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 : IP22-00023436 **Admit Date** : 29-Jun-2026 **Admit Time** : 08:19 PM **UHID** : HCV-00035260

Patient Details :

Patient Name	: Mrs HARITA KONGARA	**Age**	: 37 Y 1 M 0 D
Guardian	: SRAVANTH	**DOB**	: 29-05-1989
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: ANANDHAPURAM,GUDILOVA Pendurthi Vishakhapatnam Andhra Pradesh INDIA 531173	**Phone No**	: 9618986789/ 7675836236
		E-mail	: harita.k590@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PRI 302 **Ward Name** : 3F-THIRD FLOOR

Room No : PRI 302 **Admission Type** : First Visit

Contact Details :

Name : SRAVANTH **Relationship** : W/O

Contact Address : ANANDHAPURAM,GUDILOVA Pendurthi Vishakhapatnam Andhra Pradesh INDIA 531173 **Phone No** :

K. Sravanth.
Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : VIDAL HEALTH INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

HCV-00035260 IP22-00023436
Name:---------- Mrs HARITA KONGARA (F) ----------
29-05-1989 37 Y 1 M 0 D
Dr. CHUPPANA RAGA SUDHA

UHID No :..... Consultant :.....Dept.:.....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	7:15 Am	MICU	LDR-I	
30/6/26	10:10 AM	LDR-I	302	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Prathyusha Samuel	30/6/26	92532	
2.	[illegible]	30/6/26	92534	Sireesha.
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Orders checked by me

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6/26	Syringe pump	30/6/26 at: 12:30Am	30/6/26 9:30AM	692403	Ueh

Cancelled by [illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6/26	NST - (1) at: ~~7~~:50 pm	7253	Usha
29/6/26	NST - (1) 11 pm		
30/6/26	NST - (1) at: 3 Am	7254	Usha
30/6/26	NST - (1) 6:40 Am	7256	Usha

Cons cued by [illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6/2026.	IV Placement	1	692401	
30/6/26.	Epidural Charges	1	692402	
30/6/26	NVD @ Epidural Done By Dr. Rajasudha Time in: 7:50 Am Time out: 8:50 AM	1	92415	
				cross Verified

ANY OTHER INFORMATION

Date: 1/7/26 Time: 2Am Prepared By: Malathi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Malathi	3rd Floor		

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA

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I.P. ADMISSION SHEET FOR OBSTETRICS

Presenting Complaints complaints of labour pains :- 2pm on 29/6/26

Obstetric Formula : primi

Obstetric History: primi

Present Pregnancy Record
→ spontaneous conception
→ Unplanned
→ Regular antenatal checkups.

RISK FACTORS:

→ PEL 37 ww => ↑ (1:41)

Height :157.....cms
Weight...78.....kgs
Allergies :...(-).....
Breast ☑ Normal ☐ Abnormal

General Examination:

Consciousness : (+) Pallor: (-)
Icterus : (-) Edema: (-)
Temp: Afebrile PR: 84/min
BP: 140/90 mmHg. DTR: (+)
CVS: S1S2 (+) RS (N) Vesicular
Liver / Spleen : NAD Urine Output: Normal

LMP : 28/9/25 EDD: 5/7/26
Corrected EDD: GA: 39wk 1day
Menstrual History : Regular : ☑ Yes ☐ No 4/24 days
H/L : 11 months, NCM

Obstetric Examination

Fundal Height ~ term.

Ut. Activity: ☐ Relaxed ☐ Mild ☑ Mod ☐ Severe 2-3/10 35sec flowin
Liquor: ☑ Adequate ☐ Oligo ☐ Poly
PP: ☑ Cephalic ☐ Breech Others_____
Head Fifths Palpable _____
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%.
Os: Closed_____ Dilated 1cm.
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 | 39 weeks 1day POG | PE <37 screen +ve | In latent labour | Small for Gestational Age | for spontaneous progression of labour.

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA

Family History	Surgical History
Nil significant	Nil significant.
Medical History:	**Medication History:**
Nil significant.	→ Oscal T-Ecospirin 150mg : 12 week stopped @ 36 week.

Plan of Care:

1) Admission.
2) Parts preparation.
3) Consent for vaginal birth.
4) CTG 4th hourly monitoring
5) FHR monitoring every 30 mins.
6) Wt uterine action
7) Wt spontaneous progression of labour.
8) Monitor vitals
9) Uniform I.O.S.

Investigations: BGT → B+ve

13/5/26
Hb: 11.3gm/dl
Plt: 2.63 lakhs

HIV, HBsAg, VDRL } Non Reactive.

25/4/26.
GCT: 132mg/dl

27/11/25
HbA1C: 5.2%.

20/6/26: SLIUG - 37+6 days
Presentation: cephalic
placenta: anterior
AFI: 8.4
EFW: 2.415 kgs (4%ile) ⇒ SGA
Dopplers: Normal.

NTS Con: PIW 1 day ⇒ Mean Uterine artery Doppler end diastolic flow with (>95th centile)
subsequent scans → (N)

Doctor Name: Dr Lalitha valli
Signature:
Date & Time: 29/6

Consultant Name: Dr Ragasudha
Signature:
Date & Time: 29/6

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of ~~Admission~~ Amkg: 29/6/2026 @ 4.10 PM

Baseline Information:

Admission From: ☐ ER ☑ OPD ☐ Admission Desk ☐ Others, specify .....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Others, specify .....

Do you require an interpreter? ☐ Yes ☑ No if Yes specify .....

Source of Information: ☑ Patient ☐ Family ☐ Others, specify .....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Chief Complaints: Came with the Complaints of Vaginal abdominal pain

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. Nikat

Time Notified: 7:15pm

Past Medical History: Obtained From ☑ Patient ☐ Family Member ☐ Medical Record ☐ Other (specify) .....

Past Medical History	Past Surgical History	Previous Hospital Admission
NO	NO	NO

Gynecology Assessment: ☐ Not Applicable

Menstrual History: 3-4 days

Onset of Menarche: 13yrs

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 28/09/2025

Gynecology Surgical History:

Caesarean Section: ☑ No ☐ Yes

Cervical Cerclage: ☑ No ☐ Yes

Ectopic Pregnancy: ☑ No ☐ Yes

Myomectomy: ☑ No ☐ Yes

Others: _____

Gynecological History:

Contraceptives: ☑ No ☐ Yes

Vaginal Discharge: ☑ No ☐ Yes

Post-Coital Bleeding: ☑ No ☐ Yes

Infertility: ☑ No ☐ Yes

If Yes Type: ☐ Primary ☐ Secondary

Obstetric History: G ..... P ..... L ..... A .....

Previous LSCS: NO

Current Medication: ☑ None ☐ Yes, If Yes, Fill the reconciliation form

Family History: ☑ No Abnormalities Detected

☐ Heart Disease ☐ Hypertension ☐ Diabetes ☐ Stroke ☐ Seizures ☐ Kidney disease

☐ Liver disease ☐ Other .....

Vital Signs / Measurements: Temp: 98.4F HR: 80bpm RR: 20bpm

BP: 140/84 Weight: 78kg Height: 157cm BMI: .....

Pain Assessment: **Pain:** ☑ Yes ☐ No (If Yes, complete the Pain Assessment / Reassessment Form)

(P.T.O.)

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA

PHYSICAL ASSESSMENT

General Appearance: ☑ Healthy ☐ ill looking ☐ Anxious ☐ Agitated ☐ Others: .....

Fall Assessment: ☐ Yes ☑ No Score ..23.. (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ..22.. (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

☐ Mobility problem ☐ Walking Problem ☑ No Abnormality Detected

☐ Developmental Delay ☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: ☑ No Abnormality Detected

☐ Overweight ☐ Poor Appetite > 3 Days ☐ Needs Therapeutic Diet.

☐ Under Weight ☐ Diabetes Mellitus ☐ Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

☑ Calm & Cooperative ☐ Restless ☐ Depressed ☐ Agitated ☐ Confused

☐ Others .....

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** ☐ Single ☑ Married ☐ Divorced ☐ Widow
2. **Special Habits:** **Smoker:** ☐ Yes ☑ No **Alcohol Abuse:** ☐ Yes ☑ No **Drug Abuse:** ☐ Yes ☑ No

Social History: Lives With ..husband..

Orientation has been given regarding the following aspects:

Call Bell in Reach : ☑ Yes ☐ No Waste Disposal Explained: ☑ Yes ☐ No

Infusion Pump : ☐ Yes ☑ No Hand Hygiene Explained: ☑ Yes ☐ No ☐ Others

Above information given to ..patient..

Name of Person Orientation was given to: ..Mr. Harita..

Orientation not given Reason: .....

Nurse Signature: .....

Nurse Name: .....

Date & Time: ..29/6/26 @ 7:12pm

Re ... / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
Patier 29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA
Age :
I.P. No. .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26		C/S/B Dr. Ratnavalli (Reg)
10:00pm		Dr. Nikhita (PGY)
		Primi / 39 weeks 1 day POG / PE (37 + 1) / for SPOL / in latent labour
		R
		GC: Fair — 1) Pt in LLP/DFMC
		Afebrile — 2) CTG 4th hourly monitoring.
		BP: 138/81 mmHg — 3) FHR monitoring continuously
		PR: 86/min — 4) watch uterine action.
		RR: 14/min — 5) watch labour progression.
		H/C: No abnormality detected — 6) Monitor vitals
		7) Inform S.O.S
		PA: uterus term
		cephalic
		FHS (+)
		uterus acting
		PV: Cx: well effaced
		Os: 3cms dilated
		PP: Vertex @ -2 station
		pelvis: adequate and gynaecoid
		Noted by us 29/6/26 at 10:10 PM
		C-Nikhita

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/22
12:00 am

CLS IB Dr. Ratnavalli (Rg)
Dr. Nihith (PG)

Primi | 39 weeks 2 days POG | PE <37+ut | for SPOL | in latent labour

GC: Fair

Afebrile

BP: 136/79 mmHg

PR: 74/min

RR: 16/min

H/L: NAD abnormality detected

PA: uterus ~ term
cephalic
FHS (+)
uterus ~ acting - 3c/30sec (10min)

PV: Cx: well effaced
OS: 3cms dilated
PP: Vertex @ -2 station
pelvis: adequate and gynaecoid.

Advice

1) Rest in LLP / DFMC
2) CTG 4th hourly monitoring
3) FHR monitoring continuously.
4) w/f uterine action.
5) w/f labour progression
6) Monitor vitals
7) Inform S.O.S.

Patient opted for Epidural Analgesia @ 3cm dilation and hence the same was sited by Anaesthetist & strict aseptic condition on

C. Nihith

Noted by Wh

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Age : . Dr. CHUPPANA RAGA SUDHA
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/20		CISLB Dr. Ratnavalli (PG)
2.00am		Dr. Nithite (PG)
		Primi | 39 weeks 2 days | PE <37 +1x | for SROL
		Adv
		GC: Fair
		Afebrile
		BP: 122/72 mmHg
		PR: 86/min
		RR: 14/min
		HLL: No abnormality detected
		PA: uterus ~ term
		cephalic
		FHS (+)
		uterus ~ acting (3c/35sec/10min)
		PV: Cx: well effaced
		Os: 5cms dilated
		PP: Vertex @ -3 station
		Pelvis: adequate and gynaecoid
		1) Rest in LLP/DSMC
		2) CTG 4th hourly monitoring.
		3) FHR monitoring continuously
		4) Wait uterine action.
		5) Wait labour progression
		6) Monitor vitals
		7) Inform S.O.S
		Counselled
30/6/20		GC: Fair, vitals-stable
5:00am		PA: uterus ~ term
		cephalic,
		FHS (+), uterus ~ acting
		PV: Cx: fully effaced
		Os: fully dilated
		PP: Vertex @ -1 station, pelvis: adequate and gynaecoid

Counselled

Noted by me 30/6/20 at 8:45 Am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/26
8:40am

LABOUR NORMAL & RMLE ↓ CA EPIDURAL

↓ Strict aseptic conditions, parts painted and draped. Patient in Lithotomy position was encouraged to bear down. 1% Xylocaine infiltrated. At the time of crowning, Right mediolateral incision given.

Baby delivered with vertex as presenting part. Baby cried immediately after birth. Delayed cord clamping done. Baby handed over to paediatrician.

Placenta and membranes delivered by controlled cord traction.

RMLE site was inspected and no other additional tears noted. RMLE site sutured in layers with 2-0 rapid vicryl.

Hemostasis achieved. Uterus retracted well.

Vaginal toileting done.

Baby Details: A healthy live Female child of weight 2.662 kgs with APGAR 9|10 was delivered on 30/6/26 @ 8:18 a.m.

↓ NICU

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 2 D (F)
Age : . Dr. CHUPPANA RAGA SUDHA
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26		Immediat post Natal Note
8:40am		
		P1L1 PND-0
		B
		CC: Fair
		Afebrile
		BP: 110/80 mm Hg
		PR: 86/min
		RR: 14/min
		H/L: No abnormality detected
		PA: uterus retracted well
		O/E: No active bleeding
		B/L Breast sgt
		Baby well & maternally
		1) Regular diet with plenty of oral fluids
		2) T. ACECLOP LVS 500mg PO BD x 5 days.
		3) T. PANTOP 40mg PO OD x 2 days
		4) Exclusive breast feeding
		5) Wet bleeding PV
		6) Perineal care
		7) Monitor VS 4th hly
		8) Zyforms 0-0
		Noted by Rudra

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/06/2016
2:30pm

C/s By Dr Nikita (Reg)
Dr. Soumya (PG)

P1L4 – PND1

GC: no pallor
Afebrile
BP: 110/70 mm Hg
PR: 84 bt/min
RR: 16/min
H/L: NAD
P/A: ut retracted well
O/E: NAB
B/L Breast soft
Baby: well mother side

Rp

1) Regular diet and plenty of oral fluid
2) Continue oral Rx as per chart
3) b/f actin bld pl.
4) Exclusive breastfeeding
5) perineal care
6) Vitals ⓝ
7) Inform SOS.
8) Encourage voiding urine

Dr Soumya

N.D Sivarathe

Plan discharge tomorrow

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 2 D (F)
Age : . Dr. CHUPPANA RAGA SUDHA
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		c/s/s Dr. Nikhat (Reg)
30/6/2026	8:30pm	Dr. Nisha (PG)
		P1L1 | PND - 0
		adv
		GC fair
		Afebrile
		BP - 122/84 mm Hg
		PR - 86 bpm
		RR - 18 cpm
		P/A - No abnormality detected
		PA - uterus retracted well
		OE - No active PV bleeding
		B/L - Breast soft
		Baby : well
		mother side
		Plan discharge tomorrow

① Regular diet with plenty of oral fluids
② continue medications as per drug chart
③ w/f any active PV bleeding
④ Exclusive breast feeding
⑤ Perineal care
⑥ vitals monitoring
⑦ inform SOS

Noted by Dr.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

11/7/26
8:30am

Cls/B Dr. Rageshudha
Dr. Krupashila (Reg)
Dr. Soumya (PG 2), Dr. Nikhita (PG 1)

P.L./PND-1

G.C: Fair
Afebrile
BP: 110/70 mmHg
PR: 72/min
RR: 16/min
H/L: No abnormality detected
P/A: uterus retracted well
P/V: No active bleeding

B/L Breasts ++
Baby well & mother sick

B

1) Regular diet with plenty of oral fluids
2) T. ACE (COPLUS) 500mg p/o 8th hly
3) T. PANTOP 40mg p/o OD hly
4) Exclusive breast feeding
5) Wt bleeding p/v.
6) Perineal care.
7) Monitor VS 4th hly
8) Informed.

Counselled.

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

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Patient Name : ..... HCV-00035260 Mrs HARITA KONGARA 29-05-1989 IP22-00023436 ..... Age : .....

Gender ☐ M ☐ F - Hospit Dr. CHUPPANA RAGA SUDHA 37 Y 1 M 0 D (F) .....

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 *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)

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

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

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

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA

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

REGULAR PRESCRIPTIONS

DRUG : T. ACECLOPLUS

Dose	Route	Frequency	Start Dt.
500mg	PO	8th hly	30/6/22

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																		
Time	30/6	1/7																
6 AM	X	Cough Mixture																
2 PM	Tab Rigix																	
10 PM																		
		✓	✓															

DRUG : T. PANTOP

Dose	Route	Frequency	Start Dt.
40mg	PO	24hrly	30/6/22

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																		
Time	1/7																	
6 AM	Cough Mixture																	
	✓																	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																		
Time																		

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date																		
Time																		

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
30/6/26	8:40am	T. JUSTIN	200mg	P/R	[signature]	[signature]

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA

	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.
30/6/26	12:10 Am	1 ORL	IV	100ml/hr	✓	Usha Eshwari	30/6/26	✓	Usha Eshwari
30/6/26	4:00 Am	1 ORL	IV	100ml/hr	✓	Usha Eshwari	30/6/26	✓	Usha Eshwari
30/6/26	7:25 Am	1 ORL + 5u oxytocin	IV	16drops/min	✓	Usha Eshwari	30/6	✓	Sudha Sudha

HCV-00035260 IP22-00023436
Mrs HARITA KONGARA
29-05-1989 37 Y 1 M 0 D (F)
Dr. CHUPPANA RAGA SUDHA

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

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R
OCEDURES AND SEDATION

Patient Name : HARITA KONGARA
Gender : M ☐ F ☑ IP No. : 00023436
Age : 37Y. Department : MICU
Date : 30/6/26

I Harita S/D/W/O sravanth

hereby consent for the procedure of EPIDURAL

For my patient / myself named UHID NO. HCV-00035260

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 :

Patient Attendant :
Signature : K. Sravanth
Name : K. SRAVANTH
Relationship with Patient : HUSBAND
Date & Time : 29/06/26 23:52

Witness :
Signature :
Name :
Date & Time :

Doctor (who is taking the consent) :
Signature :
Name : Dr. G. Bhaskar Anil Raj
Date & Time : 30/6/26 12 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 ఇంట్రావీనస్ 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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INFORMED CONSENT FOR VAGINAL BIRTH

Patient Name :...Mrs. K. Haritha.....Age:..37yr.....Gender:..F.....

UHID / IP No...HCV-00035260.....

I hereby authorized the performance of the following procedure:

The procedure has been explained to me in general terms and I understand that:

The indication requring the procedure of vaginal birth is pregnancy.

The Purpose of this procedure is to deliver of infant through birth canal either naturally or with possible use of forceps of vacuum extraction. An episiotomy (a cut performed for enlarging of the vaginal opening in the space between the vagina and the rectum) may be performed as part of a vaginal delivery.

Should vaginal delivery be unsucessful, delivery by cesarean section with an abdominal incision under appropriate anesthesia may be necessary.

In an attempt to deliver the baby either naturally or with the help of instrument i.e. forceps or vacuum, there may be risks of : infection, allergic reaction, scarring, blood loss, need for blood transfusion, pain and discomfor, injury to urinary tract, possible injury to the baby (laceration, hematoma, skull fracture, nerve injury and brain injury) and possible future pelvic floor dysfunction,.

I understand and accept that there are complications, including the remote risk of death or serious disability, which exists for me and my baby.

I am aware that in most acases, vaginal delivery results in a healthy mother and baby; however, I realize that there are no guarantees.

I voluntarily consent to the procedures described or otherwise referred to herein. I am aware that they will be performed by a qualified gynecologist .

Consentee:
Signature :.....
Name:...HARITA K.....
Date& Time:29/06/26 10:20Pm

Relative
Signature :.....
Name:SRAVANTH K.....
Date& Time:29/06/26 10:20 Pm

Witness:
Signature :.....
Name:.....
Date& Time:.....

Signature:.....Name of the Doctor: for Dr. Rageswthe.....
Date & Time:29/6/26, 10:00pm.

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
Mrs. K Harita IP NO: 00023436	29/6/26 at : 8:19 pm	30/6/26 at : 10:18 Am
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. Ragavendhra	Dr Ratnavalli	PO
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
MICU	302	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☐ If yes, What ?
32	NST –	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Tab- Aceclopac -10	
2.	Tab - Zovanta -10	
3.	new mom pad - 01	
4.	Fixator -01	
5.	under pad - 01	

Shifting Summary / Notes written by Doctor:

Dr.

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Aud	Dr. Ashalatha	Malath	

Patient & Clinical records received by:

Signature with Date & Time: Kalyani 30/6/26 10:30 Am

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:

Unavailable bed ☐ Nurse not available ☐ Available bed not ready

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CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 29/6/2026

DEPARTMENT: OBG

NAME: Mrs. Hanta

UHID / I.P.NO.: Hw-000 35260

WARD / BED NO.: Ward

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE: NVD / LSCS

ESTIMATION OF THE COST OF THE SURGERY:

ADVANCE AMOUNT PAID: DATE: 29 | 06 | 2026

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: 30/6/2026

Patient Name : Mrs. K. Harita Age: 37 Yrs Sex: Female

UHID No. : HCV - 00035260 IP No: 000023436

Date of Surgery: 30/6/2026 OT : ☐ OT 1 ☐ OT 2 ☐ OT 3 ☐

Name of the Surgery : NVD @ Epidural

Time in: 7:50 Am Time Out : 8:50 Am

	NAME	AMOUNT
1. Surgeon	: Dr. Ragasudha	:
2. Anaesthetist	:	:
3. Asst. Surgeon	:	:
4.OT Technician	:	:
5. Circulating Nurse	: Srideví	:
6. Asst. Nurse	: Divya	:

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No : 92415 Ordered by: Srideví

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

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CONSUMABLES OF OT

Patent Name : Mrs. Haritha Age:
Gender M F UHIS /IP NO.
Date : Time :

Circulating Staff: Sridevi Technician:

Anaesthesia Disposables	Qty. Issued	Qty. Used
ET tube		
LMA		
ECG leads : A/P/N		
HME filter : A/P/N		
Syringe 10 cc	01	
05 cc	02	
02 cc		
01 cc		
Cautery Plate : A/P/N		
IV set		
RL		
NS: 10ml/100ml/500ml/1000ml		
Fentanyl		
Morphine		
Ketamine		
Propofol		
Rocuronium		
Glycopyrolate		
Myopyrolate		
Ondansetron		
Pencan 23g/Spinal Needle 22		
Bupivacine 0.25%		
Bupivacine 0.25%(Heavy)		
Antibiotics		
Suppositories		
Anamol : 80mg/250mg/170 mg		
Supridol 100mg		
Justin: 12.5 mg/25mg/100mg	02	
Tab. Misoprost : 200mg		

Surgical disposables	Qty. Issued	Qty. Used
Major Pack NVD		01
Sutures 2762		01
Gloves 6½		02
P.F 6½		01
6		02
Surgical blade		
NG tube		
Cautery Pencil		
Koochies		
Ointments		
Suction Catheter		
Cap. Mask 5+5		10
Gauze Pack		
Mop Pack		01
Steristrip		
Underpad		02
Draw Sheet		
Abgel		
Foleys Catheter		
Urobag		
Chest Drinage Catheter		
Romodrain bag		
Bandage		
Tegaderm		
Ioban		
Double J Stent		
Vaccum Suction set		
Plastic Bed Sheet		
Betadine Solution		01
Microshield		
Cotton Balls		
Latex Gloves		20
Ramdione Scrub		
Saral		

Disposables (Baby side)	Qty. Issued	Qty. Used
Inj. Vit.K	01	
Cord clamp	01	
Suction Catheter		
Feeding Tube		
Vaccum Suction Set		
Surgical Gloves 6½+7+7½=02		
Gauze Pack	01	
Syringe 1ml/ 2 ml	01	
Surgical Blade # 22	01	
Koochies (S)	01	
Alcohol Swabs	02.	
D/Aprons	02	
D/water	01	
New mom pad	01	
New mom tirator	01	
protogauns	02.	
Inj- oxytocin	05.	
Nelton Cath 12"	01	
Hand Care	02.	

Surgeon Anaesthesiologist Nurse OT Technician

Order No: 692420/2022 Ordered by: Haritha

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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	IP22-00023436	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs HARITA KONGARA	**Bed Name**	MICU 208
Age/Sex	37 Y 1 M 1 D / Female	**Order No**	22-0000692420
Date	30/06/2026 09:18	**Prescription No**	PRIP22-0292692
Payor	VIDAL HEALTH INSURANCE TPA PVT LTD	**Dispensed Date**	30/06/2026 10:11
UHID	HCV-00035260		

MICU

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	2	135.00	270.00
2	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	1	28.13	28.13
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B2OK59	01/31	2	21.56	43.12
4	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	1	2.71	2.71
5	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd	H	O91689	02/28	5	18.90	94.50
6	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
7	HAND CARE GLOVE	Safetouch	GENERAL	O426R	02/29	2	38.00	76.00
8	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	M2642SF031	03/30	1	949.00	949.00
10	NELTON CATHETER 12FR	Polymed	GENERAL	2610065A	12/30	1	78.00	78.00
11	NEW MOM DISP MATERNITY PAD FIXATOR - XL	DYNAMIC TECHNO	General	85803	12/30	1	210.00	210.00
12	NEW MOM DISP MATERNITY PADS MAXIPAD	DYNAMIC TECHNO		104538	01/31	1	194.00	194.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDiCALS	GENERAL	26FB001	01/29	20	23.43	468.60
14	NORMAL DELIVERY KIT PROTECTCARE		General	1120502022026	12/29	1	1,600.00	1,600.00
15	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
16	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	2	450.00	900.00
17	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	3	91.00	273.00
18	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
19	SURGICARE NEURO STERILE GLOVE-6.5 PF		GENERAL	25L7121D1O	11/28	1	140.00	140.00
20	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26E140032	04/29	2	170.00	340.00
21	VICRYL 2-0 NW 2762	ETHICON SUTURES-J&J	C1	T5013	11/28	1	519.00	519.00
						Total :	**4,809.03**	**6,430.10**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Printed Time : 30-06-2026 10:11

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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	IP22-00023440	**Ward**	3F-THIRD FLOOR
Patient Name	Baby B/O HARITA KONGARA	**Bed Name**	CRDL-PRI-302-1
Age/Sex	0 Y 0 M 0 D 1 H / Female	**Order No**	22-0000692422
Date	30/06/2026 09:28	**Prescription No**	PRIP22-0292691
Payor	SELFPAY	**Dispensed Date**	30/06/2026 10:10
UHID	HCV-00041201		

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 MEDIUM 5S-HAPPY HUG	HAPPY HUG		RUVM0IR	12/99	1	125.00	125.00
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	1	91.00	91.00
7	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
8	SURGICAL BLADE 22	Surgeon	GENERAL	081125	10/30	1	7.67	7.67
						Total :	**471.41**	**475.50**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : SIMBOTHULA PRIYANKA

Printed Time : 30-06-2026 10:10