

ACTIVITY IH-00205730 IP-00060274 **G**

Irs IP-00031

5-06-1992 33 Y 11 M 24 D (F)

Mr. BHAVANA K

Name: --- 

UHID No: ----- Consultant: ----- Dept: -----

Date of Admission: 8/6/26 Time: 2:02pm Date of Discharge: ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>8/6/26</u>	<u>3:39pm</u>	<u>OT</u>	<u>MICU</u>	<u>[Signature]</u>
<u>8/6/26</u>	<u>4:30pm</u>	<u>OT</u>	<u>MICU</u>	

Cross Consultation Visit

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

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
08/6/26	IV-placement	①	✓ 3088147	Rani
08/6/26	PAC	①	✓ 3088146	Rani
Cross checked by Rani 08/6/26 @ 7:30 PM.				

ANY OTHER INFORMATION

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Date : _____ Time : _____ Prepared By : _____

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
-------------	--------------	-------------------	--------------------

VIH-00205730 IP-0006027
Mrs IP-00031
15-06-1992 33 Y 11 M 24 D
Dr. BHAVANA K



SURGERY DETAILS

Date : 8/6/20

Patient Name: Mrs. IP-00031 Date of Birth: Age:

Gender: Female Ward: OT UHID No.: 205730

Date of Surgery: 8/6/20 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: DILATATION AND CURETTAGE ↓ SA

Time in : 4pm

Time Out : 4:30pm

	NAME	AMOUNT
1. Surgeon	Dr. Bhavana K	OT-charges
2. Anaesthetist	Dr. Brenda	
3. Assistant Surgeon	Dr. Somanja Sri	
4. OT Technician	Vaishnavi	
5. Circulating Nurse	Manimala	
6. Assistant Nurse	Bhavana K	

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: 3088079 / 3088080

Order by: [Signature]



CONSUMABLES OF OT

VH-00205730

IP-006027

Mrs IP-00031

Age :

15-06-1982

33 Y 11 M 24 D

Dr. BHAVANA K



Time : 4pm - 4:30 pm

Circulating Staff : Dr. Vantha Technician : Vaselmari

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 : A/P/N			MTP. 6hr			Suction Catheter		
HME filter : A/P/N			protogreen			Feeding Tube		
Syringe 10 cc			Gloves 6 pr / 6% she			Vaccum Suction Set		
05 cc			6 hr pr			Surgical Gloves		
02 cc						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					
retentrol (LG)			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask					
Morphine			Gauze Pack					
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad					
Glycopyrolate			Draw Sheet Allevorb					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 25g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drainage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			loban					
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					
Tab. Misoprost : 200 mg			Betadine Solution					
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon Dr. Bhavani Anaesthesiologist Dr. Brenda Nurse Bhavani OT Technician Vaselmari
 Order No. : 3088084 Ordered by : Kuby if

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

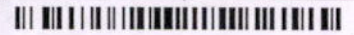
VAT TIN : 36920283145

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-00060274	Ward	N 2F-LABOUR WARD
Patient Name	Mrs IP-00031	Bed Name	LW 221
Age/Sex	33 Y 11 M 24 D / Female	Order No	0003088084
Date	08/06/2026 16:21	Prescription No	PRIP-1290341
Payor	SELPAY	Dispensed Date	08/06/2026 16:23
UHID	VIH-00205730		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALLESORB CORE TURNAROUND COVER 40x60IN		General	250922J	12/30	1	425.00	425.00
2	BETADINE SOLUTION 10% 100 ML	WIN MEDICARE PVT. LTD	General	MD01426	03/28	1	103.95	103.95
3	BUPICAIN HEAVY 80MG INJ 4ML	Themis Medicare Ltd		BBUI25018	11/27	2	30.66	61.32
4	CEFANTRAL 1GM INJ	LUPIN LIMITED	H	A26007PP	12/27	1	42.60	42.60
5	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K92	01/31	4	28.13	112.52
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26C03K96	02/31	4	21.56	86.24
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	EASY GRIP (MTP CANULA)- 6	ROMSONS	GENERAL	24102OC	10/29	1	329.00	329.00
10	Encore Microptic gloves- 6.5		H	2510072605	10/28	1	117.00	117.00
11	ENCORE MICROPTIC GLOVES-6 PF	ELITE MEDICALS	GENERAL	260300751T	03/29	2	128.00	256.00
12	FACE MASK-3LAYER THREADED	Sunrise		012605O2	04/29	8	10.00	80.00
13	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274054	11/28	1	18.74	18.74
14	MOPS 30X30 8PLY 5S X- RAY	DATT MEDI PRODUCTS OTSUKA	H	M2642SF036	04/30	1	949.00	949.00
15	NS IV 1000 ML BOTTLE	PHARMACEUTICAL INDIA PVT LT	H	2K25I841	10/28	1	105.22	105.22
16	NS IV 10 ML AMPULE	MEDLIFE HEALTH SOLUTIONS	GENERAL	72I9O38	06/30	2	16.14	32.28
17	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA251150	10/27	1	12.72	12.72
18	PENCAN 25G*3 1 2	Bbraun Medical PvtLtd	GENERAL	24K26G82I7	09/29	1	469.69	469.69
19	PROTO GOWN (ADULT) (PROTECTCARE)		General	VI20052026	12/30	4	450.00	1,800.00
20	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261729	02/29	2	69.39	138.78
21	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D3007M	03/31	2	91.00	182.00
22	SURGEONS CAP	Mediblu	General	VI03062026	12/30	8	10.00	80.00
23	VACCUME SUCTION SET	ROMSONS		K26B010713	01/31	1	739.00	739.00
Total :							4,239.05	6,346.56

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RUBY FLORENCE VELPULA

Sur -

ans -

OTC -

OTR -

ADMISSION SHEET

Registration Details :



Admission No : IP-00060274

Admit Date : 08-Jun-2026

Admit Time : 02:42 PM UHID : VIH-00205730

Patient Details :

Patient Name : Mrs IP-00031

Age : 33 Y 11 M 24 D

Guardian : Mr DR. PRASHANT MISHRA

DOB : 15-06-1992

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : FLAT NO-104 SRI VINYAK RESDENCY
RASOOLPURA M G Rd Hyderabad Telangana
INDIA 500003

Phone No : 8790201905

E-mail : NA@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 DR. PRASHANT MISHRA

Relationship : W/O

Contact Address : FLAT NO-104 SRI VINYAK RESDENCY
RASOOLPURA M G Rd Hyderabad Telangana
INDIA 500003

Phone No : 8790201905 / 9912760276



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



IP ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints

LMP: 22/1/20
Corrected EDD: 29/1/20
EDD:
GA: 19+1 weeks

Obstetric Formula: P₁L₁A₁
ML- 4 yrs, NCM

Menstrual History: Regular: Yes No

Obstetric History:
G1 - Female (3yrs) FTLSCS | GDM(D) |
G2 + 19 weeks | MERPC (2026/June)

Obstetric Examination
NPOL (3.5kg) RCH VCP | Uneventful LAMH (BFR 2yrs)
Fundal Height:

Present Pregnancy Record: - Patient expelled fetus on 6/6/26. She was diagnosed as Pre GDM since conception & was on T. METFORMIN 500mg OD. She was on T. COCAFIN 100mg till conception & stopped at 19+1 weeks. She had IUFD at 19+1 weeks.

Ut. Activity: Relaxed Mild Mod Severe
Liquor: Adequate Oligo Poly
PP: Cephalic Breech Others

RISK FACTORS: AT-MIFEPRISTONE 600mg given on 6/6/26 after taking informed consent for TOP.

Head Fifths Palpable: _____
FHS: Normal Tachy Brady Absent

she came to hospital on 6/6/26 & clo Manual removal of placenta was done after admission. Fetus for Autopsy & Placenta for HPE sent at Lilac lab. T. Cabergoline 0.5mg given as prophylaxis against lactation. RPOC scan done on 8/6/2026 showed Area of mixed echogenicity at fundus 36mm x 29mm x 27mm - No RPOC.

Expulsion of Dead fetus at home. Per Speculum Examination Not done
Draining: Present Absent Bleeding
Colour of Liquor: Clear Meconium Blood Stained
Vaginal Examination Not done

Height: 154 cm
Weight: 90 kg
Allergies: NIL
Breast: Normal Abnormal
General Examination:
Consciousness: c/c/c Pallor: ⊕
Icterus: ⊖ Edema: ⊕
Temp: Afebrile PR: 82 bpm
BP: 127/78 mmHg DTR: ⊕
CVS: S1 S2 ⊕ RS: SAE ⊕
Liver/Spleen: ⊖ Urine Output: Adequate

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

P₁L₁A₁ with Previous LSCS with Pre Gestational Diabetes Mellitus (Metformin) with Retained Products of Conception for Dilatation & Curettage



<p>Family History:</p> <p>Father - HTN</p>	<p>Surgical History:</p> <p>Previous Uterine in 2023</p>
<p>Medical History:</p> <p>Nil</p>	<p>Medication History:</p> <p>Allegra - Nil</p>
<p>Plan of Care: <u>CI to Dr. Bhavana Mam</u></p> <ul style="list-style-type: none">- Admission- NBM- Consent- PAC- Pains Preparation- Monitor vitals- Follow dry chest- Infuse SOS- GRBS <p>GRBS - 92 mg/dL</p> <p>Stated by Subini 8/6/26 2:30 PM</p>	<p>Investigations: <u>BLOOD GROUP - O POSITIVE</u></p> <p>HIV HCGAg HCV VDRL</p> <p>6/6/26 MR. CRP - 11.02 / 12.71 / 2.73 L</p> <p>8/6/26</p> <p><u>RPOC Scan</u> :</p> <ul style="list-style-type: none">• ET - 26 mm• Area of mixed echogenicity at fundus• Vasculature of 36 mm x 29 mm x 27 mm- S/O RPOC

(Signature)

Doctor Name: Dr. Geeshma
Signature: [Signature]
Date & Time: 8/6/26, 2:30 PM

Consultant Name: Dr. BHAVANA K
Signature: [Signature]
Date & Time: 8/6/26, 2:30 PM



RESS NOTES
(L POINT PEN ONLY)

Patient Name :

Age : Gender M F

I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)	
8/6/26	4:30pm	POD-0 (D & C)	
		O/E pt is c/c/c	Adv -
		GC - fair	- ABM x 2 times
		Afebrile	- w/ff bleeding P/V
		BP - 105/58 mmHg	- Monitor vitals
		PR - 86 bpm	- Below drug chart
		S/E - NAD	- Inform SOS
		P/A - w/w/r	
		Soft, BS (+)	
		1/2 NAB	
noted by Sukhraj 8/6/26 4:30pm		Dr Kashri	
8/6/26	6:00pm	POD-0 (D & C)	
		O/E Pt is c/c/c	Adv
		GC: fair	- Oral sips of water
		Afebrile	f/b clear liquids
		BP: 110/68 mmHg	- w/ff bleeding P/V
		PR: 82 bpm	- monitor vitals
		S/E: NAD	- follow drug chart
		P/A: w/w/r	- Inform SOS
		Soft, BS (+)	
		1/2 NAB	
noted by Sukhraj 8/6/26 6:00pm		Dr Anwar	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

IH-00205730

rs IP-00031

IP-00060274

5-06-1992

33 Y 11 M 24 D (F)

r. BHAVANA K



MEDICATION RECONCILIATION FORM

Drug Allergies: NIL Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: MICU Shifted to: OT

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	T. CEFIXIME	200MG	PO	12hr bily	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
2	T. METRONIDAZOLE	400 MG	PO	8hr bily	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
3	T. PANTOPIRAZOLE	40 MG	PO	ONCE DAily	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
4	T. MISOPROSTOL	200 MCg	PO	8hr bily	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
5	T. PARACETAMOL.	500 MG	PO	8hr bily	8/6/26	<input type="checkbox"/> C <input checked="" type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C- Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature: Dr. Geethamma

Date & Time: 8/6/26, 2:30 PM

Nurse Name & Signature: K. Subhini

Date & Time: 8/6/26 at 2:30pm

1D 20021
VIH-00205730 IP-0006027
Mrs IP-00031
15-06-1992 33 Y 11 M 24 D
Dr. BHAVANA K



OPERATION NOTES

Surgeon : DR. BHAVANA K.		Asst. Surgeon : DR. SOWMYA SRI	
Pre-Operative Diagnosis:			
Surgical Procedure : DILATATION AND CURETTAGE ↓ SA			
Indications for Surgery : RETAINED PRODUCTS OF CONCEPTION			
Date : 8/6/20		Start Time : 4 PM	End Time : 4:30 PM.
Post Operative Diagnosis:			
Amount of Blood Loss:		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination: —			
Operation Notes: — Under aseptic conditions, under SA, Pt. Placed in lithotomy position — Parts painted and draped. — Anterior and posterior vaginal walls retracted with Sim's speculum.			

- Anterior lip of cervix held with sponge holding forceps.
- Serial dilatation done with Hegar's dilators.
- Gentle curettage done with Orem forceps. and products obtained.
- Gentle suction done with Kauman's cannula No. 6.
- Check USG done.
- Hemostasis secured.
- Swabs and instruments count tallied.

- Adv -
- (i) XBM X 2 hours
 - (ii) w/f bleeding P/V
 - (iii) Monitor vitals
 - (iv) follow drug chart
 - (v) Inform SOS

Dr. Kashri

Name of the Surgeon: DR. BHAVANA K.

Signature of the Surgeon:

Date & Time: 8/6/26, 4:30pm.

15-06-1992 33 Y 11 M 24 D (F)
 Dr. BHAVANA K

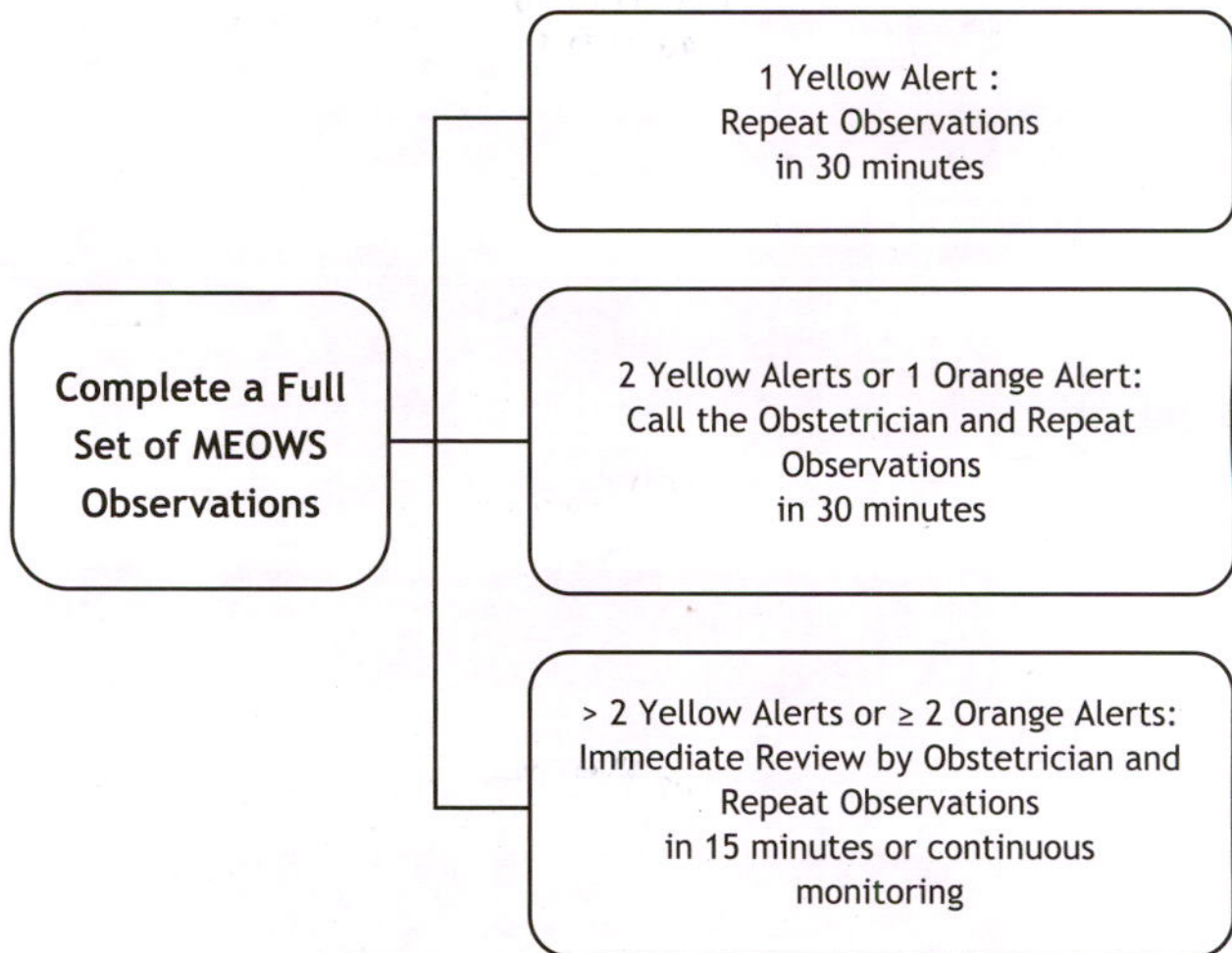


Early Warning Observation Score Chart - Obstetrics

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

8/6/92		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																												
Saturations	94 - 100 %																												
	< 94 %																												
Administered O ₂ (L/min.)																													
Temp °C	40																												
	39																												
	38																												
	37																												
	36																												
	< 35																												
Heart Rate	170																												
	160																												
	150																												
	140																												
	130																												
	120																												
	110																												
	100																												
	90																												
	80																												
	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 mls / 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-00205730 IP-00060274
 Mrs IP-00031
 15-06-1992 33 Y 11 M 24 D (F)
 Dr. BHAVANA K



FLUID CHART

Sheet No. : 1

8/6/22

- All measurements in ml.
- 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	nl	npo.										
	04:00 pm	nl											
	05:00 pm	nl											
	06:00 pm	nl											
	07:00 pm	nl											
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



REGULAR PRESCRIPTIONS

Weight: 90kg Ward: MICO

DRUG : <u>Tab. PARACETAMOL</u>				Date Time
Dose <u>1gm</u>	Route <u>PO</u>	Frequency <u>Hourly</u>	Start Date <u>8/6/26</u>	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date Time
Dose	Route	Frequency	Start Date	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				



Weight: 90kg Ward: MICU

VARIABLE DOSE		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
8/6	3:07 pm	IVS CEFOTAXIME (AFTER TEST DOSE)	1 gm	IV	[Signature]	[Signature]
8/6	3 pm	INI-PANTOPRAZOLE	40 MG	IV	[Signature]	[Signature]
8/6	3 pm	INI-METOCLOPRAMIDE	10 MG	IV	[Signature]	[Signature]
8/6	4:30 pm	TAB- MISOPROSTOL	600 mcg	PR	[Signature]	[Signature]

VERIFIED BY: Name Signature

