



**DISCHARGE TRACKING SHEET**

UHID :

FLOOR:


CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		12:30 Pm	Joby boreno	
Activity Sheet updated by Pharmacy	5/6/26 12:10 Am	5/6/26 12:23 Am	Pritya	

# ACTIVITY RECORD FOR BILLING

ANC-00010461 IP28-00004519  
Mrs PRIYANKA S  
10-02-1995 31 Y 3 M 26 D (F)  
Dr. ANURADHA P V



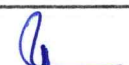
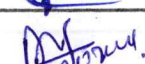
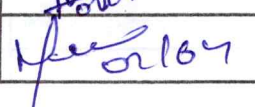
Name: .....

UHID N  : ..... 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
5/6/26	1:30pm	Pre-part	3rd Floor	
5/6/26	4:30 AM	3rd Floor	Pre OP	
5/6/26	5pm	Pre-op	OT	
5/6/26	6:20pm	OT-I	Post-OP	
5/6/26	10:30am	Postop	311	

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. peetha	5/6/26	8738	
2.	laxation			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				







ANC-00010461 IP28-00004519  
 Mrs PRIYANKA S  
 10-02-1995 31 Y 3 M 26 D (F)  
 Dr. ANURADHA P V



## SURGERY DETAILS

Date : 5/8/26

Patient Name: Mrs Priyanka Date of Birth: 10/2/1995 Age: 31.11

Gender: Female Ward: POST-OP UHID No.: ANC-10461  
IP28-4519

Date of Surgery: 5/6/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : Elective LSCS

Time In : 5:20 AM Time Out : 6:20 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>DR. Anuradha</u>	.....
2. Anaesthetist	<u>DR. Debob Kumar</u>	.....
3. Assistant Surgeon	<u>DR. Dishanya</u>	.....
4. OT Technician	<u>MR. Sumith</u>	.....
5. Circulating Nurse	<u>MS. Hilleli</u>	.....
6. Assistant Nurse	<u>MR. Labhmi</u>	.....

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

Signature of the Surgeon (for Dr. Anuradha)

[Signature]  
 Signature of Circulating Nurse

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



General Surgery

Post Op Station

### SURGERY DETAILS

Patient Name: Mr. [Name]  
 Date of Birth: 10/12/1982  
 Gender: Male  
 Date of Surgery: 10/12/2010  
 Name of the Surgery: [Surgery Name]

Time in: 08:00 AM Time out: 12:00 PM

REQUIRE

IN ME

- 1. Surgeon: Dr. [Name]
- 2. Assistant Surgeon: Dr. [Name]
- 3. Anesthetist: Dr. [Name]
- 4. Circulating Nurse: [Name]
- 5. Assistant Nurse: [Name]

- Special Equipment
- Laparoscopy
- Endoscopy
- G-ARM
- Neuro Cuss
- Others

Signature of the Surgeon  
[Signature]

Signature of the Surgeon  
[Signature]

Order No: \_\_\_\_\_

ANC-00010461 IP28-00004519  
 Mrs PRIYANKA S  
 10-02-1995 31 Y 3 M 26 D (F)  
 Dr. ANURADHA P V



125



# CONSUMABLES OF OT

Circulating staff: S. H. Mytholi Technician: F.R. Sumithra Date: 5/6/20 Time: 5:20 AM - 6:00 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>125</u>		01	Inj Vit.K		01
LMA			Sutures		01	Cord Clamp		01
ECG leads <u>A/P/N</u>		03	<u>2347</u>		01	Suction Catheter		
HME filter: A/P/N			<u>2421</u>		01	Feeding Tube <u>6P</u>		01
Syringes: 10 cc		01	<u>4242</u>		01	Vaccum Suction Set		
05 cc		03	Gloves <u>P.F 6</u>		01	Surgical Gloves		
02 cc		03	<u>P.F 6.5</u>		01	Gauze Pack		
01 cc		01	<u>S.g 6</u>		01	Syringe 1ml / 2ml		
Cautery plate: <u>A/P/N</u>		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set		02	NG tube		-	Koochies (S)		
RL		03	Cautery pencil		01	<u>Emerald syringe</u>		01
NS: 10ml / 100ml / 500ml / 1000ml			Koochies		-	<u>5ml</u>		
<u>Eratocin</u>		05	Ointments		-	<u>spinal needle</u>		01
<u>dexaril</u>		01	Suction Catheter		-	<u>2cc (10)</u>		04
Fentanyl			Cap, Mask		-	<u>Plastic</u>		
Morphine			Gauze Pack		05			
Ketamine			Mop Pack		02			
Propofol			Steristrip		-			
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet		-			
Myopyrolate			Abgel		-			
Ondansetron		01	Foleys catheter		-			
Pencan 25g/ Spinal Needle 22			Urobag		-			
Bupivacaine 0.25%			Chest Drainage Catheter		-			02
Bupivacaine 0.25% (Heavy)			Romodrain bag		-	<u>2.g 7</u>		01
Antibiotics			Bandage		-	<u>5.g 8</u>		
Suppositories			Tegaderm		-			
Anamol: 80mg / 250mg / 170 mg			loban		-			
Supridol: 100mg			Double J Stent		01			
Justin: 12.5 mg / 25mg / 100mg		01	Vaccum Suction set		02			
Tab. Misoprost: 200mg			Plastic Bed Sheet		01			
<u>INI Bioxamic</u>		02	Betadine Solution		-			
<u>Supridol</u>		01	Microshield		-			
<u>Amipasa</u>		01	Cotton Balls		-			
<u>Anawin Heavy</u>		01	Latex Gloves		1500			
<u>Buprigesic</u>		01	Ramdione Scrub		-			
			Saral		-			

Dr. Anuradha  
Surgeon

Dr. Ashok Kumar  
Anaesthesiologist

Arshini  
Nurse

OT Technician

Order No.:

Ordered by:

Doc. No.: RCH / FRM / GENERAL / 125





# 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 IP28-00004519  
Patient Name Mrs PRIYANKA S  
Age/Sex 31 Y 3 M 26 D / Female  
Date 05/06/2026 07:25  
Payor SELFPAY  
UHID ANC-00010461

Ward 5F-PRE/POST  
Bed Name LDR 502  
Order No 28-0000148681  
Prescription No PRIP28-0069879  
Dispensed Date 05/06/2026 07:32

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	M2641102	03/30	5	100.00	500.00
4	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	0BLNP274050	09/28	1	18.74	18.74
5	KLICK CLAMP	ROMSONS		0G25I040080	08/30	1	39.00	39.00
6	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
7	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	2	850.00	1,700.00
8	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	30	25.00	750.00
9	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
10	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	1	128.00	128.00
11	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
12	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
13	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2	91.00	182.00
14	SGLOVE # 8.0 (SURGI CARE)	KANAM LATEX	GENERAL	23L2020	11/28	2	82.50	165.00
15	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
16	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	1	223.00	223.00
17	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
18	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5072	10/30	1	951.00	951.00
19	VICRYL PLUS 1 VP 2421	ETHICON SUTURES-J&J		T5015	04/30	1	1,097.00	1,097.00
<b>Total :</b>							<b>7,681.91</b>	<b>10,135.41</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name

**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>	IP28-00004519	<b>Ward</b>	5F-PRE/POST
<b>Patient Name</b>	Mrs PRIYANKA S	<b>Bed Name</b>	LDR 502
<b>Age/Sex</b>	31 Y 3 M 26 D / Female	<b>Order No</b>	28-0000148684
<b>Date</b>	05/06/2026 07:28	<b>Prescription No</b>	PRIP28-0069878
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	05/06/2026 07:31
<b>UHID</b>	ANC-00010461		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
<b>Total :</b>							<b>679.50</b>	<b>679.50</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



**INPATIENT ISSUES AGAINST ORDERS**

<b>IP No</b>	IP28-00004519	<b>Ward</b>	5F-PRE/POST
<b>Patient Name</b>	Mrs PRIYANKA S	<b>Bed Name</b>	LDR 502
<b>Age/Sex</b>	31 Y 3 M 26 D / Female	<b>Order No</b>	28-0000148680
<b>Date</b>	05/06/2026 07:25	<b>Prescription No</b>	PRIP28-0069883
<b>Payor</b>	SELPAY	<b>Dispensed Date</b>	05/06/2026 07:38
<b>UHID</b>	ANC-00010461		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	MNEPARA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
3	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
4	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
5	DEXARIL 4MG INJ		H	0DEX24018SR	10/26	1	10.69	10.688
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	1	25.78	25.78
7	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
8	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B16K55	01/31	3	21.56	64.68
9	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	3	10.31	30.93
11	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	5	18.90	94.50
12	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
13	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
14	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
15	PREGELLED SURGICAL PLATES(ADULT) RL 500 ML CLOSED SYSTEM	Erbee Fresenius Kabi India Pvt Ltd	GENERAL	02510172407 1C261674	10/27 02/29	1 3	1,275.00 69.39	1,275.00 208.17
17	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
18	SUPRIDOL INJ 50 MG 1 ML	Neon Laboratories Ltd	H	KP1287044	10/27	1	12.56	12.56
<b>Total :</b>							<b>3,190.06</b>	<b>3,540.15</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

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### INPATIENT ISSUES AGAINST ORDERS

IP No IP28-00004519  
Patient Name Mrs PRIYANKA S  
Age/Sex 31 Y 3 M 26 D / Female  
Date 05/06/2026 07:28  
Payor SELFPAY  
UHID ANC-00010461

Ward 5F-PRE/POST  
Bed Name LDR 502  
Order No 28-0000148683  
Prescription No PRIP28-0069882  
Dispensed Date 05/06/2026 07:35

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254585	11/28	4	2.58	10.32
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
<b>Total :</b>							<b>65.58</b>	<b>73.32</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Receiver Name

Pharmacist Name : RISHI S

ANC-00010461 IP28-00004519  
 Mrs PRIYANKA S  
 10-02-1995 31 Y 3 M 26 D (F)  
 Dr. ANURADHA P V



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
5/6/26 10a.m	S/R	<u>Dr. Parthasarathy</u>
		Pt. Reviewed. No specific complaints.
	<u>vitals stable</u> <u>Urine output ~ 100ml per hr.</u>	g/a: Pt. afebrile. C/S / NAD P/A - ut. Contracted. Dressing dry. S/E - BUNL
	<u>Pt. can be shifted to ward</u>	<u>Adv</u> Follow drug chart. - Monitor vitals. - Inform SOS.
		<u>AS</u>

ANC-00010461 IP28-00004519  
 Mrs PRIYANKA S  
 10-02-1995 31 Y 3 M 26 D (F)  
 Dr. ANURADHA P V



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
5/6/2026 12:45pm	<p>doctation Report            Nurse in Rounds - Karya</p>	
	<p>Mother Lying            Breasts - firm            nipples - well everted            Tracing colour seen            Advice given</p>	<p>Reeba</p>
5/6/26	<p>SBY Delhantia</p>	
2pm	<p>At i. completed</p>	
	<p>rubbed steth</p>	
<p>PC            02/2/2026</p>	<p>soft            wheel count            drip die</p>	<p>Ops of water            Re as per chest            Input 505</p>
	<p>Went</p>	<p>AP            Remy</p>

ANC-00010461  
 Mrs PRIYANKA S  
 10-02-1995 31 Y 3 M 26 D (F)  
 Dr. ANURADHA P V



IP28-00004519



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
5/6/20	8/ De Raag B	
8 pm	Passed flatus	
	of abdomen	
	vitals stable	
	P/A Sp Mentation	
	BS @	
	Ch - Bwnc	
	CNS - clear	Ad
	new	Liquor diet
6/8/20	Syringe Charting	- DRF
9 AM	pt in COPD	Remove
	vitals stable	CNS @
	S/S	Sam tomorrow
	vitals stable	As per
	S/S	Sept 20 Re as per chart Syringe S/S







REGULAR PRESCRIPTIONS

Weight 85kg Ward 1 DP

DRUG : <u>T. Thyroxine</u>				Date	<u>5/6</u>	<u>6/6/26</u>
Dose	Route	Frequency	Start Date	Time		
<u>160mcg</u>	<u>P/O</u>	<u>100</u>	<u>5/6</u>	<u>1.20 PM</u>	<u>6 AM P.P</u>	<u>6:20 AM</u>
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : <u>Inj. Supacef</u>				Date	<u>5/6</u>	<u>6/6/26</u>
Dose	Route	Frequency	Start Date	Time		
<u>1.5gm</u>	<u>IV</u>	<u>107</u>	<u>5/6</u>	<u>5 PM</u>	<u>6 AM</u>	<u>6:20 AM</u>
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				<u>6 PM</u>		
Daily Doctor's Endorsement by a Sign						
DRUG : <u>Inj. Pan</u>				Date	<u>5/6</u>	<u>6/6/26</u>
Dose	Route	Frequency	Start Date	Time		
<u>4mg</u>	<u>IV</u>	<u>107</u>	<u>5/6</u>	<u>5 PM</u>	<u>6 AM P.P</u>	<u>6:20 AM</u>
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:				<u>6 PM</u>		
Daily Doctor's Endorsement by a Sign						
DRUG : <u>Inj. Paracetamol</u>				Date	<u>5/6</u>	<u>6/6/26</u>
Dose	Route	Frequency	Start Date	Time		
<u>1gm</u>	<u>IV</u>	<u>107</u>	<u>5/6</u>	<u>9 PM</u>	<u>6 AM P.P</u>	<u>6:20 AM</u>
Name & Signature of the Doctor Starting the Drugs:				<u>9 PM</u>		
Additional Instructions:				<u>10 PM P.P</u>		
Daily Doctor's Endorsement by a Sign						



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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6/26	4.30 AM	Inj. Supacef	0.1ml	Intradermal	[Signature]	[Nurses]
5/6/26	5 AM	Inj. Supacef	1.5 gm	IV	[Signature]	[Nurses]
5/6/26	4.00 AM	Inj. Pain	40 mg	IV	[Signature]	[Nurses]
5/6/26	4.00 AM	Inj. Emeset	4 mg	IV	[Signature]	[Nurses]
5/6/26	5.40 AM	Pain	1 gm	IV	[Signature]	[Nurses]
5/6/26	5.45 AM	Pain	8 mg	IV	[Signature]	[Nurses]
5/6/26	5.55 AM	Pain	1 gm	IV	[Signature]	[Nurses]
5/6/26	6. PM	Emeset	8 mg	IV	[Signature]	[Nurses]
5/6/26	6.05 AM	Pain	8 mg	IV	[Signature]	[Nurses]

VERIFIED BY Name Signature



I.V. FLUIDS CHART

Weight. 25kg Ward. LDD

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
5/6/26	2 AM	10 RL	IV	100ml	<i>[Signature]</i>	<i>[Signature]</i>	5/6	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	6:30am	10 RL	IV	100ml	<i>[Signature]</i>	<i>[Signature]</i>	5/6	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	10 <sup>30</sup> am	10 NS	IV	100ml	<i>[Signature]</i>	<i>[Signature]</i>	5/6 at 5:30pm	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	5:30 PM	10 RL	IV	100ml	<i>[Signature]</i>	<i>[Signature]</i>	5/6/26 at 10:30 PM	<i>[Signature]</i>	<i>[Signature]</i>
6/6/26	3:30 AM	10 DNS	IV	100ml	<i>[Signature]</i>	<i>[Signature]</i>	6/6/26 at 9 PM	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	10:30 PM	10 RL	IV	100ml	<i>[Signature]</i>	<i>[Signature]</i>	6/6/26 at 3:30 PM	<i>[Signature]</i>	<i>[Signature]</i>
5/6/26	5:30 AM to 6:20 AM	20 RL	IV	100ml	<i>[Signature]</i>	<i>[Signature]</i>	5/6/26	<i>[Signature]</i>	<i>[Signature]</i>

Signature .....

VERIFIED BY : Name .....



# NURSES NOTES

(USE BALL POINT PEN ONLY)

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

RP

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Admission Note</u>
4/6/26	10 pm	<p>patient got admitted to OR A, 39+6 weeks. For elective 1 sec chronic HTN. The patient vitals checked and recorded. patient vitals stable SpO2 100%; P - 20 b/m BP 120/80 mmHg RR - 20 b/m patient CTM connected FHR good 158 b/m</p> <p>Prep done for propofol well done B/B Dr. pavithra man advice patient NPO patient shift to ward</p>
5/6/26	1:30 pm	<p>patient shift to 3rd floor</p> <p style="text-align: center;"><u>Receiving notes</u></p> <p>1:00 pm Patient is handing over area from ADR, conscious and oriented, now IV line secured</p> <p>2:00 pm Ir fluid RL connected,</p> <p>3:00 pm vital monitoring and recording,</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



# NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies ..... NP/

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
11/20/20	11:30 AM	Inj. Supposed O. Inc. ID (PT) Army ID Green, Inj. Pan Long, Inj. FANESOR Amg. In given as per sleep chart Patient shifted to LDR.
11/20/20	2:30 PM	<u>Receiving Note</u> pt detail handover by ward staff. pt vitals checked and recorded pulse = 76b/m BP = 132/80 mmHg SpO2 99% Stable
11/20/20	5 AM	pt vitals in good FHR 143 b/m
11/20/20	10 AM	pt shifted to OT.
11/20/20	11:10 AM	patient Received from. prep ward to OT Patient vitals checked & recorded Patient Anesthesia given by Anesthetic man. Position the patient. Sterile Painting and draping done. Incision is done. vitals monitored during procedure, sterility maintained during procedure. Baby delivered. delayed cord clamp done. Cord blood collected. bleeding controlled and suturing the uterus. Check for bleeding. There is no bleeding. Check for the Craze Instrument. mop.

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
5/6/26		Blade, needle counts correct. stitching start with vicryl suture dressing done. pv toileting done. sup. Justin room given PR. at 6:10 AM. patient shifted to Post op.	Pushpanathy
		Morning duty Notes on 5/6/26	
5/6/26	6:30am	patient received from S/N Pushpanathy. While receiving patient is conscious oriented. IV line with DFR RL on room / it flow CSD with output adequately clear. vitals stable No wound in surgical site	Mona
	7:30am	pt vitals stable. output adequate & clear. pv bleeding minimal. pt kept in NPO	Mona
	8:30am	IV RL on maintenance uterus contracted well	Mona
	9:30am	pv bleeding checked by Dr. Parthua. advised to shift the patient to ward	Mona
	10:30am	patient shifted to 311 room Handg over given to S/N Mona NPO till further order. CSD by IV line with	Mona

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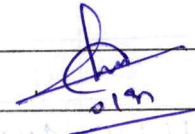
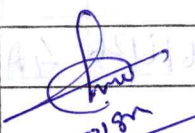
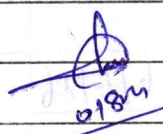
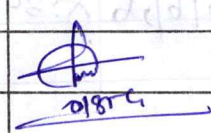


ANC-00010461 IP28-00004519  
 Mrs PRIYANKA S  
 10-02-1995 31 Y 3 M 26 D (F)  
 Dr. ANURADHA P V



# NURSES NOTES

Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		<b>Evening duty (5/6/20)</b>	
	2 Pm-	Patient details handing over taken from the morning duty staff, iv line present and patient.	
		→ Assessed the patient generally while feeding.	
	4 Pm →	Vitals checked and documented Vitals Stable.	
		B → Both Breast Symmetrically (+)	
		U → Uterus Soft no tend.	
		B → Bowel sounds present	
		B → Bladder urine voided	
		L → Lochies Rubrous present	
		E → Episiotomy not applicable	
		H → Homans Sign, negative	
		E → Emotionally happy.	
	6 Pm →	Medication given as per drug chart.	
	7 Pm →	patient stable no other fresh complains.	
		→ I/O discussed and documented	
	8 Pm	patient stable.	
		→ Vitals checked and documented	
	8:30 Pm	patient.	
		→ Handing over given to the next duty staff.	

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
<u>Night Shift (5/6/26)</u>			
5/6/26	8:30pm	Patient Hand over taken from evening duty staff, patient is stable and active, IV line present and pattern →	P.P. 5/6/26
5/6/26	10pm	inj. Para cetamol connected and documented in file →	P.P. 5/6/26
6/6/26	12Am	Patient vital signs checked and documented in file →	P.P. 5/6/26
6/6/26	2Am	Patient is stable, patient is on clear liquid diet →	P.P. 5/6/26
6/6/26	4Am	Patient vital signs checked and documented in file →	P.P. 5/6/26
6/6/26	6Am	medication given to patient as per drug chart advice →	P.P. 5/6/26
6/6/26	7Am	Patient I/O collected and documented in file →	P.P. 5/6/26
6/6/26	8Am	Patient Hand over given to morning duty staff →	P.P. 5/6/26
<u>MORNING Duty Notes</u>			
6/6/26	8:30Am	Mother details hand over taken from night duty staff. Mother is stable and	

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