

ACTIVITY RECORD FOR BILLING



Name: MRS. LAVANYA
 UHID No: SNC-00027633 IP No: 8781 Consultant: Dr. Surapush palatha Dept: _____
 Date of Admission: 26/6/2026 Time: 8.25AM Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: _____ Suggested Billable bed type: _____

WARD TRANSFERS

| Date | Time | From | To | Signature of Nurse |
|---------|---------|------|------|--------------------|
| 26/6/26 | 10:30AM | RR | Ward | ABP ^D |
| 26/6 | 11:30AM | DT | RR | [Signature] |
| | | | | |
| | | | | |
| | | | | |

CROSS CONSULTATION VISIT

| | Doctor Name | Date | Order No. | Signature |
|-----|-------------|------|-----------|-----------|
| 1. | | | | |
| 2. | | | | |
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| 4. | | | | |
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| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Patient Sticker



SURGERY DETAILS

Date : 26/6/26

Patient Name: Mrs Lavanya Date of Birth: Age: 34Y

Gender: F Ward: OT UHID No.: 00027633

Date of Surgery: 26/6/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : cervical encirculation

Time in : 8:30 am

Time Out : 11 am

| | NAME | AMOUNT |
|----------------------|---------------------|--------|
| 1. Surgeon | Dr. Suresh P. P. P. | |
| 2. Anaesthetist | Dr. Senthil | |
| 3. Assistant Surgeon | Dr. Jyoti | |
| 4. OT Technician | Mr. Retri | |
| 5. Circulating Nurse | S/N Kasthi | |
| 6. Assistant Nurse | S/N Bharathi | |

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

S. Pushpabala
Signature of the Surgeon

[Signature]
Signature of Circulating Nurse

Order No: 2758/2759

Order by: [Signature]

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Mrs. Lavanya (34y / F)

Patient Sticker



CONSUMABLES OF OT

Circulating staff S/no Kartik Technician : Mr. Vetri Date : 26/06/26 Time : @ 10.30am

| 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 1- <u>polyene</u> <u>(840)</u> | | 01 | Cord Clamp | | |
| ECG leads: A/P/N | | 03 | | | | Suction Catheter | | |
| HME filter: A/P/N | | | | | | Feeding Tube | | |
| Syringes : 10 cc | | 01 | | | | Vaccum Suction Set | | |
| 05 cc | | 02 | Gloves <u>6x(S.G)</u> | | 04 | Surgical Gloves | | |
| 02 cc | | 02 | | | | Gauze Pack | | |
| 01 cc | | | | | | Syringe 1ml / 2ml | | |
| Cautery plate : A / P / N | | | Surgical blade <u>1</u> | | 1 | Surgical Blade # 20 | | |
| IV set | | | NG tube | | | Koochies (S) | | |
| RL | | 01 | Cautery pencil | | | <u>Tujo POPIN (0.25%)</u> | 01 | |
| NS : 10ml / 100ml / <u>500ml</u> / 1000ml | | 01 | Koochies | | | <u>D. water (10ml)</u> | 04 | |
| | | | Ointments | | | <u>02 Must A</u> | 01 | |
| | | | Suction Catheter | | | <u>needle 26x1/2 long</u> | 01 | |
| Fentanyl | | | Cap, Mask | | | <u>R10 Gauze</u> | 02 | |
| Morphine | | | Gauze Pack | | 02 | <u>Lox Jelly</u> | 01 | |
| Ketamine | | | Mop Pack | | | | | |
| Propofol | | 01 | Steristrip | | | | | |
| Rocuronium | | | Underpad | | 01 | | | |
| Glycopyrolate | | | Draw sheet | | | | | |
| Myopyrolate | | | Abgel | | | | | |
| Ondansetron | | | Foleys catheter | | | | | |
| Pencan 25g/ Spinal Needle <u>27h</u> | | 01 | 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 | | | Vaccum Suction set | | | | | |
| Justin : 12.5 mg / 25mg / 100mg | | | Plastic Bed Sheet | | | | | |
| Tab. Misoprost : 200mg | | | Betadine Solution | | | | | |
| | | | Microshield | | | | | |
| | | | Cotton Balls | | | | | |
| | | | Latex Gloves | | | | | |
| | | | Ramdione Scrub | | | | | |
| | | | Saral | | | | | |

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 2758/2759

Ordered by : [Signature]

Doc. No. : RCH / FRM / GENERAL / 125

(1/2 page) approved - 1/1/00

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SNC-00027633 IP24-00008781

Mrs LAVANYA M

19-05-1992 34 Y 1 M 7 D (F)

Dr. SURA PUSHPALATHA



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

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

OPERATION NOTES

| | | | |
|---|-----------------------|-------------------------------------|-------------------------|
| Surgeon : <i>Dr sura pushpalatha</i> | | Asst. Surgeon : <i>Dr yunwarani</i> | |
| Anesthetist : <i>Dr senthila</i> | | OT Nurse : <i>SIN Bhaluani</i> | |
| Pre-Operative Diagnosis: | | | |
| Surgical Procedure : <i>prophylactic cerclage</i> | | | |
| Weight : <i>69</i> | Date : <i>26/6/26</i> | Start Time : <i>10:30 am</i> | End Time : <i>11 AM</i> |
| Post Operative Diagnosis: | | | |
| Peri-Operative Complications: | | | |
| Operation Notes: <i>↓ CAP, ↓ GAB, patient in lithotomy position.</i> | | | |
| Findings: <i>pans pointed & dropped, cervix visualised & speculum. ante lip & post lip of ex held & sponge holder forceps. McDonald's cervical suture made. Int os tightly closed. Hemostatic achieved. vaginal Toilet & dme 7ml & 7ml II FHR good.</i> | | | |
| Procedure Notes: | | | |
| Amount of Blood Loss: | | Blood Transfused (in ML) | |
| Name and Number of Surgical Specimen sent for examination: | | | |

SNC-00027633 IP24-00008781
Mrs LAVANYA M
19-05-1992 34 Y 1 M 7 D (F)
Dr. SURA PUSHPALATHA



POST-SURGICAL CARE PLAN FORM

| |
|---|
| Post-Operative Monitoring Parameters /Frequency: |
| Wound Care: - ASP 4 hrs - IVF 1 @ RL @ 100 ml/hr |
| Drain /Special Lines/Catheters: - BP/PA monitoring - Duvadilan 10 mg qd } x 14 days - Suster SR 200 mg qd } |
| Special Patient Positioning and Requirements: - Pan 40 mg qd (P) - Zerdol 400 mg qd (P) |
| Nutritional Instructions: |
| When to Start Mobilization: Review after 2 wks |
| 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: Dr. Sura Pushpalatha

Signature of the Surgeon: [Handwritten Signature]

Date & Time: 26/06/2020 11 am

NURSES NOTES
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies

| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) |
|---------|------|--|
| | | <i>Admission Notes</i> |
| 26/6/26 | 9 Am | MRS. Lavanya 34y 1F G12A1 DC DA Twins 14 Weeks. Pt came for cervical encircclarge Pt Admitted under Dr. Sura pushpalatha mam Part preparation done Iv Placement done Iv F. 500ml RL on going Pre operative checklist done Pre medication Inj. Pan 40mg Iv and Emetet 4mg Iv Inj. Surfacef 1.5g in 100ml NS (ATD) given Inj. System Im given as per doctor order |
| | | <i>Re Assessment</i> |
| 26/6/26 | | Pt vitals are stable monitoring The vitals maintain I/O chart Pt conscious and consent All Taken Pt shifted to OT Pt details hand over given to OT staff |
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NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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 Mrs LAVANYA M
 19-05-1992 34 Y 1 M 7 D (F)
 Dr. SURA PUSHPALATHA



NURSES NOTES

(USE BALL POINT PEN ONLY)

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| DATE | TIME | (ALL ENTRIES MUST BE SIGNED, DATED AND TIMED) |
|---------|----------|--|
| | | - OT Notes - |
| 26/6/26 | 10:30 am | <p>Pt Received from RR to OT</p> <p>Pt vitals are stable. Pt</p> <p>IV line present IVF RL 100 ml/hr</p> <p>on going Pt Sign in done</p> <p>@ 10:31 am Pt ↓ SA pt in lithotomy position. Pt time out done @ 10:35 am</p> <p>Pt surgical area clearing and Draping done. Pt procedure is cervical cerclage did by Dr Sura Pushpalatha mam. Pt used sw instrument, Gauge, needle count are correct. Pt time out done</p> <p>@ Mam Pt vitals are stable. Pt shifted to RR as per doctor order.</p> <p>pt details hand over given to the RR staff @ 10:45 am</p> |
| | | <u>Received Notes</u> |
| 26/6 | 11:35 AM | <p>Pt Received from RR</p> <p>Pt vitals are stable</p> <p>monitoring the vitals</p> <p>maintained I/O chart</p> <p>provided comfortable position</p> |

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

