

ANC-00012025 IP28-00004575
 Mrs PREETHI PM (F)
 15-12-1996 29 Y
 Dr. ANURADHA P V



DISCHARGE TRACKING SHEET

UHID : FLOOR: CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		17/6/22 (u) 11:30 AM	SMP 2/15/18	
Activity Sheet updated by Pharmacy		6:55 AM	SMP	

ANC-00012025 IP28-00004575
 Mrs PREETHI PM
 15-12-1996 29 Y (F)
 Dr. ANURADHA P V

R BILLING



Name:

UHID No: 12025 IP No: 4575 Consultant: Dr. Anuradha Dept: OMY

Date of Admission: 15/6/25 Time: 7:00am Date of Discharge: Time:

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/6/26	10:25am	Preop LDR	OT	<i>[Signature]</i>
15/6/26	11am	OT - II	POST OP	<i>[Signature]</i>
15/6/26	2pm	LDR	M. Heero	RR

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
15/6/26	IV placement	1	50397	PR
"	CTG	1	4442	PR
"	preanesthesia	1	50396	M
"	CTG	①	4442	M
"	CTG	①	4442	M
"	CTG	①	4442	M
15/6/26	Catheterisation	①	50397	M
15/6/26	Nutritional Assessment	1	598	SR
15/6/26	Blood examination	①	BB00033	K. Liza

ANY OTHER INFORMATION:

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.....

.....

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.....

.....

.....

Date: 17/6/26 Time: 11:30pm Prepared By: Sushini

Staff Nurse <u>Sushini</u> 91982	Shift / Ward <u>Sushini</u> 91982	Billing Assistant	Billing Supervisor
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ANC-00012025 IP28-00004575
 Mrs PREETHI PM (F)
 15-12-1996 29 Y
 Dr. ANURADHA P V



SURGERY DETAILS

Date: 15/6/26
 Patient Name: Mrs. Preethi Date of Birth: 15/12/1996 Age: 29
 Gender: Female Ward: M-Floor UHID No: 2025/4575
 Date of Surgery: 15/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
 Name of the Surgery: Emergency LSCS

Time in: 10:20 Am Time Out: 11:15 Am

	NAME	AMOUNT
1. Surgeon	Dr. Anuradha	
2. Anaesthetist	Dr. Kartikeya	
3. Assistant Surgeon	Dr. Aishwarya	
4. OT Technician	Mr. Rishi / Mr. Sunith	
5. Circulating Nurse	Ms. Kousik	
6. Assistant Nurse	Dr. Shankari	

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

For Surgeon Signature of the Surgeon Signature of Circulating Nurse

Order No: 2025/4575 Order by:

SURGERY DETAILS

12/11/01
12/11/01
12/11/01

Patient Name: Mrs. [Name] Date of Birth: [Date]

Gender: Female

Date of Surgery: 12/11/01

Name of the Surgery: Emergency - [Procedure]

11:45 AM

Time: 10:30 AM

STAFF

1. Surgeon: Dr. [Name]

2. Assistant Surgeon: Dr. [Name]

3. Chief Technician: Mr. [Name]

4. Operating Nurse: Mrs. [Name]

5. Assistant Nurse: Mrs. [Name]

- Special Equipment
- Laparoscopy
- C-ARM
- Team Case

[Signature]

[Signature]



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CONSUMABLES OF OT

Circulating staff : Janu D Technician : S.P.R.S.H.S. / Anuradha Date : 15/06/26 Time : 10:20 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>1 SCB</u>		01	Inj Vit.K <u>✓</u>		01
LMA			Sutures <u>2847</u>		01	Cord Clamp <u>✓</u>		01
ECG leads <u>A/P/N</u>		03	<u>4-2-4-2</u>		01	Suction Catheter <u>10RY</u>		01
HME filter : A/P/N			<u>24 21</u>		01	Feeding Tube <u>6FY</u>		01
Syringes : 10 cc <u>✓</u>		02				Vaccum Suction Set		
05 cc <u>✓</u>		05	Gloves <u>P.F 6-0</u>		02	Surgical Gloves		
02 cc <u>✓</u>		02	<u>P.F 6 1/2</u>		04	Gauze Pack		
01 cc <u>✓</u>		01	<u>BC 6 1/0</u>		01	Syringe 1ml / 2ml		
Cautery plate <u>A/P/N</u>		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set <u>✓</u>		01	NG tube			Koochies (S)		
RL <u>✓</u>		03	Cautery pencil <u>✓</u>		01	Spina Needle <u>25mg</u>		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>(Co) 9cm</u>		02
<u>Inj - Brevatin</u>		07	Ointments			<u>Inj - Mem</u>		01
<u>Inj - Epines</u>		02	Suction Catheter			<u>Lox Jelly 2%</u>		01
Fentanyl			Cap, Mask					
Morphine			Gauze Pack <u>✓</u>		04			
Ketamine			Mop Pack <u>✓</u>		03	<u>1 gauge</u>		02
Propofol			Steristrip			<u>Bulpsucker</u>		
Rocuronium			Underpad <u>✓</u>		02	<u>OP-2pf</u>		01
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel			<u>100 ml NS</u>		01
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>Inj - Anawin (H)</u>		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set <u>✓</u>		01			
Justin : 12.5 mg / 25mg <u>(100mg)</u>		01	Plastic Bed Sheet <u>✓</u>		02			
Tab. Misoprost : 200mg			Betadine Solution <u>✓</u>		02			
<u>Inj - Busprigec</u>		01	Microshield					
<u>Inj - Bixomic</u>		02	Cotton Balls					
			Latex Gloves <u>✓</u>			<u>15 NIT pair</u>		
			Ramdione Scrub					
			Saral					

Surgeon : Anuradha Anaesthesiologist : D. Kanthige Nurse : J. Shankar OT Technician : Mrs Preethi

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,
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	IP28-00004575	Ward	5F-PRE/POST
Patient Name	Mrs PREETHI PM	Bed Name	LDR 501
Age/Sex	29 Y / Female	Order No	28-0000150408
Date	15/06/2026 12:23	Prescription No	PRIP28-0070697
Payor	SELPAY	Dispensed Date	15/06/2026 12:23
UHID	ANC-00012025		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
2	DISPOSABLE APRONS STERILE XL	Mediblu		PARCH1010526	04/29	2	100.00	200.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	4	100.00	400.00
4	GAUZE SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274053	11/28	1	18.74	18.74
6	CLICK CLAMP	ROMSONS		0G251040080	08/30	1	39.00	39.00
7	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
8	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	3	850.00	2,550.00
9	NS 1000 ML ACCULIFE-EH	Aculife Health Care Pvt.Ltd(Nirilif	H	2B260500	01/29	1	62.24	62.24
10	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
11	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260301051T	03/29	4	128.00	512.00
12	SGLOVE # 6 (POWDER FREE)	ANSEL		260300701T	03/29	2	128.00	256.00
13	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	1	91.00	91.00
14	SURGICAL BLADE 22	Surgeon	GENERAL	051125	10/30	1	7.67	7.67
15	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260109S	01/31	1	223.00	223.00
16	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
17	VACCUME SUCTION SET	ROMSONS	GENERAL	0K26B010638	01/31	1	739.00	739.00
18	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J C1		0T5063	08/30	1	951.00	951.00
19	VICRYL PLUS 1 VP 2421	ETHICON SUTURES-J&J		T5020	04/30	1	1,097.00	1,097.00
Total :							8,389.65	11,418.65

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 :

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INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004575	Ward	5F-PRE/POST
Patient Name	Mrs PREETHI PM	Bed Name	LDR 501
Age/Sex	29 Y / Female	Order No	28-0000150410
Date	15/06/2026 12:23	Prescription No	PRIP28-0070698
Payor	SELPAY	Dispensed Date	15/06/2026 12:24
UHID	ANC-00012025		

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	KP1713903	09/27	1	31.47	31.47
2	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	3	71.97	215.91
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	45120	11/28	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	026B24K67	01/31	2	21.83	43.66
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	5344207	11/30	1	24.00	24.00
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C13K17	02/31	5	21.56	107.80
7	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	2	10.31	20.62
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	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	091690	02/28	7	18.90	132.30
11	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	1	63.00	63.00
12	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010515	01/31	1	525.00	525.00
13	LOX 2% JELLY 30 GM	NEON LABORATORIES LTD	H	L1753	11/27	1	34.58	34.58
14	MEM INJ 0.2 MG 1 ML	NEON LABORATORIES LTD	H	039256	05/27	1	15.90	15.90
15	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	1	28.92	28.92
16	PREGELLED SURGICAL PLATES(ADULT)	Erbee	GENERAL	02510172407	10/27	1	1,275.00	1,275.00
17	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1D261807	03/29	4	60.74	242.96
18	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		02502008	01/31	2	407.81	815.62
19	SUCTION CATHETER 10 ROMSONS	ROMSONS	GENERAL	0K25A010868	12/29	1	83.44	83.438
Total :							2,803.77	3,334.20

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name

Patient Stic



ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

Clb pain abdoy omega

LMP: 21/9/20

EDD: 23/6/2018

Corrected EDD:

GA: 38+1

Obstetric Formula:

prim.

Menstrual History: Regular: Yes No

Obstetric History:

Obstetric Examination

Fundal Height:

Ut. Activity: Relaxed Mild Mod Severe

Liquor: Adequate Oligo Poly

PP: Cephalic Breech Others _____

Head Fifths Palpable: 3/5

FHS: Normal Tachy Brady Absent

Present Pregnancy Record:

RISK FACTORS:

Rh Negative pregnancy
 1st HYPOthyroidism

Per Speculum Examination

Draining: Present Absent Bleeding

Colour of Liquor: Clear Meconium Blood Stained

Vaginal Examination

Cervix: Long Partially effaced Effaced ^{50%}

Os: Closed _____ Dilated 3-4cm

Membranes: Present Absent

Liquor: Clear Meconium Blood Stained

Presenting Part: Vertex Breech Others

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

Pelvis: Adequate Doubtful

Height: 154 cm

Weight: 76.3 kg

Allergies: Nil

Breast: Normal Abnormal

General Examination:

Consciousness: Alert Pallor: 3+

Icterus: No Edema: 3+

Temp: _____ PR: _____

BP: _____ DTR: _____

CVS: _____ RS _____

Liver/Spleen: _____ Urine Output: _____

DIAGNOSIS

PRIM. / 38+1 week / Hypothyroid / Rh. Negative pregnancy
 in labor



<p>Family History:</p> <p>NIS</p>	<p>Surgical History:</p> <p>neg</p>
<p>Medical History:</p> <p>Hypertension</p>	<p>Medication History:</p> <p>Tab TELMISARTAN - 50mg</p>
<p>Plan of Care:</p> <p>Admission ↓ Delivery ↓ postnatal care ↓ Discharge</p>	<p>Investigations:</p> <p>10/6/26 Basogative Hb-11.5 pH-7.35 Husb - 0 fue PT BMR-13/i. TSH-2.8 ICF neg on 15/1/26 Hue HB, k/Hu-ra 3/6/26 90 EChs (A) Sug - cephalic AFI-12. plac - anterior FW-264</p>

Doctor Name: Dr. Anuradha
Signature: [Signature]
Date & Time: 15/6/26 7:30 AM

Consultant Name: Dr. Anuradha
Signature: [Signature]
Date & Time: 15/6/26 7:30 AM

ANC-00012025 IP28-00004575

Mrs PREETHI PM
15-12-1996 29 Y
Dr. ANURADHA P V

(F)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/12/20 7:30 AM	STBY - Dr. Cherithree	
	stai stala	
	1st team	
	2/25-30/10 ^h	
	NSF - roadster	
	PU CK - 3-4 cm dilatation	Open Dr. Anuradha
	1 cm long	Ad
	stata 9/31	- NPS
	ARM done, clear vagina	- IUF - 100ml @ 100ml/hr
		- Dr. SUPAERF D. IMPID.
		- Dr. SUPAERF 1-5 gm/hr stop
		- Dr. PAN hoy no
		- Dr. EMSET hoy no
		PG RNRMA
		1 ORBC, sleep
		WIF pol 2 wifer sol

15
12/20



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/2026 8:10 AM	S/B Dr. Sivasarupa	
T - (N)	Patient reviewed no complaints vitals stable	
BP - 118/64 mmHg		
PR - 70/min	O/E - Afebrile, no pallor	
CTA - Reactive	P/A - uterus in term	
	acting (2/25-30"/10 ^{min}) cephalic FHR good.	
		Adv:-
		- NPO
		- To give
		pre-medication
		(Supacel, Pan; Emaset)
		- Inform SOS
15/6/26	c/s/B - Dr. Mohana	
2pm	PTD#0 pt reviewed	
BP - 110/80 mmHg	P/A ut well contracted	
PR - 88/min	dressing dry	
SpO ₂ 99%		
output - 100ml	Ue B/W/C	Advice
		- To shift to
		ward - w/ft bleedg r/o

ANC-00012025 IP28-00004575
 Mrs PREETHI PM (F)
 15-12-1996 29 Y
 Dr. ANURADHA P V



Mrs. Preethi



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/6/26		S/B Dr. P.V. Anusudha
9:50 AM		S/B Dr. Sivasarupa
	Patient reviewed	
CTA - Reactive Drip Synto 5U on flow at 8 drops/min		<p>no complaints of ↑Pain's.</p> <p>O/E - Afebrile no pallor</p> <p>P/A - Uterus n't term acting (3/25 - 30" / 10 mins), cephalic FH good.</p> <p>P/V - Cervix well effaced, OS fully dilated Vertex at 0' station caput (+)</p>
		<p>S/R 12/10/11</p>
15/6/26		
10:20 AM		Patient requested for Emergency
	LSCS in view of failure of progress	
	CPD.	<p>S/R 12/10/11</p>

Patient Sticker

ANC-00012025
Mrs PREETHI PM
15-12-1996 29 Y
Dr. ANURADHA P V (F)
IP28-00004575



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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/6/26 4pm	POD# 0	C/S/B - Dr. Mohana Rh - ve.
	Baby BH - B+ve	Emergency L-SLS pt reviewed.
	Tri-Anti-D 300mg im stat given @ 4pm	[Signature] 15/8/202
15/6/26 9p.m. POD 0		S/B Dr. Paritha Pt. Reviewed. No Complaints.
vitals stable		Pt. G.c fair. afebrile [Signature] NS/NAD.
Urine output ~ 60ml/hr		P/A - uterus contracted Devoid dry. [Signature]
		- clear liquids - Followe drug chart. - Monitor vitals. - Inform sos.

[Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/6/26	S/B Dr. Sivasarupa	
8 AM		
(POD - 1)	Patient reviewed,	
T - (N)	no complaints,	
BP - 110/76 mmHg	vitals stable,	
PR - 80/min	passed flatus.	
Output - 1630 ml;	O/E - Afebrile, no pallor	
clear urine	P/A - Soft, uterus well contracted,	
	dressings dry, BS(+)	
	L/E - Bleeding pv WNL	
	Adv:-	
		- To remove CBD
		+ ensure voiding
	Sup	- Ambulation
	120101	- Inform SOB

Patient Sticker



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/6/26		S/B Dr. Paritha
9:15 a.m	POD 2.	Pt. Reviewed No Complaints.
	vitals stable.	P/A - ut. Contracted. Dressing dry.
		N/E - BWNL.
		<u>Adv</u>
		- Follow drug chart.
		- monitor vitals.
		- Inform sos.
		[Signature]



DRUG CHART

Date of Admission: 15/6/26 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)

Signature	DRUG: <u>INJ. TRAMADOL</u>				Date/Time															
	Dose	Route	Frequency	Start Date																
	<u>50 mg</u>	<u>IV</u>	<u>SOS</u>	<u>15/6/26</u>																
	Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>		<u>120101</u>																		
Additional Instructions:																				
<u>in 100ml NS</u>																				
Signature	DRUG: <u>INJ. EMESET</u>				Date/Time															
	Dose	Route	Frequency	Start Date																
	<u>4mg</u>	<u>IV</u>	<u>SOS</u>	<u>15/6/26</u>																
	Doctor's Signature		Valid Period	Pharm.																
<u>[Signature]</u>		<u>120101</u>																		
Additional Instructions:																				
VERIFIED BY : Name	DRUG :				Date/Time															
	Dose	Route	Frequency	Start Date																
	Doctor's Signature		Valid Period	Pharm.																
Additional Instructions:																				



REGULAR PRESCRIPTIONS

Weight: 76kg Ward: 112A

DRUG : TAB THYRONORM				Date: 15/6	Date: 16/6
Dose: 50mg	Route: po	Frequency: 1-0-0	Start Date: 15/6	Time: 9am	Time: 6 AM
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. SUPACEF				Date: 15/6	Date: 16/6
Dose: 1.5gm	Route: IV	Frequency: 1-0-1	Start Date: 15/6/26	Time: 4 PM	Time: 7 AM
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. PANTOP				Date: 15/6	Date: 16/6
Dose: 40mg	Route: IV	Frequency: 1-0-1	Start Date: 15/6/26	Time: 9 PM	Time: 6 AM
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : INJ. PARACETAMOL				Date: 15/6	Date: 16/6
Dose: 1gm	Route: IV	Frequency: 1-1-1	Start Date: 15/6/26	Time: 3 PM	Time: 7 AM
Name & Signature of the Doctor Starting the Drugs: 					
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

Patient Sticker

ANC-00012025 IP28-00004575

Mrs PREETHI PM
15-12-1996 29 Y (F)
Dr. ANURADHA P V



Weight 760 Ward LDR

Date	Time	Dose	Dr. Sign.	Nurse Sig.	Dose	Dr. Sign.	Nurse Sig.	Dose	Dr. Sign.	Nurse Sig.	Dose	Dr. Sign.	Nurse Sig.

Date	Time	Dose	Dr. Sign.	Nurse Sig.	Dose	Dr. Sign.	Nurse Sig.	Dose	Dr. Sign.	Nurse Sig.	Dose	Dr. Sign.	Nurse Sig.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/6/26	8:30 AM	PARENEMA	1	P/R	AK	PR 021142
15/6/26	8:30 AM	INJ PATN	100mg	IM	AK	PR 021142
15/6/26	8:30 AM	INJ BMST	100mg	IM	AK	PR 021142
15/6/26	8:10 AM	INJ SUPACER	0.1ml	ID	AK	PR 021142
15/6/26	8:30 AM	INJ SUPACER	1.5gm	IM	AK	PR 021142
15/6/26	10:35 AM	INS SYNTOCEN	25 IU	IV	Kell	Shy
15/6/26	10:40 AM	INS TRAPIC	1gm	IV	Kell	Shy
15/6/26	11:00 AM	JUSTIN suppository	100mg	P/R	Shy	Shy
15/6/26	9 PM	Inj Anti D	300mg	IM	AK	021142

VERIFIED BY: Name Signature



I.V. FLUIDS CHART

Weight 76 Ward 12

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
15/6/26	8 AM	10 RL	Iv	100	[Signature]	DR 02/11/2	5/6/26		DR 02/11/2
15/6/26	10-20 a ↓ 11:00am	30 RL	Iv		[Signature]	[Signature]	15/6/26	[Signature]	[Signature]
15/6/26	1-20 pm	10 RL	Iv	100ml/hr	[Signature]	DR 02/11/2			DR 02/11/2
15/6/26	[Signature]	10 DNS	Iv	100ml/hr	[Signature]	[Signature]	15/6 @ 2:30 pm		[Signature]
15/6/26	10:30 pm	10 NS	Iv	100ml/hr	[Signature]	DR 02/11/2	16/6 @ 2:30 pm		[Signature]
16/6	2:30 AM	10 RL			[Signature]	[Signature]	16/6 @ 9:30 am		[Signature]
16/6	10am	10 NS				DR 02/11/2			
		10 RL							

ANC-00012025 IP28-00004575
 Mrs PREETHI PM
 15-12-1996 29 Y (F)



REGULAR PRESCRIPTIONS

Weight 7.64 Ward M16

DRUG : <u>Tab CEFTUM</u>				Date-Time	<u>17/6</u>
Dose	Route	Frequency	Start Dt.	<u>9 AM</u>	<u>01/9/2016</u>
<u>500mg</u>	<u>po</u>	<u>100</u>	<u>2016</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>[Signature]</u>				<u>9 AM</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Tab PON</u>				Date-Time	<u>17/6</u>
Dose	Route	Frequency	Start Dt.	<u>7 AM</u>	<u>01/9/2016</u>
<u>100mg</u>	<u>po</u>	<u>100</u>	<u>2016</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>[Signature]</u>				<u>7 AM</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Tab COMBIFLAM</u>				Date-Time	<u>17/6</u>
Dose	Route	Frequency	Start Dt.	<u>9 AM</u>	<u>01/9/2016</u>
<u>100</u>	<u>po</u>	<u>100</u>	<u>2016</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>[Signature]</u>				<u>9 AM</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Cap BILAE</u>				Date-Time	<u>17/6</u>
Dose	Route	Frequency	Start Dt.	<u>9 AM</u>	<u>01/9/2016</u>
<u>100</u>	<u>po</u>	<u>100</u>	<u>2016</u>		
Name & Signature of the Doctor Starting the Drugs:					
<u>[Signature]</u>				<u>9 AM</u>	
Additional Instructions:					
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name Signature

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : <i>ibuprofen</i>				Date-Time
Dose <i>500mg</i>	Route <i>po</i>	Frequency <i>q 6h</i>	Start Dt. <i>10/26</i>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date-Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date-Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				
DRUG :				Date-Time
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

Signature

VERIFIED BY : Name