P V

ht  
 TALS  
 Lm

DISCHARGE TRACKING SHEET



DR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	12/6/26	10:30	DR. DHANU	
Activity Sheet updated by Pharmacy	11/6/26 at 11:40 Am	11/6/26 at 11:50 Am	Pritya	

# ACTIVITY RECORD FOR BILLING

Name: Mrs. Shweta. Jainwal  
 UHID No: 144#2 IP No: 4542 Consultant: Dr. Anuradha Dept: OB/G.  
 Date of Admission: 9/6/26 Time: 10:30am Date of Discharge: Time:  
 Room / Bed No: Ward: Suggested Billable bed type:

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	12:30pm	LDR	MII	[Signature]
9/6/26	3pm	M FLOOR	PROP	[Signature]
9/6/26	4:30pm	PROP	OT	[Signature]
9/6/26	5:40pm	OT-1	POST OP	[Signature]
9/6/26	8 <sup>30</sup> pm	Post op	MII	[Signature]

## CROSS CONSULTATION VISIT

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

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
9/6/26.	Coagulation profile	7713	} <i>[Signature]</i> 02/10/07
	2 unit PRBC	49930/49870	
	reservation crossmatch		
	Platelet	4713	
<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>
<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>
<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>
<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>
<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>	<i>[Faint]</i>
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Mrs SHWETA JAISWAL  
25-08-1994 31 Y 9 M 15 D (F)  
Dr. ANURADHA P V



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

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### SURGERY DETAILS

Date : 9/6/26  
Patient Name: MRS. SHWETA JAISWAL Date of Birth: 25/08/1994 Age: 31 Y 9 M  
Gender: FEMALE Ward : UHID No.: 14472/1542  
Date of Surgery: 9/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery: ELECTIVE LSCS

Time In : 4:35 PM

Time Out : 5:35 PM

	NAME	AMOUNT
1. Surgeon	DR. ANURADHA	
2. Anaesthetist	DR. KARTHIGA / DR. NAHALAKSHMI	
3. Assistant Surgeon	DR. ASHVIKARYA	
4. OT Technician	MR. SUNITH	
5. Circulating Nurse	MR. MOUSIK	
6. Assistant Nurse	MR. ANBARASI	

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: .....

Order by: .....

**STATE SURVEY**

The following information is furnished for the purpose of the survey. The data are based on the records of the State Health Department and are subject to change without notice. The information is for general information only and should not be used for any other purpose.

Date: \_\_\_\_\_

The following information is furnished for the purpose of the survey. The data are based on the records of the State Health Department and are subject to change without notice. The information is for general information only and should not be used for any other purpose.

- State Health Department
- State Health Officer
- State Health Officer-in-Charge

Department of Health and Family Welfare  
 Government of India

Date: \_\_\_\_\_

State Health Department



*Handwritten signature*



# CONSUMABLES OF OT

Circulating staff : *Ms. Kowick* Technician : *Sumitha charya* Date : *9/06/2026* Time : *4:15 PM to 5:15 PM*

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major-Pack <i>LSU</i>	01		Inj Vit.K ✓		01
LMA			Sutures <i>2367</i>	02		Cord Clamp ✓		01
ECG leads (A) P/N ✓		03	<i>4242</i>	02		Suction Catheter <i>SF</i>		01
HME filter : A/P/N			<i>2421</i>	01		Feeding Tube ✓ <i>6F</i>		01
Syringes : 10 cc ✓		01				Vaccum Suction Set		
05 cc ✓		04	Gloves <i>S. 6</i>	02		Surgical Gloves		
02 cc ✓		01	<i>P.F 6</i>	01		Gauze Pack		
01 cc ✓		01	<i>P.F 6 1/2</i>	03		Syringe 1ml / 2ml		
Cautery plate (A) P/N ✓		01	Surgical blade <i>22</i>	01		Surgical Blade # 20		
IV set ✓		01	NG tube	-		Koochies (S)		
		02	Cautery pencil	01		<i>Inj. EPIPrest</i>		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies	-		<i>spinal needle</i>		01
<i>INI - Evatecin</i>		05	Ointments	-		<i>short cut</i>		
<i>INI - BIOXAMIC</i>		02	Suction Catheter	-		<i>Anaesthetic tray</i>		01
Fentanyl			Cap, Mask	-		<i>Eupregelic</i>		01
Morphine			Gauze Pack	03		<i>loc 2%</i>		01
Ketamine			Mop Pack	03		<i>discolor</i>		02
Propofol			Steristrip	-		<i>Emerald syringe</i>		01
Rocuronium			Underpad	02		<i>small</i>		
Glycopyrolate			Draw sheet	-		<i>Nasal prongs</i>		01
Myopyrolate			Abgel	-		<i>NSI 0.2%</i>		
Ondansetron			Foleys catheter	-		<i>Ammon Sulphur</i>		01
Pencan 25g/ Spinal Needle 22			Urobag	-		<i>TPOP.</i>		
Bupivacaine 0.25%			Chest Drainage Catheter	-				
Bupivacaine 0.25% (Heavy)			Romodrain bag	-				
Antibiotics			Bandage	-				
			Tegaderm	-				
Suppositories			Ioban	-				
Anamol : 80mg / 250mg / 170 mg			Double J Stent	-				
Supridol : 100mg			Vaccum Suction set	02				
Justin : 12.5 mg / 25mg / <i>100mg</i>		01	Plastic Bed Sheet	02				
Tab. Misoprost : <i>200mg</i>		03	Betadine Solution	02				
<i>INI - MEM</i>		01	Microshield	-				
			Cotton Balls	-				
			Latex Gloves <i>Nitril</i>	01				
			Ramdione Scrub	-				
			Saral	-				

Surgeon : \_\_\_\_\_ Anaesthesiologist : \_\_\_\_\_ Nurse : \_\_\_\_\_  
 Order No. : \_\_\_\_\_ Ordered by : \_\_\_\_\_  
 Doc. No. : RCH / FRM / GENERAL / 125

*Handwritten signature*  
 OT Technician

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# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928



VAT TIN :

CIN :

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	IP28-00004542	Ward	M FLOOR PVT
Patient Name	Mrs SHWETA JAISWAL	Bed Name	PVT-M11
Age/Sex	31 Y 9 M 15 D / Female	Order No	28-0000149394
Date	09/06/2026 18:13	Prescription No	PRIP28-0070212
Payor	HERITAGE HEALTH INSURANCE TPA PVT LTD	Dispensed Date	09/06/2026 18:14
UHID	ANC-00014472		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadimed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		PARCH1010526	04/29	2	100.00	200.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	3	100.00	300.00
4	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd.	H	BLNP274053	11/28	1	18.74	18.74
5	KLICK CLAMP	ROMSONS		0G25I040080	08/30	1	39.00	39.00
6	LSCS DRAPE PACK	Mediblue	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
7	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0346	11/26	2	20.26	40.52
8	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	1	20.26	20.26
9	MOPS 30X30 6PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	3	850.00	2,550.00
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	30	25.00	750.00
11	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirli)	H	2C280805	02/30	1	22.41	22.41
12	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
13	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260301051T	03/29	3	128.00	384.00
14	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
15	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	3	91.00	273.00
16	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
17	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	2	223.00	446.00
18	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	1	205.00	205.00
19	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	2	679.50	1,359.00
20	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5072	10/30	2	951.00	1,902.00
21	VICRYL PLUS 1 VP 2421	ETHICON SUTURES-J&J		T5015	04/30	1	1,097.00	1,097.00
<b>Total :</b>							<b>8,250.84</b>	<b>13,394.60</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
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Tel No : 044-69289928

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Telangana.

### INPATIENT ISSUES AGAINST ORDERS



IP No IP28-00004542 Ward M FLOOR PVT  
Patient Name Mrs SHWETA JAISWAL Bed Name PVT-M11  
Age/Sex 31 Y 9 M 15 D / Female Order No 28-0000149396  
Date 09/06/2026 18:13 Prescription No PRIP28-0070215  
Payor HERITAGE HEALTH INSURANCE TPA PVT LTD Dispensed Date 09/06/2026 18:15  
UHID ANC-00014472

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	1	21.83	21.83
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
6	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
7	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
8	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	2	10.31	20.62
9	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254585	11/28	2	2.58	5.16
10	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
11	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	1	45.90	45.90
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	5	18.90	94.50
13	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
14	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
15	LOX INJ 2 % 30 ML	Neon Laboratories Ltd	H	KM144318	10/27	1	33.30	33.30
16	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	039256	05/27	1	15.90	15.90
17	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
18	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	0K26A040293	12/30	1	255.00	255.00
19	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
20	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D251807	03/29	2	60.74	121.48
21	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
22	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
<b>Total :</b>							<b>3,120.51</b>	<b>3,471.07</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26		8/B <u>Dr. Paritika</u>
7:45 P.m	POD 0	P/A - Reviewed
	BP: 100/66 mmHg	No specific Complaints.
	Pulse: 24/min	
	vitals stable	P/A - uterus contracted.
	Urine output - 100ml/hr.	Dressing dry.
		L/E - B/WNL
		Adm
	A - can be shifted to ward	Follow post op orders.
		Monitor vitals.
		- Inform SAs
	S/De Raaga	Adm
	B	Adm
	P/A - wound	Liquid diet
	of Dressing	Soft diet for analgesia
	P/A - clean	- Open feed
	Afebrile	- Resume CBD
	vitals stable	@ 4pm
	P/A - G/T	
	R/O	
	Urine w/c	
	L/E - CBD ⊕	

*Dr. Paritika*  
 12/5/26

ANC-00014472 IP2E-00004542  
 Mrs SHWETA JAISWAL  
 25-08-1994 31 Y 9 M 15 D (F)  
 Dr. ANURADHA P V



### LESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26	<u>S/B Dr. Srivastava</u>	
2:30 pm		
	Pt. Reviewed	
	vitals stable	
	passed flatus	
	O/E - Afebrile, no pallor	
	P/A - Soft uterus w/c dressing dry, BS (+)	
	L/E - NAD	
		<u>Advi-</u>
		- To remove CBD at 4 pm.
		- <del>big</del> Vitals monitoring
		- Inform SOS
		<u>Srf</u> 12/10/1



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
1/6/26 8am	Dr Raaga B -	
	Pt reviewed	
	Clo passed at - operated	
	at	
	of - before	
	E. April	
	vitals stable	
	P/A - soft	
	Mentation	
	During day	
	Hc - Bw m	
		Adv
		→ (A) diet
		→ Express feeds
		→ Bath x
		During

ANC-00014472 IP2E-00004542  
 Mrs SHWETA JAISWAL  
 25-09-1994 31 Y 9 M 16 D (F)  
 Dr. ANURADHA P V



RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	S/B Dr. Anuradha	
8:30 pm		
(Post-2)	Pt. reviewed no complaints vitals stable.	
T-(N)		
BP-100/70 mmHg	O/E - Afebrile, no pallor	
PR-90bpm	P/A - Soft uterus w/c,	
Baby m/s	dressing dry.	
	L/E - Bleeding pv WNL	
		Adv:-
		- (N) diet
		- Medications as per chart
	Surf- 120ml	- Inform SOG.
11/6/26	O/A Dr. Anuradha	
10 AM		
	Pl in collection	
	inter spec	
	A soap	
	Wash hands	As per
	Change	Cord
		per



ANC-00014472 IP28-00004542  
 Mrs SHWETA JAISWAL  
 25-08-1994 31 Y 9 M 15 D (F)  
 Dr. ANURADHA P V



## RESULT SHEET

Date					
Time					
Hb					B positive
PCV					
RBC					
WBC		9/6/2026			
N/L					
Platelets		PLT > 150			
CRP					
ESR		PT- 15.2			
PCT					
RBS		APTT- 33.6			
Na		INR- 1.08			
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					





## DRUG CHART

Date of Admission: 8/6/26 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)

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

  

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

  

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

VERIFIED BY : Name \_\_\_\_\_ Signat \_\_\_\_\_



REGULAR PRESCRIPTIONS

Weight 67 kg Ward M Floor

DRUG : <u>INS - SUPACEF</u>				Date Time	<u>10/6</u>																	
Dose	Route	Frequency	Start Date																			
<u>1.5gm</u>	<u>IV</u>	<u>1-0-1</u>			<u>A</u>	<u>10:00 AM</u>																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>INS - PAN</u>				Date Time	<u>10/6</u>																	
Dose	Route	Frequency	Start Date																			
<u>4mg</u>	<u>IV</u>	<u>1-0-1</u>			<u>A</u>	<u>10:00 AM</u>																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>INS - PARACETAMOL</u>				Date Time	<u>9/6</u>	<u>10/6</u>																
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>IV</u>	<u>1-1-1</u>			<u>10:00 AM</u>	<u>10:00 AM</u>																
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T. Combiflam</u>				Date Time	<u>10/6</u>	<u>11/6</u>	<u>12/6</u>															
Dose	Route	Frequency	Start Date																			
	<u>PO</u>	<u>1-0-1</u>			<u>7:00 PM</u>	<u>9:55 AM</u>	<u>12:00 PM</u>															
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

Sheet No: ..... **REGULAR PRESCRIPTIONS** Weight 6.6 = 14 Ward M.I.

<b>DRUG:</b> T. Pan				Date/Time	10/6	11/6	12/6													
Dose	Route	Frequency	Start Dt.		1 PM	1 PM	1 PM													
40mg	P/O	1-0-1																		
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG:</b> T. Cefixim				Date/Time	11/6	12/6														
Dose	Route	Frequency	Start Dt.		9 PM	9 PM														
500mg	P/O	1-0-1																		
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG:</b> C. Bifilac				Date/Time	11/6	12/6														
Dose	Route	Frequency	Start Dt.		9 AM	9 AM														
P/O		1-0-1																		
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
<b>DRUG:</b> Cap Lactai				Date/Time	11/6	12/6														
Dose	Route	Frequency	Start Dt.		8 PM	8 PM														
2	P/O	2-2-2	11/6																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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







I.V. FLUIDS CHART

Weight: 65.7kg Ward: M F 1088

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
9/6/26	12PM	1 ORL	IV	200 ml/hr	[Signature]	[Signature]	9/6/26		[Signature]
9/6	3PM	1 ORL	IV	150 ml/hr	[Signature]	[Signature]	9/6		[Signature]
9/6/26	4.40 ↓ 5.40	3 ORL	IV		[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
9/6/26	5:30 PM	10 RL	IV	100ml	[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
10/6/26	8 AM	10 NS	IV	100ml	[Signature]	[Signature]	10/6/26 7 AM	[Signature]	[Signature]
9/6/26	8:30 PM	10 RL	IV	100ml	[Signature]	[Signature]	10/6/26 2 PM	[Signature]	[Signature]
10/6/26	7 AM	10 DMS	IV	100ml	[Signature]	[Signature]	12/6/26 2 PM	[Signature]	[Signature]
10/6/26	2 PM	10 RL	IV	100ml	[Signature]	[Signature]	10/6/26 at 5 PM	[Signature]	[Signature]

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