


~~LESS FHC~~

ACTIVITY RECORD FOR BILLING

VIH-00167670 IP-00060366
 Name: Mrs RAMYA NANDULA
 21-10-1991 34 Y 7 M 27 D (F)
 Dr. BHAVANA K

UHID No 

Date of Admission: _____ Consultant: _____ Dept: _____
 Time: 5:15 AM Date of Discharge: _____ Time: _____

Room / Bed No: 221 Ward: L4 Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	9:23 AM	MICU	OT	Ms [Signature]
17/6/26	11:00 AM	OT	Post op (MICU)	[Signature]
17				

Cross Consultation Visit

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

VIH-00167670 IP-00060366
Mrs RAMYA NANDULA
21-10-1991 34 Y 7 M 27 D
Dr. BHAVANA K



SURGERY DETAILS

Date : 17/6/26
Patient Name: Mrs. Ramya Nandula Date of Birth: 21/10/1991 Age: 34y
Gender: Female Ward: 0-7 UHID No.: 00167670
Date of Surgery: 17/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery : CERVICAL CERCLAGE

Time in : 9:30 AM Time Out : 10 AM

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT-Charge
2. Anaesthetist	Dr. Vinetha / Dr. Madhav	
3. Assistant Surgeon	Dr. Gireeshma	
4. OT Technician	Br. Rakesh	
5. Circulating Nurse	Br. Anil	
6. Assistant Nurse	Sr. Bhavani	

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: 3091115 / 3091116

Order by: Ruby F



CONSUMABLES OF OT *Condyse*

Patient Name :
Gender M F UHIS/
Date : *11/10/26*

VIH-00167670 IP-00060366
Mrs RAMYA NANDULA
21-10-1991 34 Y 7 M 27 D (F)
Dr. BHAVANA K

Circulating Staff : *Dr. Arif Azad* Technician : *Rakesh*

Anaesthesia Disposables	Qty		Surgical disposables	Qty		Disposables (Baby side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack			Inj. Vit. K		
LMA			Sutures			Cord Clamp		
ECG leads : <i>A/P/N</i>		<i>3</i>	<i>5061</i>		<i>1</i>	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		<i>3</i>				Vaccum Suction Set		
05 cc		<i>2</i>	Gloves <i>PF 6 1/2 + 6</i>		<i>3+1</i>	Surgical Gloves		
02 cc		<i>2</i>	<i>392 7 1/2</i>		<i>1</i>	Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL			Cautery Pencil					
NS : 10ml/100 ml/ 500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask		<i>2+7</i>			
Morphine			Gauze Pack		<i>1</i>			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		<i>1</i>			
Glycopyrolate			Draw Sheet					
Myopyrolate			Abgel <i>Nelton 10</i>		<i>1</i>			
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22		<i>1</i>	Urobag <i>Allesorb</i>		<i>1</i>			
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)		<i>1</i>	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100 mg			Vaccum Suction set					
Justin : 12.5 mg/25 mg/ 100 mg			Plastic Bed Sheet <i>D/A</i>		<i>2</i>			
Tab. Misoprost : 200 mg			Betadine Solution		<i>2</i>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<i>10</i>			
			Ramdione Scrub					
			Saral					

Surgeon *Dr. B. K.* Anaesthesiologist *Dr. Vineetha* Nurse *Bhavani* OT Technician *Rakesh*
Order No. : *3091133* Ordered by : *Ruby Florence*



RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Secunderabad

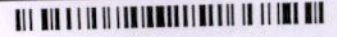
H.No.3-7-222/223,Sy.No.51 to 54,Opp.Karkhana P S,Karkhana Main Road,
Kakaguda, Karkhana Hyderabad Telangana INDIA 500009
Tel No : 040-42462200, Ext 2000,2001,2002

VAT TIN : 36920283145

CIN : L85110TG1998PLC029914

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 IP-00060366 Ward N 2F-MICU
Patient Name Mrs RAMYA NANDULA Bed Name MICU 228
Age/Sex 34 Y 7 M 27 D / Female Order No 0003091133
Date 17/06/2026 11:41 Prescription No PRIP-1291644
Payor SELFPAY Dispensed Date 17/06/2026 11:42
UHID VIH-00167670

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x102IN			V101062026	03/29	1	775.00	775.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713921	12/27	1	31.47	31.47
3	BETADINE SOLUTION 10% 100 ML	Win-MedicarePvtLtd	GENERAL	MD01426	03/28	2	103.95	207.90
4	DISPOSABLE APRONS STERILE XL	Mediblue		26051207	04/28	3	120.00	360.00
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B20K66	01/31	3	28.13	84.39
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	2	21.56	43.12
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
8	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260026	04/29	3	61.00	183.00
9	Encore Microptic gloves- 6.5		H	26020O44IT	02/29	3	117.00	351.00
10	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	1	128.00	128.00
11	FACE MASK-3LAYER THREADED	Sunrise	GENERAL	012605O2	04/29	7	10.00	70.00
12	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	17O724	06/27	1	100.00	100.00
13	NELTON CATHETER-10 POLYMED	Polymed	GENERAL	2610064A	12/30	1	78.00	78.00
14	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26AR0O1	03/29	10	23.43	234.30
15	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G8217	09/29	1	469.69	469.69
16	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	5L114	11/30	1	91.00	91.00
17	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211030042026	12/29	7	10.00	70.00
18	TRUSILK 4 SN5061 PCM	Sutures India		BB250633	10/30	1	511.00	511.00
19	UNDERPADS 60X90 BUTTERFLY		GENERAL	40RW40CS15	03/28	1	140.00	140.00
Total :							2,830.48	3,950.37

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Receiver Name

Name	Mrs RAMYA NANDULA	UHID	VIH-00167670
Father/Guardian	Mr DEEPU	Age/Gender	34 Y 7 M 27 D/Female
Address	FLAT NO 402, MAYFAIR LUXURY APTS,KOMPALLY, Kompally, Hyderabad, Telangana, INDIA, 500014		
IP No	IP-00060366	Admission Date	17-06-2026
Ref Doctor	Self	Discharge Date	

DISCHARGE SUMMARY

Consultants : Dr. BHAVANA K, CONSULTANT GYNECOLOGIST & OBSTETRICIAN

Diagnosis: G3A2 with 16+4 weeks with Hypothyroidism with ANA positive with Fibroid uterus with Short cervix admitted for Cervical Cerclage.

CERVICAL CERCLAGE DONE UNDER SPINAL ANAESTHESIA ON 17.06.2026.

History:

LMP: 21.2.2026

Obstetric formula: G3A2

EDD: 28.11.2026

Gestation at admission: 16+4 weeks

Obstetric History:

G1 - 6weeks/ Spontaneous miscarriage/ MERPC/ Sept 2023.

G2 - 8weeks/ Missed miscarriage /D&C/ 2025

G3 - PP, Spontaneous conception.

Medical History: Hypothyroid since 2021 and is on Tab Thyroxine 100mcg OD.

Name	Mrs RAMYA NANDULA	UHID	VIH-00167670
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Family History: Father - DM
Surgical History: D&C in 2025
Allergies: Nil

Antenatal Details: Mrs RAMYA NANDULA Booked to RCH since conception. She was on Tab Ecospirin 150mg OD since conception. She was on Inj. Enoxaparin 20mg since conception. Scan done on 13.06.2026 showed SLIUF with 16 weeks with cervical length - 27mm . She was admitted at 16+4 weeks with Hypothyroidism with ANA positive with Fibroid uterus with Short cervix admitted for Cervical Cerclage.

Investigations: Enclosed.
Blood Group - '**O**'**POSITIVE**

Surgery Notes:
Operation performed: Cervical cerclage under SA

Indication: Short Cervix (27mm)

Operative findings:

- Under strict aseptic conditions, under SA, patient placed in lithotomy position, parts painted and draped.
- Anterior and posterior vaginal walls retracted using SIMS speculum.
- Anterior lip of cervix held using Babcock's forceps.
- Cervical cerclage done using Mc Donald's Stitch and knot placed anteriorly.
- Hemostasis secured.
- No active bleeding.
- Instruments and mop count tallied.

Post-Operative Notes: Postoperative period: - Uneventful.

Advice:

Name	Mrs RAMYA NANDULA	UHID	VIH-00167670
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1. Tab. Taxim-O 200mg twice daily till 23.06.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (2tabs) thrice daily till 23.06.2026 (7am-3pm-10pm) after food.
3. Tab. Duphaston 10mg thrice daily after food till Further orders .
4. Tab. Pantoprazole 40 mg once daily till 23.06.2026 (7am) before food.
5. Continue Tab Thyroxine 100mcg once daily before breakfast till further orders.
6. Continue Tab Ecospirin 150mg once daily from 18.06.2026 till further orders.
7. Continue Inj Enoxaparin 20mg once daily from 18.06.2026 till further orders.
8. Continue Tab Iron, Calcium, Folic acid as advised till further orders.

Review after 1 week in Gynec OP (This consultation will be charged).

For OPD appointment contact 040-43404340 (between 8 a.m. to 8 p.m.) (or) log on to www.rainbowhospitals.in (or) contact our Toll Free number 1800-2122

In case of emergency like bleeding, fever - kindly contact 040-42462200. Extension 2220 (Rainbow Hospital, Karkhana).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctorin the language that I understand and I have understood the same.

Name : Mrs. Remya

Signature :



Relationship with patient : self

This summary has been explained by :

Name	Mrs RAMYA NANDULA	UHID	VIH-00167670
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Summary prepared by: Dr.



Dr. BHAVANA K
MBBS, DNB, FMAS, PGDMLE (NLSIU), MRCOG (UK),
CONSULTANT GYNECOLOGIST & OBSTETRICIAN
54774

Registrar/Resident/C.M.O

ERROR LOG

LOCATION: - NICU / PICU / HDU / OT / GENERAL WARD

ICD CODE :-

OBSERVATION: -

DATE :

MRD EXECUTIVE

ADMISSION SHEET

Registration Details :



Admission No : IP-00060366

Admit Date : 17-Jun-2026

Admit Time : 05:55 AM UHID : VIH-00167670

Patient Details :

Patient Name : Mrs RAMYA NANDULA

Age : 34 Y 7 M 27 D

Guardian : Mr DEEPU

DOB : 21-10-1991

Gender : Female

Religion :

Occupation :

Martial Status : Married

Address (H) : FLAT NO 402, MAYFAIR LUXURY APTS,
KOMPALLY Kompally Hyderabad Telangana
INDIA 500014

Phone No : 9160195361/ 9985999272

E-mail : na123@gmail.com

Admission Details :

Bed Type : MICU

Bed No : LW 221

Ward Name : N 2F-LABOUR WARD

Room No : LW 221

Admission Type : First Visit

Contact Details :

Name : Mr DEEPU

Relationship : W/O

Contact Address : FLAT NO 402, MAYFAIR LUXURY
APTS,KOMPALLY Kompally Hyderabad
Telangana INDIA 500014

Phone No : 9160195361 / 9985999272



Signature

Doctor Details :

Doctor Name : Dr. BHAVANA K

Specialisation : OBSTETRICS AND GYNECOLOGY

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : SELFPAY



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/6/26

Baseline Information:
 Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify Nil

Chief Complaints: Cervical cerclage. Doctor Notified on Admission: Yes No
 Name of the Doctor: Dr. Manika
 Time Notified: 6:20 AM

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Hypothyroidism 2021 G. Thyronorm 100mcg</u>	<u>DE C ? Vaginal Surgery in 2022.</u>	<u>Yes</u>

Gynecology Assessment: <input type="checkbox"/> Not Applicable	Gynecology Surgical History:	Gynecological History:
Menstrual History:	Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Onset of Menarche:	Cervical Cerclage: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Menstrual Cycle: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Post-Coital Bleeding: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Last Menstrual Period: <u>21/2/26</u>	Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Infertility: <input type="checkbox"/> No <input type="checkbox"/> Yes
	Others: <u>cervical cerclage</u>	If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary

Obstetric History: G 3 P - L - A 2

Previous LSCS: No

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease
 Liver disease Other Father - DM

Vital Signs / Measurements: Temp: 96.2°F HR: 96/min RR: 19/min
 BP: 101/60mmHg Weight: 75kg Height: 164cm BMI: 31.2

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)



PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 95/100 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 10 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem
- Walking Problem
- No Abnormality Detected
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight
- Poor Appetite > 3 Days
- Needs Therapeutic Diet.
- Under Weight
- Diabetes Mellitus
- Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative
- Restless
- Depressed
- Agitated
- Confused
- Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow

2. **Special Habits:** Smoker: Yes No Alcohol Abuse: Yes No Drug Abuse: Yes No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No
- Waste Disposal Explained: Yes No
- Infusion Pump : Yes No
- Hand Hygiene Explained: Yes No Others

Above information given to Mrs. Ramya nandula

Name of Person Orientation was given to: Mrs. Ramya nandula

Orientation not given Reason:

Nurse Signature: [Signature]

Nurse Name: Prathyusha

Date & Time: 11/6/26 @ 6:40am

1

PATIENT TRANSFER FORM

VIH-00167670 IP-00060366

Mrs RAMYA NANDULA
21-10-1991 34 Y 7 M 27 D (F)
Dr. BHAVANA K



Date & Time of Admission 17/6/26 @ 5:55 AM		Date & Time of Transfer Order 17/6/26 @ 9:28 AM
Treating Consultant Name	Transfer Ordered by Dr. Mounika	Reason for Transfer Cervical cerclage
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File - 29 -	Number of Imaging Films - Nil -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over		
Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Mounika		
Name & Signature of Person who is Transferring Dr. Meghana		Name of Person Ordered Transfer Dr. Mounika
Patient & Clinical Records Received by :		
Date & Time of Patient Received : 17/6/26 9:28 AM		


If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
- Nurse not Available
- Available Bed not ready



PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00167670 IP-00060366 Mrs RAMYA NANDULA 21-10-1991 34 Y 7 M 27 D (1 Dr. BHAVANA K 		Date & Time of Admission 17/6/26 @ 5:55 Am	Date & Time of Transfer Order 17/6/26 @ 10:30 AM
		Transfer Ordered by Dr. Venkatha	Reason for Transfer Post operative Care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 44	Number of Imaging Films nil	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dr. Bhavana K			
Name & Signature of Person who is Transferring Sis. Reby.p		Name of Person Ordered Transfer Dr. Madhav	
Patient & Clinical Records Received by : Mangar @ 17/6/26 @ 11 AM			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

Unavailable Bed

Nurse not Available

Available Bed not ready



ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Obstetric Formula: U3A2

mc-9urs (9m)

Obstetric History:

G1 - 6wks / Spontaneous miscarriage / mtrpc / sept 2023
 G2 - 8wks / missed miscarriage / oac /
 G3 - PP / Spontaneous conception

Present Pregnancy Record:

Booked : (conception)
 Auto thyroid on Thyronorm 100mcg
 on folic acid & Clearene
 short cervix (27mm) for cervical cerclage.

RISK FACTORS:

- Hypothyroid
- ANA POSITIVE
- Fibroid uterus

Height: 164 cm

Weight: 75 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination: Ptisc, ufcis

Consciousness: (+) Pallor: -

Icterus: - Edema: -

Temp: Afebrile PR: -

BP: DTR: (+)

CVS: SLS2 (+) RS BAF (+)

Liver/Spleen: NAD Urine Output: Adequate

LMP: 21/2/26

EDD:

Corrected EDD: 28-11-26

GA: 16+4 weeks

Menstrual History: Regular: Yes No

Obstetric Examination

Fundal Height: ut ~ 16 wks

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: _____

FHS: Normal Tachy Brady Absent

Per Speculum Examination

NOT DONE

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

NOT DONE

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

DIAGNOSIS

U3A2 16+4 wks ut Hypothyroid ANA positive Fibroid uterus short cervix admitted for cervical cerclage.



<p>Family History:</p> <p>Father - DM</p>	<p>Surgical History:</p> <p>? vaginal surgery in 2022. D&C</p>
<p>Medical History:</p> <p>HYPOTHYROID : 2021 T Thyroidoma (benign)</p>	<p>Medication History:</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> - Admission - consent - Post preparation - Fns monitoring - Follow nurse chart - monitor vitals - Inform sos. <p><i>Noted by Prathiyasha</i></p>	<p>Investigations: <u>BU : B POSITIVE</u></p> <p>4/16/26 CBP: 12.6 / 7000 / 1.40.</p> <p>HIV HBSAG } NR HCV VDRL</p> <p>UScan (3/6/26) SLOF, 16wrs CL - 27mm Screen positive for PE.</p> <p>NTScan : 12+6wrs (2a15ab) NT - 2mm CL - 30mm.</p>

Doctor Name: Dr. Manika
 Signature: *AM*
 Date & Time: 17/6/26, 6:20 AM

Consultant Name: DR - R BHAVANA
 Signature:
 Date & Time:



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>POD-0</u>	
17/6/26	D/E Pt is alert	<u>ADY</u>
10:30 Am	GC - fair	- Rest
	Afebrile	- NBM
	BP - 118/78 mmHg	- Monitor vitals
	PR - 81 bpm	- Follow drug chart
	S/E - NAD	- FHR monitoring
	PIA - ut ~ 14 wks	- Inform cos.
	Relaxed	
	FHR ⊕	
	L/E - NAB	
<p>noted by manager 17/6/26 @ 10:30 AM</p> <p style="text-align: right;"><i>[Signature]</i></p>		
17/6/26	<u>POD-0</u>	(Berclase).
12:00 PM	D/E,	
	Pt is CC & alert	<u>ADY</u>
	Afebrile	Oralsips of water
	BP - 118/70 mmHg	fib soft diet
	PR - 86 bpm	Fns monitoring
	S/E - NAD	WIF - Bleeding IV
	PIA - ut - 16 wks	Follow drug chart
	Fns ⊕	monitor vitals
	L/E - NAD	Inform cos.
<p>noted by manager 17/6/26 @ 12:00 PM</p>		

patient can be discharged

INFORMED CONSENT FOR SURGERY OR SPECIAL PROCEDURE

Patient Name : MRS. RAMYA NANDULA Gender: Male Female Age : 34 YEARS
UHID No : NIH-00167670 Date : 17/06/2026

Instruction:

This consent form should be signed by Patient (If an adult 18 years or older) or by a parent / guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

I hereby authorize the performance of the following operation (s) or procedure (s) (use no abbreviation / Avoid technical terms)

CERVICAL CERCLAGE

upon MRS. RAMYA NANDULA

(Name of the Patient)

I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and / or diagnostics performed. I recognized that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

I have been explained the risks of this surgery /procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment.

I have been explained that the following complications though rare are possible and will not hold Surgeon, Anesthesiologist or the hospital staff responsible for any untoward event thereof.

BLEEDING, INFECTION, CHANCES OF RUPTURE OF MEMBRANES, CHANCES OF SPONTANEOUS MISCARRIAGE, CHANCES OF PRETERM LABOUR.

My signature on this form indicates that

- I have read and understood the information provided in this form
- My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
- I have had a chance to ask my surgeon questions.
- I have received all the information I desire concerning the operation or procedure and
- I authorize the consent to the performance of the operation or procedure.

(Signature of Dr. Bhavanak)

Name of the Doctor who is performing the Surgery / Procedure: DR. BHAVANAK.

Consentee :
Signature : [Signature]
Name : MRS. RAMYA.
Date & Time : 17/6/2026 6:20 AM

Patient Attendant :
Signature : [Signature]
Name : Deepu
Relationship with Patient: Husband
Date & Time : 17/6/2026 6:20 AM

Witness :
Signature : [Signature]
Name : [Name]
Date & Time : [Date & Time]

Doctor (who is taking the consent) :
Signature : [Signature]
Name : DR. POONIKA
Date & Time : 17/6/2026 6:20 AM

CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : Mrs. Ramya Nandula Age : 34 yr.
 Gender: M F - IP No: VH-00167670 Consultant : Dr. K. Bhavana
 Ward / Bed No. : Anaesthesiologist : Dr. M. VINETA
 Operative procedure planned : cervical cerclage

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of events and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery. Prolonged pain relief without numbness can be achieved by infusing weak solutions of local anaesthetics and narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctors have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

- Heart disease Hypertension Diabetes mellitus Renal failure
 Hepatic disorders Shock Multiple organ failure Polytrauma / RTA
 Incapacitating COPD Others : Hypotension, Brady cardis, PDPH

Comments :

- Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me / my patient Mrs. Ramya Nandula the above mentioned operation / Diagnostic / Therapeutic procedures cervical cerclage.

I authorize and give consent for anaesthesia Regional / General Anesthesia / Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complications specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anesthesiologist or occasionally a colleague deputed by him / her will administer the Anaesthesia.

- Pregnant: Yes No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient / Patient Attendant :
Signature :
Name :
Relationship with Patient:
Date & Time :

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name :
Date & Time :

Department of Anaesthesiology
PRE-ANAESTHETIC EVALUATION



Name: Mrs. Ramya Age: 34 yr Sex: Female UHID No: NH-00167670

Date: 17/06/26 Time: 9:05 AM Proposed Operation: Cervical cerclage

Diagnosis: H2A2 + 15+4 wbc + Hypothyroidism + ANA positive + fibroid uterus + slow cervix

B.P/CRT: 99/62 H.R: 72 Weight: 75 kg ASA Physical Status: 1 2 3 4 5

Laboratory Data:

Hgb: 12.6 Glucose: _____ Protein: _____ HIV: 2 NR X-Ray: _____
 PCV: 37.5 Urea: _____ Alb: _____ HBS Ag: 2 NR ECG: _____
 WBC: 15000 Creat: 0.6 Total Bill: 0.5 to 0.4 HCV: 2 NR 2D Echo: _____
 Plate: 1.4 L Na: _____ Dir. Bill: _____ Blood group: B positive Stress/Angio: _____
 PT: 14.8 K: _____ LDH: _____ T3: 1.94 T4: 16.7 Other: _____
 PTT: 1.0 Ca++: _____ Alk phos: 41 TSH: 2.6
 INR: 1.0 Mg++: _____ Amylase: _____ SGOT/SGPT: 24/19

Allergies: NKDA

Medical History: CVS: no active cardio respiratory complaints

RESP: _____ Diabetes: (-)

CNS: nil significant

Renal: _____

Hepatic / GE: _____ Physical Activity: METSZY

Others: hypothyroidism - 2021 - T. THYROXINE 100 mcg OD

Past Anaesthetic History: H/O D&C in - 2024 + SAB - uneventful

Physical Exam: H/O septal resection in 2022 + TIVA

Airway: MP 1 (2) 4 Mouth Opening: BC Mentohyoid Distance: (W) Neck: (W) Teeth: Intact

Lungs: RR 18 (+), clear

Heart: S1B (+)

CNS: NAD

Pregnant: Yes No NA Venous Access Site: (+) Spine Exam for regional: (W)

Anaesthetic Plan: MAC REGIONAL GA-ETT LMA

Peri-Operative Plan Explained to the Patient: Yes No

CURRENT MEDICATIONS	DOSAGE
T. THYROXINE	100 mcg OD
T. EDOXIPRIN	150 mg HS - last dose on 15/6
IND. CLEXANE	20 mg OD - last dose 15/6

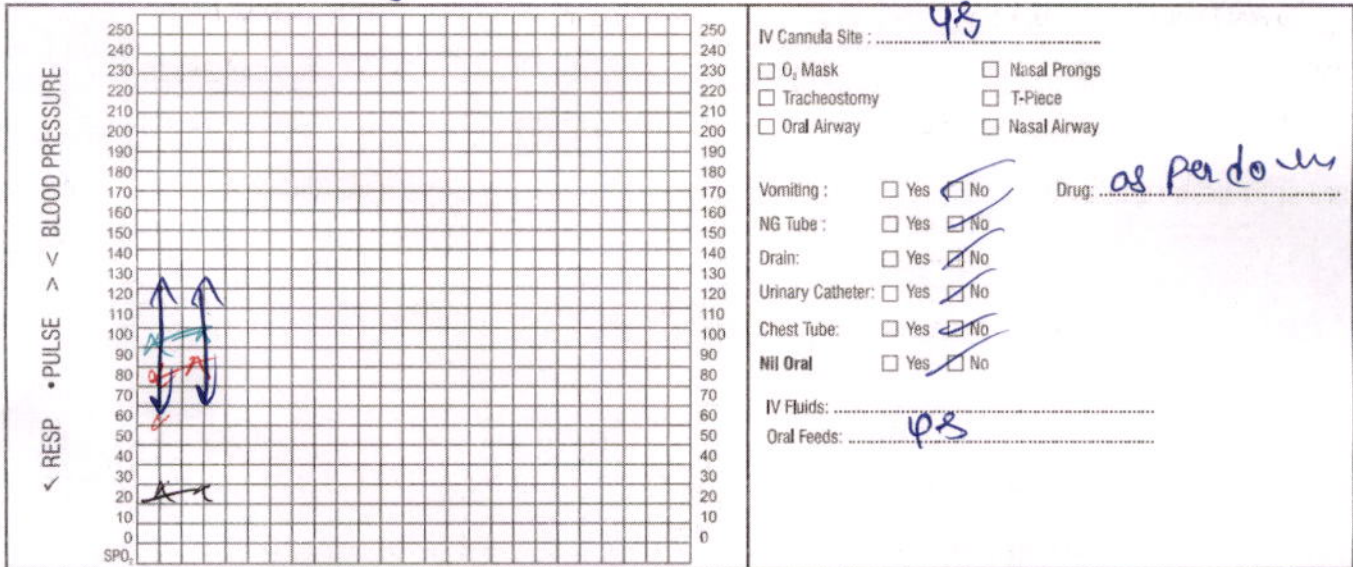
- Pre-Operative Instructions:**
- DVT Prophylaxis: _____
 - NIL ORAL:
 Water / ORS 2 Hours
 Others 6 Hours
 (Note: last feed yesterday was 11:30 PM)
 - Informed Consent: Standard High Risk
 - Post Operative Pain Management: Discussed with Patient
 - Other Instructions: _____

Signature: [Signature] Name: DR. M. VINAYATHA



POST-ANAESTHESIA CARE UNIT RECORD

Received in PACU by : mangei Devi Time Received : 11AM Time Discharged : 11:35AM



IV Cannula Site : 48

O₂ Mask Nasal Prongs
 Tracheostomy T-Piece
 Oral Airway Nasal Airway

Vomiting : Yes No Drug : as per doctor
 NG Tube : Yes No
 Drain : Yes No
 Urinary Catheter : Yes No
 Chest Tube : Yes No
 Nil Oral Yes No

IV Fluids : _____
 Oral Feeds : ps

POST ANAESTHESIA SCORE (Modified Aldrete Score)	IN	MINUTES			OUT	SCORING INTERPRETATION
		30	60	90		
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 0	ACTIVITY	1	1	2	2	A Minimum Total Score of 8 is Required for Discharge Exceptions to this, are to be explained in the space below by the Discharging Physician:
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0	RESPIRATION	2	2	2	2	
BP ± 20 of Pre Anaesthetic level = 2 BP ± 20-50 of Pre Anaesthetic level = 1 BP ± 50 of Pre Anaesthetic level = 0	CIRCULATION	2	2	2	2	
Fully awake = 2 Arousable on calling = 1 Not responding = 0	CONSCIOUSNESS	2	2	2	2	
Pink = 2 Pale, dusky, blotchy, jaundiced, other = 1 Cyanotic = 0	COLOR	2	2	2	2	
TOTAL		9	9	10	10	

PAIN ASSESSMENT AND MANAGEMENT FORM

Date	Time	Pain Score	Intervention	Signature
			<u>ni</u>	

Pain Tool Used: N PASS FLACC Wong Baker NPS

Anaesthesiologist Name : DR. madhan

Anaesthesiologist Signature : _____

Date & Time: 17/6/20

PACU Nurse Name : mangei Devi

PACU Nurse Signature : _____

Date & Time: 17/6/20 @ 11:10AM

Reassessment Frequency:

- Every eight hours for all hospitalized patients.
- For post surgical patient, patient with chronic pain, patient with severe pain
 - Every 2 hours for first 24 hours
 - After 24 hours every 4 hours
 - Prior to pain relieving intervention
 - With in 30-60 minutes after pain relief intervention

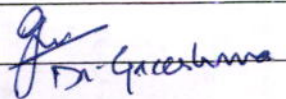
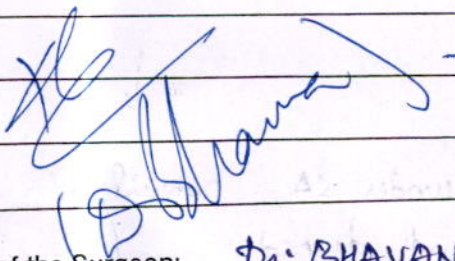
Transferred to Unit by (PACU): mangei Devi

Date & Time: 17/6/20

- Anterior lip of cervix held using Babcock's forceps.
- Cervical cerclage done using McDonald's stitch and knot placed anteriorly.
- Hemostasis secured.
- No active bleeding.
- Instruments and Mop count tallied.

Day

- NBM
- Rest
- Monitor vitals
- Follow drug chart
- FHR monitoring
- Inform SOC.



Name of the Surgeon: Dr. BHAVANA K
Date & Time: 17/6/26, 10:15 AM

Signature of the Surgeon:

Date & Time: 17/6/26, 10:15 AM

SURGICAL SAFETY CHECKLIST

Surgeon: Dr. Bhavana, K
 Asst. Surgeon: Dr. Greshma
 Anaesthetist: Dr. Vineetha
 Scrub Nurse: Sr. Bhavani

VIH-00167670 IP-00060366

Mrs RAMYA NANDULA
 21-10-1991 34 Y 7 M 27 D

Dr. BHAVANA K



Age: 34 Gender: F

Surgery Name: Cervical Cerclage

Date: 17/6/26 In-time: 9:33AM Out-time: 10:20AM



Before Induction of Anaesthesia >>

Before Skin Incision >>

Before Patient Leaves Operating Room

SIGN IN	Time: <u>9:30AM</u>
Patient Has Confirmed	
Identity	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Procedure	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Consent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Site Marked	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Anaesthesia Safety Check Completed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pulse Oximeter on Patient & Functioning	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does Patient have a:	
Known Allergy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Difficult Airway / Aspiration Risk?	
Yes, & Equipment / Assistance Available	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Risk of > 500ml Blood Loss (7ml/kg In Children)?	
Yes, and Adequate Intravenous Access and Fluids Planned	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Blood Units Reserved	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Has Antibiotic Prophylaxis been given within the last 60 minutes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Signature: <u>[Signature]</u>	
Name: <u>Dr. M. Vineetha</u>	

TIME OUT	Time: <u>9:33AM</u>
Confirm all team members have introduced themselves by Name and Role <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Surgeon, Anaesthesia Professional and Nurse Verbally Confirm <u>Mrs. Ramya Nandula</u>	
Correct Patient (Check ID Band)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Site	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Correct Procedure <u>Cervical Cerclage</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Critical Events <u>Cervical Cerclage</u>	
Surgeon Reviews:	
What are the Critical or Unexpected Steps, Operative Duration, Anticipated Blood Loss?	<u>Bleeding</u> <u>30mint</u> <u>10ml</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Anaesthesia Team Reviews:	
Are There Any Patient-specific Concerns?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
Nursing Team Reviews:	
Has Sterility (including indicator results) Been Confirmed? are there Equipment issues or any Concerns?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is Essential Imaging Displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
Power Supply, Earthing, Power Backup and functioning of equipment checked.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Amit Hussain</u>	

SIGN OUT	Time: <u>10:20AM</u>
Nurse Verbally Confirms with the Team:	
The Name of the Procedure Recorded	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
That Instrument, Sponge and Needle Counts are Correct (or Not Applicable)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The Specimen is Labelled (including patient name)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Whether there are any Equipment Problems to be addressed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA
To Surgeon, Anaesthetist and Nurse:	
What are the key concerns for recovery and management of this patient?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Signature: <u>[Signature]</u>	
Name: <u>Dr. Greshma</u>	

VIH-00167670

IP-00060366

Mrs RAMYA NANDULA

21-10-1991

34 Y 7 M 27 D (F)

Dr. BHAVANA K

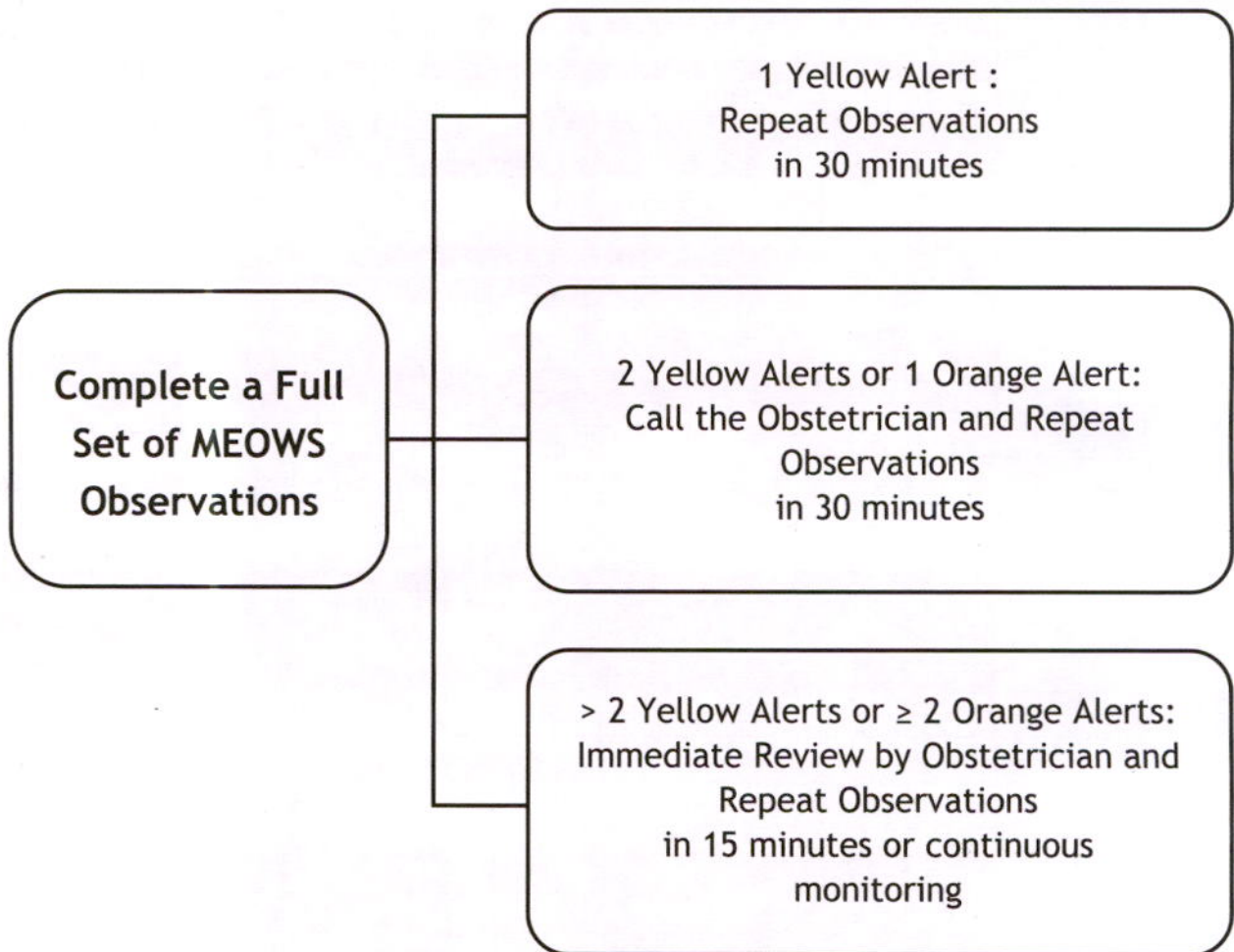


Early Warning Observation Score Chart - Obstetrics

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

Date																											
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	
RESP (write rate in corresp. box)	> 30																										
	21 - 30																										
	11 - 20																										
	0 - 10																									19	
Saturations	94 - 100 %																									99	
	< 94 %																										
Administered O ₂ (L/min.)																											
Temp °C	40																										
	39																										
	38																										
	37																										
	36																									37	
	< 35																										
Heart Rate	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										55
	70																										
	60																										
50																											
40																											
Systolic Blood Pressure	190																										
	180																										
	170																										
	160																										
	150																										
	140																										
	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
70																											
60																											
50																											
40																											
Diastolic Blood Pressure	130																										
	120																										
	110																										
	100																										
	90																										
	80																										
	70																										
	60																										
50																											
40																											
NEURO RESPONSE [✓]	Alert																										
	Voice																										
	Pain																										
	Unresponsive																										
URINE mis / hour	> 30																										
	< 30																										
Proteinuria	Protein ++																										
	Protein > ++																										
Lochia	Normal																										
	Heavy / Foul																										
Liquor	Clear / Pink																										
	Green																										
TOTAL YELLOW SCORES																											
TOTAL ORANGE SCORES																											
Nurse Initial																											

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)

VIH-00167670 IP-00060366
 Mrs RAMYA NANDULA
 21-10-1991 34 Y 7 M 27 D (F)
 Dr. BHAVANA K

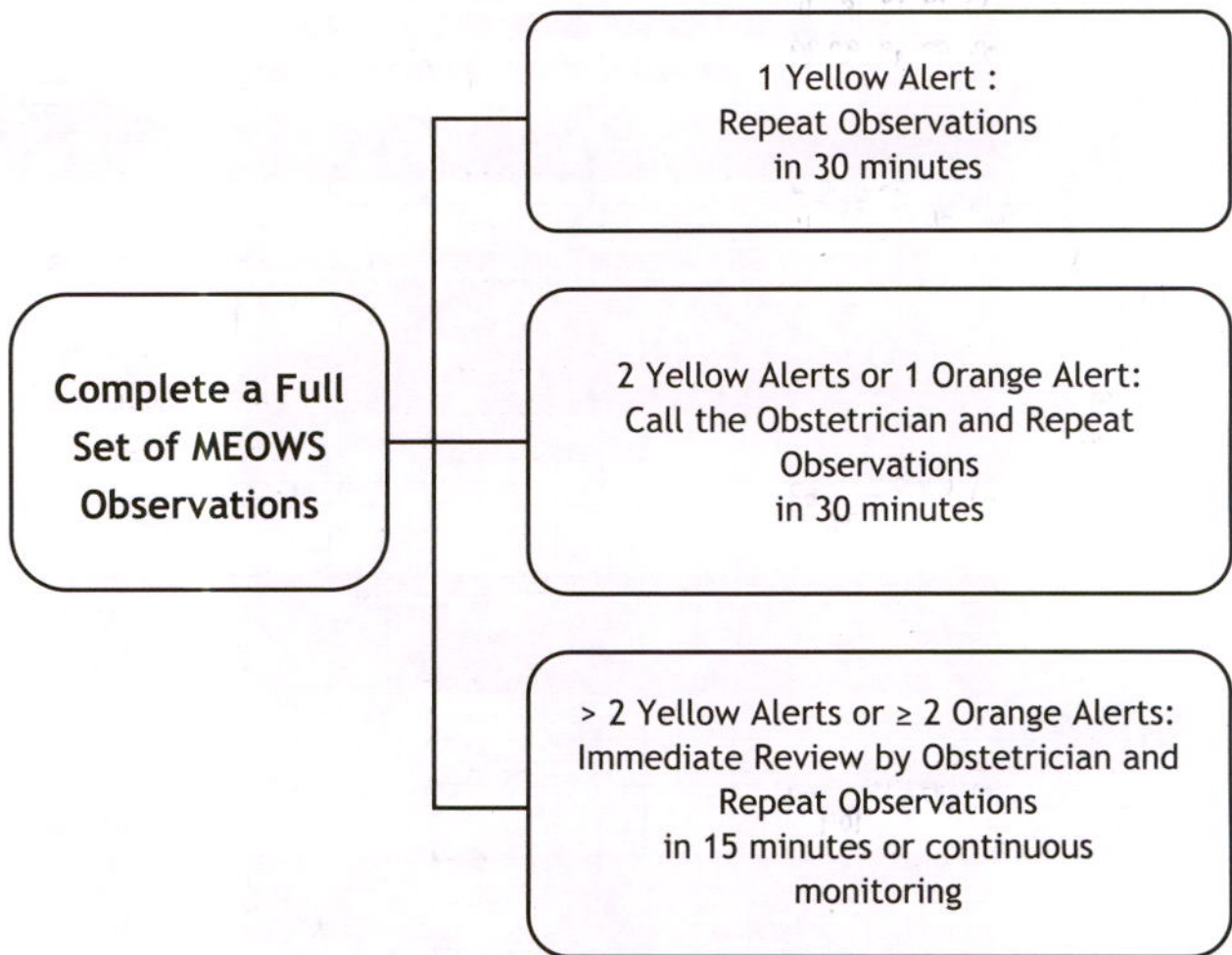


Early Warning Observation Score Chart - Obstetrics

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

		Date																							
		Time	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
RESP (write rate in corresp. box)	> 30																								
	21 - 30																								
	11 - 20	19	19	19	19	18																			
	0 - 10																								
Saturations	94 - 100 %	99	99	99	99	99																			
	< 94 %																								
Administered O ₂ (L/min.)																									
Temp °C	40																								
	39																								
	38																								
	37																								
	36	36.5	36	37	36	37																			
	35																								
	< 35																								
Heart Rate	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110																								
	100																								
	90																								
	80	81	84	86		83																			
	70																								
	60																								
	50																								
40																									
Systemic Blood Pressure ↑	190																								
	180																								
	170																								
	160																								
	150																								
	140																								
	130																								
	120																								
	110	112	112	114		114																			
	100																								
	90																								
	80																								
	70																								
60																									
50																									
Diastolic Blood Pressure ↓	130																								
	120																								
	110																								
	100																								
	90																								
	80																								
	70	69	78	74		71																			
60																									
50																									
40																									
NEURO RESPONSE [✓]	Alert	✓	✓	✓	✓	✓																			
	Voice																								
	Pain																								
	Unresponsive																								
URINE mls / hour	> 30	✓	✓	✓	✓	✓																			
	< 30																								
Proteinuria	Protein ++																								
	Protein > ++																								
Lochia	Normal	NO	NANA	NANA	NANA	NANA																			
	Heavy / Foul																								
Liquor	Clear / Pink	NO	NANA	NANA	NANA	NANA																			
	Green																								
TOTAL YELLOW SCORES		0	0	0	0	0																			
TOTAL ORANGE SCORES		0	0	0	0	0																			
Nurse Initial		UB	UB	UB	UB	UB																			

Obstetrics and Gynaecology Early Warning Signs



* The Modified Early Warning Score (MEOWS)



(1)

FLUID CHART

Sheet No. :

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

Date	Time	Nature of Fluid	Intake			Output					IV Site Thrombo-phlebitis Score	Sign. Nurse	
			Mouth	I.V	N.G	NG	Diarrhoea	Vomit	Drainage	Urine			
	08:00 am												
	09:00 am												
	10:00 am												
	11:00 am												
	12:00 pm												
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am		NBm	PL	500ml								
	07:00 am		NBm	PL	100ml								
Total Intake :						Total Output :							

Total 24 hrs. Intake 600ml

Total 24 hrs. Output Passed



FLUID CHART

Sheet No. :

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

		Intake				Output					IV Site Thrombophlebitis Score	Sign. Nurse	
Date	Time	Nature of Fluid	Route			NG	Diarrhoea	Vomit	Drainage	Urine			
			Mouth	I.V	N.G								
	08:00 am	NBM	21	100ml	hr						0	<i>[Handwritten Signature]</i> 12/6/10	
	09:00 am	NBM	21	100ml	hr						0		
	10:00 am	NBM + Rlen									0		
	11:00 am	NBM + Rlen									0		
	12:00 pm	H2O	50								0		
	01:00 pm												
Total Intake :						Total Output :							
	02:00 pm												
	03:00 pm												
	04:00 pm												
	05:00 pm												
	06:00 pm												
	07:00 pm												
Total Intake :						Total Output :							
	08:00 pm												
	09:00 pm												
	10:00 pm												
	11:00 pm												
	12:00 am												
	01:00 am												
Total Intake :						Total Output :							
	02:00 am												
	03:00 am												
	04:00 am												
	05:00 am												
	06:00 am												
	07:00 am												
Total Intake :						Total Output :							

Total 24 hrs. Intake

Total 24 hrs. Output



DRUG CHART

Date of Admission: 17/6/2028 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



ESTIMATION SLIP



Date: 13/06/26 UHID/IP No.: V14-167670 Sl. No.: 28884

Name of Patient: Mrs. Ramya Nandua Age: 34 Gender: F

Father's / Husband's Name: Mr. Deepu Corporate/Occupation: put

Address: Kompaniy Phone: 9160195361 Email: _____

Procedure/Plan: Cesarean DOS: _____

MODE OF PAYMENT: SELF TPA: CASH GIPSA: _____ OTHER

TARIFF INFORMATION: Dr. Bhavana K

ROOM CATEGORY	GW	SW	TSW	PR	DLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges						8 hrs d			1
Doctor's Fee							stay		
L. Tax									4800
PARTICULARS					AMOUNT (₹)				
Surgeon's / Anesthetist's Fee / O.T Charges					36,000/-				
O.T Consumables					3,000/- Subject to approval by TPA/Insurance Company				
Instrument Charges					Not Covered by TPA/Insurance Company				
Pharmacy, Consumables & Investigations					As per actual - Not Included In Estimation				
Equipment Charges	Monitor :		Oxygen:		Infusion Pump/Syringe Pump:				
	Ventilator	Conventional:	HFO-SLE 5000:		HFO-Sensormedix:				
	Phototherapy	Single Surface:	Double Surface:		Triple Surface:				
Blood / Blood Products / Implants / IP or OP Procedures / Cross Consultations, etc.					As per actual - Not Included In Estimation				
Package					Rec-2,000/- MRO-2,500/-				
Initial Minimum Deposit					45,000/-				

REMARKS :

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to Surgeon's decisions / Complications / Patient's requirements / Modes of Procedure (like Laparoscopic, Thoroscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the Package/Room tariff starts from the time of admission.
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA / Insurance Company at later stage.
- For Non - Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Insurance Processing Fee, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00PM to 6:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA / Insurance Company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9 am to 6 pm.
- Difference, if any between the final bill amount and amount permitted / approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICUs.
- Tariffs are subject to revision.
- Kindly check your billing status on day to day basis at IP Billing Department .

DECLARATION

I _____ have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital.

Signature of the Client

Signatory Relationship

Signature of the Financial Counselor