

R-...
 C-...
 H-...
 IP28-00004544
 ANC-00015191
 Mrs SWETHA PRIYANKA H
 28-03-1996 31 Y 2 M 15 D (F)
 Dr. ANURADHA P V



DISCHARGE TRACKING SHEET

UHI

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		12/6/16 6:20 AM	SS over	
Activity Sheet updated by Pharmacy	6:05	6:10	Jal	

Alert (X) Same Name

ANC-00015191 IP28-00004544
 Mrs SWETHA PRIYANKA H
 28-03-1995 31 Y 2 M 12 D (F)
 Dr. ANURADHA P V

AC



R BILLING



Name:
 UHID No: 15191 IP No: 4544 Consultant: Dr. Anuradha Dept: 034
 Date of Admission: 9/6/26 Time: 7.15pm Date of Discharge: Time:
 Room / Bed No: Ward: Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
9/6/26	8pm	LDR	M14	Mee 021600
10/6/26	11am	m floor	pre OP	[Signature]
10/6/26	5am	DRoop	OT-II	[Signature]
10/6/26	7:30am	OT-II	post up	S. R. [Signature]
10/6/26	11am	Postop	M floor	Mee 021600

CROSS CONSULTATION VISIT

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

ANC-00015191 IP28-00004544
Mrs SWETHA PRIYANKA H
28-03-1995 31 Y 2 M 13 D (F)
Dr. ANURADHA P V



SURGERY DETAILS

Date : 10/11/26

Patient Name: Mrs. Swetha Priyanka Date of Birth: 22/3/1995 Age: 3.1Y

Gender: female Ward: M-FLOOR UHID No.: 15191/4544

Date of Surgery: 10/11/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Elective Lscs with Sterilization

Time in : 6:10 AM

Time Out : 6:20 AM

	NAME	AMOUNT
1. Surgeon	DR. Anuradha	
2. Anaesthetist	DR. Mahalakshmi	
3. Assistant Surgeon	DR. Ashwarya	
4. OT Technician	MR. Sanjay	
5. Circulating Nurse	SIN. Gomathi	
6. Assistant Nurse	SIN. Bhilarasi	

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:



SURGERY DETAILS

Name of the Surgery: Excisional I & S with reconstruction
Date of Surgery: 10/1/80
Ward: 100 Room: 100
Patient's Name: John Doe

The patient is born

1. Surgeon: Dr. J. Doe
2. Anesthetist: Dr. J. Doe
3. Assistant: Dr. J. Doe
4. OT Set up: Dr. J. Doe
5. Circulating Nurse: Dr. J. Doe
6. Assistant Nurse: Dr. J. Doe

Specialty: General Surgery
 Ward Case

Signature: [Signature]
Order No. _____
Date: _____

LSCS



CONSUMABLES OF OT

Circulating staff : Ms. Laxmathi Technician : Mr. Sanjay Date : 10/6/26 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		01	Inj Vit.K		01
LMA			Sutures <u>2347</u>		01	Cord Clamp		01
ECG leads : <u>A/P/N</u>		03	<u>4242</u>		02	Suction Catheter		
HME filter : A/P/N			<u>1326</u>		01	Feeding Tube <u>6F51</u>		01
Syringes : 10 cc						Vaccum Suction Set		
05 cc		03	Gloves <u>6.5 P.F</u>		03	Surgical Gloves		
02 cc		01				Gauze Pack		
01 cc		01				Syringe 1ml / 2ml		
Cautery plate <u>A/P/N</u>		03	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		03	Cautery pencil		01	<u>Spinal needle</u>		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>25cc (w)</u>		01
<u>Inj. Epiptax</u>		01	Ointments			<u>Emerald Syringe</u>		
<u>Inj. EVATOXIN</u>		05	Suction Catheter			<u>5ml</u>		01
Fentanyl			Cap, Mask			<u>Nasal prongs</u>		
Morphine			Gauze Pack		05	<u>(Neo)</u>		01
Ketamine			Mop Pack		01			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel			<u>L-Gauze</u>		02
Ondansetron			Foleys catheter			<u>P.F 6</u>		03
Pencan 25g/ Spinal Needle 22			Urobag			<u>S.C 6</u>		02
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / <u>100mg</u>		01	Plastic Bed Sheet		02			
Tab. Misoprost <u>200mg</u>		03	Betadine Solution		01			
<u>Inj. Biocomic</u>		02	Microshield					
<u>Inj. Anawin heavy</u>		01	Cotton Balls					
<u>Inj. Bupivacaine</u>		01	Latex Gloves <u>NIT</u>		10 pairs			
<u>Needle 26x1 1/2</u>		01	Ramdione Scrub					
<u>D-water</u>		03	Saral					

Surgeon Anuradha
Order No.

Anaesthesiologist Dr. Mahalakshmi

Nurse S. Eshu
02/07/25

S. S. S
OT Technician



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	IP28-00004544	Ward	5F-PRE/POST
Patient Name	Mrs SWETHA PRIYANKA H	Bed Name	PRE & POST OP 504
Age/Sex	31 Y 2 M 13 D / Female	Order No	28-0000149517
Date	10/06/2026 07:16	Prescription No	PRIP28-0070277
Payor	SELPAY	Dispensed Date	10/06/2026 07:16
UHID	ANC-00015191		

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	Mediblue		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	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
5	KLICK CLAMP	ROMSONS		0G25I040080	08/30	1	39.00	39.00
6	LSCS DRAPE PACK	Mediblue	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
7	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5116	09/30	1	997.00	997.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	1	850.00	850.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	20	25.00	500.00
10	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
11	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260301051T	03/29	3	128.00	384.00
12	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	3	128.00	384.00
13	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	2	91.00	182.00
14	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
15	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	2	223.00	446.00
16	VACCUME SUCTION SET	ROMSONS		0K26B010638	01/31	1	739.00	739.00
17	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5063	08/30	1	951.00	951.00
Total :							8,028.67	9,934.67

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,
Thirumangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289928



VAT TIN :

CIN :

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INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004544	Ward	5F-PRE/POST
Patient Name	Mrs SWETHA PRIYANKA H	Bed Name	PRE & POST OP 504
Age/Sex	31 Y 2 M 13 D / Female	Order No	28-0000149518
Date	10/06/2026 07:16	Prescription No	PRIP28-0070278
Payor	SELPAY	Dispensed Date	10/06/2026 07:17
UHID	ANC-00015191		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
5	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	3	21.56	64.68
6	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	1	10.31	10.31
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254585	11/28	1	2.58	2.58
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
9	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	1	45.90	45.90
10	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	5	18.90	94.50
11	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
12	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
13	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	12/26	1	2.44	2.44
14	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	0K26A040293	12/30	1	255.00	255.00
15	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	3	60.74	182.22
17	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
Total :							2,423.73	2,409.58

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <i>Dr Anuradha</i>	Date of Delivery: <i>10/6/26</i>
Assistant Surgeon: <i>Dr Ashwarya</i>	Time of Delivery: <i>5:26 AM</i>
Anaesthetist's Name: <i>Dr Mahalakshmi</i>	Gender of Baby: <i>Girl</i>
Type of Anaesthesia: <i>Spinal</i>	Weight of Baby: <i>2.66 kg</i>
Neonatologist:	AGPAR Score: <i>8, 10, 9</i>
Scrub Nurse: <i>Dr Sahil</i>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pre-Operative Diagnosis: *G2h6 / 38+1 week / previous CS*

Elective Emergency Indication: *Previous CS*

Urgency

- Immediate Threat to life of woman or fetus
- Maternal or fetal compromise not immediately life threatening
- No maternal or fetal compromise but needs early delivery
- Delivery timed to suit woman and staff

Decision time: *10 PM* Knife to rectus: *1 PM*

CTG Description: *Reactive*

If there was a delay give the reasons: *—*

Surgical Procedure: *Elective CS with Stereolisation*

Post Operative Diagnosis: *P2h*

Peri-Operative Complications: *—*

Amount of Blood Loss: *2300ml* Blood Transfused (in ML): *—*

Name and Number of Surgical Specimen sent for examination:

BU tubal lints

Examination Findings when Appropriate: *N/A*

Presentation: Cephalic Breech Other Cervical Dilatation: cm
 5th Palpable: Fetal Position:
 Station: -3 -2 -1 0 +1 +2 Moulding: None + ++ +++
 Caput: + ++ +++ Meconium: None + ++ +++
 Bladder Catheterized: Yes No Urine: Clear Blood Stained

Skin Incision: Pfannenstiel Transverse Midline Other
 Uterine Incision: Lower Segment Classical Inverted T J Incision
 Previous Scar: Intact Thinnedout Ruptured No Scar
 Incision Through Placenta: Yes No
 Delivery of head: Manual Forceps
 Liquor: Clear Meconium: I II III Blood Offensive Not Offensive
 Delivery of Placenta: Manual CCT Complete Incomplete Piecemeal
 Cord Appearance: *(D)* Cord around the neck *2 times* Yes No
 Appearance of placenta: *(D)* Cavity explored Yes No
 Uterus, tubes and ovaries: Normal Not Normal Sterilization: Yes No *modified*

Uterine Closure: One Layer Two Layers *Wise* n=1 Suture
 Peritoneal Closure: Pelvic Abdominal None *Catgut 2/0* Suture
 Sheath Closure: *Wise* n=1 Suture
 Fat Closure: Yes No *Wise* n=1 Suture
 Skin Closure: Subcuticular Mattress *Wise* n=1 Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter: Yes No Remove in days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes: *N/A till 10
 1 VP 1.30 @ 100ml
 2. SUACEF 1.5gm de BD
 3. PAIN KOLY de OD
 4. PARACETAMOL 1gm de BD
 5. TRAMADOL 100mg de 12 M (100mg)
 6. PANSE 4g de 12*

Doctor Name: *Dr. Anuradha* Doctor Signature:
 Date & Time: *10/6/26 @ 6:30 pm*

F



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

G2 P1L1 @ 38wks 1 day LMP: 15/9/25
 Corrected EDD:

EDD: 22/6/2026
 GA: 38wks 1 day.

Obstetric Formula:

no mild pain abdomen
 no blood stained discharge

Menstrual History: Regular: Yes No

Obstetric History:

G2 P1L1

Obstetric Examination

Fundal Height: uterus term; Cephalic
 FHR - good. Head Unengaged

G1 - LSCS / Boy / 3.2 kg / 4 yrs.
 Present Pregnancy Record: (w/CF) Villi rakkam. A2H

Ut. Activity: Relaxed Mild Mod Severe

G2 - PP (Spontaneous) Fetal Distress oligohydramnios
 Booked @ 35 wks

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Immunised.

Head Fifts Palpable: _____

RISK FACTORS:

FHS: Normal Tachy Brady Absent

- H/o spotting bleeding p/v (@ 16 wks)
- H/o Hypertension in I trimester
- H/o GERD & cholelithiasis diagnosed @ 33 wks of gestation
- H/o Hypothyroid

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: posterior, uneffaced. Long Partially effaced Effaced

Height: cm

Os: Closed _____ Dilated _____

Weight: kg

Membranes: Present Absent

Allergies: Nil

Liquor: Clear Meconium Blood Stained

Breast: Normal Abnormal

Presenting Part: Vertex Breech Others

General Examination:

Sutton: -3 -2 -1 0 +1 +2

Consciousness:

Pallor: Nil

Pelvis: Adequate Doubtful

Icterus:

Edema: _____

Temp:

PR:

BP:

DTR:

CVS:

RS

Liver/Spleen:

Urine Output:

DIAGNOSIS

G2 P1L1 / 38th wks / prev. LSCS in ^{pains} early labour



<p>Family History:</p> <p>—</p>	<p>Surgical History:</p> <p>LSCS-2023 Eye surgery - 2023</p>
<p>Medical History:</p> <p>Hypothyroid x 10⁺ yrs</p>	<p>Medication History:</p> <p>on T. Thyroxine 100mcg T. Iron P/O 10D T. Calcium P/O 10D.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - - parts preparation - CTA - plan elective LSCS @ 5a.m. - NPO from 9 p.m. - secure IV line - Reserve 10 PRBC To send cross matching 	<p>Investigations: T. Omez D Ussocol 300 Rantac 300</p> <p><u>21/5/2026</u> <u>B positive</u></p> <p>Hb-11.1 Plt-2.45 PT-10.9 APTT-27.7 INR-0.96 FBS-72 HbA1c-5.3 TSH-1.68 Urine R/E - ⊕ HIV I & II / Negative HBSAG / Negative Anti-HCV</p> <p>Anomaly ⊕</p> <p><u>30/5/26</u> SLUG of 36⁺ wh Cephalic EFW-2.525 kg AFI-14.3 Doppler - ⊕ Placenta posterior High</p>

Doctor Name: Dr. Anuradha P V
 Signature: _____
 Date & Time: _____

Consultant Name: Dr. Anuradha P V
 Signature: _____
 Date & Time: _____

ANC-00015191 IP28-00004544
 Mrs SWETHA PRIYANKA H
 28-03-1995 31 Y 2 M 12 D (F)
 Dr. ANURADHA P V



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/2026 10am	<p>8/ B - De Raaga-k.</p> <p>PE reviewed</p> <p>NO Specific Complaints</p> <p>o/e - Clear</p> <p>Abdomen</p> <p>Vitals stable</p> <p>p/A</p>	<p>Refer</p> <p>BS ⊕</p> <p>Urine WC</p> <p>Dummy dry</p>
	<p>H/E - Bwpc</p>	<p>CSO ⊕</p> <p>Clear urine draining.</p>
		<p>Adv.</p> <p>- Shift to ward</p> <p>- NPO/ etc chaly</p> <p>- Express feeds</p> <p>- w/ r Kedy</p> <p>- Allow dry chest.</p>
		<p><i>(Signature)</i></p> <p>Trust</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
10/6/26		
2:30pm		
	S/B Dr. Srivasan	
	Patient reviewed	
	vitals stable.	
(POD - 0)		
T - (N)		
BP - 110/70mmHg	O/E - Afebrile, no pallor	
PR - 74/min	P/A - Soft uterus well contracted	
Output (1hr) -	dressing dry, BS (+)	
100ml;		
clear;	L/E - Bleeding pr WNL	
		Adv: - 12010/1
		- vitals monitoring
		- Follow dry chart
		- DBF
10/6/26		
9:30p-m		
POD 0	S/B Dr. Parthea	
	Pt. Reviewed.	
	Not passed flatus.	
	voided urine.	
Vitals stable	P/A - uterus contracted.	
Milk secretions - RTI	Dressing dry.	
Ome output ~ 80ml/hr.	L/E - B WNL	Adv
	CBD draining clear	- clear urine
	urine	- Follow dry chart
		- Monitor vitals
		- Inform Svs.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/6/26	S/B Dr. Sivasampa	
8:30 pm	Pt. reviewed	
(POD - 1)	no complaints vitals stable.	
T - (N)		
BP - 120/70 mmHg	O/E - Afebrile, no pallor	
PR - 60/min		
	P/A - Soft uterus well contracted,	
	dressing dry BS (+)	
	L/E - Bleeding pr WNI	
		Adv:-
		- Follow drug chart
	Smp	- Ambulation
	120101	- Inform SCS
12/26	So yellowish	
10/10		
	S/B in coporate	
	Inter - date	
		SCS
OL me	PO SCS	Check
	dit well care e	can be discharge
		S/B
	L/S way	S/B
		S/B



DRUG CHART

Date of Admission: 26/6 Drug Allergies: cell 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)

DRUG : <u>IN TRAMADOL</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>50mg</u>	<u>IV</u>	<u>SOS</u>	<u>10/6</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				

DRUG : <u>LOW EMOCET</u>				Date Time																	
Dose	Route	Frequency	Start Date																		
<u>5mg</u>	<u>PO</u>	<u>SOS</u>	<u>10/6</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

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

Signature
VERIFIED BY: Name



REGULAR PRESCRIPTIONS

Weight 65 Ward 302

DRUG : <u>1. myxonalin</u>				Date	<u>10/6</u>	<u>11/6</u>	<u>12/6/26</u>			
Dose	Route	Frequency	Start Date	Time	<u>3</u>	<u>6</u>	<u>6</u>			
<u>100mg</u>	<u>P/O</u>	<u>1-0-0</u>			<u>AM</u>	<u>AM</u>	<u>AM</u>			
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>						
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										
DRUG : <u>2. Sarsar</u>				Date	<u>10/6</u>	<u>11/6</u>	<u>12/6/26</u>			
Dose	Route	Frequency	Start Date	Time	<u>5</u>	<u>5</u>	<u>5</u>			
<u>1.5gm</u>	<u>M</u>	<u>1-0-1</u>	<u>10/6</u>		<u>PM</u>	<u>AM</u>	<u>AM</u>			
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>						
Additional Instructions:				<u>5 PM</u>						
Daily Doctor's Endorsement by a Sign										
DRUG : <u>3. Pan</u>				Date	<u>11/6</u>	<u>12/6/26</u>				
Dose	Route	Frequency	Start Date	Time	<u>6</u>	<u>6</u>				
<u>100mg</u>	<u>M</u>	<u>1-0-0</u>	<u>10/6</u>		<u>AM</u>	<u>AM</u>				
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>						
Additional Instructions:										
Daily Doctor's Endorsement by a Sign										
DRUG : <u>4. Paracetamol</u>				Date	<u>10/6</u>	<u>11/6</u>	<u>12/6/26</u>			
Dose	Route	Frequency	Start Date	Time	<u>12</u>	<u>6</u>	<u>6</u>			
<u>1gm</u>	<u>M</u>	<u>1-1-1</u>	<u>10/6</u>		<u>PM</u>	<u>AM</u>	<u>AM</u>			
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>						
Additional Instructions:				<u>8 PM</u>						
Daily Doctor's Endorsement by a Sign										

ANC-00015191 IP28-00004544
 Mrs SWETHA PRIYANKA H
 28-03-1996 31 Y 2 M 14 D (F)
 Dr. ANURADHA P V



Jetha Priyanka 31y/f



REGULAR PRESCRIPTIONS

Weight *8.64* Ward *M14*

DRUG : <i>C-LACTARE</i>				Date-Time
Dose	Route	Frequency	Start Dt.	
2-2-2	<i>PO</i>	<i>2-2-2</i>	<i>11/6/26</i>	<i>11/6 12/6/26</i> <i>9 AM 9 PM</i>
Name & Signature of the Doctor Starting the Drugs:				
<i>[Signature]</i>				<i>3 PM</i>
Additional Instructions:				<i>11 PM</i>
Daily Doctor's Endorsement by a Sign				
DRUG : <i>GADGET GRABBER</i>				Date-Time
Dose	Route	Frequency	Start Dt.	
	<i>PO</i>	<i>POE</i>	<i>12/6</i>	
Name & Signature of the Doctor Starting the Drugs:				
<i>[Signature]</i>				
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				
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				

Signature
VERIFIED BY : Name

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

Signature
Name

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																					

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																					



I.V. FLUIDS CHART

Weight 20 kg Ward LD

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
10/6/26	5:AM	1 ORL	IV	100 ml/hr	[Signature]	[Signature]			
10/6/26	5:20AM to 6:20AM	IVF 2 ORL	IV	over the	Maha [Signature]	[Signature]	10/6/26	Maha [Signature]	[Signature]
10/6/26	5:30AM	1 ORL = 20 units Synto	IV	@ 125 ml/hr	Maha [Signature]	[Signature]	10/6/26	Maha [Signature]	[Signature]
10/6/26	9:30 AM	1 ORL + 10 units Synto	IV	50 ml/hr	[Signature]	[Signature]	10/6/26 at 8PM	[Signature]	[Signature]
10/6/26	5PM	1 ORL NS	IV	100 ml/hr	[Signature]	[Signature]	10/6/26 10PM	[Signature]	[Signature]
10/6/26	9am	1 ORL	IV	100 ml/hr	[Signature]	[Signature]	10/6/26 5PM	[Signature]	[Signature]
10/6/26	10:30 PM	1 ORL NS	IV	100 ml/hr	[Signature]	[Signature]	11/6/26 1AM	[Signature]	[Signature]
11/6/26	1AM	1 ORL NS	IV	100 ml/hr	[Signature]	[Signature]	11/6/26 12:30 PM	[Signature]	[Signature]
11/6/26	12:30 PM	RL			[Signature]	[Signature]	11/6/26 at 6PM	[Signature]	[Signature]

VERIFIED BY : Name Signature