

Rainbow  
ANC-00016122 IP28-00004533  
Mrs SULOCHANA S  
08-06-1986 40 Y O M O D (F)  
Dr. ANURADHA P V



DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		10/6/26 at 5 PM	<i>Dr</i> 6026	
Activity Sheet updated by Pharmacy		5:04 PM	<i>Dr</i>	

**ACTIVITY RECORD FOR BILLING**

ANC-00016122 IP28-00004533  
Mrs SULOCHANA S  
08-06-1986 40 Y O M O D (F)  
Dr. ANURADHA P V

Name: ..... UHI: ..... IP No: ..... Consultant: *Dr. Anuradha* Dept: *gynec*

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
<i>7/6/26</i>	<i>11:30pm</i>	<i>pre-post</i>	<i>3rd floor</i>	<i>[Signature]</i>
<i>8/6/26</i>	<i>7:20am</i>	<i>3rd floor</i>	<i>pre-post</i>	<i>[Signature]</i>
<i>8/6/26</i>	<i>8:15 AM</i>	<i>pre-post</i>	<i>OT-1</i>	<i>[Signature]</i>
<i>8/6/26</i>	<i>10:50 am</i>	<i>OT-2</i>	<i>post ward</i>	<i>[Signature]</i>
<i>8/6/26</i>	<i>4 pm</i>	<i>Neurology</i>	<i>3rd floor</i>	<i>[Signature]</i>

**CROSS CONSULTATION VISIT**

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







ANC-00016122 IP28-00004533  
Mrs SULOCHANA S  
08-06-1986 40 Y O M O D (F)  
Dr. ANURADHA P V



### SURGERY DETAILS

Date : 08/06/26  
Patient Name: MRS. Sulochana S. Date of Birth: 8/08/1986 Age: 40Y  
Gender: female Ward : 3-FLOOR UHID No.: ANC-16122  
Date of Surgery: 08/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery : Laparoscopic myomectomy

Time in : 8:20am Time Out : 10:50am

	NAME	AMOUNT
1. Surgeon	Dr. Anuradha / Dr. Siva	50,000/-
2. Anaesthetist	Dr. Karthiga	
3. Assistant Surgeon	-	
4. OT Technician	Ms. Rishi / Ms. Abi	
5. Circulating Nurse	Mr. Kowsick	
6. Assistant Nurse	Mrs. Anbarasi / Ms. Pushpa	

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

8:40AM to 10:10AM

Signature of the Surgeon

Signature of Circulating Nurse  
01/9/20

Order No: .....

Order by: .....

### SURGERY DETAILS

Patient Name: Mr. [Name] Date of Birth: [Date]  
 Gender: [Gender] Ward: [Ward]  
 Date of Surgery: [Date]  Day  Night  
 Name of the Surgery: [Surgery Name]

Time in Theatre: [Time]

[Handwritten Note]

**NAME**

- 1. Surgeon: [Name]
- 2. Assistant Surgeon: [Name]
- 3. OT Technician: [Name]
- 4. Circulating Nurse: [Name]
- 5. Assistant Nurse: [Name]

[Handwritten Note]

- Special Equipment:
- Laparoscopy
  - C-ARM
  - Fluoro Cuss
  - Endoscopy
  - Oesophag
  - Other: [Other]

Signature of the Surgeon: [Signature]

Order No: [Order No]



# CONSUMABLES OF OT

Circulating staff: SN Kousick Technician: MR/Rishi/MP. Sanyal Date: 08/06/26 Time: 8.20 AM - 10.50 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube (7-5 size)			Major Pack <u>Hystopack</u>	01		Inj Vit.K		
LMA			Sutures <u>V-Loc 30cm</u>	04		Cord Clamp		
ECG leads (A) P/N		03	<u>2347</u>	01		Suction Catheter (14F)		01
HME filter: A/P/N			<u>1326</u>	01		Feeding Tube		
Syringes: 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves <u>PP 8</u>	01		Surgical Gloves		
02 cc		02	<u>PP 7</u>	01		Gauze Pack		
<u>x 20 cc</u>		01	<u>6 1/2 PP</u>	01		Syringe 1ml / 2ml		
Cautery plate (A) P/N		01	Surgical blade <u>11's</u>	01		Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
F		04	Cautery pencil			<u>Amnoproan</u>		01
NS: 10ml / 100ml / 500ml / 1000ml			Koochies			<u>Bupivacaine 0.5%</u>		01
			Ointments			<u>Ephedrin</u>		01
			Suction Catheter			<u>Atropine</u>		01
Fentanyl			Cap, Mask			<u>Dexa</u>		01
Morphine			Gauze Pack (L)	03		<u>Ketanal</u>		01
Ketamine			Mop Pack	02		<u>Trac</u>		03
Propofol		02	Steristrip			<u>D water</u>		03 + 01
Rocuronium			Underpad	02		<u>Mezolam</u>		01
Glycopyrolate		01	Draw sheet			<u>100 cm extension</u>		01
Myopyrolate		02	Abgel			<u>I GEI (4S)</u>		01
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag			<u>Protective sheet</u>		02
Bupivacaine 0.25%			Chest Drainage Catheter			<u>protogaur</u>		02
Bupivacaine 0.25% (Heavy)			Romodrain bag			<u>6 PP</u>		02
Antibiotics			Bandage			<u>SC 6 1/2</u>		02
			Tegaderm <u>8582</u>	04		<u>NS 1000ml</u>		01
Suppositories			Ioban			<u>TURP set</u>		01
Anamol: 80mg / 250mg / 170 mg			Double J Stent			<u>V-prose inj.</u>		01
Supridol: 100mg			Vaccum Suction set	01		<u>Grauge (M)</u>		02
Justin: 12.5 mg / 25mg / 100mg			Plastic Bed Sheet			<u>NS 500ml</u>		01
Tab. Misoprost: 200mg			Betadine Solution	02		<u>SC 7.5</u>		01
			Microshield			<u>Surgicare 6s</u>		02
			Cotton Balls					
			Latex Gloves		10 pairs			
			Ramdone Scrub					
			Saral					

Dr. Anuradha  
 Surgeon

Dr. Karthiyan  
 Anaesthesiologist

Dr. Anuradha  
 Nurse

Dr. Anuradha  
 OT Technician

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

DATE

Handwritten notes at the top of the page, including "10-11-20" and "10-12-20".

DATE	DESCRIPTION	AMOUNT	BALANCE
10-11-20	Handwritten entry		
10-12-20	Handwritten entry		
10-13-20	Handwritten entry		
10-14-20	Handwritten entry		
10-15-20	Handwritten entry		
10-16-20	Handwritten entry		
10-17-20	Handwritten entry		
10-18-20	Handwritten entry		
10-19-20	Handwritten entry		
10-20-20	Handwritten entry		
10-21-20	Handwritten entry		
10-22-20	Handwritten entry		
10-23-20	Handwritten entry		
10-24-20	Handwritten entry		
10-25-20	Handwritten entry		
10-26-20	Handwritten entry		
10-27-20	Handwritten entry		
10-28-20	Handwritten entry		
10-29-20	Handwritten entry		
10-30-20	Handwritten entry		
10-31-20	Handwritten entry		

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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**



<b>IP No</b>	IP28-00004533	<b>Ward</b>	5F-PRE/POST
<b>Patient Name</b>	Mrs SULOCHANA S	<b>Bed Name</b>	LDR 501
<b>Age/Sex</b>	40 Y 0 M 0 D / Female	<b>Order No</b>	28-0000149157
<b>Date</b>	08/06/2026 12:36	<b>Prescription No</b>	PRIP28-0070091
<b>Payor</b>	ICICI LOMBARD GENERAL INSURANCE CO LTD	<b>Dispensed Date</b>	08/06/2026 12:40
<b>UHID</b>	ANC-00016122		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	2	100.00	200.00
2	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	3	105.00	315.00
3	HYSTEROSCOPY PACK	Amaryllis		HPRCH1010526	04/29	1	1,255.00	1,255.00
4	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5116	09/30	1	997.00	997.00
5	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	2	850.00	1,700.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	20	25.00	500.00
7	NS 1000 ML ACCULIFE-EH	Aculife Health Care Pvt.Ltd(Nirif	H	2B260500	01/29	1	62.24	62.24
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B260969	01/29	1	39.72	39.72
9	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
10	PROTECTIVE SHEET 20X20	Local		PSRCH1010526	04/29	2	250.00	500.00
11	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	1	128.00	128.00
12	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	2	91.00	182.00
13	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	2	128.00	256.00
14	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	2	91.00	182.00
15	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)		24I0233KK	08/29	1	90.94	90.938
16	SGLOVE # 8.0(POWDER FREE)	ANSEL	GENERAL	260300741T	04/29	1	128.00	128.00
17	SURGICAL BLADE 11	Surgeon	GENERAL	030925	08/30	1	7.67	7.67
18	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	0R12250903	11/28	4	175.00	700.00
19	UNDERPADS CARE 60 X 90 ( FRIENDS)			000100500720	12/30	2	205.00	410.00
20	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
21	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5072	10/30	1	951.00	951.00
22	V-LOC 180-0 3.5 METRIC 45CM VLOCL0326	COVIDIEN		A4A2133VY	12/26	4	2,991.00	11,964.00
23	VPRESS INJ 20 IU 1 ML	Neon Laboratories Ltd	H	1201080	01/27	1	494.20	494.20
<b>Total :</b>							<b>9,951.27</b>	<b>21,956.27</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,  
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 IP28-00004533  
 Patient Name Mrs SULOCHANA S  
 Age/Sex 40 Y 0 M 0 D / Female  
 Date 08/06/2026 12:36  
 Payor ICICI LOMBARD GENERAL INSURANCE CO LTD  
 UHID ANC-00016122

Ward 5F-PRE/POST  
 Bed Name LDR 501  
 Order No 28-0000149158  
 Prescription No PRIP28-0070092  
 Dispensed Date 08/06/2026 12:40

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	260300971T	03/29	1	128.00	128.00
<b>Total :</b>							<b>128.00</b>	<b>128.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name



# RAINBOW CHILDREN'S MEDICARE LIMITED

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

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004533	Ward	5F-PRE/POST
Patient Name	Mrs SULOCHANA S	Bed Name	LDR 501
Age/Sex	40 Y 0 M 0 D / Female	Order No	28-0000149159
Date	08/06/2026 12:40	Prescription No	PRIP28-0070093
Payor	ICICI LOMBARD GENERAL INSURANCE CO LTD	Dispensed Date	08/06/2026 12:41
UHID	ANC-00016122		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Am
1	AMNEPARA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
2	ANAWIN INJ VIAL 0.5% 20 ML	NEON LABORATORIES LTD	H	SM107260	05/28	1	93.90	93.90
3	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303356	07/27	3	45.30	135.90
4	DEXARIL 4MG INJ		H	0DEX25008SR	06/27	1	10.88	10.88
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	3	21.83	65.49
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
7	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	2	50.63	101.26
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	4	2.58	10.32
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	GEL MASK SIZE 4 -8204-000	Intrasurgical	GENERAL	20240319	03/27	1	3,984.38	3,984.38
13	KETOROL INJ 30 MG 1 ML	DrReddy'sLaboratorie sLtd		V250121	12/27	1	34.30	34.30
14	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	2	69.10	138.20
15	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304608	07/27	1	31.55	31.55
16	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350474	09/27	2	127.48	254.96
17	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
18	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
19	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254110	08/26	1	15.11	15.11
20	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	4	60.74	242.96
21	SUCTION CATHETER 14 ROMSONS	ROMSONS	GENERAL	G230K010753	10/28	1	75.94	75.94
22	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	KM038109	01/27	1	7.18	7.18
23	VEIN-O-LINE 100CM ROMSONS	ROMSONS		0G24J011013	09/29	1	433.00	433.00
<b>Total :</b>							<b>7,248.73</b>	<b>7,995.00</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**

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**INPATIENT ISSUES AGAINST ORDERS**



IP No IP28-00004533 Ward 5F-PRE/POST  
Patient Name Mrs SULOCHANA S Bed Name LDR 501  
Age/Sex 40 Y 0 M 0 D / Female Order No 28-0000149165  
Date 08/06/2026 12:46 Prescription No PRIP28-0070094  
Payor ICICI LOMBARD GENERAL INSURANCE CO LTD Dispensed Date 08/06/2026 12:46  
UHID ANC-00016122

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26B010302	01/31	1	487.00	487.00
<b>Total :</b>							<b>487.00</b>	<b>487.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



## OPERATION NOTES

Surgeon : <u>Dr Anuradha De Siva</u>		Asst. Surgeon : <u>'</u>	
Anesthetist : <u>Dr. Karthiga</u>		OT Nurse : <u>Sim Puslye</u>	
Pre-Operative Diagnosis: <u>AUB-L</u>			
Surgical Procedure : <u>Laparoscopic myomectomy &amp; GA</u>			
Weight : <u>83 kg.</u>	Date : <u>2/6/16</u>	Start Time : <u>8:20am</u>	End Time : <u>10:50<sup>am</sup></u>
Post Operative Diagnosis: <u>AUB-L</u>			
Peri-Operative Complications: <u>-</u>			
Operation Notes: <u>&amp; GA posterior groin, pants choppi done.</u>			
Findings: <u>1 10mm supalbulosa &amp; 2 left lateral, 1 right lateral ports created. Intraoperative - scars.</u>			
<ol style="list-style-type: none"> <li>1) posterior intramural fibroid of 10x10cm</li> <li>2) Anterior wall subserosa - 4x6cm</li> <li>3) Right lateral subserosa - 3x3cm</li> </ol>			
Procedure Notes:			
<p><u>Tubal vasopressin was injected. Incision given and all myomas removed. Myoma bed sutured with <del>ligatures</del> V-lock sutures. <del>ports</del> All myoma removed with morcellator. Hemostasis achieved through lavage done. port closure done &amp; neg'd no-1 &amp; morcell 3-0</u></p>			
Amount of Blood Loss:		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination: <u>morcellated myomas</u>			



### POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

- NPO till 4/6

Wound Care:

- IUF T 30RE 2 @ 100 ml

Drain /Special Lines/Catheters:

- Di SODIUM 1 gm de BQ  
- Di PAN 40g 200g  
- Di PARACETAMOL 1 gm 100g

Special Patient Positioning and Requirements:

Nutritional Instructions:

When to Start Mobilization:

Special Referrals:

The new order for all required medications documented in the doctor order/medication sheet:

Yes  No

Any Other Post-Operative Care Needed including Required Follow Up

Name of the Surgeon: .....

Signature of the Surgeon: *[Signature]*

Date & Time: 08/06/26 @ 10.30 am.

ANC-00018122

IP28-00004533

Mrs SULOCHANA S

08-06-1986

39 Y 11 M 30 D (F)

Dr. ANURADHA P V



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>7/16/26</del>		pre-op orders.
<del>11P</del>		- NPO from 12 a.m.
		- written & Informed Consent
		- patient's preparation
		- Enema @ 6 a.m.
		- Secure IV line & send cross matching.
		- To reserve 10 P.R.B.C
		- 10 RL @ 100ml/hr from 8 a.m.
		- Inj. Supacef 1.5gm IV ATD.
		- Inj. Pan 4mg IV stat
		- Inj. Emeset 4mg IV stat
		ASD.

1/2 hr before surgery



ANC-00016122  
 Mrs SULOCHANA S IP28-00004533  
 08-06-1986 40 Y O M O D (F)  
 Dr. ANURADHA P V



**NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
8/6/26	S/B Dr. Strasampa	
8:15 pm	Patient reviewed	
	vitals stable.	
(POD-0)		
T - (N)	O/E - Afebrile, no pallor	
BP - 110/80 mm Hg	P/A - soft dressing dry,	
PR - 80/min	BS (+).	
Output - 600ml;	L/E - NAD.	
clear		
		Adv:
		- To follow dwp chart.
		- Vitals monitoring
		I/O charting
		- Inform SOS
	Smp	
	120101	

ANC-00016122 IP28-00004533  
 Mrs SULOCHANA S 40 Y O M O D (F)  
 08-06-1986  
 Dr. ANURADHA P V



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>9/16/2026</del> 9 am	H Delaagark B PE reviewed c/o vague abd pain E affer Afebrile PR - RP - P/A - Soft BS ⊕ Dressing dry E CRD - clear muc clearing	Adv - Clean wound - Clamp CRD → Dress & nase. after analgesia → Mobilisation
		 12/13/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/2026		S/B <u>Dr. Paritha</u>
6Pm	POD 1	Pt. Reviewed
		Go fever 1 spike now.
		(T-99.1F)
	Vitals stable.	Last spike - T. 99.7F
		Voiding freely; passed flatus
		Pt. Reviewed
		Febrile.
	To do	P/A - soft
	CBC	Dressing dry.
		<u>Adv</u>
		- Soft diet.
		- Follow dry chest.
		- Temp charting.
		- Monitor vitals.
		- Inform sos.
		<u>Paritha</u>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/2/26	S/T By Dr. Chaitra	
9pm	pt is stable	
	C/o clearing membranes	
	P - 110/hr	
	BP - 120/80 mm	
	Temp - 98.6	
✓	PID Soft	Ade
	NAD	S/O down 1 gm
	U2 (N/A)	S/P In: MEROPENEM 1 gm
		in BD
		In PARACETAMOL
		1 gm in SO
		antib - with body
		- before 30
		<i>[Signature]</i>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
9/6/26		Dr. Raje
8am		
	Had for - high grade.	
		spunde - ham.
	RPR - 8.9	Mm of a/cfer
	Hb - 7.75	i Diabetic (+)
	PU - 10.5	Penp - 95 y
	FC - 10.5	PR - 90 bpm
	cur ME blood @	BP - 120/80 mmHg
	Bact @	T/A 8-11
	Epi - 3-5	RS @
		During day
	f - low level	Adv
	recheck (+)	→ Remove
		→ Normal
		→ follow
		day chart

Dr. Raje  
12/13/26





ANC-00016122 IP28-00004533  
 Mrs SULOCHANA S  
 08-06-1986 39 Y 11 M 30 D (F)  
 Dr. ANURADHA P V



REGULAR PRESCRIPTIONS

Weight. 83kg Ward. ...

DRUG : <i>Do SODACIF</i>				Date Time	8/6	9/6		
Dose	Route	Frequency	Start Date	8 am	9 am			
1 gm	N	100	2/6	<del>8 am</del>	<del>9 am</del>			
Name & Signature of the Doctor Starting the Drugs:				8 PM	9 PM			
Additional Instructions:								STOP
Daily Doctor's Endorsement by a Sign								
DRUG : <i>Do PAN</i>				Date Time	9/6	9/6	10/6	
Dose	Route	Frequency	Start Date	7 am	7 am	7 am		
100	N	100	2/6	<del>7 am</del>	<del>7 am</del>	<del>7 am</del>		
Name & Signature of the Doctor Starting the Drugs:				7 PM				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								
DRUG : <i>Do PARACETAMOL</i>				Date Time	2/6/26	9/6	10/6	
Dose	Route	Frequency	Start Date	3 pm	4 am	4 am		
1 gm	N	177	2/6	<del>3 pm</del>	<del>4 am</del>	<del>4 am</del>		
Name & Signature of the Doctor Starting the Drugs:				12 PM				
Additional Instructions:				8 PM				
Daily Doctor's Endorsement by a Sign								
DRUG : <i>Do MEROPENEM</i>				Date Time	9/6	10/6		
Dose	Route	Frequency	Start Date	11 am	11 am			
1 gm	N	100	8/6	<del>11 am</del>	<del>11 am</del>			
Name & Signature of the Doctor Starting the Drugs:				11 PM				
Additional Instructions:								
Daily Doctor's Endorsement by a Sign								



Sheet No: ① ..... **REGULAR PRESCRIPTIONS** Weight ..... Ward .....

<b>DRUG:</b> Tab COMBIFUM				Date/Time	
Dose	Route	Frequency	Start Dt.		
	PO	1-0-1	9/6		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					STOP 8/11 12/10/11
Daily Doctor's Endorsement by a Sign					
<b>DRUG:</b> Cap BIRIVAE				Date/Time	9/6 10/6
Dose	Route	Frequency	Start Dt.	10 PM	9 AM
	PO	1-1-1	9/6		
Name & Signature of the Doctor Starting the Drugs:					3 PM
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
<b>DRUG:</b> Sp CAPSULES				Date/Time	9/6 10/6
Dose	Route	Frequency	Start Dt.	10 PM	10 AM
50	PO	1-1-1	9/6		
Name & Signature of the Doctor Starting the Drugs:					5 PM
Additional Instructions:					
in 1 glass of water					
Daily Doctor's Endorsement by a Sign					
<b>DRUG:</b> T. URISPAS				Date/Time	10/6
Dose	Route	Frequency	Start Dt.	4 PM	
	PO	1-0-1	10/6/26		
Name & Signature of the Doctor Starting the Drugs:					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

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





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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
8/6/26	7:30am	Inj. Supacef	0.1ml	Intradermal	Aj	bu
8/6/26	8:10am	Inj. Supacef	1.5 gm	IV	Aj	bu
8/6/26	7:05am	Inj. Pam	4mg	IV	Aj	bu
8/6/26	7:10am	Inj. Eneset	4mg	IV	Aj	bu
8/6/26	8:30am	INS PARA	1gm	IV	Kathy	bu
8/6/26	8:40am	INS RETOROLAC	30mg	IV	Ku	bu
8/6/26	8:45am	INS DEXA	8mg	IV	Kelly	bu
8/6/26	8pm	INS. SMESET	4 mg	IV	SY	bu
8/6/26	8pm	INS. TRAMADOL	50mg	IV	SY	bu

in 100 ml NS

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



I.V. FLUIDS CHART

Weight 83 Ward Da

Signature  
VERIFIED BY: Name

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
8/6/26	3a.m	10 RL	IV	100ml	[Signature]	[Signature]	8/6/26	[Signature]	[Signature]
8/6/26	8.20 ↓ 10.20am	3 ORL	IV		[Signature]	[Signature]	8/6/26	[Signature]	[Signature]
8/6/26	11.30am	10 RL	IV	100ml	[Signature]	[Signature]	8/6/26 at 9pm	[Signature]	[Signature]
8/6/26	3 pm	10 RL	IV	125 ml/ hr	[Signature]	[Signature]	8/6/26 at 8pm	[Signature]	[Signature]
8/6/26	9:30am	10 NS	IV	125 ml/ hr	[Signature]	[Signature]	9/6/26 at 1.30pm	[Signature]	[Signature]
9/6/26	6:10am	10 DNS	IV	125 ml/ hr	[Signature]	[Signature]	9/6/26 12pm	[Signature]	[Signature]
9/6/26	1:40am	10 RL	IV	125 ml/ hr	[Signature]	[Signature]	9/6/26 5:40am	[Signature]	[Signature]
9/6/26	8pm	10 RL	IV	125	[Signature]	[Signature]	10/6/26 9am	[Signature]	[Signature]
10/6/26	11am	10 RL	IV	75ml/ hr	[Signature]	[Signature]			
10/6/26		10 NS	IV	75ml/ hr	[Signature]				

ANC-00018122 IP28-00004533  
 Mrs SULOCHANA S  
 08-08-1986 39 Y 11 M 30 D (F)  
 Dr. ANURADHA P V



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

*slid*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
7/6/26	10.30pm	The Patient
		<b>Admission note:</b>
		The Patient Admission on Fibroid uterus consent from Preey
		Dr. Anuradha mam. The Patient vitals <sup>6078 49</sup>
		Stable and vitals checked Bp/130/80
		SpO2 100%. RR-20b/m P/90b/m
	10.40pm	The SpO2 by Dr. Pavithra mam
		Esophagus in the NPO and history
		collected patient in part
	10.50pm	preparation IV placement
		Blood sample collecting
		Dr. NAP MITHA Mam soon by
		patient history collected
		and Anaesthetic prep done
	12.00	patient shift to ward <sup>run</sup>
		in 3rd floor handover by <sup>6078 49</sup>
		S/N Pameya
		<b>Receiving notes.</b>
8/6/26	10am	patient receiving from LOR
		patient detail handover taken
		from LOR staff. no present
		celline patient

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00016122 IP28-00004533  
 Mrs SULOCHANA S  
 08-06-1986 39 Y 11 M 30 D (F)  
 Dr. ANURADHA P V



# NURSES NOTES

(USE BALL POINT PEN ONLY)

No known Drug Allergies

Drug Allergies ..... Nic

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	10am.	Patient now NPO start at 1pm.
	3am.	Patient connected to loose / no complaints. Patient vitals checked and recorded.
	7am.	Administered the medication inj pan. Inj cement was given as per drug chart order.
	7	patient vitals was checked and recorded.
	12am.	Patient shifted to LDR. Patient detail taken given from LDR staff.
	1:30am	Patient shift to pre op <sup>DR</sup> <sub>60785</sub> post op.
		<b>Receiving Note :-</b>
7/6/26	7:30am	Patient receiving from pre op ward post op ward check the patient vitals signs vitals stable - <u>pmg</u> BP - 120/90 mmHg P - 92 b/m <sub>60785</sub>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

# NURSES NOTES

No Known Drug Allergies

Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
7/6/26	7:55 AM	SpO2 - 100% T - 98.6 F	
		Inj - Sufacef test dose giving the patient	→ P. S. S.
	8:00 AM	full dose giving the patient details hand over given by morning duty S/N	↳ P. S. S.
	8:20 AM	pt shifted to OT	↳ P. S. S.
		oi - notes:	
		Patient received to Pre of ward to OT-2 at 8:20 AM. Patient vitals stable. 3D bend checked. SS1 form checked. Anaesthesia checked done - Anest par of medical given S/N. Sufacef 1.5 given at 8:20 AM. Patient & dressing done - s/n. Patient vitals stable. Urin passed. 9 AM. dail clean. no bleedings. no Tsgungo done - passed. closed. Dressing done. Patient vitals stable. no issues.	↳ P. S. S.
	9:20 AM	urine passed. no bleedings.	
	10:00 AM	patient ambuler shifted to Post ward to further care	

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**



# NURSES NOTES



- No Known Drug Allergies
- Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
8/6/22	10:50 <sup>am</sup>	Monitor vital's stable, no pain. Patient is conscious and oriented. NPO send to Lab.	[Signature]
<b>RECEIVING NOTES</b>			
8/6/22	10:55 <sup>am</sup>	Patient received from OT-2 to postop ward. Patient conscious and oriented. On NPO. RL coum/h on flow. vital signs are checked. SpO <sub>2</sub> 100%.	[Signature]
		SpO <sub>2</sub> 97%.	[Signature]
		Dr. M. Sood connected	[Signature]
	1 pm	Patient is stable. No complaint of pain in the operated site.	[Signature]
	2 pm	Patient voided freely. Coum/h on NPO flow. Patient is stable.	[Signature]
	2 pm	patient handover taken by morning duty staff => patient vitals checked and recorded => patient inj para given	
	3 pm	=> RL coum/h on flow => patient is stable	

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**

ANC-00016122  
 Mrs SULOCHANA S  
 08-06-1986  
 Dr. ANURADHA P V  
 IP28-00004533  
 40 Y O M O D (F)



# NURSES NOTES

- No Known Drug Allergies *NK*  
 Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		patient vitals passed 330 mb => patient vitals checked and recorded	
	4 pm	=> patient vitals normal condition => patient shifted to ward	
		<i>receiving notes</i>	
21/6/26	5 PM	patient received from LDR staff Ramya. => patient conscious and oriented => patient IV line present and patent IV flow on R 10/10 => patient done lap myomectomy => patient start to sips of water	<i>RS</i> <i>RS</i> <i>RS</i> <i>RS</i>
	5:30 PM	Dr. Anuradha nam seen the patient to advised clear liquid diet and mobilize.	<i>RS</i>
	6 PM	patient go to restroom and feel to void sensation but not passing urine.	<i>RS</i>
	7 PM	medication given as per drug chart. patient vitals checked and recorded vitals stable	<i>RS</i>
	8 PM	patient handover to night duty	<i>RS</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



# NURSES NOTES

- No Known Drug Allergies
- Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
2/6/26	7 PM	patient not voiding and having pain. Dr. Kaga put per secure catheter to drain urine.	
		→ Dr. Kaga - nurse said to give inj. tramadol in view of NG and onset	→ PS 60/11
		→ medication given as per drug chart. Dr. Sampada said to give inj. paronyl	→ PS 60/11
	8 PM	patient having abdominal pain & bloating. so night duty started	→ PS 60/11
		<b>Night duty notes</b>	
8/6/26	8 PM	Patient detail hand over taken from evening duty staff. Patient is stable. I'll line present. I'll fluid present cpo.	→ PS 60/11
	9:30 PM	I'll fluid connect NG 12.5 ml/hr. No complaints.	
9/6/26	12 AM	Patient vitals checked and recorded. Vitals stable.	
	1 AM	Administer the inj. para cemas given as per drug chart order.	→ PS 60/11

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies  
 Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	7am	Administer the medicine inj. Pan was given as per drug chart order.
	8am	Administer the medicine inj. supacef was given as per drug chart order. patient vitals was checked and recorded.
	8:30	Patient detail handover given from morning duty staff.
		<i>[Signature]</i> 6/6/26
		<b>Morning duty notes</b>
9/6/26	8:30am	- Patient details handover taken from night duty staff. - Patient conscious and oriented. No other complaints.
	9am	- Dr. Raga seen the patient she advised catheter clamping 2 times output is good. EBP removed 5ml voided.
	11am	- Dr. Anuradha mam seen the patient advised soft diet and mobilization.
	12pm	- patient vitals checked and recorded. vitals are stable. Medications are administration as per drug.
	1pm	- vitals checked and recorded Temp is 99.7°F gm/gpara IV Infom. Raga mam voided 50ml.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00016122 IP28-00004533  
 Mrs SULOCHANA S 39 Y 11 M 30 D (F)  
 08-06-1986  
 Dr. ANURADHA P V



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	2pm	Patient details handing over from to Evening duty staff voided 200ml.
	4pm	vitals checked and recorded <sup>Nearly</sup> Temp is <sup>60th</sup> 99.8°F Inform Dr. pavithra mam she said given Dipid sponge
	5:30pm	Dr. Anuradha mam seen the patient she advised improve oral intake and continue IV antibiotics and tomorrow will be change oral medications.
	6pm	Try. azithro 1.5gm. w medication given as drug chart. and CBC send to lab as per Dr. Anuradha mam order.
	7pm	vitals checked and recorded. Temp is 104°F Inform Dr. Pavithra
	8pm	Dr. pavithra mam said 10 RL IV given and change antibiotic try meropenem after 1st dose and 10:30 pm. Patient details handing over from to Night duty staff
		Nancy 6/11/21

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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

- No Known Drug Allergies  
 Drug Allergies .....

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
9/10/20		<b>night duty notes</b>
	8pm	Patient detail handed over taken from evening duty staff Patient routine present, full fluid 60ml/hr
	10pm	Administer the medication tab: bifilac 1 given as per drug chart order Dr. Chaitra man orally side group. Citrala 5ml give after the 5ml given to patient
	10:50pm	Administer the medication antibiotic 1ml given left hand as per doctors order. No any allergic reaction
	11:05pm	Administer the inj morphine 1mg was given as per drug chart order.
10/10/20	12pm	patient vitals checked and recorded. Ten: 104°F inform Dr. Chaitra man. man told given Sincere 1 tablet.
	12:30pm	Administer the medication tab. Sincere 1 was given as per doctors order.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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

- No Known Drug Allergies  
 Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	1am	Patient vitals checked and recorded. Temp: 100.5F. Inform Dr. Chaitra man. man said give inj: para.
	1:30am	Administer the medicine inj: para as per doctor's order. <i>PR/65113</i>
	2am	Administer the medicine inj: para as per drug chart order. <i>PR/65113</i>
	8am	Patient vitals checked and recorded. Inform Dr. Chaitra man.
	8:30am	Patient detail handover given from morning duty staff. <i>PR/65113</i>
10/6/26	8am	morning duty notes - patient details handing over taken from night duty staff - patient is conscious and oriented
	9am	- IV line removed because swelling of IV line.
	10am	- DR. Raga man advised put new IV line and Drip RL 10NS IV gum
	11am	- IV line secured by s/n Nandhini. Anesthetic

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**

ANC-00016122  
 Mrs SULOCHANA S IP28-00004533  
 08-08-1986 40 Y O M 2 D (F)  
 Dr. ANURADHA P V



# NURSES NOTES



- No Known Drug Allergies
- Drug Allergies ... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
	12pm	Vitals checked and recorded. Temp is 99.4°F Inform Raga mam she advised inj. para 1g IV qm.	
	1pm	IV fluid NS 75ml/hr flow on. IV line patent	
	2pm	patient details handing over gm to Anbarasi sister.	
		<i>New 60m</i> <b>Evening Duty Notes.</b>	
10/6	2:30pm	patient details hand over taken from morning duty staff. Patient is stable and active. IV line present and patent. IVF is going on	
	3pm	administered medication as per the drug chart	
	4pm	Vitals checked documented in file.	
		Administered medication as per the drug chart.	
	4:55 pm	Dr. Anuradha mam came rounds saw the patient. Mam advice to give inj. par and meropenam and discharge today	
	5pm	The file moves to billing	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

