

ANC-00016428 IP28-00004626
 Master V.MADHAN
 30-06-2020 6 Y 0 M 22 D (M)
 Dr. G SAI SUCHITRA



DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	22/6/20 9:15 am		<i>[Signature]</i> D. SAI S.	
Activity Sheet updated by Pharmacy		6:14 AM	<i>[Signature]</i>	

ACTIVITY RECORD FOR BILLING



Name: ANC-00016428 IP28-00004626
 Master V.MADHAN
 30-05-2020 6 Y 0 M 22 D (M)
 UHI: Dr. G SAI SUCHITRA
 P No: Consultant: Dept:
 Date: Time: Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	11.00P	ER	land Mo	
21/6/26	1:30PM	GT	M-FLOOR	

CROSS CONSULTATION VISIT

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

ANC-00016428 IP28-00004626
 Master V. MADHAN
 30-05-2020 6 Y 0 M 22 D (M)
 Dr. G SAI SUCHITRA



SURGERY DETAILS

Date : 21/6/20

Patient Name: Master V. Madhan Date of Birth: 21/6/20 Age: 6y 1

Gender: Male Ward: M-ICU UHID No.: ANC-16428

Date of Surgery: 21/6/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : closed reduction, k-wire fixation and cast application

Time In : 9:30 AM

Time Out : 11 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>DR. Sai Suchitra</u>
2. Anaesthetist	<u>DR. Anjitha</u>
3. Assistant Surgeon	<u>-</u>
4. OT Technician	<u>MR. Sanjay / MS. Abi</u>
5. Circulating Nurse	<u>MR. Jabeem</u>
6. Assistant Nurse	<u>MS. Abhishek</u>

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

Signature of the Surgeon [Signature]

[Signature]
 Signature of Circulating Nurse

Order No:

Order by:

SURGERY DETAILS

11/2/54
Patient Name: Mrs. J. Jackson Date: 11/2/54
Room: 101 Ward: 101
Type of Surgery: [] Elective [] Emergency
Name of the Surgery: [] Appendectomy

Time in: 11:00 AM Time out: 1:00 PM

Surgeon: Dr. J. Smith
Anesthetist: Dr. J. Smith
Assistant Surgeon: []
OT Technician: Mr. J. Smith
Circulating Nurse: Mr. J. Smith
Assistant Nurse: Mr. J. Smith

Special Equipment: Laryngoscopy Neuro-Guss
 T-ARM
 Liver Disc
 Cystoscopy
 Other

Signature of the Surgeon: [Signature]
Operator: [Signature]



K - WIRE

FIXATION

CONSUMABLES OF OT



Circulating staff : MR. LAKSHMI Technician : Mrs. Sanjay/Ani Date : 21/6/20 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube 5.0 cuffed		01	Major Pack onto		01	Inj Vit.K		
LMA			Sutures		-	Cord Clamp		
ECG leads : A/P/N		03			-	Suction Catheter 8.5m		02
HME filter : A/P/N					-	Feeding Tube 6.5m		01
Syringes : 10 cc		01			-	Vaccum Suction Set		
05 cc		04	Gloves P.F.T		01	Surgical Gloves		
02 cc		01	S.g 6.5		02	Gauze Pack		
01 cc			S.g 7		02	Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade		-	Surgical Blade # 20		
IV set			NG tube		-	Koochies (S)		
RL		01	Cautery pencil		-	Atacil 2.5ml		01-01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies		-	Myostigmine		02
			Ointments		-			
			Suction Catheter		-			
Fentanyl			Cap, Mask		-			
Morphine			Gauze Pack		08			
Ketamine			Mop Pack		01			
Propofol		01	Steristrip		-			
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet		-			
Myopyrolate			Abgel		-			
Ondansetron			Foleys catheter		-			
Pencan 25g/ Spinal Needle 22			Urobag		-	C-24m coew		01
Bupivacaine 0.25%			Chest Drainage Catheter		-	Pop 10cm		04
Bupivacaine 0.25%(Heavy)			Romodrain bag		-	Sylkath 10cm		01
Antibiotics			Bandage		-	K wire 1.8mm		01
Taj. XORITAS 1.5g		01	Tegaderm		-			
Suppositories			Ioban		-			
Anamol : 80mg / 250mg / 170 mg			Double J Stent		-			
Supridol : 100mg			Vaccum Suction set		-			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		0			
Tab. Misoprost : 200mg			Betadine Solution		01			
Taj. PARA		01	Microshield		-			
			Cotton Balls		-			
			Latex Gloves		10 Pairs			
			Ramdione Scrub		-			
			Saral		-			

Dr. Sai Suchitra
Surgeon

Dr. Parvita
Anaesthesiologist

Labani
Nurse

Sujis
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 IP28-00004626
Patient Name Master V.MADHAN
Age/Sex 6 Y 0 M 22 D / Male
Date 21/06/2026 12:39
Payor SELFPAY
UHID ANC-00016428

Ward 5F-PRE/POST
Bed Name PRE & POST OP 503
Order No 28-0000151819
Prescription No PRIP28-0071376
Dispensed Date 21/06/2026 12:39

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	3M CAST POP 10CMS	3M HEALTHCARE	GENERAL	ND2605006	12/28	1	201.00	201.00
2	3M CAST POP 10CMS	3M HEALTHCARE	GENERAL	ND2605011	03/29	3	219.00	657.00
3	ARTIFLEX 10 CM X 3M (SOFTROLL)	BSN MEDICAL	GENERAL	025MA002	12/40	1	198.75	198.75
4	C-ARM COVER	Surgiwere		014	09/28	1	146.00	146.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	8	100.00	800.00
6	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	20260408	04/29	1	850.00	850.00
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	20	25.00	500.00
8	ORTHO DRAPE PACK			ODPRCH1010426	03/29	1	2,500.00	2,500.00
9	POVINANZ SOLUTION 10% 100 ML		H	N01060177	02/28	1	100.31	100.31
10	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26C3005	02/31	2	91.00	182.00
11	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2	91.00	182.00
12	UNDERPADS CARE 60 X 90 (FRIENDS)			G26A010694	12/40	2	205.00	410.00
Total :							4,727.06	6,727.06

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	IP28-00004626	Ward	5F-PRE/POST
Patient Name	Master V.MADHAN	Bed Name	PRE & POST OP 503
Age/Sex	6 Y 0 M 22 D / Male	Order No	28-0000151820
Date	21/06/2026 12:39	Prescription No	PRIP28-0071377
Payor	SELPAY	Dispensed Date	21/06/2026 12:40
UHID	ANC-00016428		

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
Total :							128.00	128.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



RAINBOW CHILDREN'S MEDICARE LIMITED

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Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
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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 IP28-00004626
Patient Name Master V.MADHAN
Age/Sex 6 Y 0 M 22 D / Male
Date 21/06/2026 13:06
Payor SELFPAY
UHID ANC-00016428

Ward 5F-PRE/POST
Bed Name PRE & POST OP 503
Order No 28-0000151821
Prescription No PRIP28-0071382
Dispensed Date 21/06/2026 13:07

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	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303356	07/27	2	45.30	90.60
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026C30K60	02/31	1	28.13	28.13
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	1	11.25	11.25
6	E.C.G ELECTRODES (PAED)	Adilase	GENERAL	0060425	03/27	3	34.65	103.95
7	ET TUBE 5.0 CUFFED - ROMSONS			G25I010782	08/30	1	399.00	399.00
8	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	G24J010995	09/29	1	64.00	64.00
9	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
10	MYOSTIGMIN INJ 1ML	NEON LABORATORIES LTD	H	KP017029	12/28	2	5.33	10.66
11	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261733	02/29	1	69.39	69.39
12	SUCTION CATHETER 8	ROMSONS	GENERAL	K26B010741	01/31	1	91.00	91.00
13	XORITAS 1.5 GM INJ		H	H132521B	11/27	1	361.87	361.87
Total :							1,987.58	2,172.19

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



OPERATION NOTES

Surgeon : <i>DR SUCHITRA</i>		Asst. Surgeon :	
Anesthetist : <i>DR RANJITH</i>		OT Nurse : <i>Ms. Anbarasi</i>	
Pre-Operative Diagnosis: <i>Offended (R) distal radius fracture</i>			
Surgical Procedure : <i>Closed reduction , k-wire fixation and cast application</i>			
Weight :	Date :	Start Time :	End Time :
Post Operative Diagnosis:			
Peri-Operative Complications:			
Operation Notes:			
Findings: <i>Offended, unstable distal end radius fracture</i>			
Procedure Notes: <i>↓ GA, supine, arm supported on arm board Inj. Ancef given Reduction done with intrafocal pin 1.8 mm k-wire placed as fracture was unstable Cast applied.</i>			
Amount of Blood Loss:		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination:			

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30-05-2020
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POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

Pain elevation x 4 days

Analgesic

Home today

Total Cast time 6 weeks

Wound Care:

Commence to below elbow in 4 weeks

RA 1 week for check xR 29/6/20

Drain /Special Lines/Catheters:

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: DR. Sai Suchitra

Signature of the Surgeon: 

Date & Time: 21/6/20 @ 12:00



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/6/2026 8:30	<u>ck/B</u> Do Suenera	
	Child renewed c/o pain while swallowing (P) pain at the operated site (P) (retractor site)	
	<u>O/E</u> - Throat (N) pulse volume good pulse well felt CRT < 3sec +++/++	
	<u>S/E</u> c/s / MAD NS / P/A s/f	
		<u>Adv</u>
		- 11F DNS @ 6ml/h.
		- paracetamol 06h

Ref. No. : F / HW / DC / INPR / 05



ANC-00016428 IP28-00004626
 Patient Name : **Master V.MADHAN**
 30-05-2020 6 Y 0 M 22 D (M)
 Dr. G SAI SUCHITRA

Age :

Gender M



Consultant :

Date of Admission :

DRUG ALLERGIES : *nil*

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 Hospital's Verbal Order Policy.

SOS / PRN (As Required Medication)

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

ANC-00016428 IP2B-00004626
 Master V.MADHAN
 30-05-2020 6 Y O M 22 D (M)
 Dr. G SAI SUCHITRA

Patient Name	I.P. No.	Sheet No. (1)	Wards M Floor	Weight (kg) 24.7kg
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REGULAR PRESCRIPTIONS

DRUG : <i>SYP P500</i>				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions: <i>6hrs after the previous dose</i>				
Daily Doctor's Endorsement by a Sign.				

DRUG : <i>SYP. paracetamol P 500 (500mg/5ml)</i>				Date Time
Dose <i>3.5ml</i>	Route <i>P/O</i>	Frequency <i>Q6H</i>	Start Dt. <i>21/6/18</i>	<i>2H</i> <i>85</i> <i>AM 21/6/18</i>
Name & Signature of the Doctor starting the Drugs: <i>DR. SUREN</i>				<i>7</i> <i>AM 21/6/18</i>
Additional Instructions:				<i>pm</i>
Daily Doctor's Endorsement by a Sign.				<i>7</i> <i>pm</i>

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

DRUG :				Date Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

