




DISCHARGE TRACKING SHEET

UHID: 6124

FLOOR: LDR

CONSULTANT NAME: DR. Dr. Anandhu.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	6 pm	8 pm		
Activity Sheet updated by Pharmacy	7:01	7:02		

ACTIVITY RECORD FOR BILLING



Name:

UHID No: ANC-00016124 IP28-00004539
 Mrs BLESEENA KURIAN
 11-09-1996 29 Y 8 M 29 D (F)
 Dr. ANURADHA P V

Date of Admission: Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/20	3.15 pm	LDR	OT	RPO21142
9/6/20	2.15 pm	OT-2	Postward	[Signature]

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
9/6/20	Iv placement	1	9359	RD
"	ECG	1	4302	RD
"	pre analyze	1	9358	RD

ANY OTHER INFORMATION:

1. Inj. Jentyl 1 cup per 2 4b

Date: 9/6/20 Time: 6 PM Prepared By: Ramya

Staff Nurse Ramya 021142	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00016124 IP28-00004539
Mrs BLESEENA KURIAN
11-09-1996 29 Y 8 M 29 D (F)
Dr. ANURADHA P V



SURGERY DETAILS

Date : 9/6/26

Patient Name: Mrs. Blessena Kurian Date of Birth: 11/9/1996 Age: 29

Gender: Female Ward: Post-OP UHID No: ANC-00016124
IP28-00004539

Date of Surgery: 9/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Orchiectomy & Enucleation

Time In : 3:30 PM

Time Out : 4:15 PM

	NAME	AMOUNT
1. Surgeon	DR. Anuradha	
2. Anaesthetist	DR. Mathiga	
3. Assistant Surgeon	DR. Pavithra	
4. OT Technician	MR. Rish / MR. Sumith	
5. Circulating Nurse	MR. Jabeem	
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 Jabeem

Order No:

Order by:

ANESTHESIA RECORD

Patient Name: Mr. [Name] Room No. [Room No.]
 Date of Surgery: [Date]
 Name of the Surgery: [Surgery Name]
 Surgeon: [Surgeon Name]
 Anesthetist: [Anesthetist Name]
 Assistant Anesthetist: [Assistant Name]
 OT Technician: [OT Tech Name]
 OT Nuffing Nurse: [Nurse Name]
 Assistant Nurse: [Nurse Name]

Time In: [Time] Time Out: [Time]

Sl. No.	Name	Designation
1	[Name]	Surgeon
2	[Name]	Anesthetist
3	[Name]	Assistant Anesthetist
4	[Name]	OT Technician
5	[Name]	OT Nuffing Nurse
6	[Name]	Assistant Nurse

Special Equipment: Laparoscope C-arm [Other]
 [Other] [Other] [Other]

Anesthetist Signature: [Signature]
 Date: [Date]

Surgeon Signature: [Signature]



CONSUMABLES OF OT

Circulating staff : Ms. Koushik Technician : Ms. Sumitha Date : 09/06/20 Time : 3:30 PM to 7:15 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>Hysko</u>		01	Inj Vit.K		
LMA			Sutures		-	Cord Clamp		
ECG leads (A) P/N ✓		03			-	Suction Catheter		
HME filter : A/P/N					-	Feeding Tube		
Syringes : 10 cc ✓		01			-	Vaccum Suction Set		
05 cc ✓		02	Gloves <u>P.F b'c</u>		01	Surgical Gloves		
02 cc ✓		01	<u>d.b.b</u>		01	Gauze Pack		
01 cc			<u>P.F b</u>		01	Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade		-	Surgical Blade # 20		
IV set			NG tube		-	Koochies (S)		
RL ✓		01	Cautery pencil		-	<u>Dewaler</u>		03
NS : 10ml / 100ml / 500ml / 1000ml			Koochies		-			
<u>Dix-Evalocin</u>		02	Ointments		-			
Fentanyl			Suction Catheter		-	<u>Karmom 06</u>		01+1
Morphine			Cap, Mask		-	<u>Cannula</u>		
Ketamine			Gauze Pack		03	<u>Compresses</u>		01
Propofol ✓		02	Mop Pack		-	<u>Compresses</u>		
Rocuronium			Steristrip		-			
Glycopyrolate ✓		01	Underpad		02			
Myopyrolate			Draw sheet		-			
Ondansetron ✓		01	Abgel		-			
Pencan 25g/ Spinal Needle 22			Foleys catheter		-			
Bupivacaine 0.25%			Urobag		-			
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter		-			
Antibiotics			Romodrain bag		-			
			Bandage		-			
			Tegaderm		-			
Suppositories			loban		-			
Anamol : 80mg / 250mg / 170 mg			Double J Stent		-			
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		02			
Tab. Misopros : (200mg)		02	Betadine Solution		02			
<u>Inj Amneparo</u>		01	Microshield		-			
<u>Inj Ketorol</u>		01	Cotton Balls		-			
			Latex Gloves <u>White</u>		10 Pairs			
			Ramdione Scrub		-			
			Saral		-			

Surgeon : Dr. Anuradha

Anaesthesiologist : Dr. Koushik

Nurse : Jalshminarayana

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	IP28-00004539	Ward	5F-PRE/POST
Patient Name	Mrs BLESEENA KURIAN	Bed Name	PRE & POST OP 504
Age/Sex	29 Y 8 M 29 D / Female	Order No	28-0000149389
Date	09/06/2026 17:55	Prescription No	PRIP28-0070214
Payor	SELPAY	Dispensed Date	09/06/2026 18:14
UHID	ANC-00016124		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue		PARCH1010526	04/29	2	100.00	200.00
2	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	3	100.00	300.00
3	HYSTEROSCOPY PACK	Amaryllis		HPRCH1010526	04/29	1	1,255.00	1,255.00
4	Karman Cannula No. 6	ZYDUS HEALTHCARE		123450	01/29	1	75.00	75.00
5	Karman Cannula No. 6	ZYDUS HEALTHCARE		123450	01/29	1	75.00	75.00
6	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	2	20.26	40.52
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	20	25.00	500.00
8	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
9	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260301051T	03/29	1	128.00	128.00
10	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
11	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
12	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
Total :							2,783.76	3,686.02

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

**Rainbow
Children's
Hospital**



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	IP28-00004539	Ward	5F-PRE/POST
Patient Name	Mrs BLESEENA KURIAN	Bed Name	PRE & POST OP 504
Age/Sex	29 Y 8 M 29 D / Female	Order No	28-0000149390
Date	09/06/2026 17:55	Prescription No	PRIP28-0070216
Payor	SELPAY	Dispensed Date	09/06/2026 18:16
UHID	ANC-00016124		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AMNEPARA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	1	21.83	21.83
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	2	21.56	43.12
4	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	1	10.31	10.31
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254585	11/28	3	2.58	7.74
6	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
7	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	2	18.90	37.80
8	KETOROL INJ 30 MG 1 ML	DrReddy'sLaboratorie sLtd		V250121	12/27	1	34.30	34.303
9	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	2	69.10	138.20
10	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
11	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254175	11/28	1	15.37	15.37
12	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	1	60.74	60.74
Total :							1,086.75	1,266.15

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

ANC-00016124 IP28-00004539
 Mrs BLESEENA KURIAN
 11-09-1996 29 Y 8 M 29 D (F)
 Dr. ANURADHA P V



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		8							9							10									
		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 %																								
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36																								
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
40																									
↑ Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
60																									
50																									
↓ Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70																								
	60																								
	50																								
	40																								
	NEURO RESPONSE [✓]	Alert																							
		Voice																							
		Pain																							
Unresponsive																									
URINE mls / hour	> 30																								
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal																								
	Heavy / Foul																								
Liquor	Clear / Pink																								
	Green																								
TOTAL YELLOW SCORES		0							0							0									
TOTAL ORANGE SCORES		0							0							0									
Nurse Initial		[Handwritten initials]																							

ANC-00016124 IP28-00004539
 Mrs BLESEENA KURIAN
 11-09-1996 29 Y 8 M 29 D (F)
 Dr. ANURADHA P V



FLUID CHART

Sheet No. : 1

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

		Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	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	N	Pl 500 ml Corneley								0	} PR J 2 hrs
	03:00 pm		300 ml Balay								0	
	04:00 pm	P	600 ml Balay								0	
	05:00 pm		Pl Corneley								0	
	06:00 pm	O	250 ml								0	
	07:00 pm		250 ml								0	
Total Intake : 2000 ml.					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						

NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
globe	1 pm	<ul style="list-style-type: none"> => patient got admission => patient clo D4 at 3.30 pm => patient postoperative clony => iv line secured => patient on 100ml/h on flow => patient iv Scept 0.1mg ID given => patient iv pain 40 mg iv given => iv emiset 4mg iv given => iv Scept 1.5 g iv given => patient ECG is done
	3.15 pm	=> patient vitals were stable
	3.30 PM	=> patient shifted to OT II
		OT notes:
		Patient moved from Pre op ward to OT-2 at 3.30 PM. Anesthesia done, Surgery completed. Anesthesia Meds given. Patient vitals checked normal. Pain management done. Suction catheter done under Dr. Anuradha & Dr. Reshma. Procedure done with Sufacet 1.5 IV

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00016124 IP28-00004539
 Mrs BLESEENA KURIAN
 11-09-1996 29 Y 8 M 29 D (F)
 Dr. ANURADHA P V



FOR GYNECOLOGY

Date of Admission : Time of Admission :
 Allergies: *Nil* Not know any drug allergies

PRESENTING COMPLAINTS :

No bleeding plv on cft
Recur grade.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : <i>1 year</i> Previous Periods : <i>Regular</i> LMP : <i>5/4/2026</i> Contraception :	Parity : Mode of Delivery : Last Child Birth : <i>←</i>

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
<i>nil</i>	<i>nil</i>



<p>Multin / DM faint</p>	<p>MEDICATION HISTORY:</p>
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INITIAL ASSESSMENT :

<p>Date _____ Ht. <u>166</u> Wt. <u>79 kg</u> BMI _____ B.P. _____ Pallor _____ CVR _____ Respiratory System _____ Thyroid _____</p>	<p>Breasts <u>normal</u></p> <p>Abdominal Examination <u>P/A soft</u></p>	<p>Local/Speculum Examination</p> <p><u>T-MISO</u> <u>200mg</u> <u>1st + 2nd</u></p> <p>Bimanual Pelvic Examination <u>✓</u></p>
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PROVISIONAL DIAGNOSIS :

Incomplete Abortion

INVESTIGATIONS ORDERED

0 + ve

2/b
Hb - 11.1
TSH - 1.78

3/b : SWA & 7 + 4 mets.
CC - 1.30

PLAN OF MANAGEMENT

- Admission
- MPO
- Prepare party
- Secure orba
- To do GC, Block T
- Collect lab reports
from yesterday

Name of the Doctor : Dr. Raaga

Signature of Doctor [Signature]

Date & Time : _____



OPERATION NOTES

Surgeon : <i>Dr. Anuradha P.V</i>		Asst. Surgeon : <i>Dr. Paritha</i>	
Anesthetist : <i>Dr. Karthiga</i>		OT Nurse : <i>S/N Anbarasi</i>	
Pre-Operative Diagnosis: <i>Incomplete Abortion</i>			
Surgical Procedure : <i>Suction & Evacuation</i>			
Weight :	Date : <i>9/6/26</i>	Start Time : <i>3.30pm</i>	End Time : <i>4.15PM</i>
Post Operative Diagnosis: <i>A1</i>			
Peri-Operative Complications: <i>—</i>			
Operation Notes:			
Findings: <i>↓ ASP, patient in lithotomy position, parts painted & draped. Cervix visualised in Sim's speculum. Anterior lip of cervix held in sponge holding forceps. Cervical os serially dilated</i>			
Procedure Notes: <i>& suctioning done using No 7 Karman's cannula. Check curettage done. Cavity empty. Haemostasis secured.</i>			
<i>P/v - no undue Bleeding P/v</i>			
Amount of Blood Loss:		Blood Transfused (in ML)	
<i>—</i>		<i>—</i>	
Name and Number of Surgical Specimen sent for examination: <i>—</i>			



POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

- NPO x 4 hrs.

- Iv fluids 1 ORL @ 100ml/hr.

Wound Care:

- T. Ceflexim 500mg 1-0-1

Drain /Special Lines/Catheters:

- T. Pan 40mg 1-0-1

Special Patient Positioning and Requirements:

Suggested - T. Combiflam sos.
A pap smear after review.

Nutritional Instructions:

(Handwritten initials)

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: Dr. Anuradha P.V.

Signature of the Surgeon: (FOR) *(Signature)* Dr. Anuradha P.V.

Date & Time:



DRUG CHART

Date of Admission: 9/6/25 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)

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

