

SNC-00018887 IP28-00004577  
Mrs SOWMIYA  
22-09-1995 30 Y (F)  
Dr. MADHUMITHA S



### DISCHARGE TRACKING SHEET

UHID :


FLOOR: *5th floor*

CONSULTANT NAME: DR. *madhumitha*

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	<i>05:50 PM</i>	<i>5:10 PM</i>		
Activity Sheet updated by Pharmacy	<i>17:10</i>	<i>17:14</i>	<i>[Signature]</i> <i>01-7-23</i>	

# ACTIVITY RECORD FOR BILLING



Name: ..... SNC-00018887 IP28-00004577  
 Mrs SOWMIYA  
 UHID No: ..... 22-09-1995 30 Y (F) ..... Consultant: *Dr. Madhumitha* Dept: *04*  
 Dr. MADHUMITHA S  
 Date of Admi  ..... Date of Discharge: ..... Time: .....  
 Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<i>15/6/26.</i>	<i>12<sup>45</sup> pm.</i>	<i>NE POST</i>	<i>OT-2</i>	<i>[Signature]</i>
<i>15/6/26</i>	<i>1:35 pm</i>	<i>OT - II</i>	<i>POST-OP</i>	<i>[Signature]</i>
<i>15/6/26.</i>	<i>3<sup>00</sup> pm.</i>	<i>NE POST</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.				







SNC-00018887 IP28-00004577  
 Mrs SOWMIYA (F)  
 22-09-1995 30 Y  
 Dr. MADHUMITHA S



### SURGERY DETAILS

Date : 15/06/26  
 Patient Name: Mrs. Sowmiya Date of Birth: 22/09/1995 Age: 30Y  
 Gender: FEMALE Ward: PRE-OP UHID No.: 18887/4577  
 Date of Surgery: 15/06/26  OT -1  OT -2  OT -3  OT -4  OBG OT-1  OBG OT-2  
 Name of the Surgery : Diagnostic Hysteroscopy

Time in : 12:40 PM Time Out : 1:30 PM

	NAME	AMOUNT
1. Surgeon	Dr. Madhumitha	
2. Anaesthetist	Dr. Karthiga	
3. Assistant Surgeon	D -	
4. OT Technician	Mr. Rishi / Mr. Smith / Mr. Anil	
5. Circulating Nurse	Ms. Kowice	
6. Assistant Nurse	Ms. Shankar	

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

Signature of the Surgeon: *[Signature]*  
 29 m 98646

Signature of Circulating Nurse: *[Signature]*

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

SURGERY OF THE

Patient Name: Mr. G...  
 Date of Surgery: 12/12/01  
 Name of the Surgery: Hip Replacement

Time in: 12:45 PM

AMOUNT

- 1. Surgeon: Mr. G...
- 2. Assistant Surgeon: Mr. K...
- 3. OT Specialist: Mr. B...
- 4. Circulation Nurse: Mr. L...
- 5. Assistant Nurse: Mr. M...

Special Equipment  
 C-ARM  
 New Dress

Signature of the Surgeon

Signature of the Surgeon

Order No. ....

SNC-00018887

IP28-00004577

Mrs SOWMIYA

22-09-1995

30 Y

(F)

Dr. MADHUMITHA S



# Diagnosed Hysteroscope

## CONSUMABLES OF OT

Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

Circulating staff : Kamb Technician : Rishi Date : 15/10/14 Time : 1:20pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>Hystroscope</u>		01	Inj Vit.K		
LMA <u>3 Size ECEL</u>		01	Sutures			Cord Clamp		
ECG leads : A / P / N						Suction Catheter		
HME filter : A / P / N						Feeding Tube <u>8F</u>		1
Syringes : 10 cc ✓		04				Vaccum Suction Set		
05 cc ✓		02	Gloves <u>P.F.O</u>		02	Surgical Gloves		
02 cc						Gauze Pack		
<u>01 cc 2oml</u>		01				Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL ✓		02	Cautery pencil			<u>INI-FEIPREST</u>		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>Lox Jelly</u>		01
<u>INI-Amnepara</u>		01	Ointments			<u>toxi cord</u>		01
<u>INI-Ketorol</u>		01	Suction Catheter			<u>penacril</u>		01
Fentanyl			Cap, Mask			<u>plwater</u>		02
Morphine			Gauze Pack <u>1</u>		02	<u>TURP Set</u>		01
Ketamine			Mop Pack ✓		01	<u>1000ml NS</u>		01
Propofol ✓		03	Steristrip					
Rocuronium			Underpad ✓		02			
Glycopyrolate ✓		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron ✓		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			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					
Tab. Misoprost : 200mg			Betadine Solution		02			
<u>Airway 2 size</u>		01	Microshield					
			Cotton Balls					
			Latex Gloves			<u>10 pair</u>		
			Ramdione Scrub					
			Saral					

Surgeon

Order No. :

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

Anaesthesiologist

Nurse

OT Technician

Ordered by :

Engineering

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

# 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 IP28-00004577  
 Patient Name Mrs SOWMIYA  
 Age/Sex 30 Y / Female  
 Date 15/06/2026 14:36  
 Payor SELFPAID  
 UHID SNC-00018887

Ward 5F-PRE/POST  
 Bed Name IVF RECOVERY 509  
 Order No 28-0000150462  
 Prescription No PRIP28-0070740  
 Dispensed Date 15/06/2026 14:38

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AIRWAY-2 80 MM	ROMSONS		202602120	01/29	1	234.00	234.00
2	AMNEPAPA 100ML GLASS BOTTLE		H	L0016006	12/27	1	787.00	787.00
3	DEXARIL 4MG INJ		H	0DEX25008SR	06/27	1	10.88	10.88
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	4	21.83	87.32
5	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
6	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	1	50.63	50.63
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2254585	11/28	2	2.58	5.16
8	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	1	45.90	45.90
9	I GEL MASK SIZE 3 -8203-000	Intrasurgical		20250804	07/28	1	3,984.38	3,984.375
10	INFANT FEEDING TUBE-8	ROMSONS		G24G010912	06/29	1	64.00	64.00
11	KETOROL INJ 30 MG 1 ML	DrReddy'sLaboratorie sLtd		V250121	12/27	1	34.30	34.303
12	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1753	11/27	1	34.58	34.58
13	LOXICARD INJ 2% 50 ML	Neon Laboratories Ltd	H	SU238275	12/26	1	59.20	59.20
14	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	3	69.10	207.30
15	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
16	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254183	03/29	1	15.37	15.37
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	2	60.74	121.48
<b>Total :</b>							<b>5,508.77</b>	<b>5,840.46</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,  
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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	IP28-00004577	Ward	5F-PRE/POST
Patient Name	Mrs SOWMIYA	Bed Name	IVF RECOVERY 509
Age/Sex	30 Y / Female	Order No	28-0000150461
Date	15/06/2026 14:33	Prescription No	PRIP28-0070739
Payor	SELPAY	Dispensed Date	15/06/2026 14:37
UHID	SNC-00018887		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
2	HYSTEROSCOPY PACK	Amaryllis		HPRCH1010626	05/29	1	1,255.00	1,255.00
3	IRRIGATTO(T.U.R SET)	ROMSONS	GENERAL	K26B010302	01/31	1	487.00	487.00
4	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS	H	020260324	03/29	1	850.00	850.00
5	NS 1000 ML ACCULIFE-EH	Aculife Health Care Pvt.Ltd(Nirilif	H	2B260500	01/29	1	62.24	62.24
6	POVINANZ SOLUTION 10% 100 ML		H	N01060177	02/28	1	100.31	100.31
7	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	2	128.00	256.00
8	UNDERPADS CARE 60 X 90 ( FRIENDS)			000100500720	12/30	2	205.00	410.00
9	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	1	739.00	739.00
<b>Total :</b>							<b>3,931.55</b>	<b>4,369.55</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name

SNC-00018887 IP28-00004577

Mrs SOWMIYA  
22-09-1995 30 Y (F)  
Dr. MADHUMITHA S

Mrs. Sowmiya

Rainbow  
Children's  
Hospital  
It takes a lot to treat the little.BirthRight™  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## OPERATION NOTES

Surgeon : Dr. Madhumitha S		Asst. Surgeon : —	
Anesthetist : Dr. Karthiga		OT Nurse : Sankari	
Pre-Operative Diagnosis: Secondary infertility c/male factor			
Surgical Procedure : Diagnostic hysteroscopy			
Weight : —	Date : —	Start Time :	End Time :
Post Operative Diagnosis: Postop Diagnostic hysteroscopy with Secondary infertility			
Peri-Operative Complications: nil			
Operation Notes:			
Findings: On speculum Examination - Cervix & Vagina appear healthy → Hysteroscope - cannulation Easy Vaginoscopy done; Cervix - Canal, Internal Os normal, cavity distension appears good			
Procedure Notes: Fundus appears normal; B/L Ovaries visualised			
↓ aseptic precaution, ↓ GA LMA, patient in lithotomy position, parts painted & draped with betadine. using hysteroscope 4mm sheath, and normal saline as distension media - above findings were noted. Post procedure gentle curetting of cavity done & sample sent to HPE			
Amount of Blood Loss: no active bleeding per vaginam.		Blood Transfused (in ML) Patient withstood the procedure well	
Name and Number of Surgical Specimen sent for examination: Endometrial curetting			



### POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

Post op orders

- NPO for 4 hours

Wound Care:

- Monitor TPR / BP charting

- IVP 1 @ RL @ 100ml / hr

Drain /Special Lines/Catheters:

~~Tab TAX~~

~~CAP.~~

Special Patient Positioning and Requirements:

TAB TAXIM - 0 1 - 0 - 1

TAB PAN 40mg 1 - 0 - 1

(Before food)

} 7 days

Nutritional Instructions:

- TAB DOLO 650mg 1 - 0 - 1 (SOS)

- TAB FOLVITE 5mg 1 - 0 - 0

When to Start Mobilization:

- Tab. FLORITALL 1 - 0 - 1

} 1 month

Special Referrals:

- CAP. EVION 400mg 1 - 0 - 1

- Inform SOS

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. Madhumitha S

Signature of the Surgeon: [Signature]

Date & Time: 15/6/20 and 1:30pm

Mrs. Sowmiya

**I.P. ADMISSION SHEET FOR GYNECOLOGY**

Date of Admission : 15/6/2026 Time of Admission : 11 AM  
 Allergies : NIL  Not know any drug allergies

**PRESENTING COMPLAINTS :**

- Patient admitted for diagnostic hysteroscopy.  
 - k/c/o 2° infertility - anxious to conceive  
 - 2 cycles of IVI (H) tried, both failed.  
 - HSG - 2024 - (N) report (done outside)

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : Married since 5 yrs	Parity : E <sub>1</sub> (Ectopic) - 2023
Previous Periods : Regular	Mode of Delivery : Medical
LMP : 9/6/2026	Last Child Birth : management
Contraception : -	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
k/c/o PMS. on T. metformin 500mg BD	* Frozen Embryo transfer - 1st cycle done on 2/2/2026.

Patient Sticker

**FAMILY HISTORY:**

- Both parents - DM.  
- Mother - Hypothyroid

**MEDICATION HISTORY:**

**INITIAL ASSESSMENT :**

Date <u>15/6/26</u>	Breasts	Local/Speculum Examination
Ht. _____ Wt. _____		
BMI _____		NAD.
B.P. <u>108/70 mmHg</u> ; PR <u>86/min</u>		
Pallor <u>+</u>	Abdominal Examination	Bimanual Pelvic Examination
CVR _____		
Respiratory System _____	P/A - soft	
Thyroid _____		

**PROVISIONAL DIAGNOSIS :** 2° infertility / for ~~the~~ Diagnostic hysteroscopy

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
<u>24/11/25</u> Creat - 0.72 Urea - 25 PT - 16.3; INR - 1.19; APTT - 29.5 Blood group - A1 +ve RBS - 87 TSH - 1.37 Hb - 12.3 gm/dl HBA1C - 5.9% HIV HBsAg VDRL anti-HCV } - non-reactive	- Admit - Prepare parts - To give pre-medications - Inform LOS.

Name of the Doctor : Dr. Madhumitha

Signature of Doctor For Drf

Date & Time : 15/6/26 at 11:30 Am.

SNC-00018887

IP28-00004577

Mrs SOWMIYA

22-09-1996

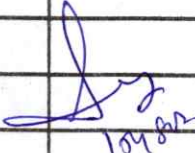
30 Y

(F)

Dr. MADHUMITHA S



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26 4pm	C/S/B - <u>Dr. Mohana</u>	
BP - 110/60 PR - 88/min SpO <sub>2</sub> - 99%	POD #0 pt. oriented. No complaints  O/E: Hydrated skin, Afebrile no pallor, no pr  S/E CVS) NPO NS)	
	PO soft.	<u>Advice</u> - To shift to void - Break NPO @ 5pm - Encourage to void - Only then discharge
		 10/4/26







SNC-00018887 IP28-00004577  
 Mrs SOWMIYA 30 Y (F)  
 Dr. MADHUMITHA S



**I.V. FLUID CHART**

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.
15/8/20	12.50 ↓ 1.30pm	1 ORL	IV	100ml/hr	[Signature]	[Signature]	15/8/20	[Signature]	[Signature]
15/8/20	2.15 PM	1 ORL	IV	100ml/hr	[Signature]	[Signature]	15/8/20	[Signature]	[Signature]

SNC-00018887 IP28-00004577  
 Mrs SOWMIYA  
 22-09-1995 30 Y (F)  
 Dr. MADHUMITHA S



# 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																										
		15/6/20	Time	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 <sub>2</sub> (L/min.)																												
Temp <sup>o</sup> 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																												
TOTAL ORANGE SCORES																												
Nurse Initial																												

SNC-00018887 IP28-00004577  
 Mrs SOWMIYA  
 22-08-1995 30 Y (F)  
 Dr. MADHUMITHA S



# FLUID CHART

Sheet No. : ...../.....

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

Date		Time	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Nature of Fluid	Route		NG	Diarrhoea	Vomit	Drainage	Urine			
				Mouth	I.V	N.G							
15/6/20		08:00 am											
15/6/20		09:00 am											
		10:00 am											
		11:00 am											
		12:00 pm	500 RL	down gum OT									
		01:00 pm											
<b>Total Intake :</b>			500 RL			<b>Total Output :</b> One time							
		02:00 pm	N	NS. Soodal connected.									
		03:00 pm		boodel									
		04:00 pm	P										
		05:00 pm	O.										
		06:00 pm											
		07:00 pm											
<b>Total Intake :</b>						<b>Total Output :</b>							
		08:00 pm											
		09:00 pm											
		10:00 pm											
		11:00 pm											
		12:00 am											
		01:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>							
		02:00 am											
		03:00 am											
		04:00 am											
		05:00 am											
		06:00 am											
		07:00 am											
<b>Total Intake :</b>						<b>Total Output :</b>							
<b>Total 24 hrs. Intake</b>													
<b>Total 24 hrs. Output</b>													