

# ACTIVITY RECORD FOR BILLING

Name: .....  
 UHID No: .....  
 Date of Admission: .....  
 Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

SNC-00030462 IP24-00008756  
 Mrs RAGADHARSHNI M  
 29-06-1999 28 Y 11 M 30 D (F)  
 Dr. SRLF



..... Consultant: ..... Dept: .....  
 ..... Date of Discharge: ..... Time: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	2.50 p.m	RR	OT	[Signature]
22/06/26	2.30 p.m	OT	RR	[Signature]

## CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	Dr. krithika (PAC)	22/06/26	252115	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				







Patient Sticker

### SURGERY DETAILS

Date : 22/06/2026  
 Patient Name: MRS. RAGADHARSHINI Date of Birth: 23/06/1999 Age: 26yrs  
 Gender: FEMALE Ward : OT UHID No: SNC-00030462  
 Date of Surgery: 22/06/2026  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
 Name of the Surgery : ~~DFC~~ SUCTION & EVACUATION

Time in : 2:00 pm

Time Out : 2:30 pm

	NAME	AMOUNT
1. Surgeon	DR. Divya	
2. Anaesthetist	DR. Senthil	
3. Assistant Surgeon	DR. Vandana	
4. OT Technician	MR. Sagar	
5. Circulating Nurse	MR. Manigandan	
6. Assistant Nurse	S/Ms. BHAVANI	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 2142

Order by: Bhavani





# CONSUMABLES OF OT

Circulating staff : Dr. Manikandan Technician : MR. Saran Date : 22/06/26 Time : 2.00 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>Hystero pack</u>		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : <u>P/N</u>		03				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		03	Gloves <u>6 (P-F)</u>		01	Surgical Gloves		
02 cc		03	<u>6x2</u>		02	Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : <u>P/N</u>		01	Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL <u>(500ml)</u>		01	Cautery pencil			<u>Karman Cannula</u>		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			<u>6"</u>		
<u>DR. AMENKARA</u>		01	Ointments					
<u>DR. DEEA</u>		01	Suction Catheter					
Fentanyl <u>(ALREADY RAISED)</u>		01	Cap, Mask					
Morphine			Gauze Pack <u>P/O Gauze</u>		02			
Ketamine			Mop Pack					
Propofol		02	Steristrip					
Rocuronium			Underpad		01			
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>D-WATER</u>		02	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : <u>100mg 50mg</u>		01	Vaccum Suction set		01			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution					
<u>OXYGEN MASK</u>			Microshield					
<u>(ASLT)</u>		01	Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Dr. Divya  
Surgeon

Dr. Sentil  
Anaesthesiologist

015314  
Nurse

[Signature]  
OT Technician

Order No. : 21142

Ordered by : [Signature]

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SNC-00030462 IP24-00008756  
 Mrs RAGADHARSHNI M  
 23-06-1999 28 Y 11 M 30 D (F)  
 Dr. SRLF



## OPERATION NOTES

Surgeon : <u>Dr. Divya</u>		Asst. Surgeon : <u>Dr. Vanaja</u>	
Anesthetist : <u>Dr. Venkila</u>		OT Nurse : <u>Jw Bravani</u>	
Pre-Operative Diagnosis: <u>Incomplete Abortion</u>			
Surgical Procedure : <u>suction + Evacuation.</u>			
Weight :	Date : <u>22/6/20</u>	Start Time :	End Time :
Post Operative Diagnosis:			
Peri-Operative Complications:			
Operation Notes:			
Findings:			
Procedure Notes: <u>↓ start in sedation,</u> <u>↓ sup, rpt placed in lithotomy</u> <u>position. parts painted + draped.</u> <u>Bladder drained. Fol evacuated.</u> <u>through suctioning using kerrins</u> <u>canula. Confirmed by Telai de</u> <u>usg. no bleedn pr. thrombosis</u> <u>observed.</u>			
Amount of Blood Loss:		Blood Transfused (In ML)	
Name and Number of Surgical Specimen sent for examination:			

**POST-SURGICAL CARE PLAN FORM**

Post-Operative Monitoring Parameters /Frequency:	① NPO x 4 hrs ② T. LEFT ARM 500 mg / 12 ③ T. RIGHT ARM / 2
Wound Care:	④ 2/2 to 2/2
Drain /Special Lines/Catheters:	
Special Patient Positioning and Requirements:	
Nutritional Instructions:	
When to Start Mobilization:	
Special Referrals:	
The new order for all required medications documented in the doctor order/medication sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Other Post-Operative Care Needed including Required Follow Up	

Name of the Surgeon: ..... *[Signature]*

Signature of the Surgeon: ..... *[Signature]*

Date & Time: .....

*2/16/20 2:15 PM*

SNC-00030482 IP24-00008756  
 Mrs RAGADHARSHNI M  
 23-06-1999 28 Y 11 M 30 D (F)  
 Dr. SELF



# NURSES NOTES

(USE BALL POINT PEN ONLY)

No known Drug Allergies

Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Admission Notes</u> 22/6/26
	9 AM	Mrs. Raga Shashni 26y/f Dr. Divya mam. Primigravida to abortion plan for suction and evacuation vitals checked and recorded. P&C done, CBC, PT/APTT, INR send @ lab. In placement done
	11 AM	Pt on NPO IV on Jm self voiding
	12:30 PM	P&C modification given consent taken, informed OT staff
	1:45 PM	Pt shifted to OT Complex handover given to OT staff given by Praveen/Anshu
22/6/26	2:00 P.M.	<u>Received OT Notes</u>
		Patient Received from RR to OT for suction & evacuation under Dr. Divya mam, GA patient placed in lithomy position, under scan guidance procedure done, products obtained, vitals checked. In line patient, IV fluids on flow, pt shifted to RR for further management @ 2:30 P.M.

*Dr. Divya*

*Dr. Anshu*

*Dr. Praveen*

*Praveen 01/5/21*

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

