

ANC-00016441 IP28-00004636
Mrs K NANDHINI PRIYA
15-05-1998 28 Y 1 M 7 D (F)
Dr. N SUNITHA



Rainbow[®]
Children's
Hospital
It takes a lot to bring life into the world.

 BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		02/6/26 AM		
Activity Sheet updated by Pharmacy				

ACTIVITY RECORD FOR BILLING



Name: **ANC-00016441** **IP28-00004636**
UHID No: **Mrs K NANDHINI PRIYA**
15-05-1998 **28 Y 1 M 7 D** (F)
Dr. N SUNITHA

Consultant: Dr. Sunitha **Dept:** LDR
Date of Admission: **Date of Discharge:** **Time:**
Room / Bed No: **Ward:** **Suggested Billable bed type:**



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/06/26	09:30 AM	OT-2	OT-2	Kesh
22/6/26	10 am	OT-2	Merpost	[Signature]
22/6/26	1:00 pm	Merpost	OT-2	[Signature]

CROSS CONSULTATION VISIT

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/06/26	Semology	8289	<i>[Signature]</i>
22/06/21	here pus		<i>[Signature]</i>
	culture - and.	8295	<i>[Signature]</i>
	consistency		<i>[Signature]</i>

[Large handwritten scribble]

ANC-00016441 IP28-00004636
 Mrs K NANDHINI PRIYA
 15-05-1998 28 Y 1 M 7 D (F)
 Dr. N SUNITHA



SURGERY DETAILS

Date : 22/06/26
 Patient Name : Mrs. K. Nandhini Priya Date of Birth : 15/05/1998 Age : 28Y
 Gender : Female Ward : pre-op UHID No. : 16441/4636
 Date of Surgery : 22/06/26 OT -1 OT -2 OT -3 OT -4 OBG OT-1 OBG OT-2

Name of the Surgery : Right Bartholin's Gland Abscess of marsupialization

Time in : 9:10 AM Time Out : 10:00 AM

	NAME	AMOUNT
1. Surgeon	Dr. Sunitha	
2. Anaesthetist	Dr. Mahalakshmi	
3. Assistant Surgeon	Dr. Chaitra	
4. OT Technician	Mr. Sumith / Mr. Sanjay	
5. Circulating Nurse	Ms. Shankari	
6. Assistant Nurse	Ms. Ezhilarasi	

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

Signature of the Surgeon: *[Signature]* Signature of Circulating Nurse: *[Signature]*

Order No. : Order by :



OPERATION SHEET

Name of the patient: Mr. K. K. K.
 Date of Surgery: 10/10/2010
 Name of the Surgeon: Dr. K. K. K.
 Name of the Anesthetist: Dr. K. K. K.
 Name of the Assistant Nurse: Ms. K. K. K.
 Name of the Operating Room: OR-1

DATE

NAME

- | Sl. No. | NAME | Designation |
|---------|--------------|----------------------|
| 1 | Dr. K. K. K. | Surgeon |
| 2 | Dr. K. K. K. | Anesthetist |
| 3 | Dr. K. K. K. | Operating Room Nurse |
| 4 | Dr. K. K. K. | Operating Room Nurse |
| 5 | Ms. K. K. K. | Assistant Nurse |
| 6 | Ms. K. K. K. | Assistant Nurse |

Special Equipment: Laparoscopy C-ARM Fluoroscope

Handwritten signature or initials

Signature of the Surgeon: [Signature]
 Order No.:

**BARTHOLIN
 CYST ABCESS**



CONSUMABLES OF OT

Circulating staff: S.N. Shankari Technician: M.R. Sumitha Date: 22/6/26 Time: 9 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack		01	Inj Vit.K		
LMA			Sutures		01	Cord Clamp		
ECG leads: A/P/N		03				Suction Catheter		
HME filter: A/P/N						Feeding Tube		
Syringes : 10 cc		01				Vacuum Suction Set		
05 cc		01	Gloves P.F 6		01	Surgical Gloves		
02 cc		01	P.F 6 1/2		03	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate: A/P/N			Surgical blade 15		01	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil			Emerald syringe		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			5ml		01
Inj. EFIPRES		01	Ointments			Mexclan 5ml		
Inj. METROGAL		01	Suction Catheter			Qaida		
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		02	L-Gauze		05
Ketamine			Mop Pack		01	100 ml NS		01
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vacuum Suction set					
Justin : 12.5 mg / 25mg (100mg)		01	Plastic Bed Sheet		0			
Tab. Misoprost : 200mg			Betadine Solution					
Inj. ANAWIN heavy		01	Microshield					
Inj. Bupivacaine		01	Cotton Balls					
Needle 26x1 1/2		01	Latex Gloves Nit					
Spinal Needle 25G		01	Ramdione Scrub					
D-water		04	Saral					

Dr. Sunitha
Surgeon

Anaesthesiologist
Dr. Mahi

S. Eshu
Nurse

MR. Sarjai
OT Technician

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 IP28-00004636
Patient Name Mrs K NANDHINI PRIYA
Age/Sex 28 Y 1 M 7 D / Female
Date 22/06/2026 12:35
Payor SELFPAY
UHID ANC-00016441

Ward 5F-PRE/POST
Bed Name PRE & POST OP 504
Order No 28-0000152092
Prescription No PRIP28-0071500
Dispensed Date 22/06/2026 12:44

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713925	12/27	1	31.47	31.47
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	1	25.78	25.78
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	1	21.56	21.56
4	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26B04K17	01/31	1	11.25	11.25
6	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254093	09/28	3	2.58	7.74
7	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2254585	11/28	1	2.58	2.58
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
9	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231093	12/27	1	45.90	45.90
10	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304623	11/27	1	31.55	31.55
11	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	11/28	1	2.44	2.44
12	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
13	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261733	02/29	1	69.39	69.39
14	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
Total :							523.25	593.09

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

IP No IP28-00004636 Ward 5F-PRE/POST
Patient Name Mrs K NANDHINI PRIYA Bed Name PRE & POST OP 504
Age/Sex 28 Y 1 M 7 D / Female Order No 28-0000152032
Date 22/06/2026 11:28 Prescription No PRIP28-0071494
Payor SELFPAY Dispensed Date 22/06/2026 11:29
UHID ANC-00016441

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641119	04/30	2	100.00	200.00
2	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260514	04/29	5	140.00	700.00
3	HYSTEROSCOPY PACK	Amaryllis		1O10426	03/29	1	1,255.00	1,255.00
4	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
5	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	20260408	04/29	1	850.00	850.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	ENPF030020	11/28	15	25.00	375.00
7	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirlif		1C2613680	02/29	1	44.93	44.93
8	SGLOVE # 6.5 (POWDER FREE)	ANSEL		2603019005	03/29	3	128.00	384.00
9	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	1	128.00	128.00
10	SURGICAL BLADE 15	Surgeon	GENERAL	280525	04/30	1	7.03	7.03
11	TRUGUT CHROMIC CATGUT SN4241	Sutures India		0A240638	06/29	1	217.00	217.00
12	UNDERPADS CARE 60 X 90 (FRIENDS)			G26A010694	12/40	2	205.00	410.00
Total :							3,118.70	4,589.70

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

ANC-00016441 IP28-00004636
 Mrs K NANDHINI PRIYA
 15-05-1998 28 Y 1 M 7 D (F)
 Dr. N SUNITHA



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/16	SBY de <u>Cheritha</u>	
1 PM	pt is cooperative	
	p- 20 mm.	
	R- 100/80 mm	
	afebrile	
NT	pt soft	Hdx
	NOD	- follow post op order
	UAB - NAB	- by as per
		- Shift to ward

Handwritten signature/initials
 BSVH.

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/6/26		S/B Dr. Parthra
2:30 p.m		
		No Complaints
		P/A - Soft
		Non - Tender
		BS (+)
		Adu
		- Start liquid diet
		- Follow drug chart
		- Monitor vitals
		- Inform SAs
		Adu



DRUG CHART

Date of Admission: 22/6/26 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)

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

Patient Sticker

Weight. 65kg Ward. Neurology

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
22/6	8.40am	Sai. pom	4mg	N	h	(Signature) 021341
22/6	8.40am	Pr. EMSET	4mg	N	h	(Signature) 021341
22/6	8.45am	Pr. SUPRACF	0.1ml	id	h	(Signature) 021341
22/6	9am	Pr. SUPRACF	1.5mg	id	h	(Signature) 021341
22/6	9.50AM	In: METFORM	1gram 500mg	id	h	S. [Signature] 020115
22/6	10AM	Pr. SUPRACF	100mg	P/R	h	S. [Signature] 020115
22/6/26	8.40am	Neb. DUOLIN	2cc	P/N	Make	S. [Signature] 020115
22/6/26	8.40 Am	Neb. BUDECORT	2cc	P/N	Make	S. [Signature] 020115
22/6/28	10Am	In. DEXA	8mg	i.v	Make	S. [Signature] 020115

VERIFIED BY: Name Signature

