

ISCHARGE TRACKING SHEET

UHID :




CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		6/6/26 at 12pm	Pavab 08905	
Activity Sheet updated by Pharmacy	7:20	7:29	 014703	

ACTIVITY RECORD FOR BILLING

ANC-00013054 IP28-00004518

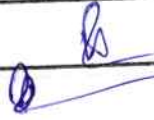

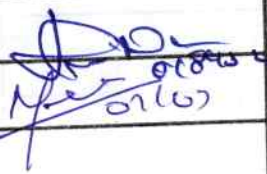
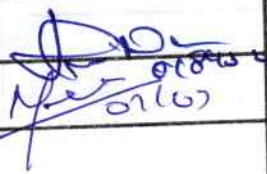
Narr Mrs K HEMALATHA
22-02-1986 40 Y (F)
Dr. ANURADHA P V

UHI  P No: 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
5/6/20	12:30 AM	one-post	3rd floor	
5/6/20	3:30 AM	3rd floor	pre OP.	
5/6/20	5:30 AM	OT	POST-OP	
5/6/20	9 AM	Postop	B12	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. Petchey	5/6/20	8737	
2.	(lactation)			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
4/6/26	TV placement	8637	1	[Signature]
"	CTG	8637 4194	1	[Signature]
5/6/26	Catheterisation	1	8661	[Signature]
"	core - Anesthesia	1	8660	[Signature]
5/6/26	Nutritional Assessment	1	To be raised	[Signature]

ANY OTHER INFORMATION:

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Date: 01/6/26 Time: 10 AM Prepared By:

Staff Nurse [Signature] 60240	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00013054 IP28-00004518
 Mrs K HEMALATHA
 22-02-1986 40 Y (F)
 Dr. ANURADHA P V



SURGERY DETAILS

Date : 5/6/20

Patient Name: MRS Hemalatha Date of Birth: 22/2/1986 Age: 40y

Gender: Female Ward: Post-op UHID No.: ANC-12054

Date of Surgery: 5/6/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Elective LSCS

Time In : 4:30 AM Time Out : 5:40 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	: <u>Dr. Anusudha</u>
2. Anaesthetist	: <u>Dr. Ashok Kumar</u>
3. Assistant Surgeon	: <u>Dr. Dishawari</u>
4. OT Technician	: <u>MR. Sunith</u>
5. Circulating Nurse	: <u>MS. Pithili</u>
6. Assistant Nurse	: <u>MR.</u>

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

Signature of the Surgeon *(for Dr. Anusudha)*

Signature of Circulating Nurse

Order No: Order by:

SURGERY DETAILS

Patient Name: Mr. P. S. Srinivasan
 Date of Surgery: 10/10/2017
 Time of Surgery: 10:00 AM
 Name of the Surgery: Plastic Surgery

Surgeon: Dr. P. S. Srinivasan
 Assistant: Dr. R. S. Srinivasan

- 1. Surgeon: Dr. P. S. Srinivasan
- 2. Circulating Nurse: Ms. P. S. Srinivasan
- 3. Assistant Nurse: Ms. R. S. Srinivasan

- General Equipment
- Laparoscopy
- C-ARM
- Neuro Case

Dr. P. S. Srinivasan

Dr. P. S. Srinivasan
 Signature of the Surgeon



CONSUMABLES OF OT

Circulating staff : Mrs. Nithal Technician : M.R. Sumith Date : 5/1/20 Time : 6:30 AM - 5:00 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>2 Scs</u>		01	Inj Vit.K ✓		01
LMA			Sutures			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>bf.</u>		01
Syringes : 10 cc ✓		02	<u>10242</u>		02	Vaccum Suction Set		
05 cc ✓		02	Gloves <u>P. Sg</u>		01	Surgical Gloves		
02 cc ✓		03	<u>S.g 7</u>		02	Gauze Pack		
01 cc ✓		01	<u>P.F 6.5</u>		02	Syringe 1ml / 2ml		
Cautery plate <u>A/P/N</u> ✓		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set ✓		01	NG tube		-	Koochies (S)		
✓		03	Cautery pencil		01	<u>olexaler</u>		02
NS : 10ml / 100ml / 500ml / 1000ml			Koochies		-	<u>Amiepara</u>		01
<u>IN: Fentanyl</u>		05	Ointments		-	<u>Anacin key</u>		01
<u>IN: Rocuronil</u>		01	Suction Catheter		-	<u>Rupriguic</u>		01
Fentanyl			Cap, Mask		-	<u>Spinal needle</u>		01
Morphine			Gauze Pack		05	<u>25cc (w)</u>		
Ketamine			Mop Pack		02	<u>Emerald syringe</u>		01
Propofol			Steristrip		-	<u>5ml</u>		
Rocuronium			Underpad		02			
Glycopyrolate ✓		01	Draw sheet		-	<u>P.F 6</u>		01
Myopyrolate			Abgel		-	<u>Sg 6</u>		01
Ondansetron			Foleys catheter		-			
Pencan 25g/ Spinal Needle 22			Urobag		-			
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 / 100mg		01	Plastic Bed Sheet		01			
Tab. Misoprost : 200mg		03	Betadine Solution		01			
<u>IN: Emaset</u>		01	Microshield		-			
<u>IN: tramadol</u>		01	Cotton Balls		-			
<u>Bioxamic</u>		02	Latex Gloves		15 Pcs			
			Ramdione Scrub		-			
			Saral		-			

Dr. Anuradha
Surgeon

Dr. Ashok Kumar
Anaesthesiologist

Nabamika
Nurse

(Signature)
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	IP28-00004518	Ward	5F-PRE/POST
Patient Name	Mrs K HEMALATHA	Bed Name	LDR 501
Age/Sex	40 Y / Female	Order No	28-0000148678
Date	05/06/2026 07:10	Prescription No	PRIP28-0069877
Payor	SELPAY	Dispensed Date	05/06/2026 07:30
UHID	ANC-00013054		

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	1	100.00	100.00
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		0G251040080	08/30	1	39.00	39.00
6	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
7	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	3	20.26	60.78
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	2	850.00	1,700.00
9	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	30	25.00	750.00
10	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
11	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	2	128.00	256.00
12	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
13	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
14	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2	91.00	182.00
15	SGLOVE # 8.0 (SURGI CARE)	KANAM LATEX	GENERAL	23L2020	11/28	1	82.50	82.50
16	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
17	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	2	223.00	446.00
18	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
19	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5072	10/30	1	951.00	951.00
20	VICRYL PLUS 1 VP 2421	ETHICON SUTURES-J&J		T5015	04/30	1	1,097.00	1,097.00
Total :							7,702.17	10,364.69

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

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Telangana.

**INPATIENT ISSUES AGAINST ORDERS**

IP No	IP28-00004518	Ward	5F-PRE/POST
Patient Name	Mrs K HEMALATHA	Bed Name	LDR 501
Age/Sex	40 Y / Female	Order No	28-0000148686
Date	05/06/2026 07:29	Prescription No	PRIP28-0069873
Payor	SELPAY	Dispensed Date	05/06/2026 07:29
UHID	ANC-00013054		

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
Total :							679.50	679.50

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**

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No IP28-00004518
Patient Name Mrs K HEMALATHA
Age/Sex 40 Y / Female
Date 05/06/2026 07:10
Payor SELFPAY
UHID ANC-00013054

Ward 5F-PRE/POST
Bed Name LDR 501
Order No 28-0000148677
Prescription No PRIP28-0069881
Dispensed Date 05/06/2026 07:34

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	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	1	71.97	71.97
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	ODEX24018SR	10/26	1	10.69	10.688
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	2	25.78	51.56
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	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
12	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091690	02/28	5	18.90	94.50
13	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
14	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
15	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
17	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254110	08/26	1	15.11	15.113
18	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	3	69.39	208.17
19	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
20	SUPRIDOL INJ 50 MG 1 ML	Neon Laboratories Ltd	H	KP1287044	10/27	1	12.56	12.56
Total :							3,464.51	3,333.99

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 :

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Registered Office: 8-2-120/103/1, Survey No.403, Road No.2, Banjara Hills, Hyderabad 500034,
Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004518	Ward	5F-PRE/POST
Patient Name	Mrs K HEMALATHA	Bed Name	LDR 501
Age/Sex	40 Y / Female	Order No	28-0000148685
Date	05/06/2026 07:29	Prescription No	PRIP28-0069880
Payor	SELPAY	Dispensed Date	05/06/2026 07:33
IHHID	ANC-00013054		

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(Nirlif	H	2254585	11/28	2	2.58	5.16
2	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
Total :							65.58	68.16

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name

IP ADM

JBSTETRICS

Presenting Complaints

Elderly primigravida
at 38wks 3day

LMP: 07/9/2025
Corrected EDD:

EDD: 15/16/2026

GA: 38wks 3days

Obstetric Formula:

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

Able to perceive Fm (+)

Fundal Height: uterus term; Relaxed.

Ut. Activity: Relaxed Mild Mod Severe

Present Pregnancy Record:

Liquor: Adequate Oligo Poly

G1 - PP

PP: Cephalic Breech Others Transverse lie.

Spontaneous Conception

Head/Fifts Palpable: _____

RISK FACTORS:

Booked & Immunised

FHS: Normal Tachy Brady Absent

Chronic Gestational HTN
on T. Labetalol 100mg started @ 12wks
- was on T. Ecosprin 150mg + stopped 2 weeks back
- steroids covered

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced

Os: Closed _____ Dilated _____

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

Suttón: -3 -2 -1 0 +1 +2

Pelvis: Adequate Doubtful

Height: 156.5 cm

Weight: 69.1 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Pallor: Nil

Icterus: Edema: (+)

Temp: PR:

BP: DTR:

CVS: RS


Liver/Spleen: Urine Output:

DIAGNOSIS

Elderly Primigravida / 38wks 3 days / Transverse lie
Chronic HTN / for Elective LSCS.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 7:30 a.m		S/R <u>Dr. Paritha</u>
		Pt. Reviewed. No specific complaints.
	BP - 130/70 mmHg	P/A - uterus contracted. Dressing dry.
	Urine output ~ 120ml/hr	L/C - B/W/L
	Pt. can be shifted forward	Adv - To follow drug chart - Monitor vitals - Inform S/S
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2006 12-3pm	Lactation Report Nurse as Randa - Kanya	
	Mother - supine Breast - lying Nipples - Moderately everted Shield - soft Traces of colostrum seen 1 feed observed	Athe Deeba
5/6/2006 3pm	S/B by Dr. Anuradha In situ	
	Athe Dr. No/20 may	
AD Soap	Shoulder contused Diplo	AD S/S of water Re as per chat After S/S
AD Soap		AD AD

ANC-00013054 IP28-00004518
 Mrs K HEMALATHA
 22-02-1986 40 Y (F)
 Dr. ANURADHA P V



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/26 8pm	Dr De Raaga B PE reviewed of repair of afebrile stable P/A B/P during dry PE - Brown - CSF - clear no leak	Adv. Clear fluids diet DBF Remove CSF @ 5am → BP upto hourly
		 5/6/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/19	SIBy De Chaul	
9:00	At a conference	
	Initial stable	
	NSP - polsoma	
	PA - Soft	
	well contract	
	Ding di	
	Ward	
		per clear liquor H on free (end amniotic up to 50)

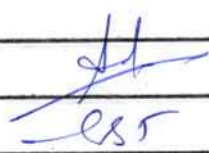
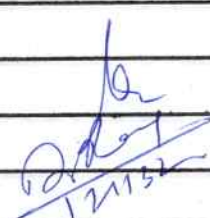


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26		S/B <u>Dr. Parithea</u>
3:30 p.m	<p>PT. Reviewed Mild pain while voiding urine; passed A-cath. No imminent sign passed A-cath.</p>	
BP:- 114/72mmHg		P/A- uterus contracted.
Vitals stable		Dressing dry.
		BS sluggish.
		d/c - B/W/L
		Adv
		- Ambulation
		- liquid diet
		- Follow drug chart.
		- Monitor vitals.
		- Inform sos
		<p style="text-align: right;">Aan</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>06/08/2026</u>	of Dr. Raaga. K	
<u>8pm</u>	B	
	Pt reviewed	
	of K - Ulfan	
	Aelike	
	Vitals stable	
	of - Sja	
	Aelike	
	of Kupa	
		 ESS
		 12/15/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
7/6/2026 9:15 a.m.	8/B	<u>Dr. Parithra</u>
	POD 2	Pt. Reviewed.
	No complaints	No Complaints.
BP: 120/78 mmHg	Not Passed stools	P/A - uterus contracted Dressing dry BSG
	afe - BWNL	
		<u>Adv</u>
		- CST
		A



DRUG CHART

Date of Admission: 11/10/20 Drug Allergies: penicillin 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 :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			
DRUG :				Date Time															
Dose	Route	Frequency	Start Date																
Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																			

signature
VERIFIED BY : Name



Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 6.9kg Ward 2nd floor

DRUG: T. Cefixim				Date-Time: 6/6 7/6/26
Dose: 500mg P/O	Route: P/O	Frequency: 1-0-1	Start Dt: 6 PM	7 AM 10-10
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions: 9 PM				
Daily Doctor's Endorsement by a Sign				
DRUG: T. Parv				Date-Time: 6/6 7/6/26
Dose: 400mg P/O	Route: P/O	Frequency: 1-0-1	Start Dt: 6 PM	7 AM 5 PM
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions: 6 PM				
Daily Doctor's Endorsement by a Sign				
DRUG: T. Amoxicillin				Date-Time: 6/6 7/6/26
Dose: 400mg P/O	Route: P/O	Frequency: 1-1-1	Start Dt: 8 PM	6 AM 5 PM
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions: 10 PM				
Daily Doctor's Endorsement by a Sign				
DRUG: C. Bifilac				Date-Time: 6/6/26 7/6/26
Dose: P/O	Route: P/O	Frequency: 1-0-1	Start Dt: 10 PM	10 AM 6-10
Name & Signature of the Doctor Starting the Drugs: <i>[Signature]</i>				
Additional Instructions: 10 PM				
Daily Doctor's Endorsement by a Sign				

Signature

VERIFIED BY : Name

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight

Ward

Signature
Name
VERIFIED BY :

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																					



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
5/6/22	4:00am	Inj. Supacef	0. ml	Intradermal	[Signature]	[Signature]
5/6/22	4:20am	Inj. Supacef	1.5 gm	IV	[Signature]	[Signature]
5/6/22	4:15am	Inj. Pan	40 mg	IV	[Signature]	[Signature]
5/6/22	4:20am	Inj. Emeset	4 mg	IV	[Signature]	[Signature]
5/6	4:50AM	Pain	1 gm	SC	[Signature]	[Signature]
5/6	4:30AM	Pain	8mg	SC	[Signature]	[Signature]
5/6	5AM	Pain	1 gm	SC	[Signature]	[Signature]
5/6	5:10AM	Pain	8mg	SC	[Signature]	[Signature]
5/6	5AM	Pain	8mg	SC	[Signature]	[Signature]

VERIFIED BY : Name Signature



I.V. FLUIDS CHART

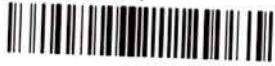
Weight 66 Ward u

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
4/6/26	10:15pm	10 RL	IV	100ml	[Signature]	[Signature]	5/6/26	[Signature]	[Signature]
5/6/26	8am	10 RL + 2ml Synto 2amide	IV	50ml/hr	[Signature]	[Signature]	5/6 07hr	[Signature]	[Signature]
5/6/26	3:30 pm	10 NS	IV	75ml	[Signature]	[Signature]	5/6 07hr	[Signature]	[Signature]
5/6/26	7pm	10 DNS	IV	100ml	[Signature]	[Signature]	5/6/26 at 12Am	[Signature]	[Signature]
5/6/26	10:30am	10 RL	IV	100ml	[Signature]	[Signature]	5/6 03:30 pm	[Signature]	[Signature]
6/6/26	12AM	10 NS	IV	100ml	[Signature]	[Signature]	6/6/26 at 5AM	[Signature]	[Signature]
5/6/26	4:30 AM 5:45 AM	20 RL	IV		[Signature]	[Signature]		[Signature]	[Signature]

VERIFIED BY: Name Signature



ANC-00013054 IP28-00004518
 Mrs K HEMALATHA
 22-02-1986 40 Y (F)
 Dr. ANURADHA P V



Monitoring Observation Score Chart - Obstetrics

CONTACT DOCTOR FOR EARLY INTERVENTION IF PATIENT TRIGGERS ONE ORANGE OR TWO YELLOW SCORES AT ANY ONE TIME

		Date	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Date		5/6/26	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7
Time																										
RESP (write rate in corresp. box)	> 30																									
	21 - 30																									
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %	99%	100%	100%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%	99%	98%
	< 94 %																									
Administered O ₂ (L/min.)		1L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L	2L
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
Systolic Blood Pressure	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
40																										
Diastolic Blood Pressure	130																									
	120																									
	110																									
	100																									
	90																									
	80																									
	70																									
	60																									
	50																									
	40																									
	NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
		Voice	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	URINE mls / hour	> 30	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
< 30																										
Proteinuria	Protein ++	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Protein > ++																									
Lochia	Normal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Heavy / Foul																									
Liquor	Clear / Pink	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Green																									
TOTAL YELLOW SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
TOTAL ORANGE SCORES		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Nurse Initial																										



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		Time																							
6/6/26		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	18blm																							
	21 - 30	20blm																							
	11 - 20	19blm																							
	0 - 10	20blm																							
Saturations	94 - 100 %	100%, 100%, 100%, 98%, 99%, 99%, 97%, 98%, 98%, 99%																							
	< 94 %	-																							
Administered O ₂ (L/min.)		-RA- RA RA RA RA RA RA -RA- -RA- -RA-																							
Temp °C	40																								
	39	97.8°F																							
	38																								
	37																								
	36	97.5°F																							
	35	97.6°F																							
	< 35	97.2°F																							
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	90blm																							
	100	88blm																							
	90	86blm																							
	80	86blm																							
	70	82blm																							
	60	81blm																							
	40	82blm																							
Systolic Blood Pressure	190																								
	180																								
	170																								
	160																								
	150																								
	140	120																							
	130	108																							
	120	103																							
	110	114																							
	100	117																							
	90	118																							
	80	118																							
	70	120																							
60	120																								
50	120																								
Diastolic Blood Pressure	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	70																							
	60	65																							
	50	65																							
	40	73																							
		64																							
		74																							
		57																							
	62																								
	68																								
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		0																							
TOTAL ORANGE SCORES		0																							
Nurse Initial		[Signatures]																							

Handwritten notes in the top left corner, including a date and some illegible text.

Handwritten notes in the top right corner, including a date and some illegible text.

Handwritten notes in the middle left section, including a date and some illegible text.

Handwritten notes in the middle right section, including a date and some illegible text.

Handwritten notes in the bottom left section, including a date and some illegible text.

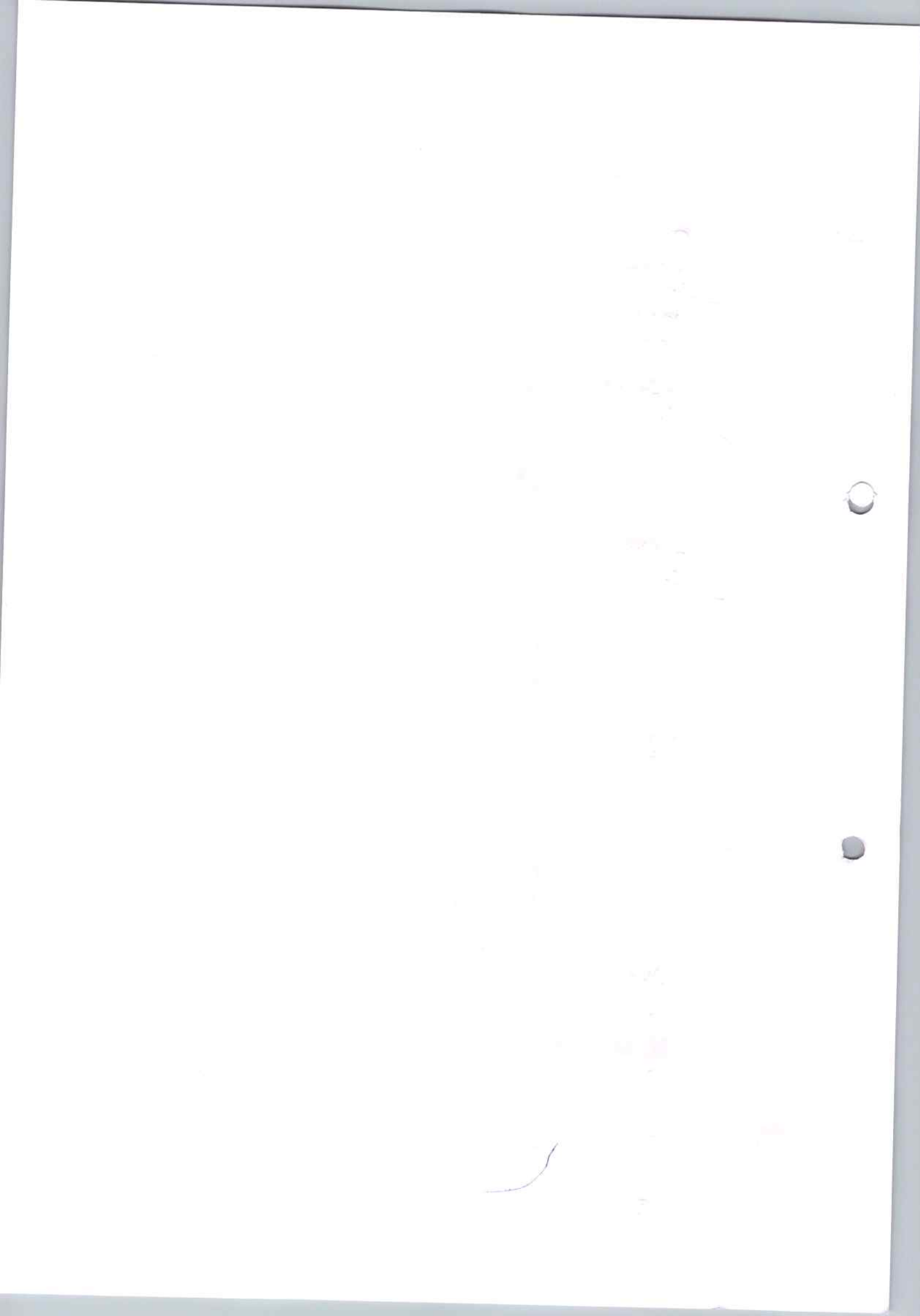
Handwritten notes in the bottom right section, including a date and some illegible text.



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		8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
Time		8																								
RESP (write rate in corresp. box)	> 30																									
	21 - 30	156b/m																								
	11 - 20																									
	0 - 10																									
Saturations	94 - 100 %	100%																								
	< 94 %																									
Administered O ₂ (L/min.)		RA+																								
Temp °C	40																									
	39																									
	38																									
	37																									
	36																									
	35	97.6°F																								
	< 35																									
Heart Rate	170																									
	160																									
	150																									
	140																									
	130																									
	120																									
	110																									
	100	90b/m																								
	90																									
	80																									
	70																									
	60																									
	40																									
	Systolic Blood Pressure	190																								
180																										
170																										
160																										
150																										
140																										
130																										
120																										
110																										
100																										
90																										
80																										
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		0																								
TOTAL ORANGE SCORES		0																								
Nurse Initial		SPK																								





FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm	N	RL	100ml						✓	0		
	11:00 pm	P	RL	100ml						✓	0		
	12:00 am	O	RL	100ml						✓	0		
	01:00 am	O	RL	100ml									
Total Intake :						Total Output :							
			RL - 500 ml			M - 0			U - 1				
	02:00 am	W	RL	100 ml							0		
	03:00 am	P	RL	100ml						✓	0		
	04:00 am	O	RL	100ml							0		
	05:00 am	O	RL 100ml + 500ml RL								0		
	06:00 am									200ml	0		
	07:00 am									100ml	0		
Total Intake :						Total Output :							
			800ml										
Total 24 hrs. Intake			800ml			Total 24 hrs. Output			370ml + 30ml				

ANC-00013054 IP28-00004518
 Mrs K HEMALATHA
 22-02-1986 40 Y (F)
 Dr. ANURADHA P V



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.

5/6/26.

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombophlebitis Score	Sign. Nurse	
			Route	NG	Diarrhoea	Vomit	Drainage	Urine					
									Mouth	I.V			N.G
	08:00 am	N		Pl w/ 50	100 ml					100ml	0	} <i>[Signature]</i>	
	09:00 am	P		50ml						100ml	0		
	10:00 am			50ml	Pl connected					70ml	0		
	11:00 am	O		50ml	100ml					100ml	0		
	12:00 pm			50ml	100ml					70ml	0		
	01:00 pm			50ml	100ml					100ml	0		
Total Intake :			700ml			Total Output :					560ml		
	02:00 pm			100ml + 50ml						100ml	0	} <i>[Signature]</i>	
	03:00 pm			100ml + 50ml						150ml	0		
	04:00 pm			100ml + 50ml						100ml	0		
	05:00 pm			100ml + 50ml						100ml	0		
	06:00 pm	Tc - 100ml		100ml + 50ml						100ml	0		
	07:00 pm			100ml + 50ml						100ml	0		
Total Intake :			100 + 600 + 300 = 1000ml			Total Output :					650ml		
	08:00 pm	H2O	100ml	100ml						100ml	0	} <i>[Signature]</i>	
	09:00 pm	H2O	100ml	100ml						100ml	0		
	10:00 pm			100ml						70ml	0		
	11:00 pm	H2O	200ml	100ml						100ml	0		
	12:00 am			100ml						100ml	0		
	01:00 am			100ml						100ml	0		
Total Intake :			400 + 600 = 1000ml - 0			Total Output :					U - 570ml.		
	02:00 am			100ml						100ml	0	} <i>[Signature]</i>	
	03:00 am			100ml						100ml	0		
	04:00 am			100ml						100ml	0		
	05:00 am			100ml						200ml	0		
	06:00 am	H2O	200ml	100ml (inj. Parva)						0.5D serum	0		
	07:00 am			100ml						100ml	0		
Total Intake :			100 + 500 = 600ml. M - 0			Total Output :					U - 500ml.		
Total 24 hrs. Intake			3,300 ml.			Total 24 hrs. Output					U - 2,280 ml.		



FLUID CHART

Sheet No. : 3

6/6/26

- 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	Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage			Urine
	08:00 am	H ₂ O	100ml							✓		
	09:00 am											
	10:00 am	H ₂ O	200ml							✓		
	11:00 am											
	12:00 pm	H ₂ O	200ml							✓		
	01:00 pm											
Total Intake :		H ₂ O = 500ml			m = 0			Total Output : U = 2 times				
	02:00 pm											
	03:00 pm	H ₂ O	200ml									
	04:00 pm									✓		
	05:00 pm	H ₂ O	150ml									new
	06:00 pm									✓		
	07:00 pm	H ₂ O	200ml									
Total Intake :		T = 450ml			m = 0			Total Output : U = 4 times				
	08:00 pm											
	09:00 pm	H ₂ O	200ml							✓		
	10:00 pm											
	11:00 pm	H ₂ O	200ml							✓		
	12:00 am											
	01:00 am											
Total Intake :		400ml			m = 0			Total Output : U = 2 times				
	02:00 am											
	03:00 am									✓		
	04:00 am											
	05:00 am											
	06:00 am	H ₂ O	200ml									
	07:00 am									✓		
Total Intake :		200ml			m = 0			Total Output : U = 2 times				
Total 24 hrs. Intake		1550 ml			Total 24 hrs. Output					U = 8 times		