

ANC-00014532 IP28-00004536  
 Mrs INDHUMATHI 47 Y 8 M 3 D (F)  
 Dr. V K SHANTHA



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TALS  
lvery

**DISCHARGE TRACKING SHEET**

JR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing	10/6/26 10:20 am	10/6/26 10:20 am	<i>[Signature]</i>	
Activity Sheet updated by Pharmacy	10/6/26 at 12:30 pm	10/6/26 at 12:54 pm	<i>[Signature]</i>	

Handwritten notes at the top of the page, including a small diagram or sketch.


Handwritten notes in the middle of the page, possibly including a list or a small table.

Handwritten notes at the bottom of the page, including a larger diagram or sketch.

# ACTIVITY RECORD FOR BILLING


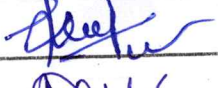
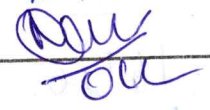
Name: .....  
 UHID No: .....  
 Date of Admission: .....  
 Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

ANC-00014532 IP28-00004536  
 Mrs INDHUMATHI 47 Y 8 M 1 D (F)  
 07-10-1978  
 Dr. V K SHANTHA




onsultant: Dr. Shantha Dept: OC  
 Date of Discharge: ..... Time: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
8/6/26	7 <sup>30</sup> pm	LDR	R Floor	RD 021142
9/6/26	5:30 AM	INFLOR	Pre OP	
9/6/26	8 AM	OT-II	POST OP	
9/6/26	12:15 pm	MEMPOCI	NR Floor	

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	DR-Ramya Lakshmi	9/6/26	9387	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				




# INVESTIGATIONS

Date	Investigations	Order No.	Signature
8/6/26	X-Ray ✓	4223	PR
"	RBS ✓	7681	PR
"	RBS ✓	7682	PR
8/6/26	CBC ✓	7687	PR
8/15/26	RBS ✓	7689	B
9/6/26	RBS ✓	7690	B
	Electrolytes ✓	7691	R
	Urine Ketion ✓		
9/6/26	CBC ✓	7699	5801 B2015
9/6/26	HPE Send to Lap	7698	Jay
9/6/26	RBS (9 <sup>am</sup> )	7708	PR
9/6/26	RBS (11am)	7709	PR
9/6/26	RBS (POCT)	7722	SS stark
9/6/26	RBS (POCT)	7726	S stark
9/6/26	RBS ✓	7736	
10/6/26	RBS ✓	7749	B
10/6/26	RBS ✓	7750	B
10/6/26	RBS	7752	Jew
10/6/26	RBS	7752	own


RBS - 13



**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
	pre anesthetic (op)			
8/6/26	Blood Preservation	1	7684	
9/6/26	IV Placement	1	9255	
9/6/26	Catheterization	1	9286	

**ANY OTHER INFORMATION:**

Pnj. Fentanyl lamp used OI 

.....

.....


.....

.....

.....

.....

Date: 10/6/26 Time: 10:20am Prepared By: .....

Staff Nurse 	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00014532  
 Mrs INDHUMATHI  
 07-10-1978 47 Y 8 M 2 D (F)  
 Dr. V K SHANTHA

IP28-00004536



### SURGERY DETAILS

Patient Name: Inclhu Mrs. Mathi Date: 09/06/26  
 Date of Birth: 07/10/1978 Age: 47 Y  
 Gender: Female Ward: OP - OP UHID No.: 14532/4536  
 Date of Surgery: 09/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery: Total Laparoscopic Hysterectomy with B/L Salpinxectomy

Time in: 6:20 AM Time Out: 8 AM

	NAME	AMOUNT
1. Surgeon	<u>Dr. Shantha / Dr. Sunita / Dr. Diva</u>	<u>→ 20,000/-</u>
2. Anaesthetist	<u>Dr. Bidui / Dr. Kanthiga</u>	
3. Assistant Surgeon	<u>Dr. Ranjya</u>	
4. OT Technician	<u>Mr. Sanjai</u>	
5. Circulating Nurse	<u>Ms. Elizabeth</u>	
6. Assistant Nurse	<u>Ms. Shankari</u>	

Special Equipment:  Laparoscopy 6:35 AM  Broncoscope  Harmonic 6:45 AM  Morcelator 7:45 AM  
 C-ARM  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others

Signature of the Surgeon: [Signature]

Signature of Circulating Nurse: [Signature]  
020715

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

### SURGERY DETAILS

Patient Name: Mr. Mohan  
 Date of Birth: 1945  
 Gender: Male  
 Ward: OP  
 Date of Surgery: 10/10/07  
 Name of the Surgery: Total Prostatectomy  
 Time of Surgery: 10:00 AM

- NAME
- 1. Surgeon: Mr. S. S. Srinivasan
  - 2. Anesthetist: Mr. S. S. Srinivasan
  - 3. OT Technician: Mr. S. S. Srinivasan
  - 4. Circulating Nurse: Ms. C. Srinivasan
  - 5. Assistant Nurse: Ms. Srinivasan

Special Equipment:  Laparoscope  
 C-ARM  
 Nitrous Oxide  
 Other:

Signature of the Surgeon: [Signature]  
 Date: 10/10/07

ANC-00014532 IP28-00004536  
 Mrs INDHUMATHI  
 07-10-1978 47 Y 8 M 2 D (F)  
 Dr. V K SHANTHA



TLH



CONSUMABLES OF OT

Circulating staff : Ms. Ezhil Technician : Mr. Sanjai Date : 9/6/26 Time : 8:00 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7.0 cuffed</u>		01	Major Pack <u>Hyplo</u>		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads <u>(A) P/N</u>		03	<u>V-loc 15 (mm)</u>		01	Suction Catheter		
HME filter : A/P/N			<u>2347 %</u>		01	Feeding Tube		
Syringes : 10 cc		01	<u>1326 %</u>		01	Vaccum Suction Set		
05 cc		04	Gloves <u>P.F 6</u>		01	Surgical Gloves		
02 cc		01	<u>S.G 6</u>		02	Gauze Pack		
<u>201 cc</u>		02	<u>S.G 7 1/2</u>		02	Syringe 1ml / 2ml		
Cautery plate : A/P/N			Surgical blade <u>(11) (22)</u>		01/01	Surgical Blade # 20		
<u>(IV) set</u>			NG tube		-	Koochies (S)		
RL			Cautery pencil		-	<u>Ryle's tube</u>		01
NS : 10ml / 100ml / <u>500ml</u> / 1000ml		01	Koochies		-	<u>D-water</u>		03
<u>Inj. Epi-pes</u>		01	Ointments		-	<u>Inj. ANAWIN 0.5%</u>		01
<u>Inj. Amoxicil</u>		03	Suction Catheter		-			
Fentanyl			Cap, Mask		-			
Morphine			Gauze Pack			<u>Photo Sheet</u>		01
Ketamine			Mop Pack		01	<u>L-brays</u>		03
Propofol <u>~</u>		02	Steristrip		-	<u>Inj v-prox</u>		01
Rocuronium			Underpad		02	<u>P.F 07</u>		01
Glycopyrolate <u>~</u>		01	Draw sheet		-	<u>P.F 08</u>		01
Myopyrolate <u>~</u>		01	Abgel		-	<u>NS 500mp</u>		02
Ondansetron <u>~</u>		01	Foleys catheter <u>14Fr</u>		01	<u>1000mp DistaP</u>		
Pencan 25g/ Spinal Needle 22			Urobag		01	<u>Water</u>		01
Bupivacaine 0.25%			Chest Drainage Catheter		-			
Bupivacaine 0.25%(Heavy)			Romodrain bag		-			
Antibiotics			Bandage		-			
Suppositories			Tegaderm <u>8582</u>		04			
Anamol : 80mg / 250mg / 170 mg			Ioban		-			
Supridol : 100mg			Double J Stent		-			
Justin : 12.5 mg / 25mg / 100mg			Vaccum Suction set		02			
Tab. Misoprost : 200mg			Plastic Bed Sheet		02			
<u>Inj. PARA</u>		01	Betadine Solution		02			
<u>Inj. DEXA</u>		01	Microshield		-			
<u>Inj. DEXTOMID</u>		02	Cotton Balls		-			
<u>Inj. MgSO4</u>		01	Latex Gloves <u>Nitrile</u>		15 pairs			
<u>Inj. LOX 4%</u>		01	Ramdione Scrub		-			
			Saral		-			

Surgeon Dr. Shantha Dr. Swithan

Anaesthesiologist Dr. Sridhar

Nurse Ezhalanni

OT Technician Sanjai

Order No. : .....

Ordered by : .....

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





# 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 IP28-00004536  
Patient Name Mrs INDHUMATHI  
Age/Sex 47 Y 8 M 2 D / Female  
Date 09/06/2026 10:37  
Payor SELFPAY  
UHID ANC-00014532

Ward 5F-PRE/POST  
Bed Name PRE & POST OP 503  
Order No 28-0000149289  
Prescription No PRIP28-0070158  
Dispensed Date 09/06/2026 10:38

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	ANAWIN INJ VIAL 0.5% 20 ML	NEON LABORATORIES LTD	H	SM107260	05/28	1	93.90	93.90
3	ARTACIL 25MG 2.5ML INJ	Neon Laboratories Ltd	H	1303356	07/27	3	45.30	135.90
4	DEXARIL 4MG INJ		H	ODEX25008SR	06/27	1	10.88	10.88
5	DEXTOMID INJ 50 MCG 0.5 ML	Neon Laboratories Ltd		1257022	11/27	2	383.40	766.80
6	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	1	21.83	21.83
7	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	4	21.56	86.24
8	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	2	50.63	101.26
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	1	10.31	10.31
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254585	11/28	3	2.58	7.74
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
12	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	1	45.90	45.90
13	ET TUBE CUFFED 7.0 LIFE O LINE	Adilase		G26B010703	01/31	1	399.00	399.00
14	LOX INJ 4% 30 ML	Neon Laboratories Ltd	H	UN228187	10/28	1	34.58	34.58
15	MAGNECURE INJ 2ML	PHARMA CURE LABORATRIES	C	MS1269	04/27	1	11.00	11.00
16	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	2	69.10	138.20
17	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350474	09/27	1	127.48	127.48
18	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
19	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254110	08/26	1	15.11	15.11
20	RYLES TUBE 14 POLYMED	Polymed	H	02415045K	08/29	1	75.00	75.00
<b>Total :</b>							<b>2,249.62</b>	<b>2,977.37</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,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928

CIN :

VAT TIN :

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 IP28-00004536  
Patient Name Mrs INDHUMATHI  
Age/Sex 47 Y 8 M 2 D / Female  
Date 09/06/2026 10:44  
Payor SELFPAY  
UHID ANC-00014532

Ward 5F-PRE/POST  
Bed Name PRE & POST OP 503  
Order No 28-0000149291  
Prescription No PRIP28-0070160  
Dispensed Date 09/06/2026 10:48

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
	DISPOSABLE APRONS STERILE XL	Mediblu		PARCH1010526	04/29	2	100.00	200.00
2	D WATER IV 1000 ML BOTTLE	Aculife Health Care Pvt.Ltd(Nirilif)	H	1B260694	01/29	1	250.26	250.26
3	FOLEYS CATHETER 14FR POLYMED	Polymed	C1	2516836N	11/30	1	249.00	249.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgical	GENERAL	20260416	03/29	2	105.00	210.00
5	HYSTEROSCOPY PACK	Amaryllis		HPRCH1010526	04/29	1	1,255.00	1,255.00
6	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5116	09/30	1	997.00	997.00
7	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	1	850.00	850.00
8	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	15	25.00	375.00
9	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
10	PROTECTIVE SHEET 20X20	Local		PSRCH1010526	04/29	2	250.00	500.00
11	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
12	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	2	91.00	182.00
13	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)		24IO233KK	08/29	1	90.94	90.938
14	SGLOVE # 7.5 POWDER FREE	ANSEL	GENERAL	26010031T	01/29	2	117.00	234.00
15	SGLOVE # 8.0(POWDER FREE)	ANSEL	GENERAL	260300741T	04/29	1	128.00	128.00
16	SURGICAL BLADE 11	Surgeon	GENERAL	030925	08/30	1	7.67	7.67
17	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
18	TEGADERM WITH PAD 5X7CMS (3582)(8582)	3M HEALTHCARE	GENERAL	0R12250903	11/28	4	175.00	700.00
19	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
20	UROBAG (ADULT) - URODYNE		GENERAL	K25K050045	10/30	1	395.00	395.00
21	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	2	679.50	1,359.00
22	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	0T5072	10/30	1	951.00	951.00
23	VPRESS INJ 20 IU 1 ML	Neon Laboratories Ltd	H	1201080	01/27	1	494.20	494.20
<b>Total :</b>							<b>7,658.24</b>	<b>16,080.74</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**

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Telangana.

**INPATIENT ISSUES AGAINST ORDERS**



IP No	IP28-00004536	Ward	5F-PRE/POST
Patient Name	Mrs INDHUMATHI	Bed Name	PRE & POST OP 503
Age/Sex	47 Y 8 M 2 D / Female	Order No	28-0000149292
Date	09/06/2026 10:44	Prescription No	PRIP28-0070159
Payor	SELF PAY	Dispensed Date	09/06/2026 10:46
UHID	ANC-00014532		

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
<b>Total :</b>							<b>128.00</b>	<b>128.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

ANC-00014532 IP28-00004536  
Mrs INDHUMATHI  
07-10-1978 47 Y 6 M 2 D (F)  
Dr. V K SHANTHA



# CROSS CONSULTATION FORM

Doctor Name: Dr. Ramya Lakshmi Date: 9/06/26 Time: 4:45 pm

Diagnosis: .....

Hospital: .....

- Type of Referral :
- Emergency
  - Urgent
  - Non Urgent

Referred for:  Opinion  Co-Management  Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: \_\_\_\_\_

Findings and Recommendations :

~~POD~~ Thanks for reference.  
POD  
CBA-142 K/c/o T2 DM.  
O/E: Pt. dehydration (+)  
G/G (+)  
S/G: CVS: S2 (+)  
RS: N U M (+)

Advice

Pre CBA monitor & inform

Consultant:  
Name: Dr. Ramya Lakshmi Signature: Dr. Ramya Lakshmi Date & Time: 9/6/26  
4:45 pm



ANC-00014532 IP28-00004536  
 Mrs INDHUMATHI  
 07-10-1978 47 Y 8 M 2 D (F)  
 Dr. V K SHANTHA



OPERATION NOTES

Surgeon : Dr. Sunitha		Asst. Surgeon : Dr. Siva	
Anesthetist : Dr. Sridevi / Dr. Kasthuri		OT Nurse : S/N Shankari	
Pre-Operative Diagnosis:			
Surgical Procedure : Total laparoscopic hysterectomy with B/L salpingectomy			
Weight :	Date : 9/6/2026	Start Time :	End Time :
Post Operative Diagnosis: ↓ ASP, ↓ GA, patient in lithotomy position, ports painted and draped. Supraumbilical incision			
Peri-Operative Complications: made, Veress needle introduced and pneumoperitoneum created. Primary trocar for			
Operation Notes: Camera port introduced. 3 lateral working			
Findings: ports created - one 5mm port on right side and 2 <sup>5mm</sup> ports on left side.			
Intra-op findings - 1) Uterus - normal size			
4) Dense adhesions between omentum anterior abdominal wall. 2) B/L tubes - normal			
5) Anterior abdominal wall & ant. 3) B/L ovaries normal and both ovaries retained.			
Procedure Notes: uterine wall adherent by a thick band.			
Hysterectomy proceeded by cauterising and cutting B/L ovarian ligaments, B/L cardinal ligaments, <del>Dense adhes</del> B/L uterine arteries & B/L uterosacral ligaments. Vaginal vault sutured with v-lock sutures.			
Uterus with cervix & B/L tubes retrieved vaginally. Vaginal vault sutured with v-lock sutures. Hemostasis secured. Ports removed under vision. Skin sutured using			
Amount of Blood Loss: -		Blood Transfused (in ML) - 3-0 monocryl.	
Name and Number of Surgical Specimen sent for examination: Uterus with cervix and B/L tubes.			



### POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:

Advs

- NPO, CBD till further orders  
- Iv fluids - 20 RL / 20 NS } at 100ml/hr

Wound Care:

CBA (at 7:30 am)  
↓  
216 mg/dl.

- To check CBA at

Drain /Special Lines/Catheters:

9:30 AM & inform  
Dr. Ranya (Physician opinion  
for glycemic control).

Special Patient Positioning and Requirements:

- Inj. Supacef 1.5 gm IV  
12th hrly

Nutritional Instructions:

- Inj. Pantop 40 mg IV 12th hrly

- Inj. Paracetamol 1 gm IV

When to Start Mobilization:

8th hrly  
- Inj. Tramadol 50 mg IV

Special Referrals:

in 100 ml NS (sos)

The new order for all required medications documented in the doctor order/medication sheet:

Yes  No

- Inj. Emetet  
4 mg IV sos

Any Other Post-Operative Care Needed including Required Follow Up

- Inform sos.

Name of the Surgeon: Dr. Sumantha

Signature of the Surgeon: [Signature]

Date & Time: 9/6/26 at 8AM

ANC-00014532 IP28-00004536  
 Mrs INDHUMATHI  
 07-10-1978 47 Y 8 M 1 D (F)  
 Dr. V K SHANTHA



Rainbow®  
 Children's  
 Hospital  
 It takes a lot to treat the little.

BirthRight®  
 BY RAINBOW HOSPITALS  
 Your Right to a Safe Delivery

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
8/6/26	S/B Dr. Srivasan	
8:30 pm	Pt. reviewed vitals stable.	
T - (N)		
BP - 110/80 mmHg	O/E - Afebrile, no pallor	
PR - 80/min	P/A - <del>hard</del> soft	
	L/E - NAD	
		S/S 8/20/26
9/6/2026	S/B Dr. Srivasan	
11:30 pm	Pt. reviewed no complaints	
OBA - 1A0	O/E - afebrile	Adv
	vitals stable	→ Shift to ward
	P/A - soft	→ MPO (C/S)
	BS ⊕	but further indus
	Dressing dry	→ OBA 4/1x imply
	HE - C/S ⊕ Clean	→ Ranya man opinion
	men clear	

S/S  
8/20/26  
Dr. Srivasan  
20/11/26









ANC-00014532 IP28-00004536  
 Mrs INDHUMATHI 47 Y 8 M 1 D (F)  
 07-10-1978  
 Dr. V K SHANTHA



REGULAR PRESCRIPTIONS

Weight 71 Ward 12

**DRUG :** INJ. SUPACEF

Dose	Route	Frequency	Start Date	Date Time
5gm	IV	1-0-1	9/6/26	9/6/26 6AM / 10/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*  
120101

Additional Instructions: 8AM 5/2 01/10/26

Daily Doctor's Endorsement by a Sign

**DRUG :** INJ. PANTOP

Dose	Route	Frequency	Start Date	Date Time
40mg	IV	1-0-1	9/6/26	9/6/26 5AM / 10/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*  
120101

Additional Instructions: 5PM 5/2 01/10/26

Daily Doctor's Endorsement by a Sign

**DRUG :** INJ. PARACETAMOL

Dose	Route	Frequency	Start Date	Date Time
1gm	IV	1-1-1	9/6/26	9/6/26 7AM / 10/6

Name & Signature of the Doctor Starting the Drugs: *[Signature]*  
120101

Additional Instructions: 3PM 5/2 01/10/26, 11PM 5/2, 6 AM 01/10/26, 2 PM, 10 PM

Daily Doctor's Endorsement by a Sign

**DRUG :**

Dose	Route	Frequency	Start Date	Date Time

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

ANC-00014532 IP28-00004536  
 Mrs INDHUMATHI  
 07-10-1978 47 Y 8 M 1 D (F)  
 Dr. V K SHANTHA

Weight 71 ..... Ward LDR .....



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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
9/6/26	5:00 AM	INS. SUPACEF	0.1 mL	ID	SH	<u>SH</u>
9/6/26	5:30 AM	INS. SUPACEF	1.50 gm	IV	SH	<u>SH</u>
9/6/26	8 AM	INS. PANTOP	40 mg	IV	SH	<u>SH</u>
9/6/26	8 AM	INS. EMSJET	4 mg	IV	SH	<u>SH</u>
9/6/26	6:45 AM	INS PARA	1 gm	IV	Kell	<u>Kell</u>
9/6/26	6:50 AM	INS DEXA	8 mg	IV	Kell	<u>Kell</u>
9/6/26	7:30 AM	INS. HUMAN ACTRAPID	10 U	S/c	SH	<u>SH</u>
9/6/26	9 AM	INS-HUMAN ACTRAPID	12 units	Subcut	SH	<u>SH</u>

Signature .....  
VERIFIED BY : Name .....



I.V. FLUIDS CHART

Weight. 71 Ward. 20

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
9/6/26	1 AM	10 NS	Iv	100ml/hr	[Signature]	[Signature]	9/6/26 5 PM	[Signature]	[Signature]
9/6/26		10 RL	Iv	100ml/hr	[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
9/6/26	6.30 ↓ 8.00 AM	20 NS	IV		[Signature]	[Signature]	9/6/26	[Signature]	[Signature]
9/6/26	2 PM	10 RL	Iv	100ml/hr	[Signature]	[Signature]	9/6/26 6 PM		[Signature]
9/6/26	9 AM	10 NS	Iv	100ml/hr	[Signature]	[Signature]	9/6/26 2 PM		[Signature]
9/6/26	6 PM	10 RL	Iv	100ml/hr	[Signature]	[Signature]	9/6/26 6 PM		[Signature]
9/6/26	6 PM	10 NS	Iv	100ml/hr	[Signature]	[Signature]	9/6/26 11 AM		[Signature]
9/6/26	7 AM	NS			[Signature]	[Signature]			

Signature  
VERIFIED BY: Name



## MEDICATION RECONCILIATION FORM

Drug Allergies: ..... Nil .....  Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ..... ICU post ..... Shifted to: ..... 3rd floor .....

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ SUPACEF	1.5 gm	IV	1-1	9/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ PAN	40 mg	IV	1-1	9/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ PARA	18m	IV	1-1	9/6/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4						<input type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

\* C - Continue, DC - Discontinue

### MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: ..... K. Arun Kumar .....

Date & Time: ..... 9/6/26 at 10:00 AM .....

Nurse Name & Signature: ..... [Signature] .....

Date & Time: ..... 9/6/26 at 11:00 AM .....

ANC-00014532  
 Mrs INDHUMATHI  
 07-10-1978

IP28-00004536

47 Y 8 M 1 D (F)

Dr. V K SHANTHA



# NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
8/6/26	6 pm	patient got admission
		patient No TLH at
		Dr. Sunitha patient vitals checked
		and reassured
		⇒ patient proctoprobin done.
		⇒ patient RBS checked 161 mg/dl
	7 pm	⇒ informed Dr. Rayer.
		⇒ patient core normal condition
		⇒ patient vitals core stable.
		⇒ patient RBS checked 173 informed
		Dr. Rayer
	7:30 pm	⇒ patient core normal condition
		⇒ patient handing night duty staff
		Receiving Notes
8/6/26	7:30pm	patient Received from LDR duty staff
		patient active alert aware patient stable
		no IV line patient vitals stable no fever
		spike
	7:35pm	DR - Rayera mam phonecall advice to check
		CBG
	7:37pm	CBG - 173mg/dl inform to DR. Rayera mam
		advice to inj - Human Actrapid 12units to
		be give after recheck CBG 10pm
	8:15pm	inj - Human Actrapid 12units s/c given
		patient hand over to next duty staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

SS  
08/06/26



**NURSES NOTES**  
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

NI /

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		8/6/26 - night duty
	8pm	Patient is winking O2 sat taken from Evening sets start consoles and oriented.
	9pm	T. Delloflex 2 Plc given as per drug chart.
	10pm	CBL monitoring, 11mg CO, Fu 1/20 observed, CBL sample sent to lab, cross matching sendd.
	12pm	Vital monitoring and recording.
	1pm	Patient is sleeping well, no complaint of Patient. NG 100mls started.
	4pm	Vital monitoring and recording.
	5pm	CBL - 120mg 10ml In. Plea 20mg In. Enoxon 4mg In. given In. 20mls 0.1% ID (PT) ARM given as per drug chart.
	5.30pm	Patient lies head to head.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



# NURSES NOTES



No Known Drug Allergies

Drug Allergies ..... *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/6/20	5:30 AM	<ul style="list-style-type: none"> <li>→ patient moved from ward to OT patient conscious and oriented</li> <li>→ IVP NS onflow</li> <li>→ vitals stable Pt &amp; B Dr. Sindhu Anesth</li> <li>→ General Anesthesia given</li> <li>→ Lithotomy position given</li> <li>→ Total laparoscopic hysterectomy &amp; salpingectomy case done by Dr. Suvitha Dr. Diva (Surgeon)</li> <li>→ closure done Counts checked &amp; balanced</li> <li>→ catheterization done Urine clear drains</li> <li>→ suturing done</li> <li>→ skin dressing done</li> <li>→ patient stable IVP onflow vitals stable</li> </ul>	
	8 AM	<ul style="list-style-type: none"> <li>→ pt shifted from OT-D to post op ward</li> </ul>	<i>[Signature]</i>
9/6/20	8 AM	<ul style="list-style-type: none"> <li>→ Patient received from OT to post op ward. patient conscious and oriented, vital signs are stable. onflow urine drain well. Sp. 130/80 mmHg</li> </ul>	<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00014532  
 Mrs INDHUMATHI  
 07-10-1978  
 Dr. V K SHANTHA 47 Y 8 M 1 D (F)  
 IP28-00004536



# NURSES NOTES

- No Known Drug Allergies
- Drug Allergies ..... NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
9/6/26	9:30 am	copy checked 22.8 mg/dl, informed to Raaga. She advised by H. Acetopid 120ain s/c.	<u>OH</u>
9/6/26	9:45 am	by H. Acetopid 120ain s/c	<u>OH</u>
	11 am	copy was checked 18 mg/dl, informed to Raaga. by - no cough in on flow urine output well.	<u>OH</u>
	12 pm	copy ABH. vital signs are checked 120/88 mg/Hg, pulse 88, SpO2 99%. s/c to Raaga shifted to ward. npo till further orders. patient shifted to - Mr. floor manually over given to - Mr. floor staff	<u>OH</u>
		<u>Reival note</u>	<u>OH</u>
9/6/26	12:30 pm	> patient received from LDR.	
	12:45 pm	> on Assessment, patient looks tired, alert and responding well. pain score 4/10.	<u>OH</u>
	1 pm	> for pain educated comfortable position > on RL room she started. IV line healthy. npo for further orders.	<u>OH</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

**NURSES NOTES**

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies  
 Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
2/6/26	2pm	→ patient handed over to evening duty staff <span style="float: right;">Devi 01/11/26</span>
		<u>Evening duty</u>
2/6/26	2pm	patient hand over taken from morning duty staff till evening → patient conscious and oriented → patient IV line present and patent IV flow on 'RL 100ml/hr. → patient USG present with output normal. actively USG monitoring. → patient vitals checked and recorded vitals stable.
	5pm	Administer medication as per drug chart DR- Ramya mam seen the patient advise to continue same
	6pm	DR- sunitha mam seen the patient advise to clear liquid to be start USG
	7pm	check CBG → 134 mg/dl inform to DR- Ramya mam advise to continue same
	8pm	patient vitals stable no fever spike patient hand over to next duty staff

RS  
01/11/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00014532  
 Mrs INDHUMATHI  
 07-10-1978  
 Dr. V K SHANTHA 47 Y 8 M 2 D (F)  
 IP28-00004536



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

19/1

(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		9/6/26 - Night duty
	8pm	patient is handing over taken from evening duty
		Steth conscious and oriented
		In Ruc kept in position
		CB D Present, IV clear & orderly
	9pm	During doctor seen the patient continue same treatment
	10pm	IV tramadol 100mg given
	10pm	In just as per day chart with monitoring and recording, CBU = 15mg/dl
		Returned to Dr. M. S. per mem.
	2am	CBU monitored, 16mg/dl
		Reported to Dr. M. S. per mem.
	3am	CBU monitored and recording
	6am	Uterus removed, morning care given
	7am	Intake and output monitoring
	8am	Handing over given to morning duty

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



