

ACTIVITY RECORD FOR BILLING

Name:

UHID No: ANC-00007938 IP28-00004514
Mrs CHARUMATHI M 01-01-1992 34 Y 5 M 3 D (F) Consultant: Dr. SUNITHA Dept: OY
Dr. N SUNITHA
Date of Admission: of Discharge: Time:
Room / Bed No: Ward: Suggested Billable bed type:



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
4/6/22	10pm	post op	OT-2	[Signature]
4/6/22	12AM	OT	POST OP	[Signature]
5/6/22	4:30AM	Post-op	M Floor	[Signature]

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
4/6/26	CTG	1	4169	[Signature]
4/6/26	IV Placement	1	8537	[Signature]
4/6/26	CTG	1	4177	[Signature]
4/6/26	CTG	1	4190	[Signature]
4/6/26	CTG	1	4192	[Signature]
4/6/26	Catheterization	1	8655	[Signature]
4/6/26	Pain-Anesthesia	1	8659	[Signature]
5/6/26	Nutritional Assessment	1		[Signature]

ANY OTHER INFORMATION:

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Date: 6/6/26 Time: 12pm Prepared By: Suzalini
012986

Staff Nurse <u>Suz</u> <u>012986</u>	Shift / Ward <u>3m</u> <u>012986</u>	Billing Assistant	Billing Supervisor
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ANC-00007938 IP28-00004514
Mrs CHARUMATHI M
01-01-1992 34 Y 6 M 3 D (F)
Dr. N SUNITHA



SURGERY DETAILS

Date: 4/6/20
Patient Name: Ms. Charumathi Date of Birth: 1.1.1992 Age: 24y
Gender: Female Ward: Post O.P UHID No.: APK-7938
IP28-4514
Date of Surgery: 4/6/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery: Emergency LSC

Time In: 10.15 PM

Time Out: 12 AM

	NAME	AMOUNT
1. Surgeon	<u>DR. Sunita</u>	
2. Anaesthetist	<u>DR. Akhila Kumar</u>	
3. Assistant Surgeon		
4. OT Technician	<u>MR. Sunita</u>	
5. Circulating Nurse	<u>MS. Mithili</u>	
6. Assistant Nurse	<u>MR. Lakshmi</u>	

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

Signature of the Surgeon

(POD) Dr. Sunita

Order No:

Signature of Circulating Nurse

[Signature]

Order by:



CONSUMABLES OF OT

Circulating staff: Ms. Myrtil Technician: Sumitha Ashmi Date: 4/6/26 Time: 10:15pm - 12 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		01	Inj Vit.K		01
LMA			Sutures <u>x 2367</u>		03	Cord Clamp		01
ECG leads: <u>A/P/N</u>		03	<u>x 4242</u>		02	Suction Catheter		
HME filter: A/P/N			<u>x 1326</u>		01	Feeding Tube <u>6F</u>		01
Syringes: 10 cc		02				Vaccum Suction Set		
05 cc		04	Gloves <u>8-P.F.</u>		01	Surgical Gloves		
02 cc		03	<u>P.F. 65</u>		03	Gauze Pack		
01 cc		01	<u>Cy 7</u>		02	Syringe 1ml / 2ml		
Cautery plate <u>A/P/N</u>		01	Surgical blade <u>23</u>		01	Surgical Blade # 20		
IV set		01	NG tube		-	Koochies (S)		
NS: 10ml / 100ml / 500ml / 1000ml		04	Cautery pencil		01	Blotter		02
<u>INI. Fratecin</u>		05	Koochies		-	<u>paper 0.2%</u>		01
<u>INI. Dexamil</u>		01	Ointments		-	<u>Needle 23x1 1/2</u>		01
Fentanyl			Suction Catheter		-	<u>Anacin heavy</u>		01
Morphine			Cap, Mask		-	<u>Bupisgesic</u>		01
Ketamine			Gauze Pack		05	<u>spinal needle</u>		01
Propofol		01	Mop Pack		04	<u>23x1 1/2</u>		01
Rocuronium			Steristrip		-	<u>Emerald syringe 6ml</u>		01
Glycopyrolate		01	Underpad		02	<u>Amne para</u>		01
Myopyrolate			Draw sheet		-			
Ondansetron		01	Abgel		-			
Pencan 25g/ Spinal Needle 22			Foleys catheter		-			
Bupivacaine 0.25%			Urobag		-			
Bupivacaine 0.25%(Heavy)			Chest Drainage Catheter		-			
Antibiotics			Romodrain bag		-			
			Bandage		-			01
			Tegaderm		-			
			Ioban		-			
			Double J Stent		-			
Anamol: 80mg / 250mg / 170 mg			Vaccum Suction set		01			
Supridol: 100mg			Plastic Bed Sheet		01			
Justin: 12.5 mg / 25mg / 100mg			Betadine Solution		01			
Tab. Misoprost: 200mg			Microshield		-			
<u>INI. Supridol</u>		01	Cotton Balls		-			
<u>INI. KIOXAMIC</u>		02	Latex Gloves		15 Pairs			
<u>INI. MFM</u>		01	Ramdione Scrub		-			
			Saral		-			

Surgeon: Dr. Sunitha

Anaesthesiologist: Dr. Ashmi

Nurse: Ashmi

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,
Thirumangalam 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	IP28-00004514	Ward	5F-PRE/POST
Patient Name	Mrs CHARUMATHI M	Bed Name	PRE & POST OP 504
Age/Sex	34 Y 5 M 4 D / Female	Order No	28-0000148633
Date	05/06/2026 00:34	Prescription No	PRIP28-0069845
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 00:35
UHID	ANC-00007938		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
							787.00	787.00
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	2	71.97	143.94
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	0DEX25008SR	06/27	1	10.88	10.88
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	4	21.56	86.24
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	INFANT FEEDING TUBE-8	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
14	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
15	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	1	69.10	69.10
16	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	39253	02/27	1	15.90	15.90
17	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
18	NEEDLE 23* 1 1 2	Dispovan	GENERAL	032544C	07/30	1	3.30	3.30
19	NEEDLE 26 1 1 2 INCH	Dispovan	GENERAL	034364R0	12/26	1	2.44	2.44
20	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
21	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
22	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254175	11/28	1	15.37	15.37
23	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	4	69.39	277.56
24	ROPIN INJ 0.2 % 20 ML	Neon Laboratories Ltd		1435130	12/27	1	189.30	189.30
25	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
26	SUPRIDOL INJ 50 MG 1 ML	Neon Laboratories Ltd	H	KP1267044	10/27	1	12.56	12.56

**RAINBOW CHILDREN'S MEDICARE LIMITED****Rainbow Children's Hospital - Anna Nagar**

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Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP28-00004514	Ward	5F-PRE/POST
Patient Name	Mrs CHARUMATHI M	Bed Name	PRE & POST OP 504
Age/Sex	34 Y 5 M 4 D / Female	Order No	28-0000148632
Date	05/06/2026 00:34	Prescription No	PRIP28-0069844
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 00:34
UHID	ANC-00007938		

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	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	5	100.00	500.00
3	KLICK CLAMP	ROMSONS		0G25I040080	08/30	1	39.00	39.00
4	LSCS DRAPE PACK	Mediblue	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
5	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J C1		T5116	09/30	1	997.00	997.00
6	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	4	850.00	3,400.00
7	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	30	25.00	750.00
8	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirfil)	H	2C260605	02/30	1	22.41	22.41
9	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
10	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	3	128.00	384.00
11	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	2685016M	01/31	2	91.00	182.00
12	SGLOVE # 8.0(POWDER FREE)	ANSEL	GENERAL	260300741T	04/29	1	128.00	128.00
13	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
14	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	2	223.00	446.00
15	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
16	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
17	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5072	10/30	3	951.00	2,853.00
Total :							7,991.58	14,343.58

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

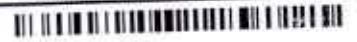
Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040
Tel No : 044-69289926

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	IP28-00004514	Ward	5F-PRE/POST
Patient Name	Mrs CHARUMATHI M	Bed Name	PRE & POST OP 504
Age/Sex	34 Y 5 M 4 D / Female	Order No	28-0000148633
Date	05/06/2026 00:34	Prescription No	PRIP28-0069845
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	05/06/2026 00:35
UHID	ANC-00007938		
			Total : 3,808.00 4,339.50

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name

ADMISSION SHEET



Registration Details :

Admission No : IP28-00004514 Admit Date : 04-Jun-2026 Admit Time : 09:52 AM UHID : ANC-00007938

Patient Details :

Patient Name	: Mrs CHARUMATHI M	Age	: 34 Y 5 M 3 D
Guardian	: Mr KARTHIKEYAN	DOB	: 01-01-1992
Gender	: Female	Religion	:
Occupation	:	Marital Status	:
Address (H)	: Jeevan Bhima nagar Anna Nagar western extn Chennai Tamil Nadu INDIA 600101	Phone No	: 8489570348/
		E-mail	: 9739043055@gmail.com

Admission Details :

Bed Type : DAY CARE Bed No : PRE & POST OP 504 Ward Name : 5F-PRE/POST
Room No : PRE & POST OP 504 Admission Type : First Visit

Contact Details :

Name : Mr KARTHIKEYAN Relationship : Husband
Contact Address : Jeevan Bhima nagar Anna Nagar western
extn Chennai Tamil Nadu INDIA 600101 Phone No :

[Signature]
Signature

Doctor Details :

Doctor Name : Dr. N SUNITHA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : P Phone No :
Co-Consultant

Payment De

Payment Mod Deposit Amount : 12000.00
Payor Name : SELFPAY







CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Sunitha</u>	Date of Delivery: <u>4/6/2026</u>
Assistant Surgeon: <u>—</u>	Time of Delivery: <u>3:58 10:31 p.m</u>
Anaesthetist's Name: <u>Dr. Ashok Kumar</u>	Gender of Baby: <u>GIRL</u>
Type of Anaesthesia: <u>Spinal</u>	Weight of Baby: <u>3:58 kg</u>
Neonatologist: <u>Dr. Dinesh</u>	AGPAR Score: <u>8/10, 9/10</u>
Scrub Nurse: <u>Dr. Lakshmi NARAYAN</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pre-Operative Diagnosis: <u>G2A1/39⁺ wks / PROM / Hypothyroid for 70L +5</u>	
<input type="checkbox"/> Elective <input checked="" type="checkbox"/> Emergency Indication: <u>G2A1@39wks/PROM. Non-progress of Labour</u>	
Urgency <input type="checkbox"/> Immediate Threat to life of woman or fetus <input type="checkbox"/> Maternal or fetal compromise not immediately life threatening <input checked="" type="checkbox"/> No maternal or fetal compromise but needs early delivery <input type="checkbox"/> Delivery timed to suit woman and staff	
Decision time:	Knief to rectus:
CTG Description:	
If there was a delay give the reasons:	
Surgical Procedure: <u>Emergency LSCS</u>	
Post Operative Diagnosis: <u>PILIAI</u>	
Peri-Operative Complications:	
Amount of Blood Loss:	Blood Transfused (in ML):
Name and Number of Surgical Specimen sent for examination:	

Examination Findings when Appropriate:

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

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

Uterine Closure: One Layer Two Layers 1 - vicryl Suture
 Peritoneal Closure: Pelvic Abdominal None 0 - catgut Suture
 Sheath Closure: 1 - vicryl Suture
 Fat Closure: Yes No 0 - catgut Suture
 Skin Closure: Subcuticular Mattress 3 - 0 monocril Suture
 Vaginal Evacuated Yes No
 Drain: Yes No Remove in days Await instructions
 Catheter Yes No Remove in days Await instructions
 Swap & Instruments count correct? Yes No Post-op Antibiotics Yes No
 Intra-Operative Antibiotics Cover: Yes No Thromboprophylaxis Yes No

Post-Operative Notes:
 - NPO till further orders
 - IV fluids ← 3 ORL / @ 100ml/hr
 2 ORL
 1 ODNS
 - Inj. Supacef 1.5gm IV TDS
 - Inj. Pan yong IV BD
 - Inj. Paracetamol 1gm IV TDS

Doctor Name: Dr. Parth
 Doctor Signature: (For Dr. Parth)
 Date & Time:

FOR OBSTETRICS

Presenting Complaints

G₂A₁, ~~Primigravida~~ / GA - 39+5 wks / 32 yr old
 LMP: 18/8/2025 EDD: 25/5/2026
 Corrected EDD: 6/6/2026 GA: 39 wks + 5 days
 came with complaints of leaking PV since 8:30 AM today; Pfm well.

Obstetric Formula:

G₂A₁

Obstetric History:

* G₁A₁ - 2024 /
 Missed abortion at 8 wks, MTP done.

* G₂ - PP; Spontaneous conception

Present Pregnancy Record:

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: Term

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifts Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: 25% effaced Long Partially effaced Effaced

Os: Closed _____ Dilated admits 1 finger

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

RISK FACTORS:

Hypothyroid
 (AC > 91st centile)

Height: 170 cm

Weight: 85.9 kg

Allergies: NIL

Breast: Normal Abnormal

General Examination: Gc fair

Consciousness: Conscious Pallor: (-)

Icterus: Edema: (-)

Temp: 37.5 PR: 80/min

BP: 110/70 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

DIAGNOSIS

G₂A₁ / GA - 39+5 wks / Hypothyroid / PROM.



<p>Family History: Father - DM</p>	<p>Surgical History: - Nil</p>
<p>Medical History: Hypothyroid on</p>	<p>Medication History: T. Thyronorm 25mcg OD.</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admit - CTA monitoring - Prepare patient - Enema - Inj. Supacef 1.5 gm IV ATD. - Secure IV line - Transfer Inform SOS. <p><u>11/5</u> - SLFN 36+2 wks, EFW - 3.13 kg AFI - 15 cm, placenta anterior, cephalic. (AC > 91% centile).</p> <p><u>26/11</u> - SLFN ~ 12+4 wks, FTS - Negative</p> <p><u>20/1/26</u> - Anomaly scan - SLFN 20+3w, no gross anomalies; plac - anterior</p>	<p>Investigations:</p> <ul style="list-style-type: none"> - Blood group - O +ve ✓ - <u>12/5/26</u> - Hb - 11.4 gm/dl - ECHO } - Normal - ECG } FBS - 92 PPBS - 105 <p><u>21/5/26</u></p> <p>PT - 14.8</p> <p>APTT - 28.7 (N)</p> <p>INR - 1.04</p> <p><u>19/2</u></p> <p>Hb - 11.5</p> <p>TSH - 2.8</p>

Doctor Name: Dr. Shasanka
 Signature: *[Signature]*
 Date & Time: 4/6/2026 at 8:30 AM

Consultant Name: Dr. Sunitha
 Signature: For *[Signature]*
 Date & Time: 4/6/26 at 8:30 AM

ANC-00007938 IP28-00004514
 Mrs CHARUMATHI M
 01-01-1992 34 Y 5 M 3 D (F)
 Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 11 AM	S/B Dr. Sivasarupa	
	Patient reviewed, vitals stable.	
T - (N)	PE - Afebrile, no pallor	
BP - 110/70 mmHg	P/A - Uterus n term, mildly acting (1/15-20" / 10 mins)	
PR - 86/min	FHR good	
CTA - Reactive	P/V - Cervix 25% effaced, os admits 1 finger, vertex at -3 station, clear leak (+)	
↓ ASP PGE ₂ gel intra-cervically	1st dose instilled	
	<u>Adv:</u>	
		- CTA after 1 hour.
	S/S	- NPO till 1 hr.
		- Inform S/S.

ANC-00007938 IP28-00004514
 Mrs CHARUMATH M
 01-01-1992 34 Y 6 M 3 D (F)
 Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
04/06/2026 4:45pm	S of De Raagak. B	R do pain abdomen in left
	S of A/Gai Atelie.	
	Vitals stable R-85bpm HR-120/minute P - Uterine firm A 3/35" / 10' Cephalic (A/S) FHS @ 150bpm	
	As advised by Dr. Sunitha man	Adv. Joy Epidocin → 5mg 2x 24h
		→ CTR. → FHR Every 1/2 hour
	D. Rao 12/15/	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26		S/B: <u>Dr. Paritha</u>
8:30 p.m		c/o pain abdomen on & off PF-m (+)
CTG-Reactive		o/e: +Pt. a.c. fair afebrile P/A - uterus term Active (3/35" / 10") Cephalic FHR - good
		P/v - Ca 1 cm long.
		os 2-3 dilated.
		Vx @ - 3 station.
		Membranes absent.
		<u>Adv</u>
		- CTG 2nd hourly
		- FHR monitoring
		- w/F Contractions
		- w/F progress of labour

ANC-00007938
 Mrs CHARUMATH M IP28-00004514
 01-01-1992 34 Y 5 M 4 D (F)
 Dr. N SUNITHA




PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
4/6/26 9:45 P.M.		S/B <u>Dr. Sunitha</u>
	Pt. Reviewed c/o pain abdomen on & off.	
vitals stable	P/A - uterus ^{term} Acting 3/35" / 110' Cephalic FHR - good	
CTG - Baseline 160-160bpm	P/v - Cx 1 cm long as 2-3 cm dilated vx @ - 3 station Membranes absent.	
		<u>Adv</u>
		Plan Emergency LSCS if N/O PROM & Non progress of labour.
		<u>Adv</u>

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 Mrs CHARUMATHI M
 01-01-1992 34 Y 6 M 4 D (F)
 Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/25 4:25 a.m.		8/8 Dr. Paritha Pt. Reviewed. No specific complaints.
Vitals stable	o/c: Pt. G.C. fair Afebrile crx/ ns/NAD	P/A - uterus contracted. Dressing dry. Bleeding none
Urine output - 100ml/hr		
Pt. can be shifted to ward.		Adv - w/f Bleeding P/V - monitor vitals. - Inform s/s
		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/25		8/13 Dr. Paritha
8:30 a.m		Pt. Reviewed
		Pt. afebrile.
	vitals stable	P/A-ut. Contacted.
	urine output ~ 100 ml/hr	Dressing dry.
		A/E - B/WNL
		Adv
		- Follow drug chart
		- monitor vitals.
		- Inform SOS
		Star.
5/6/25	Sting on hand	AD
8:30 a.m	Pt is comfortable	Keep on dex
	vitals stable	As per chart
	Pt safe	Please Foley @ 4PM
	Urwell control	after 5=
	D-7 dy	AD
	4- N/S	26/25

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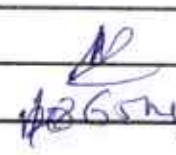
PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
5/6/2026	SP De Raaga.k B	
3pm	PE reviewed Passed flatus voided freely	
	of IE - a/c pain Appetite.	
	Vitals stable	
	P/A - soft	
	BS ⊕	
	Illness WC	
	Descent dy	
	Cl/E - b/wnc	Adv
		Soft diet
		BSF
		De Raaga.k Muz

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 Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
6/6/26	S/B by Dr. Chaitra	
2/3/26	pt is comfortable	
	vitals stable	
	p/a soft	
CV	urine control	AC
mt	Dip ds	ct all
	breast	
		

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 Mrs CHARUMATHI M
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 Dr. N SUNITHA



RESULT SHEET

Date	Blood group - O +ve		
Time			
Hb	12/5/26 - 11.4 gm/dl.		
PCV			
RBC			
WBC			
N/L	FBS - 92		
Platelets	PPBS - 10.5		
CRP			
ESR			
PCT	HBAIC - 5.2%		
RBS			
Na			
K	TSH - 2.8		
Cl			
Ca/Mg			
Phosphate			
Urea	- 13		
Creatinine			
ALP			
SGPT			
SGOT			
T.Bili/Conj			
T.Protein			
S.Albumin			
S.Globulin			
A/G Ratio			
Uric Acid			
S.Amylase			
Sr.Lipase			
Blood Lactate			
S.Cholesterol	21/5/26 -		
PT/INR	PT - 14.8 ; INR - 1.04		
APTT	APTT - 28.7		
CSF Protein / Sugar			
Cells			
N/L			

- HIV - }
 - HBSAg - } non-reactive

15/5 - Urine c/s -
 no growth.

Urine P/E -
 Pus cells - 5 to 7;
 Epi - 6 to 8
 Bacteria - Present

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.) :



DRUG CHART

Date of Admission: 4/6/26 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																
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:																				

VERIFIED BY : Name Signature



REGULAR PRESCRIPTIONS

Weight 85 Ward LD

DRUG : T. THYRONORM				Date Time	5/6	6/6
Dose	Route	Frequency	Start Date			
25mcg	P/O	1-0-0	4/6/26	6/6	6/6	6/6
Name & Signature of the Doctor Starting the Drugs:				[Signature]		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : INS. SUPACEF				Date Time	6/6	6/6
Dose	Route	Frequency	Start Date			
1.5gm	IV	1-0-1		6/6	6/6	6/6
Name & Signature of the Doctor Starting the Drugs:				[Signature]		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : INS. PAN				Date Time	5/6	6/6
Dose	Route	Frequency	Start Date			
1gm	IV	1-0-1		5/6	6/6	6/6
Name & Signature of the Doctor Starting the Drugs:				[Signature]		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : INS. PARACETAMOL				Date Time	5/6	6/6
Dose	Route	Frequency	Start Date			
1gm	IV	1-1-1		5/6	6/6	6/6
Name & Signature of the Doctor Starting the Drugs:				[Signature]		
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						

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 Dr. N SUNITHA



Weight: 85 Ward: LAD

DRUG :	Route	Start Date	Date >		Date >		Date >		Date >	
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.

VARIABLE DOSE	Date >	Time	Date >		Date >		Date >		Date >	
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.
			Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.	Dose	Dr. Sign.

STAT / ONCE ONLY DRUGS

Signature _____
 VERIFIED BY: No _____

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
4/6/26	9.40 Am	STAT. SURFACE	0.1 ML	ID	[Signature]	DP 02/1/22
4/6/26	10 Am	STAT. SURFACE	1.5 cm	IV	[Signature]	DP 02/1/22
4/6/26	10 Am	PA CEMENA	1	P/R	[Signature]	DP 02/1/22
4/6/26	11 AM	PAGE 2 CEL	0.5mcg	P/V	[Signature]	DP 02/1/22
4/6/26	Spn	INJ EPIDOCIN	8mg	IV	[Signature]	DP 02/1/22
4/6/26	10.40Pm	Tri. Promine	Neuro	IV	[Signature]	DP 02/1/22
4/6/26	10.55Pm	Im. Suralid	Bony	IV	[Signature]	DP 02/1/22
4/6/26	11.00Pm	Furoset	Ames	IV	[Signature]	DP 02/1/22
4/6/26	11.10Pm	MIBIN	0.2mg	IV	[Signature]	DP 02/1/22

4/6/26 10:30Pm Stat. Syrate



I.V. FLUIDS CHART

Weight 55 Ward 200

VERIFIED BY: Name

Signature

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	12pm	10 RL	IV	bolus	[Signature]	[Signature]	4/6/26	[Signature]	[Signature]
4/6/26	9:20pm	10 RL	IV	100ml	[Signature]	[Signature]	4/6/26	[Signature]	[Signature]
5/6/26	9am	10 RL	IV	100ml	[Signature]	[Signature]	5/6/26 9:20 AM	[Signature]	[Signature]
5/6/26	9:20 AM	10 DMS	IV	100ml	[Signature]	[Signature]	5/6/26 10:45 AM	[Signature]	[Signature]
5/6/26	11 AM	10 RL	IV	100ml	[Signature]	[Signature]	5/6/26 at 12 PM	[Signature]	[Signature]
5/6/26	1pm	10 NS	IV	100ml	[Signature]	[Signature]	[Signature]	[Signature]	[Signature]
		10 RL	IV	100ml	[Signature]	[Signature]			
4/6/26	10:30 AM ↓ 12 AM	10 RL 20 unit 30 RL	IV		[Signature]	[Signature]	4/6/26	[Signature]	[Signature]
		10 RL	IV	125ml	[Signature]	[Signature]			

NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
4/6/26	9 pm	<p>=> patient got admission</p> <p>=> patient (10 plu lining patient vitals checked and rechecked</p> <p>=> patient preparation done</p> <p>IV line secured Inj Supure 0.1 ml Lith toxham given</p> <p>=> patient CTG connected</p> <p>send to Dr Sunitha</p>
	10 am	<p>=> Inj Supure 1.5 gm IV given</p> <p>=> patient was normal condition</p> <p>=> patient HR is good</p>
	11 am	<p>Dr. Sunitha assess the patient</p> <p>Restiviam gel plu given</p> <p>=> patient HR is monitor</p> <p>CTG connected send to Dr sunitha</p> <p>advise for NPO at 11 am</p>
	12 pm	<p>CTG Now readable seen by Dr. Saanya</p> <p>Advised to correct EL room. DVF EL on maintenance. FHR 140/min Ants 140</p>
	12.30pm	<p>CTG readable. FHR 148/min Ants. pt vitals stable. patient getting mild contractions. CTG disconnected. 140 140</p>
	2pm	<p>Patient vitals stable. pt had normal diet, tolerated well. FHR 140/min Ants 140</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies *nil*

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
4/6/26	4pm.	She is getting mild contraction. leaking N/A. foetal movement felt by the mother. Patient is on epidural
	4:30pm	CTG readable Seen by Dr. Raga ram
	5:30pm	Pt kept on N/A. pt getting contractions well. FHR 140/mt Bnts vitals stable. PV leaking clear
	6:30pm	patient vitals stable. getting contractions well. No complaints
	7pm	CTG readable Seen by Dr. Raga ram IV RL on flow. vitals stable FHR 140/mt Bnts.
	8pm	standing on green w/ S/N Mythal
Night duty :-		
4/6/26	8pm	patient ditake hand over given by Meena sister patient vitals checked and recorded BP 120/80 P-22 SpO2-100% patient vitals stable patient well be stable
	9pm	patient CTG is good 1936m 8/8 Dr. paithana
	9:20pm	IV fluid 100 ml 100ml hourly
	10pm	onflow pdt shifted to OT

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00007938
 Mrs CHARUMATHI M
 01-01-1992 34 Y 6 M 3 D (F)
 Dr. N SUNITHA

IP28-00004514

NURSES NOTES



NO Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
		OT NOTES	
10/15/26	10:15 AM	patient received from pa op ward. Patient received with IV line and its pattern. All consent are taken surgery and anaesthesia. Patient received with catheterization. Patient vitals are monitored and recorded.	
	10:15 PM	patient shifted to OT-2. IV fluids and vitals are connected. Anaesthesia spinal anaesthesia given: position supine given. Preparing done sterile draping done. Incision was made procedure was done.	
	10:31 PM	Body delivered. Uterus closed. Bleeding controlled count checked and informed to surgeon. procedure done. Patient vitals are monitored.	
	11:30 PM	Justin supply given. PU done bleeding checked. patient cleaning done dressing done patient shifted to Post op for observation	
5/16/26	12 AM	Hand over given to LDR staff	<i>[Signature]</i>

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
		<u>Receiving notes</u>	
5/6/26	8 AM	pt receiving by OT handing over by OT staff pt vitals checked and recorded. Bp 128/82 mmHg pulses 86bpm SpO2 99% pt vitals are stable	
	1 AM	pt urine drained colour clear	
	2 PM	pt vitals checked and recorded. Bp 102/76 mmHg pulses 86bpm SpO2 99% vitals are stable	
	3 AM	S/B Dr. Parithone pt bleeding done is normal	
	4:30 PM	pt shifted to m floor	
		<u>Receiving Notes</u>	
	5 AM	patient is received from LDR (CONS/2016) and oriented, IV line kept in position, CBD present, IV fluid RL 100ml/h, ONKOR	
	6 AM	IN. Pilsa 1 gm IN. Pen amox 2 v green	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

NIP

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	4 AM	morning care given, Intake and output monitor
	8 AM	Handing over given to morning duty
		MORNING DUTY
5/6/26	8:00 AM	Patient details hand over taken from night duty staff.
	8:30 AM	On assessment patient is oriented feels mild discomfort sips of water started
	9:00 AM	Started direct breast feeding, mother had no visible secretion baby latching is good.
		B - Breast soft.
		U - uterus soft.
		B - Bladder (BD ⊕).
		B - Bowel sound remained
		L - Lochia present.
		E - NA
		H# - Homan's sign negative
		E - Emotional Status stable.
		Administered Drg: Dupacef as per the drug chart.
5/6	12 PM	Vitals checked documented in file

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
 Drug Allergies N/A

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
5/6/26	1 Pm	Dr. Sunitha mam came rounds saw the patient mam advice to give Dnj: Painsolam in Im and continue the fluids in Night Start soft diet and CBD removed at 4 Pm
	1:45 pm	Dnj: Painsolam administered as per the doctors order. 5mg qcc.
	2 pm	Administered Dnj: para as per the drug chart. mother details hand over given to Evening duty staff
5/6/26	2 pm	patient hand over taken from morning duty staff patient active alert awake patient stable sv line present and pattern patient had liquid diet only CBD present urine clear no hematuria DNE 100ml/hr maintain B-) Bath Breast is soft U-) Uterus is soft B-) Bowel sound is present B-) urine voided

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		L-Leukia rubra present E-) Episidomy not applicable H-) Homan sign negative E-) Emotionally stable
5/6/16	4pm	Patient CRP was removed patient is stable.
	6pm	patient voided passed urine no other complaints
	7pm	snj - par 1mg iv given vitals stable no fever spike
	8pm	patient hand over to next duty staff
		5/6/16 - Night duty
	8pm	Patient is handling well, fever from evening down still conscious and oriented IV line kept in position.
	9pm	Inf. Spool 1.5gm IV given. deny down seen too patient continues to be tolerable
	10pm	Inf. par 1gm IV given as per duty chart,
	10am	left monitoring and recording.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

ANC-00007938
 Mrs CHARUMATHI M IP28-00004514
 01-01-1992 34 Y 6 M 4 D (F)
 Dr. N SUNITHA



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies NPI

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		B - Both breasts are soft
		U - Uterus are soft
		B - Bowel sound present
		B - bladder urine (colored)
		L - Lungs clear
		E - Epitome (N/A)
		H - Homan sign negative
		E - Education only
	4pm	Vital Monitoring and Pleasantry
	6pm	Inj. given 15m fresh as per order chart
	7am	Intake and output Monitoring.
	2am	Wandering over floor to morning sleep.
		Night duty
6/6/26	7am	patient hand over taken from night duty staff
		patient active alert awake baby stable
		sv line present and pattern patient had
		soft diet no vomiting
		B -> Both Breast is soft
		U -> uterus is soft

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

