

ANC-00013173 IP28-00004613  
Mrs RESHMI. B  
13-09-1996 30 Y 9 M 9 D (F)  
Dr. RAJESHWARI S



Rainbow  
Children's  
Hospital  
It takes a lot to be a child

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing				
Activity Sheet updated by Pharmacy	9:10	9:15	Jai	

# ACTIVITY RECORD FOR BILLING



ANC-00013173 IP28-00004613  
 Mrs RESHMI. B  
 13-08-1995 30 Y 9 M 6 D (F)  
 Dr. SELF

Name: .....

UHID N  D: ..... Consultant: ..... Dept: .....

Date of Admission: ..... Time: ..... Date of Discharge: ..... Time: .....

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

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
19/6/26	12:30 pm	Neuro past	OT-2	M. S. Srinivasan
19/6/26	2 pm	OT-2	post op	S. Srinivasan
19/6/26	10:30 pm	post-op	M Floor	M. S. Srinivasan

## CROSS CONSULTATION VISIT

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
19/6/26	CTG	1	4560	<i>[Signature]</i>
11	pre Anesthesia	1	1325	<i>[Signature]</i>
11	TV Placement	1	1324	<i>[Signature]</i>
11	Catheterisation	1	1372	<i>[Signature]</i>
11	CTG	1	4560	<i>[Signature]</i>
20/6/26	Nutritional Assessment	1		<i>[Signature]</i>

**ANY OTHER INFORMATION:**

.....

.....

.....

.....

.....

.....

.....

Date: ..... Time: ..... Prepared By: Sugashini  
*[Signature]*

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00013173 IP28-00004613  
Mrs RESHMI. B  
13-09-1995 30 Y 9 M 6 D (F)  
Dr. SELF



### SURGERY DETAILS

Date : 19/06/26  
Patient Name : MRS. RESHMI. B Date of Birth : 13/09/1995 Age : 30y  
Gender : FEMALE Ward : Post-OP UHID No. : 13173/4613  
Date of Surgery : 19/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery : ELECTIVE LSCS

Time in : 12:35 PM Time Out : 1:55 PM

	NAME	AMOUNT
1. Surgeon	DR. RAJESH KARI	
2. Anaesthetist	DR. MAHALAKSHMI	
3. Assistant Surgeon	DR. RANVA	
4. OT Technician	MR. RISHI / NS-AB1	
5. Circulating Nurse	SRI. PUCHPA / SIN. EZHIL	
6. Assistant Nurse	SRI. SHANKARI	

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

Signature of the Surgeon  
*Raj*  
(77928)

Signature of Circulating Nurse  
*[Signature]*

Order No: ..... Order by: .....

LABORATORY REPORT

Patient Name: [Faint text]  
Gender: [Faint text]  
Date of Surgery: [Faint text]  
Name of the Surgeon: [Faint text]

Time to [Faint text]

[Faint text]  
[Faint text]  
[Faint text]  
[Faint text]  
[Faint text]

Special Equipment  [Faint text]  
 [Faint text]  
 [Faint text]

[Faint signature]

[Faint signature]

[Faint text]



VSC

CONSUMABLES OF OT

Circulating staff : SIN Pushpa Technician RISHI.S.Abi Date : 19/06/26 Time : 10:20pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSC</u>		01	Inj Vit.K ✓		01
LMA			Sutures <u>2247</u>		02	Cord Clamp ✓		01
ECG leads <u>A</u> P/N		03	<u>4259</u>		01	Suction Catheter <u>8Fr</u>		01
HME filter : A/P/N			<u>1326</u>		01	Feeding Tube <u>6Fr</u>		01
Syringes : 10 cc ✓		01				Vaccum Suction Set		
05 cc ✓		02	Gloves <u>6 1/2</u> <u>A</u>		02	Surgical Gloves		
02 cc ✓		01	<u>P-F 6.0</u>		01	Gauze Pack		
01 cc		01	<u>8.E 6.0</u>		01	Syringe 1ml / 2ml		
Cautery plate <u>A</u> P/N		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set ✓		01	NG tube			Koochies (S)		
RL ✓		02	Cautery pencil ✓		01	O2 mask		01
NS : 10ml <u>100ml</u> 500ml / 1000ml		<del>02</del>	Koochies			D. water		02
<u>Inj - Bvatecin</u>		0.5	Ointments			<u>Emerald sup (5ml)</u>		01
<u>Inj - Bpimes</u>		01	Suction Catheter			<u>Buprenorphine</u>		01
Fentanyl			Cap, Mask			<u>Anavio (Heavy)</u>		01
Morphine			Gauze Pack		04	<u>Lox 2.1</u>		01
Ketamine			Mop Pack ✓		03	<u>Spinal needle (G)</u>		01
Propofol			Steristrip			<u>Magnesium Sulphate</u>		01
Rocuronium			Underpad ✓		02	<u>Nasal cannula</u>		
Glycopyrolate			Draw sheet			<u>(New)</u>		01
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter			<u>NS 100 ml</u>		01 + 01
Bupivacaine 0.25% (Heavy)			Romodrain bag			<u>S.C 6/10</u>		02
Antibiotics			Bandage			<u>H gauze</u>		02
<u>Inj - Metaram</u>		02	Tegaderm			<u>Ureter catheter</u>		
Suppositories			Ioban			<u>OP-IP</u>		01
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		02			
Justin : 12.5 mg / 25mg <u>180mg</u>		01	Plastic Bed Sheet ✓		02			
Tab. Misoprost <u>200mg</u>		04	Betadine Solution ✓		02			
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdone Scrub					
			Saral					

Dr. Rajeshwari  
 Surgeon

Dr. Mahesh  
 Anaesthesiologist

J. Shankar  
 Nurse

Mr. Rishi  
 OT Technician

Order No. : ..... Ordered by : .....





# 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 IP28-00004613 Ward 5F-PRE/POST  
Patient Name Mrs RESHMI. B Bed Name PRE & POST OP 503  
Age/Sex 30 Y 9 M 6 D / Female Order No 28-0000151429  
Date 19/06/2026 14:37 Prescription No PRIP28-0071167  
Payor SELFPAY Dispensed Date 19/06/2026 14:38  
UHID ANC-00013173

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	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026C30K60	02/31	1	28.13	28.13
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6043348	01/31	1	24.00	24.00
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
6	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	1	10.31	10.31
8	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirrif	H	2254585	11/28	2	2.58	5.16
9	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
10	EPIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	1	45.90	45.90
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	5	18.90	94.50
12	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G24J010995	09/29	1	64.00	64.00
13	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
14	LOXICARD INJ 2% 50 ML	Neon Laboratories Ltd	H	SU238275	10/27	1	54.56	54.562
15	MAGNECURE INJ 2ML	PHARMA CURE LABORATRIES	C	MS1269	04/27	1	11.00	11.00
16	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
17	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304623	11/27	2	31.55	63.10
18	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26C040084	02/31	1	336.00	336.00
19	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	0K26A040293	12/30	1	255.00	255.00
20	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
21	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261733	02/29	2	69.39	138.78
22	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
23	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	1	91.00	91.00
<b>Total :</b>							<b>3,221.40</b>	<b>3,486.76</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



# RAINBOW CHILDREN'S MEDICARE LIMITED

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### INPATIENT ISSUES AGAINST ORDERS



<b>IP No</b>	IP28-00004613	<b>Ward</b>	5F-PRE/POST
<b>Patient Name</b>	Mrs RESHMI. B	<b>Bed Name</b>	PRE & POST OP 503
<b>Age/Sex</b>	30 Y 9 M 6 D / Female	<b>Order No</b>	28-0000151436
<b>Date</b>	19/06/2026 15:12	<b>Prescription No</b>	PRIP28-0071169
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	19/06/2026 15:12
<b>UHID</b>	ANC-00013173		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
2	DISPOSABLE APRONS STERILE XL	Mediblu		PARCH1010526	04/29	2	100.00	200.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	4	100.00	400.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
6	KLICK CLAMP	ROMSONS		0G25I040080	08/30	1	39.00	39.00
7	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
8	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
9	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5116	09/30	1	997.00	997.00
10	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	20260408	04/29	3	850.00	2,550.00
11	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif		02C260605	02/30	2	21.01	42.02
12	POVINANZ SOLUTION 10% 100 ML		H	N01060177	02/28	2	100.31	200.62
13	SGLOVE # 6.5 (POWDER FREE)	ANSEL		2603019005	03/29	3	128.00	384.00
14	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	2	91.00	182.00
15	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
16	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
17	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
18	TRUGUT CHROMIC CATGUT SN4259	Sutures India		A240722	07/29	1	281.25	281.25
19	UNDERPADS CARE 60 X 90 ( FRIENDS)			G26A010694	12/40	2	205.00	410.00
20	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	2	739.00	1,478.00
21	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5063	08/30	2	951.00	1,902.00
<b>Total :</b>							<b>8,411.24</b>	<b>13,040.34</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

ANC-00013173  
Mrs RESHMI. B  
13-09-1995  
Dr. SELF

IP28-00004613

30 Y 9 M 6 D (F)



# CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Kapstvari</u>	Date of Delivery: <u>19/6/26</u>
Assistant Surgeon: <u>Dr. Pameya</u>	Time of Delivery: <u>12:53 pm</u>
Anaesthetist's Name: <u>Dr. Mahalakshmi</u>	Gender of Baby: <u>Girl</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of Baby: <u>3.34 Kg</u>
Neonatologist: <u>Dr. Thirushkumar / Dr. Perminik</u>	AGPAR Score: <u>8/10, 9/10</u>
Scrub Nurse: <u>SH Shankari</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: G2P14 | previous CS | 37+3 woa | T2 DM1 gestational + Hb

Elective       Emergency      Indication: previous CS

Urgency

- Immediate Threat to life of woman or fetus
- Maternal or fetal compromise not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman and staff

Decision time: 10 AM      Knife to rectus: 1 mm.

CTG Description: Reactive

If there was a delay give the reasons: .....

Surgical Procedure: elective LSCS

Post Operative Diagnosis: P2L

Peri-Operative Complications: .....

Amount of Blood Loss: 0      Blood Transfused (in ML): 0

Name and Number of Surgical Specimen sent for examination:  
-

**Examination Findings when Appropriate:**

Presentation:  Cephalic  Breech  Other ..... Cervical Dilatation: ..... cm  
 5th Palpable: ..... Fetal Position: .....  
 Station:  -3  -2  -1  0  +1  +2 Moulding:  None  +  ++  +++  
 Caput:  +  ++  +++ Meconium:  None  +  ++  +++  
 Bladder Catheterized:  Yes  No Urine:  Clear  Blood Stained

Skin Incision:  Pfannenstiel  Transverse  Midline  Other .....  
 Uterine Incision:  Lower Segment  Classical  Inverted T  J Incision  
 Previous Scar:  Intact  Thinned out  Ruptured  No Scar  
 Incision Through Placenta:  Yes  No *Subserosal myoma, Anterior wall 1x1 cm*  
 Delivery of head:  Manual  Forceps  
 Liquor:  Clear Meconium:  I  II  III  Blood  Offensive  Not Offensive  
 Delivery of Placenta:  Manual  CCT .....  Complete  Incomplete  Piecemeal  
 Cord Appearance: *(P)* ..... Cord around the neck  Yes  No  
 Appearance of placenta: *(P)* ..... Cavity explored  Yes  No  
 Uterus, tubes and ovaries:  Normal  Not Normal Sterilization:  Yes  No

Uterine Closure:  One Layer  Two Layers *vicryl 0-1* ..... Suture  
 Peritoneal Closure:  Pelvic  Abdominal  None *catgut 2-0* ..... Suture  
 Sheath Closure: *vicryl 0-1* ..... Suture  
 Fat Closure:  Yes  No ..... Suture  
 Skin Closure:  Subcuticular  Mattress *monocryl 3-0* ..... Suture  
 Vaginal Evacuated  Yes  No  
 Drain:  Yes  No  Remove in ..... days  Await instructions  
 Catheter:  Yes  No  Remove in ..... days  Await instructions  
 Swap & Instruments count correct?  Yes  No  Post-op Antibiotics  Yes  No  
 Intra-Operative Antibiotics Cover:  Yes  No  Thromboprophylaxis  Yes  No

Post-Operative Notes: *NPO x 3h*  
*IVF + 30cc } @ 100ml/h 1st 20cc + 100 D5W @ 100ml/h*  
*20NS }*

- R: SURACOF 1.5gm N BD*
  - R: PAN 400mg N OD*
  - R: METROGYL 500mg N BD*
  - R: PARACETAMOL 1gm N QD*
  - R: PHENORGAN 20mg im @ 10pm*
  - R: TRAMADOL 50mg N QAS in 100ml/h*
  - R: RASSET 40mg N QD*
  - R: TRAPIC 500mg N 1-1-1 x 2 days*
- GRBS - 4th day*  
*BP monitor - 2nd day*

Doctor Name: *DR. Rajeshwari* Doctor Signature: *Raj*  
 Date & Time: *19/06/26* *77928*



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G2 P1 L1 / prev. LSCS.  
 @ 37 wks 3 days.

LMP: 25/9/2025 EDD:  
 Corrected EDD: 7/7/2026 GA: 37 wks 3 days

Obstetric Formula:

Able to AM well

Menstrual History: Regular:  Yes  No

Obstetric History:

(preterm) @ 30 wks  
 G1 - Boy, (LSCS) 4 yrs; B.wt - 2.8 kg  
 (RR Hospital) T. Nagar  
 (2nd - PIH) complicating pregnancy

Obstetric Examination

Fundal Height:

Present Pregnancy Record: T2DM on Insulin

Uf. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

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

Head Fiftis Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

RISK FACTORS:

Chronic  
 - Gest. HTN x 4 yrs  
 - T2DM on OHA & Insulin x 13 yrs  
 - Hypothyroid x 10 yrs

Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

Vaginal Examination

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: ..... cm

Weight: ..... kg

Allergies: Nil

Breast:  Normal  Abnormal

General Examination:

Consciousness: Pallor: Nil

Icterus: Edema: 4.5 PE+

Temp: PR:

BP: DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

G2 P1 L1 / prev. LSCS / T2DM on OHA & Insulin /  
 @ 37<sup>+3</sup> wks. Chronic HTN / Hypothyroid



<p>Family History:</p> <p>Parent - T2 DM        Father - HTN        Mother - Hypothyroid</p>	<p>Surgical History:</p> <p>LSCS - 2022</p>
<p>Medical History:</p> <p>T2 DM on Insulin Tresiba - 0-0-34 units        Insulin Humalog - 9-8-6 units        T. Metformin SR 500 1-1-1 after food        T. Labetalol 100mg 1-1-1 after food</p>	<p>Medication History:</p> <p>T. Nicardipine retard 20mg 1-0-1 after food        T. Thyronorm 50mcg 1-0-0 empty stomach        T. Iron 100 P/O        T. Calcium P/O        T. Vit D3 1000        T. Duradilol 10mg 1/2-0-1/2</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admission</li> <li>- CTA</li> <li>- Pains preparation</li> <li>- NPO</li> <li>- Secure IV line (10 PRBC reservation)</li> <li>- Pre-anesthetic evaluation</li> <li>- CBA 4th hourly</li> <li>- Plan Elective LSCS</li> <li>- 10 RL @ 100 ml/hr @ 12:30 p.m.</li> <li>- Inj. Sypacef 1.5gm IV</li> <li>- Inj. Pan 40mg IV</li> <li>- Inj. Emeset 4mg IV</li> <li>- Inj. Tracpic 1gm IV stat before procedure</li> </ul>	<p>Investigations:</p> <p>30/5/2026</p> <p>B positive</p> <p>HB - 13 gm/dl        PLT - 2.86        RBS - 176        Urea - 20        Creat - 0.63        LFT - (N)        TSH - 1.09        PT - 12.4 s        INR - 1.0        aPTT - 25 s        Urine R/E = Alb - Trace        P.E - 5-7</p> <p>Anomaly - (N)        NI+FTS - (N)        ECHO - (N) RWMA        EF - 65%        Tachycardia        HIV - 4/11/25        HBsAg - Negative        vDRE        HCV</p>

Doctor Name: .....  
 Signature: .....  
 Date & Time: .....

22/5/26  
 SLUG of 33+3 wks.  
 Cephalic; AF - 15.1; Placenta - fun  
 CFW - 2.5kg  
 Consultant Name: Dr. Rajeshwari  
 Signature: .....  
 Date & Time: .....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/6/26	S/B Dr. Sivasarupa	
2:15 pm	Pt. reviewed	
(POD 0)	no complaints	
T - 38.2	vitals stable	no imminent signs
BP - 160/100 mmHg		
PR - 87b/min		
CBC at 4 pm - 10b mg/dl	O/E - Afebrile	no pallor
	P/A - Uterus well contracted	
	dressings dry, soft	
Output - 100ml	L/E - Bleeding pr WNL	Adv: -
he	Patient can be shifted to room	- Medications as per drip chart
		- Inform SOP.
		Suj 12/10/26
19/6/26	C/S/B - Dr. Mohana	
8:00 pm	POD # 0	
BP - 130/100	Pt reviewed	
PR - 95/min	NO SE s/s, no Hypoglycemia symptoms	
SPO2 - 94%	P/A ut well contracted	
output - 100ml	dressings @ dry	
CBC - 75 mg/dl		Advice
	L/E WNL	- T. Depin 10mg stat
		sips of water
		- Suj. Trapiq 1g IV stat
		- Continue 5% Dextrose.

ANC-00013173  
 Mrs RESHMI. B  
 13-09-1996  
 Dr. SELF

IP28-00004613

30 Y 9 M 6 D (F)



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>20/6/26</del>		8/R <u>Dr. Parithsa</u>
<del>8:40 a.m.</del>	<u>POD 1</u>	Pt. Reviewed. Not passed flatus.
<del>BP: 124/80 mm/Hg</del>		o/e :- Pt.afebrile. P/A - uterus Contracted. Dressing dry. BS (+).
		MC - BUNL.
		<u>Adv.</u>
		- liquid diet - Followe drug chart.
		- BP monitoring - CBA <sup>4th hourly</sup> monitoring.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
20/6/26 12:40 p.m.	S/B	Dr. Parithea.
	CBA - 8y.	
	BP = 149/92 mmHg	
	c/d/w	Dr. Rajeshwari Man.
		Adv
		- soft solid diet.
		- To stop IV fluids.
		- To stop Inj. Thapic.
		- T. Amlong 5mg 1-0-1.
		- CBA 4th hourly.
20/6/26	S/B Dr. Rajeshwari	
1:40 PM	Pt. Comfortable	
(POD - 1)		Adv:
Strict BP & C&G Charting		* Dichlorac suppository @ PR sos
		* Rest CST
		* Inform sos

Key



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>20/6/26</del> 9pm	c/s by Dr. Mohana	
CBG - 119 mg/dl	POD #1 Pt reviewed No PE S/S	
BP - 126/89 mmHg PR - 85/min	OLE: Hydration felt, Afebrile no pallor, no PE	
	S/E CVS (MVP RS)	
	P/A ut well contracted dressing @ dry	
	UE BWR	
		<p>Advice</p> <ul style="list-style-type: none"> <li>- soft solid diet</li> <li>- Plenty of oral fluids</li> <li>- Ambulate</li> <li>- Continue the same</li> <li>- Monitor BP/CBG q<sup>th</sup> hly. (STOP)</li> <li>- To do EBS, PRBS tomorrow.</li> <li>- T. Analong smg BID</li> </ul>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/26	S/B Dr. Sivasarupa	
8:15 AM	Pt. reviewed,	
(POD - 2)	no complaints, no imminent signs/symptoms	
T-N	vitals stable.	
BP - 120/80 mmHg	O/E - Afebrile, no pallor	
PR - 86/min	P/A - uterus well contracted	
Gest	dressings dry,	
FBS - 71 mg/dl	L/E - Bleeding pv WNL	
		Adv:-
		- Soft diet
		- Ambulation
		- Vitals monitoring
		- Inform SOS
21/6/26	S/B Dr. Rajeshwari	
5:40 PM	Pt. Comfortable	
(POD - 2)		
		Adv:-
	P/A - wound - healthy	Dulcolax
		suppository @ PR
		HS stat
	Discharge tomorrow	

My





# DRUG CHART

Date of Admission: 19/11/2016 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> <u>Pr: TRAMADOL</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>50mg</u>	<u>Oral</u>	<u>SOS</u>	<u>19/11/16</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			
<u>in 100mg NS</u>																			

<b>DRUG :</b> <u>Pr: EMSER</u>				Date/Time															
Dose	Route	Frequency	Start Date																
<u>10mg</u>	<u>Oral</u>	<u>SOS</u>	<u>19/11/16</u>																
Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>																			
Additional Instructions:																			

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

VERIFIED BY : Name .....



REGULAR PRESCRIPTIONS

Weight 63kg Ward Prep Post

DRUG : <u>T. Thysonem</u>				Date	<u>19/6</u>	<u>20/6</u>	<u>21/6</u>	<u>22/6</u>													
Dose	Route	Frequency	Start Date	Time																	
<u>Someg</u>	<u>P/O</u>	<u>1000</u>	<u>19/6/26</u>	<u>8 AM</u>	<u>6</u>	<u>8</u>	<u>8</u>	<u>8</u>													
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>Dr. SUPPERT</u>				Date	<u>20/6</u>	<u>21/6</u>															
Dose	Route	Frequency	Start Date	Time																	
<u>1.5g</u>	<u>N</u>	<u>101</u>	<u>19/6</u>	<u>6 AM</u>	<u>8</u>	<u>8</u>															
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>Dr. PAN</u>				Date	<u>20/6</u>	<u>21/6</u>															
Dose	Route	Frequency	Start Date	Time																	
<u>Wag</u>	<u>N</u>	<u>100</u>	<u>19/6</u>	<u>6 AM</u>	<u>8</u>	<u>8</u>															
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					
DRUG : <u>Dr. PARACETAMOL</u>				Date	<u>20/6</u>	<u>21/6</u>															
Dose	Route	Frequency	Start Date	Time																	
<u>1gm</u>	<u>N</u>	<u>1-1-1</u>	<u>19/6</u>	<u>8 AM</u>	<u>8</u>	<u>8</u>															
Name & Signature of the Doctor Starting the Drugs:																					
<u>[Signature]</u>																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign																					



Sheet No: 1

REGULAR PRESCRIPTIONS

Weight 6.5kg Ward LDR

<b>DRUG:</b> In: METROGON				Date-Time	20/6	21/6			
Dose	Route	Frequency	Start Dt.	12:30 AM	12:30 AM	12:30 AM			
500mg	P/O	1-1	19/6						
Name & Signature of the Doctor Starting the Drugs:				AP					
Additional Instructions:				12:30 PM on 20/6 D <sub>1</sub> D <sub>2</sub>					
Daily Doctor's Endorsement by a Sign									
<b>DRUG:</b> Bi TROPIC				Date-Time	19/6	20/6			
Dose	Route	Frequency	Start Dt.	6 AM	6 AM	6 AM			
1gm	M	1-1	19/6						
Name & Signature of the Doctor Starting the Drugs:				STOP					
Additional Instructions:				10 PM					
Daily Doctor's Endorsement by a Sign									
<b>DRUG:</b> T-AMLODIPINE				Date-Time	20/6	21/6	22/6		
Dose	Route	Frequency	Start Dt.	1 PM	1 PM	1 PM			
5mg	P/O	1-1	20/6/26						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:				9:30 AM on 20/6 10 PM on 21/6					
Daily Doctor's Endorsement by a Sign									
<b>DRUG:</b> T. CEFTUM				Date-Time	21/6	22/6			
Dose	Route	Frequency	Start Dt.	9 PM	9 AM	9 AM			
500mg	P/O	1-1	21/6/26						
Name & Signature of the Doctor Starting the Drugs:				9 PM on 21/6 9 AM on 22/6					
Additional Instructions:				9 PM					
Daily Doctor's Endorsement by a Sign									

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

ANC-00013173 IP28-00004613  
 Mrs RESHMI. B  
 13-09-1995 30 Y 9 M 8 D (F)  
 Dr. SELF



Sheet No: .....

**REGULAR PRESCRIPTIONS**

Weight 63kg Ward MJA

<b>DRUG :</b> T. CHYMORAL FORTE				Date-Time	21/6	22/6														
Dose	Route	Frequency	Start Dt.		9	10														
	Po	1-0-1	21/6/26		pm	am														
Name & Signature of the Doctor Starting the Drugs:				 12/10/1																
Additional Instructions:				11 pm 10 pm																
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b> T. PANTOP				Date-Time	21/6	22/6														
Dose	Route	Frequency	Start Dt.		6	6														
	Po	1-0-1	21/6/26		pm	am														
Name & Signature of the Doctor Starting the Drugs:				 12/10/1																
Additional Instructions:				(Before food)																
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b> T. ZERODOL-P				Date-Time	21/6	22/6														
Dose	Route	Frequency	Start Dt.		9	9														
	Po	1-0-1	21/6/26		pm	am														
Name & Signature of the Doctor Starting the Drugs:				 12/10/1																
Additional Instructions:				9 pm																
Daily Doctor's Endorsement by a Sign																				

<b>DRUG :</b>				Date-Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

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



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
19/6/2008	8 AM	T. Nicaardia retard	20mg	P/O	[Signature]	PP 021142
19/6/2008	11 AM	Di SUPPER	2-1 ml	id	[Signature]	[Signature]
19/6/2008	11:45 AM	Di SUPPER	1.5 gm	id	[Signature]	[Signature]
19/6/2008	12 PM	Di PAN	10mg	id	[Signature]	[Signature]
"	12 PM	Di RMSET	2mg	id	[Signature]	[Signature]
"	12 PM	Di TRAPIL	1 gm in 100ml	id	[Signature]	[Signature]
19/6/2008	1:45 PM	JONAE SUPPOS	100mg	P/R	[Signature]	[Signature]
19/6/2008	10 PM	Di PHENARGEN	25mg	im	[Signature]	[Signature]
19/6/2008	1:00 PM	T. MISOPROSTOL	600 MCA	Intra-uterine	[Signature]	[Signature]

Signature ..... VERIFIED BY TIME



I.V. FLUIDS CHART

Weight... 63 ..... Ward... pnc op

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
19/6	8 am	1 ORL	Iv	100ml		[Signature]	19/6/95		[Signature]
19/6	12 pm	φ	Iv			[Signature]			
19/6	12-30 PM 04.55 PM	IVF 2 ORL	iv	over the	Make	[Signature]	19/6/95	Make	[Signature]
19/6	1:00 PM	1 ORL + 20mls Synto	iv	@ 100 ml/hr	Make	[Signature]	19/6/95	Make	[Signature]
19/6	3:30 pm	1 ORL + 100 Oxycodon	iv	100	Make	[Signature]	19/6/95		[Signature]
20/6/95	1 AM	1 ORL + 100 Oxycodon	iv	100	Make	[Signature]	19/6/95 @ 6 AM		[Signature]
20/6/95	6 AM	1 ORL + 100 Oxycodon	iv	100	Make	[Signature]	19/6/95 @ 4 PM		[Signature]
		1 ORL	iv	100	Make	[Signature]			
		1 ORL	iv	100	Make	[Signature]			
19/6/95	6:20 PM	5% dextrose. 1 ORL	IV	50ml/hr	Make	[Signature]	20/6/95 @ 2 PM		[Signature]

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







