

GUC-00086189 IP28-00004603  
 Mrs SHANMUGA PRIYA B  
 30-10-1998 27 Y 7 M 21 D (F)  
 Dr. ANURADHA P V



DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

| ACTIVITY                           | IN TIME             | OUT TIME             | REMARKS | <To be filled by Admin> |
|------------------------------------|---------------------|----------------------|---------|-------------------------|
| Activity Sheet updated by Nursing  |                     | 20/06/26<br>11:30 AM |         |                         |
| Activity Sheet updated by Pharmacy | 20/6/26 at 11:50 am | 20/6/26 at 11:59 AM  | Priya   |                         |

# ACTIVITY RECORD FOR BILLING

Name: .....

UHID No: ..... Consultant: ..... Dept: .....

Date of Admission: ..... Date of Discharge: ..... Time: .....

Room / Bed No: ..... Suggested Billable bed type: .....

GUC-00086189 IP28-00004603  
Mrs SHANMUGA PRIYA B  
30-10-1998 27 Y 7 M 18 D (F)  
Dr. ANURADHA P V



## WARD TRANSFERS

| Date    | Time     | From      | To       | Signature of Nurse |
|---------|----------|-----------|----------|--------------------|
| 17/6/26 | 11 pm    | LDR       | 2 Floor  | DR                 |
| 18/6/26 | 5 am     | 2nd floor | LDR      | My                 |
| 18/6/26 | 6 am     | LDR       | OT II    | DR                 |
| 18/6/26 | 7:20 am  | OT-2      | Postward | My                 |
| 18/6/26 | 11:30 am | LDR       | 2 Floor  | DR                 |

## CROSS CONSULTATION VISIT

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





**PROCEDURE**

| Date    | Procedure              | Quantity | Order No. | Signature |
|---------|------------------------|----------|-----------|-----------|
| 17/6/26 | CTGT                   | 1        | 4528 ✓    | PR        |
| "       | pneumonia              | 1        | 1077 ✓    | PD        |
| "       | IU placement           | 1        | 1078 ✓    | PR        |
| 18/6/26 | Catheterisation        | 1        | 1078 ✓    | PD        |
| 18/6/26 | Nutritional Assessment | 1        |           | slay      |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |
|         |                        |          |           |           |

**ANY OTHER INFORMATION:**

.....

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.....

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.....

.....

.....

Date: 20/6/26 Time: 11:30 AM Prepared By: J

|                            |              |                   |                    |
|----------------------------|--------------|-------------------|--------------------|
| Staff Nurse<br><i>slay</i> | Shift / Ward | Billing Assistant | Billing Supervisor |
|----------------------------|--------------|-------------------|--------------------|

GUC-00086189 IP28-00004603  
Mrs SHANMUGA PRIYA B  
30-10-1998 27 Y 7 M 19 D (F)  
Dr. ANURADHA P V



### SURGERY DETAILS

Date : 18/06/2018  
Patient Name: Mrs. Shanmuga Priya Date of Birth: 30/10/1998 Age: 27yrs  
Gender: Female Ward: 2nd floor UHID No: GUC. 86189  
Date of Surgery: 18.06.2018  OT -1  OT -2  OT -3  OT -4  OBG OT-1  OBG OT-2  
Name of the Surgery : Elective Lscs

Time in : 6 am

Time Out : 7.20 am

|                      | NAME             | AMOUNT |
|----------------------|------------------|--------|
| 1. Surgeon           | Dr. Anuradha P V |        |
| 2. Anaesthetist      | Dr. Ranjith      |        |
| 3. Assistant Surgeon | Dr. Aishwarya    |        |
| 4. OT Technician     | Mr. Ganesh       |        |
| 5. Circulating Nurse | Ms. Ramya        |        |
| 6. Assistant Nurse   | Ms. 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: .....



### SURGERY DETAILS

Patient Name: Mrs. Schumacher  
 Gender: Female  
 Date of Surgery: 12/10/52  
 Name of the Surgery: Elective

Time in: 8:00 AM

- | NAME           | POSITION          |
|----------------|-------------------|
| Dr. Schumacher | Surgeon           |
| Dr. [Name]     | Assistant         |
| Dr. [Name]     | Assistant         |
| Mr. [Name]     | OT Technician     |
| Miss [Name]    | Circulating Nurse |
| Miss [Name]    | Assistant Nurse   |

- Special Environment  
 Laryngoscopy  
 L-ARM  
 Neuro Case  
 [Other]

Signature of Surgeon: \_\_\_\_\_

Order No: \_\_\_\_\_

ELECTIVE

LSCS

CONSUMABLES OF OT

Circulating staff : Ms. RAMYA Technician : Ms. Sanjai Date : 12/6/26 Time : 6am + 7.26 <sup>on</sup>

| Anaesthesia Disposables            | Qty    |        | Surgical Disposables    | Qty    |         | Disposables (Baby Side)    | Qty    |      |
|------------------------------------|--------|--------|-------------------------|--------|---------|----------------------------|--------|------|
|                                    | Issued | Used   |                         | Issued | Used    |                            | Issued | Used |
| ET tube                            |        |        | Major Pack LSCS         |        | 1       | Inj Vit.K                  |        | 01   |
| LMA                                |        |        | Sutures 2347            |        | 1       | Cord Clamp                 |        | 01   |
| ECG leads : A/P/N                  |        | 03     | 4242                    |        | 1       | Suction Catheter           |        |      |
| HME filter : A/P/N                 |        |        | 2421                    |        | 1       | Feeding Tube 6Fr           |        | 02   |
| Syringes : 10 cc                   |        | 01     |                         |        |         | Vaccum Suction Set         |        |      |
| 05 cc                              |        | 04     | Gloves P.F 7.0          |        | 02+     | Surgical Gloves            |        |      |
| 02 cc                              |        | 02     | P.F 6.0                 |        | 2+      | Gauze Pack                 |        |      |
| 20 cc                              |        | 01     | P.F 6.5                 |        | 1       | Syringe 1ml / 2ml          |        |      |
| Cautery plate A/P/N                |        | 01     | Surgical blade 22       |        | 1       | Surgical Blade # 20        |        |      |
| IV set                             |        | 01     | NG tube                 |        |         | Koochies (S)               |        |      |
|                                    |        | 03     | Cautery pencil          |        | 1       | Needle 26x1/2              |        | 01   |
| NS : 10ml / 100ml / 500ml / 1000ml |        |        | Koochies                |        |         | <del>Emerald syringe</del> |        |      |
| Inj. Elipores                      |        | 01     | Ointments               |        |         | 5ml                        |        | 02   |
| Inj. Bioxamic                      |        | 02+    | Suction Catheter        |        |         | Needle 18G                 |        | 01   |
| Fentanyl                           |        |        | Cap, Mask               |        |         | Inj - Amoxicillin          |        | 01   |
| Morphine                           |        |        | Gauze Pack L            |        | 2+2     | Gauze - N                  |        | 2    |
| Ketamine                           |        |        | Mop Pack                |        | 2       | Inj - Dexameth             |        | 01   |
| Propofol                           |        |        | Steristrip              |        |         | S.G - 6.0                  |        | 2    |
| Rocuronium                         |        |        | Underpad                |        | 2       | S.                         |        |      |
| Glycopyrolate                      |        |        | Draw sheet              |        |         | Muscle Small               |        | 1    |
| Myopyrolate                        |        |        | Abgel                   |        |         | <del>base</del>            |        | 1    |
| Ondansetron                        |        |        | Foleys catheter         |        |         | Needle 26x1/2              |        | 02   |
| Pencan 25g/ Spinal Needle 22       |        |        | Urobag                  |        |         | vein-o-line                |        | 01   |
| 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      |        | 2       |                            |        |      |
| Justin : 12.5 mg / 25mg / 100mg    |        | 1      | Plastic Bed Sheet       |        | 3       |                            |        |      |
| Tab. Misoprost : 200mg             |        |        | Betadine Solution       |        | 2       |                            |        |      |
| Inj. ANAWIN HEAVY                  |        | 01     | Microshield             |        |         |                            |        |      |
| Inj. Bupropion                     |        | 01     | Cotton Balls            |        |         |                            |        |      |
| Inj. EVATOCLIN                     |        | 05     | Latex Gloves nit        |        | 10 pair |                            |        |      |
| Spinal needle 25mm (w) (Q)         |        | 5 each | Ramdone Scrub           |        |         |                            |        |      |
|                                    |        | 01     | Saral                   |        |         |                            |        |      |

Dr. Anuschi  
 Surgeon

Dr. Parvith  
 Anaesthesiologist

Abalevi  
 Nurse

Sujis  
 OT Technician

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

EFFECTIVE

1882

Mr. KAMAYA Mr. Kamaya on 1882

| Year | Month | Day | Event / Description |
|------|-------|-----|---------------------|
| 1882 | Jan   | 1   | ...                 |
| 1882 | Jan   | 2   | ...                 |
| 1882 | Jan   | 3   | ...                 |
| 1882 | Jan   | 4   | ...                 |
| 1882 | Jan   | 5   | ...                 |
| 1882 | Jan   | 6   | ...                 |
| 1882 | Jan   | 7   | ...                 |
| 1882 | Jan   | 8   | ...                 |
| 1882 | Jan   | 9   | ...                 |
| 1882 | Jan   | 10  | ...                 |
| 1882 | Jan   | 11  | ...                 |
| 1882 | Jan   | 12  | ...                 |
| 1882 | Jan   | 13  | ...                 |
| 1882 | Jan   | 14  | ...                 |
| 1882 | Jan   | 15  | ...                 |
| 1882 | Jan   | 16  | ...                 |
| 1882 | Jan   | 17  | ...                 |
| 1882 | Jan   | 18  | ...                 |
| 1882 | Jan   | 19  | ...                 |
| 1882 | Jan   | 20  | ...                 |
| 1882 | Jan   | 21  | ...                 |
| 1882 | Jan   | 22  | ...                 |
| 1882 | Jan   | 23  | ...                 |
| 1882 | Jan   | 24  | ...                 |
| 1882 | Jan   | 25  | ...                 |
| 1882 | Jan   | 26  | ...                 |
| 1882 | Jan   | 27  | ...                 |
| 1882 | Jan   | 28  | ...                 |
| 1882 | Jan   | 29  | ...                 |
| 1882 | Jan   | 30  | ...                 |
| 1882 | Jan   | 31  | ...                 |

Handwritten signature or name at the bottom left.



# 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 IP28-00004603 Ward 5F-PRE/POST  
Patient Name Mrs SHANMUGA PRIYA B Bed Name PRE & POST OP 503  
Age/Sex 27 Y 7 M 19 D / Female Order No 28-0000151178  
Date 18/06/2026 12:00 Prescription No PRIP28-0071060  
Payor MEDI ASSIST INSURANCE TPA PVT LTD Dispensed Date 18/06/2026 12:09  
UHID GUC-00086189

| S.No           | Item Name                         | Manufacture Name             | Schedule | Batch No     | Exp Date | Iss QTY | Unitprice       | Net Amount      |
|----------------|-----------------------------------|------------------------------|----------|--------------|----------|---------|-----------------|-----------------|
|                | 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    | 3       | 71.97           | 215.91          |
| 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        | ODEX25008SR  | 06/27    | 1       | 10.88           | 10.88           |
| 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    | 1       | 50.63           | 50.63           |
| 9              | DSYRINGE EMERALD 5ML BP (BD)      | BECTON DICKINSON (BD)        |          | 5184562      | 06/30    | 2       | 12.19           | 24.38           |
| 10             | DSYRINGS 2.5ML(NIPRO)             | NIPRO                        | GENERAL  | 026A21K64    | 12/30    | 2       | 10.31           | 20.62           |
| 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             | EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML | Neon Laboratories Ltd        | H        | 091690       | 02/28    | 5       | 18.90           | 94.50           |
| 14             | INFANT FEEDING TUBE-6             | ROMSONS                      | GENERAL  | G24J010995   | 09/29    | 2       | 64.00           | 128.00          |
| 15             | INTRAFLOW (AUTO STOP) ROMSONS     | ROMSONS                      |          | K26B010515   | 01/31    | 1       | 525.00          | 525.00          |
|                | Menadione Sod Bisul 1 ml          | HINDUSTAN LABS               |          | 0075         | 12/27    | 1       | 28.92           | 28.92           |
| 17             | NEEDLE 18 * 1 1 2                 | Dispovan                     | GENERAL  | 49524C       | 11/30    | 1       | 3.38            | 3.38            |
| 18             | NEEDLE 26 1 1 2INCH               | Dispovan                     | GENERAL  | 034364R0     | 11/28    | 1       | 2.44            | 2.44            |
| 19             | NEEDLE 26 1 2 INCH                | Dispovan                     | GENERAL  | 02532S       | 12/29    | 2       | 2.44            | 4.875           |
| 20             | PREGELLED SURGICAL PLATES(ADULT)  | Erbee                        | GENERAL  | 02510172407  | 10/27    | 1       | 1,275.00        | 1,275.00        |
| 21             | RL 500 ML CLOSED SYSTEM           | Fresenius Kabi India Pvt Ltd |          | 1D261807     | 03/29    | 3       | 60.74           | 182.22          |
| 22             | VEIN-O-LINE 10CM ROMSONS          |                              | GENERAL  | 0G26C010830  | 02/31    | 1       | 386.00          | 386.00          |
| <b>Total :</b> |                                   |                              |          |              |          |         | <b>3,494.00</b> | <b>4,053.32</b> |

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 :

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**

|                     |                                   |                        |                   |
|---------------------|-----------------------------------|------------------------|-------------------|
| <b>IP No</b>        | IP28-00004603                     | <b>Ward</b>            | 5F-PRE/POST       |
| <b>Patient Name</b> | Mrs SHANMUGA PRIYA B              | <b>Bed Name</b>        | PRE & POST OP 503 |
| <b>Age/Sex</b>      | 27 Y 7 M 19 D / Female            | <b>Order No</b>        | 28-0000151186     |
| <b>Date</b>         | 18/06/2026 12:07                  | <b>Prescription No</b> | PRIP28-0071061    |
| <b>Payor</b>        | MEDI ASSIST INSURANCE TPA PVT LTD | <b>Dispensed Date</b>  | 18/06/2026 12:10  |
| <b>UHID</b>         | GUC-00086189                      |                        |                   |

| S.No           | Item Name                        | Manufacture Name      | Schedule | Batch No | Exp Date | Iss QTY | Unitprice     | Net Amount    |
|----------------|----------------------------------|-----------------------|----------|----------|----------|---------|---------------|---------------|
| 1              | SPINAL NEEDLE 25                 | BECTON DICKINSON (BD) | GENERAL  | 2510021  | 09/30    | 1       | 221.50        | 221.50        |
| 2              | SPINAL NEEDLE 25G 90MM WHITACARE | BECTON DICKINSON (BD) |          | 02502008 | 01/31    | 1       | 407.81        | 407.81        |
| <b>Total :</b> |                                  |                       |          |          |          |         | <b>629.31</b> | <b>629.31</b> |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

Rainbow  
Children's  
Hospital



## 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 IP28-00004603 Ward 5F-PRE/POST  
Patient Name Mrs SHANMUGA PRIYA B Bed Name PRE & POST OP 503  
Age/Sex 27 Y 7 M 19 D / Female Order No 28-0000151180  
Date 18/06/2026 12:00 Prescription No PRIP28-0071058  
Payor MEDI ASSIST INSURANCE TPA PVT LTD Dispensed Date 18/06/2026 12:07  
UHID GUC-00086189

| 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    | 3       | 100.00          | 300.00           |
| 3              | GAUZE 7.5X7.5 12 PLY (5 NOS)        | Bapuji Surgicals       | GENERAL  | M2641119        | 04/30    | 2       | 100.00          | 200.00           |
| 4              | GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY | Bapuji Surgicals       | GENERAL  | 20260416        | 03/29    | 4       | 105.00          | 420.00           |
| 5              | JUSTIN SUPPOSITORIES 100 MG 5 S     | Neon Laboratories Ltd  | H        | BLNP274053      | 11/28    | 1       | 18.74           | 18.74            |
| 6              | KLICK CLAMP                         | ROMSONS                |          | 0G25I040080     | 08/30    | 1       | 39.00           | 39.00            |
| 7              | LSCS DRAPE PACK                     | Mediblu                | H        | 0LSCSRCH1010526 | 04/29    | 1       | 2,250.00        | 2,250.00         |
| 8              | MOPS 30X30 8PLY 5S X-RAY            | DATT MEDI PRODUCTS     | H        | 20260408        | 04/29    | 2       | 850.00          | 1,700.00         |
| 9              | POVINANZ SOLUTION 10% 100 ML        |                        | H        | N01060177       | 02/28    | 2       | 100.31          | 200.62           |
| 10             | SGLOVE # 6.5 (POWDER FREE)          | ANSEL                  |          | 2603019005      | 03/29    | 1       | 128.00          | 128.00           |
| 11             | SGLOVE # 6 (POWDER FREE)            | ANSEL                  |          | 260300701T      | 03/29    | 3       | 128.00          | 384.00           |
| 12             | SGLOVE # 6 (SURGICARE)              | ICARE (KANAM LATEX)    | GENERAL  | 25K207          | 10/30    | 1       | 91.00           | 91.00            |
| 13             | SURGICAL BLADE 22                   | Surgeon                | GENERAL  | 051125          | 10/30    | 1       | 7.67            | 7.67             |
| 14             | TRUGUT CHROMIC CATGUT SN4242        | Sutures India          |          | A260109S        | 01/31    | 1       | 223.00          | 223.00           |
| 15             | UNDERPADS CARE 60 X 90 ( FRIENDS)   |                        |          | G26A010694      | 12/40    | 2       | 205.00          | 410.00           |
| 16             | VACCUME SUCTION SET                 | ROMSONS                | GENERAL  | 0K26B010638     | 01/31    | 2       | 739.00          | 1,478.00         |
| 17             | VICRYL PLUS 1 VP - (2347)           | ETHICON SUTURES-J&J C1 |          | 0T5063          | 08/30    | 1       | 951.00          | 951.00           |
| 18             | VICRYL PLUS 1 VP 2421               | ETHICON SUTURES-J&J    |          | T5020           | 04/30    | 1       | 1,097.00        | 1,097.00         |
| <b>Total :</b> |                                     |                        |          |                 |          |         | <b>8,320.72</b> | <b>11,086.03</b> |

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



## CAESAREAN SECTION OPERATIVE NOTES

|   |   |
|---|---|
| Surgeon's Name: <u>Dr. P.V. Anuradha</u>        | Date of Delivery: <u>18/6/2026</u>  |
| Assistant Surgeon: <u>Dr. Aishwarya</u>         | Time of Delivery: <u>6:43 AM</u>  |
| Anaesthetist's Name: <u>Dr. Ranjith</u>         | Gender of Baby: <u>Female</u>   |
| Type of Anaesthesia: <u>Spinal anaesthesia</u>  | Weight of Baby: <u>3.2 kg</u>   |
| Neonatologist: <u>Dr. Tharish / Dr. Mithuna</u> | AGPAR Score: <u>8/10, 9/10</u>  |
| Scrub Nurse: <u>S/N Anbarasi</u>                | NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Pre-Operative Diagnosis: Primigravida GA - 36+6 wks / for elective LSCS / Hypothyroid

Elective  Emergency

Indication: Maternal request

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: ..... Knief to rectus: .....

CTG Description: Reactive

If there was a delay give the reasons: .....

Surgical Procedure: Elective LSCS

Post Operative Diagnosis: P, L

Peri-Operative Complications: -

Amount of Blood Loss: ~450 ml Blood Transfused (in ML): -

Name and Number of Surgical Specimen sent for examination:



IP AI



# OBSTETRICS



### Presenting Complaints

27 yr old primi admitted for safe confinement. LMP: 26/9/2025  
Corrected EDD: PFM well. → 9/7/26

EDD: 3/7/2026

GA: 36 w + 6 d

### Obstetric Formula:

Primigravida

Menstrual History: Regular:  Yes  No

### Obstetric History:

G<sub>1</sub> - PP; Booked &

### Obstetric Examination

Fundal Height: Term

immunised, spontaneous Conception.

### Present Pregnancy Record:

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech Others \_\_\_\_\_

Head Fifts Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

### RISK FACTORS:

Gestational Hypothyroid

### Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

### Vaginal Examination NA

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

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

Pelvis:  Adequate  Doubtful

Height: 164.5 cm

Weight: 84.6 kg

Allergies: NIL

Breast:  Normal  Abnormal

General Examination: a/c fair

Consciousness: Conscious Pallor: (-)

Icterus: Edema: (-)

Temp: (N) PR: 96/mt

BP: 110/80 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

### DIAGNOSIS

Primigravida GA - 36 w + 6 d / Gestational Hypothyroid / for Elective LSCS.



|   |   |
|---|---|
| <p>Family History:</p> <p>Mother - DM</p>   | <p>Surgical History:</p> <p>fistulectomy - 2 yrs back</p>   |
| <p>Medical History:</p> <p>Gestational hypothyroid on T. Thyronom 12.5mg OD.</p>  | <p>Medication History:</p>  |
| <p>Plan of Care:</p> <ul style="list-style-type: none"> <li>- Admit</li> <li>- NPO</li> <li>- CTA monitoring</li> <li>- Prepare parts</li> <li>- To give pre-medications</li> <li>- Inform sos.</li> </ul> <p>25/12/25 -</p> <p>NT - 1.4 mm; SLF ~ 12 wtd.</p> <p>FTS - low risk.</p> <p>Anomaly scan (13/2/26)</p> <p>SLF ~ 19 w + 1 d;<br/>       no gross anomalies,<br/>       plac - fundal</p> <p>28/5/2026 - SLF ~ 34 + 6 w<br/>       cephalic, plac - anterior<br/>       EFW - 2.7 kg</p> | <p>Investigations:</p> <p>26/5/26 -</p> <p>Hb - 11 gm/dl.</p> <p>Blood group - B +ve</p> <p>- Echo - normal</p> |

Doctor Name: Dr. Sivasarupa

Signature: [Signature]

Date & Time: 17/6/26 at 9:30 PM

Consultant Name: Dr. P. N. Anuradha

Signature: [Signature]

Date & Time: 17/6/26 at 9:30 PM

GUC-00086189 IP28-00004603  
 Mrs SHANMUGA PRIYA B  
 30-10-1998 27 Y 7 M 18 D (F)  
 Dr. ANURADHA P V

Pati



**PROGRESS NOTES AND DOCTOR'S ORDER**

| Date & Time | Progress Notes           | Doctor's Order       |
|-------------|--------------------------|----------------------|
| 18/6/26     | S/Bg DeChenthes          |                      |
| 10:30 AM    | pt in comfortable        |                      |
|             | p 76/mm                  |                      |
|             | BP 100/70 mmHg           |                      |
|             | afebrile                 | Adv                  |
|             | p/c wt NAD               | follow postop orders |
| OOP 100ml/h | P/A - ut well contracted | can step to ward     |
|             | Dressing dry             | Adv                  |
|             | LE NAD                   | 26/24                |
| 18/6/26     | S/B Dr. Parithra         |                      |
| 9 p.m.      | Pt. Reviewed             |                      |
|             | No complaints            |                      |
|             | Vitals stable            |                      |
|             | P/A - ut contracted      |                      |
|             | Dressing dry             | BS (+)               |
|             | Urine output ~ 250 ml/h  | Adv                  |
|             | L/E - BWNL               |                      |

- clear liquids  
 - follow drug chart

*Adv*



PROGRESS NOTES AND DOCTOR'S ORDER

| Date & Time        | Progress Notes                                   | Doctor's Order   |
|--------------------|--|--|
| 19/06/2006<br>9AM  | SIBy Dr. Chenther                                |  |
|                    | Pt is comfortable                                |  |
|                    | vitals - stable                                  |  |
| FC<br>UOP - 100ml  | PIB - Soft<br>ut well contracts<br>Dress dry     | Adv.<br>Soft diet<br>As per chart<br>Remove catheter<br>Call SOS |
|                    | UF NDB   | AS<br>136529   |
| 19/6/26<br>3 pm    | S/B Dr. Srivasampa                               |  |
| (POD - 2)<br>T (N) | Pt. reviewed<br>no complaints,<br>vitals stable  |  |
| BP - 114/80 mmHg   | O/E - Afebrile, no pallor                        |  |
| PR - 82/min        | P/A - soft, uterus well contracted,<br>dress dry |  |
|                    | L/E - Bleeding pv WNL                            |  |
|                    | Srij<br>12011                                    | Adv:-<br>- Soft diet<br>- D BF<br>- Ambulation<br>- Perform SOS  |

GUC-00086189 IP28-00004603  
 Mrs SHANMUGA PRIYA B  
 30-10-1998 27 Y 7 M 18 D (F)  
 Dr. ANURADHA P V



# DRUG CHART

Date of Admission: 17/6/26 Drug Allergies: Nil  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   |
|--|-----------|------------|----------------|-------------|
| <u>50mg</u>                                  | <u>IV</u> | <u>SOS</u> | <u>18/6/26</u> | <u>8 AM</u> |
| Doctor's Signature: <u>[Signature]</u>       |           |            |                |             |
| Additional Instructions: <u>in 100 ml NS</u> |           |            |                |             |
| DRUG :                                       |           |            |                | Date Time   |
| <u>4mg</u>                                   | <u>IV</u> | <u>SOS</u> | <u>18/6/26</u> | <u>8 AM</u> |
| Doctor's Signature: <u>[Signature]</u>       |           |            |                |             |
| Additional Instructions:                     |           |            |                |             |
| DRUG :                                       |           |            |                | Date Time   |
|  |           |            |                |             |
| Doctor's Signature:                          |           |            |                |             |
| Additional Instructions:                     |           |            |                |             |

Signature  
VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight: 34 ..... Ward: .....

DRUG: T. THYRONORM

Dose: 12.5mg Route: PO Frequency: 1-0-0 Start Date: 18/6/26

Date/Time: 18/6 5AM, 19/6 6 AM, 20/6 6 AM

Name & Signature of the Doctor Starting the Drugs:

Signature: [Signature] 12/10/1

Additional Instructions:

(empty stomach)

Daily Doctor's Endorsement by a Sign

DRUG: INJ. SUPAREF

Dose: 1.5cm Route: IV Frequency: 1-0-1 Start Date: 18/6/26

Date/Time: 18/6 6pm, 19/6 6 AM, 20/6 6 AM

Name & Signature of the Doctor Starting the Drugs:

Signature: [Signature] 12/10/1

Additional Instructions:

D1: 6 PM, D2: 6 PM, D3: 6 PM

Daily Doctor's Endorsement by a Sign

DRUG: INJ. PANTOP

Dose: 40mg Route: IV Frequency: 1-0-1 Start Date: 18/6/26

Date/Time: 18/6 5pm, 19/6 6 AM, 20/6 6 AM

Name & Signature of the Doctor Starting the Drugs:

Signature: [Signature] 12/10/1

Additional Instructions:

(B/F)

Daily Doctor's Endorsement by a Sign

DRUG: INJ. PARACETAMOL

Dose: 1gm Route: IV Frequency: 1-1-1 Start Date: 18/6/26

Date/Time: 18/6 2pm, 19/6 6 AM, 20/6 6 AM

Name & Signature of the Doctor Starting the Drugs:

Signature: [Signature] 12/10/1

Additional Instructions:

10 PM, 2 PM, 10 PM

Daily Doctor's Endorsement by a Sign



heet No: 2.....

**REGULAR PRESCRIPTIONS**

Weight 8.4..... Ward 2011

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

|   |                              |                                  |                                 |                              |
|---|------------------------------|----------------------------------|---------------------------------|------------------------------|
| <b>DRUG :</b> <u>C.Lactare</u>  |                              |                                  |                                 | <b>Date-Time</b> <u>20/6</u> |
| <b>Dose</b> <u>B</u>  | <b>Route</b> <u>P/O</u>      | <b>Frequency</b> <u>2-2-2</u>    | <b>Start Dt.</b> <u>9 AM</u>    |                              |
| Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> |                              |                                  |                                 |                              |
| Additional Instructions:  |                              |                                  |                                 |                              |
| <b>Daily Doctor's Endorsement by a Sign</b>                           |                              |                                  |                                 |                              |
| <b>DRUG :</b> <u>Galact granule</u>                                   |                              |                                  |                                 | <b>Date-Time</b> <u>20/6</u> |
| <b>Dose</b> <u>P/O</u>  | <b>Route</b> <u>2 scoops</u> | <b>Frequency</b> <u>milk B/D</u> | <b>Start Dt.</b> <u>9:30 AM</u> |                              |
| Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u> |                              |                                  |                                 |                              |
| Additional Instructions:  |                              |                                  |                                 |                              |
| <b>Daily Doctor's Endorsement by a Sign</b>                           |                              |                                  |                                 |                              |
| <b>DRUG :</b>   |                              |                                  |                                 | <b>Date-Time</b>             |
| <b>Dose</b>   | <b>Route</b>                 | <b>Frequency</b>                 | <b>Start Dt.</b>                |                              |
| Name & Signature of the Doctor Starting the Drugs:                    |                              |                                  |                                 |                              |
| Additional Instructions:  |                              |                                  |                                 |                              |
| <b>Daily Doctor's Endorsement by a Sign</b>                           |                              |                                  |                                 |                              |
| <b>DRUG :</b>   |                              |                                  |                                 | <b>Date-Time</b>             |
| <b>Dose</b>   | <b>Route</b>                 | <b>Frequency</b>                 | <b>Start Dt.</b>                |                              |
| Name & Signature of the Doctor Starting the Drugs:                    |                              |                                  |                                 |                              |
| Additional Instructions:  |                              |                                  |                                 |                              |
| <b>Daily Doctor's Endorsement by a Sign</b>                           |                              |                                  |                                 |                              |

Patient Sticker



Sheet No: .....

### REGULAR PRESCRIPTIONS

Weight ..... Ward .....

Signature .....  
Name .....

|  |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|-----------|-----------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>DRUG :</b>                                      |       |           |           | Date<br>Time |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose   | Route | Frequency | Start Dt. |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name & Signature of the Doctor Starting the Drugs: |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Additional Instructions:                           |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Daily Doctor's Endorsement by a Sign</b>        |       |           |           |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**VARIABLE DOSE**

|                                |            | Nurse Sig. |  | Nurse Sig. |  | Nurse Sig. |  | Nurse Sig. |  |
|--------------------------------|------------|------------|--|------------|--|------------|--|------------|--|
| <b>DRUG :</b>                  |            | 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.  |  |

**VARIABLE DOSE**

|                                |            | Nurse Sig. |  | Nurse Sig. |  | Nurse Sig. |  | Nurse Sig. |  |
|--------------------------------|------------|------------|--|------------|--|------------|--|------------|--|
| <b>DRUG :</b>                  |            | 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     |
|---------|---------|--------------------|-----------------------------|-------|-----------|------------|
| 18/6/26 | 20 4am  | INJ. SUPACEF       | 0.5 ML                      | ID    | Srp       | Nay        |
| 18/6/26 | 1:00 PM | INJ. SUPACEF       | 1.5 gm                      | IV    | Srp       | Nay        |
| 18/6/26 | 4am     | INJ. PANTOP        | 40 mg                       | IV    | Srp       | Nay        |
| 18/6/26 | 4am     | INJ. EMSEET        | 4 mg                        | IV    | Srp       | Nay        |
| 18/6/26 | 12am    | T. DULCOLAX        | 20 mg                       | P/O   | Srp       | Nay        |
| 18/6/26 | 7. am   | ↑ degho            | now                         | IV    | PH        | None       |
| 18/6/26 | 7.5 PM  | ↑ Dexameth         | 1 gm                        | IV    | L         | None       |
| 18/6/26 | 7.20 a. | JUSTIN suppository | 100 mg                      | P/R   | Srp       | None       |
| 18/6/26 | 5. AM   | PG ENEMA           | 1                           | P/R   | Srp       | PR 02/11/2 |

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



I.V. FLUIDS CHART

Weight 54 Ward .....

| Date    | Time        | Composition of I.V. Fluid<br>(If infusion, mention ml/hr = Mcg/kg/min. etc) | Route | Flow Rate<br>ml/hr | Doctor<br>Sign | Nurse<br>Sign           | Date of<br>Stopping | Doctor<br>Sign | Nurse<br>Sign      |
|---------|-------------|---|-------|--------------------|----------------|-------------------------|---------------------|----------------|--------------------|
| 18/6/26 | 4am         | 10 RL   | IV    | 100ml/hr           | Srp            | <del>RD</del><br>B      | 18/6/26             |                | <del>RD</del><br>B |
| 18/6/26 | 6am to 7:20 | RL 10<br>NS 10  | IV    | 100ml/hr           |                | <del>RD</del><br>B      | 18/6/26             |                |                    |
| 18/6/26 | 8:30 am     | 10 RL   | IV    | 100ml/hr           |                | <del>RD</del><br>021142 | 18/6/26<br>12:30 PM |                | <del>RD</del><br>B |
| 18/6/26 | 12:30 pm    | 10 NS   | IV    | 100ml/hr           |                | <del>RD</del><br>02134  | 18/6/26<br>6:30 PM  |                | <del>RD</del><br>B |
| 18/6/26 | 1:16 hr 2am | 10 DNS  | IV    | 100ml/hr           |                | <del>RD</del><br>B      | 19/6/26<br>9:30am   |                | <del>RD</del><br>B |
| 18/6/26 | 7:40 AM     | 10 RL<br>10 u synto   | IV    | 50ml/hr            | Srp            | <del>RD</del><br>021142 | 18/6/26<br>7pm      |                | <del>RD</del><br>B |
| 18/6/26 | 8pm         | 10 NS   | IV    | 100ml/hr           |                | <del>RD</del><br>B      | 19/6/26<br>12:00    |                | <del>RD</del><br>B |
| 19/6/26 | 3pm         | 10 RL   | IV    | 100ml/hr           |                | <del>RD</del><br>B      |                     |                |                    |
|         |             |   |       |                    |                |                         |                     |                |                    |
|         |             |   |       |                    |                |                         |                     |                |                    |
|         |             |   |       |                    |                |                         |                     |                |                    |
|         |             |   |       |                    |                |                         |                     |                |                    |

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