Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Kda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023446 **Admit Date** : 01-Jul-2026 **Admit Time** : 12:49 AM **UHID** : HCV-00036207

Patient Details :

Patient Name	: Mrs NANDHINI	**Age**	: 24 Y 7 M 15 D
Guardian	: Mr SEERAPU RAMBABU	**DOB**	: 16-11-2001
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048	**Phone No**	: 9502018851/
		E-mail	: 9502018851@gmail.com

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 320 **Ward Name** : 3F-THIRD FLOOR

Room No : GW 320 **Admission Type** : First Visit

Contact Details :

Name : Mr SEERAPU RAMBABU **Relationship** : W/O

Contact Address : Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048 **Phone No** :

S. Rambabu

Signature

Doctor Details :

Doctor Name : Dr. CHUPPANA RAGA SUDHA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : AP Police-Arogya Bhadratha **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : AP POLICE AROGYA BHADRATHA

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ACTIVITY RECORD FOR BILLING

Name:--------------------------- HCV-00036207 IP22-00023446 Mrs NANDHINI 18-11-2001 24 Y 7 M 15 D (F) Dr. CHUPPANA RAGA SUDHA

UHID No :..................IP No ...t :..........................Dept.:......................

Date of Admission :............. ...of Discharge:...................Time:.............

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
1/7/26	1:40 Am	MICU	320	[signature]
1/7/26.	2:10 Am	320	MICU	[signature]
01/7/26	5:20 Am	MICU	LDR-I	[signature]
1/7/26	7:50 Am	LDR-I	320	[signature]

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JYOTHIRMYEE	1/7/26	2755	Santhoshi
2.	Prathyusha Samuel	1/7/26	92754	[signature]
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

cross checked by [signature]

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

INVESTIGATIONS

Date	Investigations	Order No.	Signature
01/7/26	NST ① at 12:20 Am	7277.	Usha
01/7/26	NST ① at 4:10 Am	7280	Usha

Chart checked by provider.

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
1/07/26	IV Placement done	(1)	92618	Gowri
01/7/26.	NVD Done by Dr. Ragasudha under ↓ L/A In time : 5:10 Am Out time : 6:10 Am		292626	[illegible]

Unchecked by Mounika

ANY OTHER INFORMATION

Entanox used 10minuts

Date: 2/7/26 Time: 6Am Prepared By: Mounika

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Mounika	3rd floor	—	—

HCV-00036207 IP22-00023446
Mrs NANDHINI
18-11-2001 24 Y 7 M 15 D (F)
Dr. CHUPPANA RAGA SUDHA

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I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints c/o tightness in abdomen since 7pm. (30/6/26)

Obstetric Formula : Primi

Obstetric History:

Present Pregnancy Record
Spontaneous conception
Immunized (TT - 2 doses)
Regular ANCs done, FTS: low risk

RISK FACTORS: Rh -ve pregnancy
ICT negative - Inj Anti-D 300 µg Im given @ 30+4 weeks POD.

→ No k/c/o DM, HTN, thyroid disorder, Asthma, TB, Epilepsy.

Height: 158 cm
Weight: 78 kg
BMI - 31.29 kg/m2
Allergies: ✓
Breast ☐ Normal ☐ Abnormal

General Examination:
Consciousness: (+)
Pallor: (-)
Icterus: (-)
Edema: (-)
Temp: Afebrile
PR: 80 bpm
BP: 110/60 mmHg
DTR: (+)
CVS: S1S2 (+)
RS: Normal vesicular breath sounds
Liver / Spleen: NAD
Urine Output: Normal

LMP: 5/10/2025
EDD: 9/07/2026
Corrected EDD:
GA: 38 weeks + 6 days
Menstrual History: Regular: ☑ Yes ☐ No

Obstetric Examination
Fundal Height: Term size
MLX 1 years
scar/tenderness absent.
Ut. Activity: ☐ Relaxed ☐ Mild ☑ Mod ☐ Severe
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others
Head Fifths Palpable: 3/5
FHS: ☑ Normal ☐ Tachy ☐ Brady ☐ Absent

Per Speculum Examination (-)
Draining: ☐ Present ☐ Absent ☐ Bleeding
Colour of Liqour: ☐ Clear ☐ Meconium ☐ Blood Stained

Vaginal Examination
Cervix: ☐ Long ☐ Partially effaced ☑ Effaced 70-80%
Os: Closed Dilated 2-3 cm
Membranes: ☑ Present ☐ Absent
Liquor: ☐ Clear ☐ Meconium ☐ Blood Stained
Presenting Part: ☑ Vertex ☐ Breech ☐ Others
Sutton: ☐ -3 ☑ -2 ☐ -1 ☐ 0 ☐ +1 ☐ +2
Pelvis: ☑ Adequate ☐ Doubtful

DIAGNOSIS
Primi / 38 weeks + 6 days POG / Rh -ve pregnancy / UTDA-1 / in latent labour for SPOL

Docu. No. RCHBH / FRM/CLINICAL / 087

(P.T.O)

HCV-00036207 IP22-00023446
Mrs NANDHINI
16-11-2001 24 Y 7 M 15 D (F)
Dr. CHUPPANA RAGA SUDHA

Family History	Surgical History
Sister - Hypothyroidism in Her - sisters.	Nil
Medical History: H/o. multiple papules of size 0.5-1cm - present on Inner aspect of both thighs (No h/o pain, itching, redness, fever)	**Medication History:** Nil.
Plan of Care: ① Admission ② Regular diet with plenty of oral fluid ③ Local parts preparation ④ consent for vaginal birth ⑤ CTG @ admission b/b 4th hourly once ⑥ FHR monitoring every 30min ⑦ w/f uterine action & progression of labour ⑧ w/f PV leak / PV bleeding ⑨ monitor vitals ⑩ Inform SOS ® [illegible] given at 3:30am	**Investigations:** BGT: 'O' negative CBC (7/5/26) Hb - 11.6 PCV - 34.6 Plt - 2.8L/cumm WBC - 10,940 cells/cumm GCT - 100mg/dL TSH - 1.32 [17/11/2025] HIV, HBsAg, HCV, VDRL } non Reactive. 18/5/26 late growth: cephalic presentation Anterior PL AFI - 12.3cm EFW - 2526 (24%ile) Doppler (N) Rt Renal pelvis - UTDA-1 (7.7mm).

next dose [illegible] and [illegible] Lt renal pelvis - (N)

Doctor Name: Dr Nisha
Signature: Nisha
Date & Time: 01/07/2026 1Am

Consultant Name: Dr. Raga Sudha
Signature:
Date & Time:

V-00036207 IP22-00023446
s NANDHINI
11-2001 24 Y 7 M 15 D (F)
CHUPPANA RAGA SUDHA

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NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 1/2/26 Time: 9Am

Origin: INDIA Height: 152cms Weight: 72kgs BMI: ☐ ~26 kg/m² ☐ ~28 kg/m² ☐ ~30 kg/m²

Food Allergies: — Nil —

Diagnosis: Primi / 38wks + 6days POG / Rh -ve pregnancy / VTDA -1 / in latent labor for SPOL PND-0

Type of Diet: ☐ Liquid ☐ Soft ☐ Normal ☐ Diabetic
☐ Vegetarian ☐ Non-Vegetarian ☐ Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's	Dietician's
Signature: S. Ramba	Signature:
Name: Nandini	Name: JYOTHIRMAYEE
Date & Time: 1/2/26 10Am	Date & Time: 1/2/26 10Am

DIETARY NOTES

Date	Time	Notes	Sign
		Advised & Counselled to take	
2/7/26		lactation diet	
9Am		Stool passed.	

HCV-00036207
Mrs NANDHINI
18-11-2001 24 Y 7 M 15 D (F)
Dr. CHUPPANA RAGA SUDHA
IP22-00023446

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OBSTETRIC TRIAGE ASSESSMENT FORM

Date: 01/7/2026 Time of Arrival: 12:10 Am Time Seen by Nurse: 12:10 Am

1) **Level of Consciousness:** ☐ Conscious ☐ Semi-Conscious ☐ UnConscious

2) **Chief Complaint (Reason for Visit):** (Circle the item as appropriate)

- ☑ Severe Pain / Moderate Pain
- ☐ Bleeding PV: Slight / Heavy
- ☐ Decreased Fetal Movement
- ☐ No Fetal Movement
- ☐ Preterm rupture of Membranes / Leaking Water PV
- ☐ Preterm Labor/ Labor
- ☐ Spontaneous Rupture of Membrane / Leaking Water PV
- ☐ Other Reason: .....

3) **Vital Signs:** Temperature: 98f Pulse: 82b/m RR: 20b/h SpO_2: 100% BP: 109/78 mm/Hg Weight: 7.8...10kg

4) **Gestational Criteria:**

Gravida:	G Primi	P	L	A

LMP: 5/10/2025 EDD: 9/07/2026 Gestational Age: 38 weeks 1 day

Uterine Contraction	☑ Yes	☐ No	☐ NA	Onset	Time	Frequency:
Membrane Rupture	☐ Yes	☑ No	☐ NA	Onset	Time	Fluid Color:
Vaginal bleeding	☐ Yes	☑ No	☐ NA	Onset	Time	Amount:
Pre Eclampsia Symptoms	☐ Yes	☑ No	☐ NA	If Yes specify: Headache / Visual Symptoms / Pain Abdomen / Vomiting		
Good fetal Movement	☑ Yes	☐ No	☐ NA	If No specify:		

5) **Pain Screening:** **Numerical Pain Scale (NPS)**

0 No Pain — 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 Worst possible pain

- Location: lower Abdomen Pain & Back Pain,
- Duration: 10/min 2 contraction 40-50/sec Days / Weeks/ Months (Strike out which is not applicable)
- Character: Cramping Pains
- Frequency: 40-50/sec in 2 Contractions 10/min
- Interventions: for observation

6) **Past History:**

a) Surgeries: NO

b) Medical: NO

Patient Sticker

7) **Allergy:** ☐ Yes ☑ No, If Yes : .....

8) **Current Medications:** ☐ Prenatal Vitamin ☑ None ☐ Others: .....

9) **Prenatal Medical History:**

☑ None
☐ Chronic Hypertension
☐ Gestational Hypertension
☐ Diabetes
☐ Gestational Diabetes
☐ Low placenta
☐ Others if yes, specify .....

Triage Category: (Please tick on the category)

Refer to OBSTETRICAL TRIAGE ACUITY SCALE (OTAS)

☑ **Category I:** Resuscitative (Time to Physician: Immediate & Reassessment: Continuous nursing care)
☐ **Category II:** Emergent (Time to Physician: ≤ 15 minutes & Reassessment: Every 15 minutes)
☐ **Category III:** Urgent (Time to Physician: ≤ 30 minutes & Reassessment: Every 15 minutes)
☐ **Category IV:** Less Urgent (Time to Physician: ≤ 60 minutes & Reassessment: Every 30 minutes)
☐ **Category V:** Non Urgent (Time to Physician: ≤ 120 minutes & Reassessment: Every 60 minutes)

OBCU Obstetrical Triage Acuity Scale (OTAS)

OTAS	Level 1 (Resuscitative)	Level 2 (Emergent)	Level 3 (Urgent)	Level 4 (Less Urgent)	Level 5 (Non Urgent)
Level 1 (Resuscitative)	Immediate	≤ 15 minutes	≤ 30 minutes	≤ 60 minutes	≤ 120 minutes (2 Hours)
Re-Assessment	Continuous Nursing Care	Every 15 Minutes	Every 15 Minutes	Every 30 Minutes	Every 60 Minutes
Labour / Fluid	Imminent Birth	Suspected Pre-term Labour / PPROM < 37 Weeks	Signs of Active Labour > 37 weeks	Signs of Early Labour/ SROM > 37 weeks	Discomforts of Pregnancy
Bleeding	Active Vaginal bleeding with/ without abdominal pain	Bleeding associated with cramping (<spotting) <37 weeks	Bleeding associated with cramping (>spotting) >37 weeks	Spotting	
Hypertension	Seizure activity	Hypertension > 160/110 and / or headache, visual disturbance, RUQ pain	Mild hypertension >140/90 with/without associated signs and symptoms		
Fetal Assessment	Abnormal FHR tracing Non-Fetal Movement	Atypical FHR tracing, abnormal dopplers Diseased fetal movement			
Others	• Acute onsite severe abdominal pain • Altered level of consciousness • Cord prolapse • Severe respiratory distress • Suspected sepsis	• Major trauma • Shortness of breath • Unplanned and unattended birth	• Abdominal/back pain greater than expected in pregnancy • Flank pain / hematuria • Nausea /vomiting and /or diarrhea with suspected dehydration	• Ongoing assessment from out patient clinic (for hypertension, blood work) • Minor trauma (minor MVC/fall) • Nausea/Vomiting and /or diarrhea • Signs of infection (ie dysuria ,cough, fever, chills)	• Anything that does not seem to pose threat to mother or fetus • Cervical ripening • Out patient placenta previa protocols • Pre-booked visits (ie Rh and progesterone injections, NST • Assessment for version • Rashes

Time seen by Doctor: ....12:22 Am.....

Nurse Name : .....Usha..... Nurse Signature: .....Usha.....

Date: ..01/7/2026..... Time: ...12:13 Am .

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

P HCV-00036207 IP22-00023446
Mrs NANDHINI .....
18-11-2001 24 Y 7 M 15 D (F)
A Dr. CHUPPANA RAGA SUDHA ☐ F
I. .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		c/s IB - Dr. Nikhat (Reg)
01/07/2026	2:30 am.	Dr. Nisha (PG).
		Primi / 38 weeks + 6 days POG / Rh -ve pregnancy / VTDA-1 / for SPOL in Active labor.
		c/c fair
		Afebrile
		BP - 110/70 mmHg
		PR - 80 bpm
		RR - 16 cpm
		H/L - No abnormality Detected
		PA - Ut. term size cephalic FHS (+) Ut Acting (3c [50 sec / 10 min
		PV - Cx - 90% effaced OS - 5-6 cm dilated membs Bom (+) PP - Vx - (-1) station Pelvis adequate gynecoid
		adv :
		(1) Regular diet & plenty of oral fluid
		(2) w/f uterine action, progression of labor
		(3) CTG with any time
		(4) for continuous monitoring
		(5) monitor vitals
		(6) inform sos

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

01/07/2026
3:40 Am

S/B Dr. Nilahat (Reg)
Dr. Nisha (PG)

Primi | 38weeks + 6days POG | Rh -ve pregnancy |
UTDA-1 | for SPOL.

c/o fair
Afebrile
BP - 110/60 mmHg
PR - 60bpm
RR - 14cpm
H/L - No abnormality Detected
PA - Uterus term size
cephalic
FHS - 110bpm
U acting (AC | 50sec/10min)
PV - Cx : fully effaced
ARM done, clear leak
OS - 6-7cm dilated
PP = Vx (-1) station.
Pelvis - Gynecoid
Adequate.

adv.

1. LCP
2. w/f uterine action & progression of labor.
3. FHR monitoring continuous
4. monitor vitals
5. inform S.O.S

Nisha.

01/7/2026
4:30 Am

C/S/B Dr. Nikhat (Reg)
Dr. Nisha (PG)

CTG Reactive

PV - OS - fully dilated
Cx - fully effaced.
show (-)
clear leak
Pelvis - Gynecoid, Adequate.

Nisha

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No: HCV-00036207 IP22-00023446
Patient Name: Mrs NANDHINI 18-11-2001 24 Y 7 M 15 D (F)
Dr. CHUPPANA RAGA SUDHA
Age : ......
I.P. No. : ......

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
01/07/26 6:30 AM		Normal Vaginal Delivery c̄ RMLE ↓LA.
		Patient is put on lithotomy position upon full dilatation. 1% xylocaine infiltrated. Under aseptic precautions parts painted and draped. RMLE given @ height of contraction during crowning. Baby head delivered by vertex presentation. Baby cried immediately after birth. Delayed cord clamping done. Baby handed over to paediatrician. Placenta and membranes delivered completely. RMLE inspected - No extension, no additional tears found. RMLE sutured in layers. Hemostasis achieved. Uterus retracted well.
		Baby details: A term, single, live baby. (I Dr Paramesh).
		Sex of baby: male
		Date : 01/07/2026,
		time of birth : 5:23 AM
		wt @ Birth : 2.922 kgs.
		APGAR : 10.
		mother side.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

6:30 AM

Immidiete post Delivary notes

P1L1 [PND-0

c/c fair
Afebrile
BP - 100/70 mmHg
PR - 86 bpm
RR - 18 cpm
H/L - No Abnormality Detected
PA - Uterus retracted well
OE - No active PV Bleeding

SIC breast soft
baby well mother side

adv

1. Regular diet with plenty of oral fluid
2. T. ACECLOFINE 500mg PO 8th hourly
3. T. PANTOP 40mg OD 24th hrly
4. Exclusive breast feeding
5. Watch any active active PV bleeding
6. Perineal care
7. encourage to pass urine
8. monitor vitals
9. inform SOS.

Noted by Usha

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

V-00036207 IP22-00023446
NANDHINI
11-2001 24 Y 7 M 15 D (F)
CHUPPANA RAGA SUDHA

M ☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
1/7/26		C/S I/B Dr. Krupashila (Reg)
8:30am		Dr. Sowmya (PG 2), Dr. Nikhita (PG 1)
		P1L1 / PND-0 / Rh-ve pregnancy
		GC: Fair ℞
		Afebrile 1) Regular diet with plenty
		BP: 120/70 mmHg. of oral fluids
		PR: 76/min 2) T. ACECLOPLUS 500mg
		RR: 16/min p/o 8th hly
		H/L: No abnormality 3) T. PANTOP 40mg p/o
		detected 24th hly
		P/A: uterus retracted well 4) Exclusive breast feeding
		O/G: No active bleeding p/v 5) Watch bleeding p/v
		6) ~~Ambulate~~ Perineal care
		B/L: Breast soft 7) Racovit/Revital
		Baby well & mother side 8) Inform S.O.S
Baby BGT → A +ve		
		Inj. Anti-D 300mcg IM to be given
TRINBELIMAB INJECTION 300 MCG; Anti D®; B. No.: B25925012; Mfg.: 12/25; Exp.: 11/27; MRP Rs.: 4916.19		
		N.B Santhoshi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

1/7/26
3:00pm

c/s by Dr Ratnavalli
Dr / Dr Nikita PG / Dr Sowmya (PG)

GC-fair
TPR-(N)
BP - 110/70 mmHg
H/C - NAD
P/A - ut retracted well
O/E - No active bleed

Rx
1) Regular diet
Plenty of fluids
2) Follow meds as per chart
3) Breast feeding

noted by
[illegible]
@3pm

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient Name : ....

Age : .... Gender ☐ M ☐ F

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
01/07/2024	8pm	C/c / By Dr. Nikita (Reg)
		Dr. Soumya (PG)
		P1L1 - PND 1 Rh neg preg
		Rx
		GC: no pallor — 1) Reg diet and plenty of
		Afebrile — oral fluid
		BP: 110/70 mmHg
		2) Continue oral Rx as per chart
		PR: 84 bpm/min
		RR: 16/min — 3) W/f anti bld plv
		H/L: NAD
		P/A: ut retracted well — 4) Exclusive breastfeeding
		O/E: NAD
- Anti D given		B/L Breast soft — 5) perineal care
		Baby: well mother side
		urine passed — 6) Vitals (?)
Plan discharge tomorrow		
		7) Inform SOS
		[signature]
		Dr. [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

02/07/2026

8am

SB - Dr Ratnavalli (Reg)

SIB - Dr. Soumya (PG) / Dr NirosHini PG)

Dr Nisha PG / Dr. Nithita (PG)

P1L1 IPND-1 | Rh negative pregnancy
Baby BGT A +Ve
Anti-D given.

adv

- ① Regular diet with plenty of oral fluid
- ② T. ACECLOPLUS 500mg P/o 8th hourly
- ③ T. PANTOP 40mg P/o 24th hrs
- ④ Exclusive breast feeding
- ⑥ n/o/f any active PV bleeding
- ⑦ Perineal care
- ⑧ monitor vitals
- ⑨ inform SOS

H/C fair
Afebrile
BP - 118/70 mmHg
PR - 78 bpm
RR - 14cpm
H/L - No abnormality Detected
PA - uterus retracted well
OE - No active PV bleeding

B/L breast soft
Baby - well, mother side

passed urine
stool not passed yet.

Sign

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RESULT SHEET

Ref No. : F / HW / RS / INPR / 17

HCV-00036207 IP22-00023446

Patient Mrs NANDHINI .....

Age : 18-11-2001 24 Y 7 M 15 D (F) No. : .....

I.D. N Dr. CHUPPANA RAGA SUDHA .....

Date	Of Bowels 7/5/26					
Time						
Hb	11.6 gram					
PCV	34.6					
RBC						
WBC	10.940.					
N/L						
Platelets	2.8 lacks					
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

Date						
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	O~~Ve~~ -ve Negative					
HIV						
$HBsAg$						
HCV	NR					
VDRL						
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

Ref. No. : F / HW / DC / INPR / 05

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Patient Nan HCV-00036207 IP22-00023446 Mrs NANDHINI .... Age : ....

Gender ☐ 18-11-2001 24 Y 7 M 15 D (F) ....

Dr. CHUPPANA RAGA SUDHA

Consultant : ....

Date of Admission : ....

DRUG ALLERGIES : NO

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 / 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 Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date ▶ / Time ▼
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

DRUG :				Date ▶ / Time ▼
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

:V-00036207 IP22-00023446
: NANDHINI
·11-2001 24 Y 7 M 15 D (F)
. CHUPPANA RAGA SUDHA

	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : Tb. ACECLOPLUS

Dose	Route	Frequency	Start Dt.
500 mg	PO	8 hrly	1/7/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	1/7	8/7
Time		
6 AM	Sudha Chetti	M
2 PM	Sudha Chetti	
10 PM	M	

DRUG : Tb. PANTOP

Dose	Route	Frequency	Start Dt.
40mg	PO	24 hrly	1/7/26

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date		
Time		
6 AM	Sudha Chetti	M

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

VARIABLE DOSE	Date ➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

VARIABLE DOSE	Date ➤ / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES
~~01/07/26~~	~~3:30 AM~~	~~T. MISOPROSTOL~~	~~25 µg~~	~~PO~~	~~[signature]~~	
01/7/26	5:23 AM	Inj. oxytocin	10 units	IM	[signature]	[signature]
01/7/26	5:45 AM	DYSTRIN sup	200 mg	PR	[signature]	[signature]
01/7/26	11:55 AM	Inj ANTI-D	300 mg	I/m	[signature]	[signature]

HCV-00036207 IP22-00023446
Mrs NANDHINI
18-11-2001 24 Y 7 M 15 D (F)
Dr. CHUPPANA RAGA SUDHA

Patient Nam		I.P. No.	Sheet No.	Wards	Weight (kg)

I.V. FLUIDS CHART

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.
01/7/26	4Am	10 RL	IV	100ml/hr			1/7/26		
01/7/26	5:23pm	10 RL + 10 units any form	IV	Bolus			1/7/26		

Ref. No. : F / HW / CON / SP / 06

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CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Nandhini

Gender : M ☐ F ☑ IP No. : .....

Age : 24y Department : .....

Date : 1/7/26.

I Mr Nandhini S/D/W/O S. Rambabu

hereby consent for the procedure of Enteroscopy

For my patient / myself named Nandhini UHID NO HCV 00036207

The doctos have clearly explained to me in language known to me about the following possible complications of the procedure : -

The doctor have explained to me about the alternative to the procedures as : -

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : -

I have been explained about possible complication of sedation such as : ~~fall in~~ blood pressure

~~Fall in~~ heart rate , suppression of spontaneous breathing . Others.....

I have been explained about the alternative to the sedatives as : .....

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : .....

Name of the Doctor administering the sedation : Dr. Dheeraja.

Patient Attendant :

Signature : S Rambabu

Name : S. Rambabu

Relationship with Patient : Husband

Date & Time : 01/07/26 4 Am

Witness :

Signature : .....

Name : ~~Dr. Dheeraja~~

Date & Time : ~~01/07/26 4 AM~~

Doctor (who is taking the consent) :

Signature : .....

Name : Dr Dheeraja

Date & Time : 1/7/26 4 Am

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం

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పెషెంట్ పేరు : .....
లింగం : పు ☐ స్త్రీ ☐ .....
ఐ.డి. నెం. .....
వయస్సు.....డిపార్ట్‌మెంట్.....
తేది : .....

నేను : .....S/D/W/O.....

నేను/నా బాలుడు/బాలిక .....ఐ.డి.నెం.....

జరుగు.....అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

.....

.....

.....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా : .....

.....

.....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరినామాలు ఏమని వివరించారనగా :

☐ రక్తపోటు తగ్గుతుందని ☐ గుండే రేటు తగ్గుట ☐ సహజ శ్వాస తగ్గుట ☐ ఇతర కారణాలు : .....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు : .....

మత్తు ఇచ్చు డాక్టరు పేరు : .....

సహాయకుడు :

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

సాక్షి :

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

డాక్టర్:

సంతకము : .....

పేరు : .....

తేది మరియు సంతకము : .....

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CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 01/07/2026

DEPARTMENT: OBG.

NAME: Mrs. K. Nandhini

UHID / I.P.NO.: HCV - 00036207

WARD / BED NO.:

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE: ✓ NVD / LSCS

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID:

DATE;

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:

SIGNATURE:

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Ref.No. F/OT/05

SURGERY DETAILS

Sl.No.

Date: 01/7/2026

Patient Name : Mrs. Nandhini Age: 24 Yrs Sex: Female

UHID No. : HCV - 00036207 IP No: 00023446

Date of Surgery: 01/7/2026 OT : ☐ OT 1 ☐ OT 2 ☐ OT 3 ☐

Name of the Surgery : NVD ↓ L/A

Time in: 5:10 Am Time Out : 6:10 Am

	NAME	AMOUNT
1. Surgeon	Dr. Ragavendha	
2. Anaesthetist	—	
3. Asst. Surgeon	—	
4.OT Technician	—	
5. Circulating Nurse	Usha	
6. Asst. Nurse	Eshwaramma	

Special Equipment: ☐ Laparascopy ☐ Bronchoscope ☐ Harmonic ☐ Morcelator ☐ C-ARM ☐ Cystoscopy

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 692626 / Ordered by:

NVD

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CONSUMABLES OF OT

Ref. No F/CONB/SUR/OT/02

Patent Name : Mrs. Nandhini Age: 24 Y/F

Gender M F UHIS /IP NO. HCV-36267/23446

Date : 1/7/26 Time :

Circulating Staff: Technician:

Anaesthesia Disposables	Qty. Issued	Qty. Used	Surgical disposables	Qty. Issued	Qty. Used	Disposables (Baby side)	Qty. Issued	Qty. Used
ET tube			Major Pack			Inj. Vit.K -01		
LMA			Sutures			Cord clamp -01		
ECG leads : A/P/N			2762		01	Suction Catheter		
HME filter : A/P/N					✓	Feeding Tube		
Syringe 10 cc		01 ✓				Vaccum Suction Set		
05 cc		02 ✓	Gloves 6 1/2		02 ✓	Surgical Gloves 6 1/2 -02		
02 cc		02 ✓				Gauze Pack		
01 cc						Syringe 1 ml/ 2 ml -01		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20 22 -01		
IV set			NG tube			Koochies (S) -01		
RL			Cautery Pencil			Alcohol Swabs-02		
NS: 10ml/100ml/500ml/1000ml			Koochies					
			Ointments					
			Suction Catheter					
Fentanyl			Cap. Mask 5+5		10			
Morphine			Gauze Pack			~~Nel cath 12-01~~		
Ketamine			Mop Pack		01	Newsmom-01		
Propofol			Steristrip			Fixtra-01		
Rocuronium			Underpad		02	D/water-02		
Glycopyrolate			Draw Sheet			Protogloves-02		
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter			Inj. Oxytocin-05		
Pencan 23g/Spinal Needle 22			Urobag			Inj. lox 2%		01
Bupivacine 0.25%			Chest Drinage Catheter			D/Apron		01
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban			No Audit		
Anamol : 80mg/250mg/170 mg			Double J Stent			Cross checked by		
Supridol 100mg			Vaccum Suction set			[signature]		
Justin: 12.5 mg/25mg/100mg		02 ✓	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		01			
			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon Dr Ragasudha Anaesthesiologist Nurse [signature] OT Technician

Order No: 633 / 692636 / 2631 Ordered by:

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

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Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023446	**Ward**	3F-THIRD FLOOR
Patient Name	Mrs NANDHINI	**Bed Name**	GW 320
Age/Sex	24 Y 7 M 15 D / Female	**Order No**	22-0000692636
Date	01/07/2026 06:43	**Prescription No**	PRIP22-0292807
Payor	AP POLICE AROGYA BHADRATHA	**Dispensed Date**	01/07/2026 14:41
UHID	HCV-00036207		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
2	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	2	21.56	43.12
3	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	2	11.25	22.50
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	2	2.71	5.42
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	5	18.90	94.50
6	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
7	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	2	91.00	182.00
8	THEMICAINE 2% 30ML INJ	Themis Medicare Ltd	H	THC26004	03/28	1	36.75	36.75
9	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J	C1	T5013	11/28	1	519.00	519.00
						Total :	**748.04**	**968.90**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : VEERINI RAMALAKSHMI

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

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Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023446	**Ward**	3F-THIRD FLOOR
Patient Name	Mrs NANDHINI	**Bed Name**	GW 320
Age/Sex	24 Y 7 M 15 D / Female	**Order No**	22-0000692633
Date	01/07/2026 06:34	**Prescription No**	PRIP22-0292768
Payor	AP POLICE AROGYA BHADRATHA	**Dispensed Date**	01/07/2026 06:47
UHID	HCV-00036207		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	1	135.00	135.00
2	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
3	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	1	949.00	949.00
4	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
5	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
6	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	10	23.43	234.30
7	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
8	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
9	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
10	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26E140032	04/29	2	170.00	340.00
						Total :	**2,252.99**	**3,168.86**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

M/s RAINBOW CHEMISTS AND DRUGGISTS (A Unit of Rainbow Children's Medicare Ltd.) PLOT NO.15A, APHC HEALTH CITY LAYOUT, CHINAGADILI, VISAKHAPATNAM-530040 (A.P.) Lic. No. 21-A/03/01/2020-12878-12882

Printed Time : 01-07-2026 06:47

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospitals - Visakhapatnam

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Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits.
Govt General Hospital Kda Vishakhapatnam Andhra Pradesh INDIA 530040
Tel No : 891-3501601

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

DL NO : FORM (20,21,20F)-AP/03/01- 12878,12882,12881

Registered Office: 8-2-120/103/1,Survey No.403,Road No.2,Banjara Hills, Hyderabad 500034, Telangana.

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023450	**Ward**	3F-THIRD FLOOR
Patient Name	Baby B/O NANDHINI	**Bed Name**	CRDL-GW -320-1
Age/Sex	0 Y 0 M 0 D 1 H / Male	**Order No**	22-0000692631
Date	01/07/2026 06:21	**Prescription No**	PRIP22-0292769
Payor	AP POLICE AROGYA BHADRATHA	**Dispensed Date**	01/07/2026 06:49
UHID	HCV-00041220		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ALCOHOL SWABS HMD		GENERAL	2509O7	08/30	2	4.09	8.18
2	BABY DIAPER X SMALL 5S-HAPPY HUG	HAPPY HUG		UVNB01BABY	12/99	1	150.00	150.00
3	CORD CLAMP- CHIRO - CLAMP			25G075	06/30	1	83.00	83.00
4	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)	GENERAL	6O43348	01/31	1	22.50	22.50
5	PHYTOCURE-K 1MG INJ 0.5 ML	SWISS CRITICURE		PK125	04/27	1	47.15	47.15
6	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	2	91.00	182.00
7	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
						Total :	**405.41**	**500.50**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SALAPU HARINI

Harini

RAINBOW CHEMISTS AND DRUGGISTS (A unit of Rainbow Children's Medicare Ltd.) PLOT NO.15A, APIIC HEALTH CITY LAYOUT, CHINNAGADILI, VISAKHAPATNAM-530040 (A.P.) 20, 21-AP/03/01/2020-12878-12882