



Rainbow  
 Cl ANC-00016427 IP28-00004625  
 Hi Master JADEN ALISTON  
 28-08-2020 5 Y 9 M 25 D (M)  
 Dr. G SAI SUCHITRA

DISCHARGE TRACKING SHEET

UH



CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		22/8/26 at 9 AM		
Activity Sheet updated by Pharmacy	9:25	9:26		

# ACTIVITY RECORD FOR BILLING



Name: ANC-00016427 IP28-00004625  
 Master JADEN ALISTON  
 26-08-2020 5 Y 9 M 23 D (M)  
 UHID: Dr. G SAI SUCHITRA  
 Date of: 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	10:20 Pm	ER	2ICU	[Signature]
20/6/26	10:45 PM	PW	OT	[Signature]
21/6/26	12-30am	PT-2	PICU	[Signature]

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Kaithika	22/6/26	1973	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Signature
20/6/66	CBC, LFT, Blood		
	grouping, PT/APTT	18221	AS





ANC-00016427 IP28-00004625  
 Master JADEN ALISTON  
 28-08-2020 5 Y 9 M 23 D (M)  
 Dr. G SAI SUCHITRA



## SURGERY DETAILS

Date : 20/06/26

Patient Name: Master Jaden Aliston Date of Birth: 28/08/2020 Age: 5Y/9M

Gender: Male Ward: PICU UHID No: ANL-16427

Date of Surgery: 20/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : (R) thumb nail bed repair + nail plate repositioning +  
 Below elbow pop.

Time in : 11:20 PM

Time Out : 12:30 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Saisuchitra	26,000
2. Anaesthetist	Dr. Srihari	
3. Assistant Surgeon	-	
4. OT Technician	Mr. Sarai	
5. Circulating Nurse	MS.	
6. Assistant Nurse	Mrs. 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

Order No: .....

Order by: .....

ST. BERRY HEALTH

*[Faint handwritten notes on the left side of the page]*

Patient Name: *[Handwritten name]*  
Date of Surgery: *[Handwritten date]*  
Name of the Surgery: *[Handwritten procedure name]*

Time in *[Handwritten text]*

- 1. Surgeon: *[Handwritten name]*
- 2. Anesthetist: *[Handwritten name]*
- 3. First Assistant: *[Handwritten name]*
- 4. Second Assistant: *[Handwritten name]*
- 5. Circulating Nurse: *[Handwritten name]*
- 6. Assistant Nurse: *[Handwritten name]*

Department: *[Handwritten department]*  
 Laboratory:  *[Handwritten]*  
 C-ARM:  *[Handwritten]*  
 Neuro Case:  *[Handwritten]*

Order No: *[Handwritten number]*  
 Date: *[Handwritten date]*



CRUSH

INJURY



CONSUMABLES OF OT

Circulating staff : ..... Technician : MR. Sanjay Date : 21.6.26 Time : 11:30 to 12:30 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Mop Pack <u>Orthez</u>		1	Inj Vit.K		
LMA			Sutures <u>5.0 3203</u>		1	Cord Clamp		
ECG leads : A/P/N		<u>03</u>	<u>6.</u>			Suction Catheter <u>10Fm</u>		<u>01</u>
HME filter : A/P/N						Feeding Tube		
Syringes : 10 cc		<u>03</u>				Vaccum Suction Set		
05 cc		<u>03</u>	Gloves <u>6.0 Sq</u>		2	Surgical Gloves		
02 cc		<u>01</u>	<u>7.0 Sq</u>		2	Gauze Pack		
01 cc			<u>7.5 PF</u>		2	Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade		-	Surgical Blade # 20		
IV set <u>Pediadeipet</u>		<u>01</u>	NG tube			Koochies (S)		
RL		<u>01</u>	Cautery pencil		-	<u>Needle 16G</u>		<u>01</u>
NS : 10ml / 100ml / 500ml / 1000ml			Koochies					
<u>Inj. TROPINE</u>		<u>01</u>	Ointments					
<u>Inj. PAPA</u>		<u>01</u>	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack <u>N</u>		2	<u>100ml NS</u>		1
Ketamine			Mop Pack		1	<u>500 NS</u>		1
Propofol		<u>01</u>	Steristrip			<u>PCW 14G</u>		1
Rocuronium			Underpad		2	<u>POP 10cm</u>		2
Glycopyrolate		<u>01</u>	Draw sheet			<u>elastomul</u>		
Myopyrolate			Abgel			<u>(10x4)</u>		2
Ondansetron		<u>01</u>	Foleys catheter			<u>POP 14cm</u>		1
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>Inj. SUPACEF L2</u>			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					
Tab. Misoprost : 200mg			Betadine Solution		1			
<u>Inj. DEXTROSE 10</u>		<u>01</u>	Microshield					
			Cotton Balls					
			Latex Gloves <u>MIT</u>		<u>10 per</u>			
			Ramdione Scrub					
			Saral					

Dr. Sai Subbu  
Surgeon

Dr. Sri Devi  
Anaesthesiologist

Mr. Shivan  
Nurse

Srinivas  
OT Technician

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

CR 224

INJURY



CC: [illegible]

MR. [illegible]

Ref	Drug	Strength	Quantity	Notes
01	Aspirin	100mg	10	
02	Paracetamol	500mg	10	
03	Codeine	30mg	10	
04	Tramadol	50mg	10	
05	Hydrocodone	5mg	10	
06	Propofol	100mg	10	
07	Midazolam	5mg	10	
08	Propofol	100mg	10	
09	Midazolam	5mg	10	
10	Propofol	100mg	10	
11	Midazolam	5mg	10	
12	Propofol	100mg	10	
13	Midazolam	5mg	10	
14	Propofol	100mg	10	
15	Midazolam	5mg	10	
16	Propofol	100mg	10	
17	Midazolam	5mg	10	
18	Propofol	100mg	10	
19	Midazolam	5mg	10	
20	Propofol	100mg	10	
21	Midazolam	5mg	10	
22	Propofol	100mg	10	
23	Midazolam	5mg	10	
24	Propofol	100mg	10	
25	Midazolam	5mg	10	
26	Propofol	100mg	10	
27	Midazolam	5mg	10	
28	Propofol	100mg	10	
29	Midazolam	5mg	10	
30	Propofol	100mg	10	

[Signature]      [Signature]      [Signature]  
 [illegible]      [illegible]      [illegible]



# 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 IP28-00004625  
Patient Name Master JADEN ALISTON  
Age/Sex 5 Y 9 M 24 D / Male  
Date 21/06/2026 03:47  
Payor SELF PAY  
UHID ANC-00016427

Ward 4F- PICU  
Bed Name PICU- 430  
Order No 28-0000151762  
Prescription No PRIP28-0071346  
Dispensed Date 21/06/2026 03:47

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	2	201.00	402.00
2	3M CAST POP 15CMS	3M HEALTHCARE		ND2505066	05/28	1	239.06	239.06
3	ELASTOMULL 10 CMS	BSN MEDICAL		00253212977	07/30	2	63.00	126.00
4	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
5	MONOCRYL5-0W3203	ETHICON SUTURES-J&J		1086MG	04/30	1	1,039.00	1,039.00
6	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	20260408	04/29	1	850.00	850.00
7	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirjif		02C260605	02/30	1	21.01	21.01
8	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B260969	01/29	1	39.72	39.72
9	ORTHO DRAPE PACK			ODPRCH1010426	03/29	1	2,500.00	2,500.00
10	POVINANZ SOLUTION 10% 100 ML		H	N01060177	02/28	1	100.31	100.31
11	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	2	91.00	182.00
12	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2	91.00	182.00
13	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	26010031T	01/29	2	117.00	234.00
14	UNDERPADS CARE 60 X 90 ( FRIENDS)			G26A010694	12/40	2	205.00	410.00
<b>Total :</b>							<b>5,657.10</b>	<b>6,525.10</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name



# 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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Telangana.



### INPATIENT ISSUES AGAINST ORDERS

IP No IP28-00004625  
Patient Name Master JADEN ALISTON  
Age/Sex 5 Y 9 M 24 D / Male  
Date 21/06/2026 03:38  
Payor SELFPAY  
UHID ANC-00016427

Ward 4F- PICU  
Bed Name PICU- 430  
Order No 28-0000151761  
Prescription No PRIP28-0071345  
Dispensed Date 21/06/2026 03:38

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	DEXTROSE IV 25 % 100 ML BOTTLE	Aculife Health Care Pvt.Ltd(Nirilif	H	01B260748	01/27	1	22.03	22.03
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026C30K60	02/31	3	28.13	84.39
4	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
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	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	1	69.10	69.10
8	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
9	PEDIADRISET PLUS	ROMSONS		K26B020111	01/31	1	311.00	311.00
10	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254183	03/29	1	15.37	15.37
11	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261733	02/29	1	69.39	69.39
12	SUCTION CATHETER 10 ROMSONS	ROMSONS	GENERAL	0K25A010868	12/29	1	83.44	83.438
13	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	KM038109	01/27	1	7.18	7.18
14	XORITAS 1.5 GM INJ		H	H132521B	11/27	1	361.87	361.87
<b>Total :</b>							<b>1,834.69</b>	<b>2,003.37</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/6/2026 12:35 AM	C/S/B - Dr. Hamsa V	
	Can shift from OT	
	<p>Ⓡ Thumb nail bed repair + nail plate repositioning          der.</p>	<p>+ Below Elbow pop.</p>
	<p>no fresh wound          Vto - adequate          o/e</p>	<p>vitals          HR - 80/min          RR - 15/min</p>
	<p>sleeping comfortably, vital stable          + + + / + + hydration good          CN &lt; 3u          o/e</p>	<p>T - 98.6F          SpO2 - 100% @ RA          BP - 112/73 mmHg</p>
	<p>CN - S1, S2 ⊕ no murmurs          R2 - B/C AE ⊕ no added sound          P/A - soft          CN - reflex</p>	<p>ye          deny wrist          ⊕ on</p>
	<p>Active</p>	<p>V. S. V.          CN (Hamsa V)          26/2</p>
	<p>Inj. pain 20mg q6 hourly IV</p>	
	<p>Inj tramadol 20mg sos if pain 6 -</p>	
	<p>Inj Emul sos.</p>	
	<p>Rest order. the same</p>	
	<p>Shift to ward morning 21/6/2026 at 8AM</p>	<p>after</p>



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
28/8/20	S/B Dr. PURNIMA-C	
8am	crush Injury Thumb. →	
	D:- (R) Thumb nail Repair + Nail Plate Application	
	+ Elbow below Pop.	
	- No acute concerns	
	- child comfortable	
	- oral intake - good	✓ No rigors
	Vitals - stable	
	on oral sodium valproate	
	oral L-carnitine	
	Plan - shift toward / discharge	Purnima 10436

ANC-00016427 IP28-00004625  
 Master JADEN ALISTON  
 28-08-2020 5 Y 9 M 24 D (M)  
 Dr. G SAI SUCHITRA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>21/6/2020</del> <del>9 am</del>	<u>C/S/B Dr. Suenera</u>	
	Child renal	
	no specific complaints	
	oral intake } Activity } good	
	vitals stable.	
	on oral sodium valproate oral L-carnitin	<u>Adv</u>
		- continue same line of Mx
	<del>21/6/2020</del>	<u>S/B Dr. Pravin C</u>
<del>22/6/20</del> <del>10 am</del>		
	Δ. crush Injury (R) Thumb → (R) Thumb nail Pxn + nail plate Regrowth + elbow below P.P.	
	No such concerns	
	Kid child comfortable achui	(P.T.O)

