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 : IP22-00023430 **Admit Date** : 29-Jun-2026 **Admit Time** : 01:31 PM **UHID** : HCV-00040556

Patient Details :

Patient Name	: Mrs M SAI KRISHNA DURGA VINEETHA	**Age**	: 30 Y 2 M 15 D
Guardian	: Mr SIVA SATISH	**DOB**	: 14-04-1996
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gopala Patnam Vishakhapatnam Andhra Pradesh INDIA 530027	**Phone No**	: 9063210893
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : DAY CARE **Bed No** : DC 211 **Ward Name** : 2F-SECOND FLOOR

Room No : DC 211 **Admission Type** : First Visit

Contact Details :

Name : Mr SIVA SATISH **Relationship** : W/O

Contact Address : Gopala Patnam Vishakhapatnam Andhra Pradesh INDIA 530027 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. M V R SHAILAJA **Specialisation** : OBSTETRICS AND GYNECOLOGY

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

HCV-00040556 IP22-00023430
Mrs M SAI KRISHNA DURGA (F)
14-04-1996 30 Y 2 M 15 D
Dr. M V R SHAILAJA

Name:---------- ----------

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

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	3:25pm	MICU	OT	malathi
29/6/26	4pm.	OT	MICU	mercy

Cross Consultation Visit

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

CMS checked by Jh

MEDICAL EQUIPMENT (WARD & ICU

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

Cross checked by [illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature

Cross checked by [illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6/26	IV placement P.A.C.			
	Suction and evacuation done by Dr. Shailaja ✓ GA		692272 692273	Malathi
	Anesth Dr. noorbasha time in : 3:20pm time out : 4pm			

ANY OTHER INFORMATION

Sevoflorin used 35 mins

I/m checked by Dr

Date: 29/6/26 Time: 5:39pm Prepared By: Shanu

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Shanu	MICU		

M. Sai Krishna Durga Vineetha

Patient Sticker

I.P. ADMISSION SHEET FOR GYNECOLOGY

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

Allergies : (-) ☐ Not know any drug allergies

PRESENTING COMPLAINTS :

$G_2P_1L_1$ | 9 week + 4 day POG | Post cesarean pregnancy | came for MTP by suction evacuation.

G_1 - Full term | LSCS i/v/o PROM c non progression of labour | FCh | b.wt: 2.975 kg | 3 years.

G_2 - spontaneous conception.

26/6/26: viability scan: 9w1day => early intrauterine gestational sac, yolk sac, and fetal pole visualised. Cardiac activity not seen
⇓
early pregnancy failure.

MENSTRUAL HISTORY	OBSTETRIC HISTORY
Year of Marriage : 7 years, Consanguinous => III rd deg.	Parity : $G_2P_1L_1$
Previous Periods : Regular => 4/27.	Mode of Delivery: LSCS → 3 yrs back
LMP : 23/4/26.	Last Child Birth: 3 years
Contraception : (-)	

PAST MEDICAL HISTORY	PAST SURGICAL HISTORY
Nil.	LSCS → 3 years back

Patient Sticker

FAMILY HISTORY:	MEDICATION HISTORY:
Mother: DM.	Nil.

INITIAL ASSESSMENT:

Date 29/6/22.	Breasts	Local / Speculum Examination
Ht. 156 Wt. 65.80	BL Breasts - sft	(-)
BMI		
B.P 120/70 mmHg		Bimanual Pelvic Examination
Pallor (-)	Abdominal Examination	(-).
CVR S.S. (+)	PA: sft	
Respiratory System (A) Vesicular breath sound		
Thyroid Normal.		

PROVISIONAL DIAGNOSIS : G2P1L1 | 9 weeks +4 days POG | PCP | Missed abortion | for Suction Evacuation.

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT
27/6/22 BG&T → B+ve Hb: 12.5gm/dl plt: 2.32lakhs HIV, HBsAg, HCV, VDRL } Non Reactive RBS: 130mg/dl	1) Admission. 2) Part preparation. 3) consent for procedure. 4) Pre-op medication 5) pre-anaesthetic checkup 6) Monitor vitals 7) Inform S.O.S 8) Shift to OT on call

Name of the Doctor : for Dr. MVR. Shailaja's

Signature of Doctor

Date & Time : 29/6/22 2:00pm.

HCV-00040556 IP22-00023430
Mrs M SAI KRISHNA DURGA
14-04-1996 30 Y 2 M 15 D (F)
Dr. M V R SHAILAJA

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OBSTETRICS / GYNECOLOGY
NURSING INITIAL ASSESSMENT FORM

Date of Admission: 29/6/26 at 1:20pm

Baseline Information:

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

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: .....

.....

.....

Doctor Notified on Admission: ☑ Yes ☐ No

Name of the Doctor: Dr. nihitha

Time Notified: 1:15 pm

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

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

Gynecology Assessment: ☐ Not Applicable

Menstrual History: 27/4 dy

.....

Onset of Menarche: 12 years

Menstrual Cycle: ☑ Regular ☐ Irregular

Last Menstrual Period: 23/4/26

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: Yes

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: 98.6°F HR: 86bpm RR: 20bpm

BP: ..... Weight: 64kg Height: ..... BMI: .....

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

Patient Sticker

PHYSICAL ASSESSMENT

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

Fall Assessment: ☑ Yes ☐ No Score ....20..... (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: ☐ Yes ☑ No Score ....21..... (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: .....mrs Sai Lekshma Durga vinetha

Orientation not given Reason: .....—.....

Nurse Signature: Sudu

Nurse Name: .....B. Srideyi.....

Date & Time: .....29/06/26 at 1:12 pm

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

HCV-00040556 IP22-00023430
Mrs M SAI KRISHNA DURGA
14-04-1996 30 Y 2 M 15 D (F)
Dr. M V R SHAILAJA

M ☐ F

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/06/2026	4:30pm	Immediate post procedure note
		E P1L4A1 - POD'0' (Suction & Evacuation)
		GC: no pallor Rx
		Afebrile 1.) NPO x 4hours.
		BP: 110/70 mmHg Sips @ 8:00pm aft checking BS
		PR: 84 bts/min 2) Tb PANTOP 40mg p/o OD 1-0-0
		RR: 16/min x5days
		H/L: NAD 3) Tb ACECLOPLUS 500mg p/o TID 1-1-1
		P/A: Ut soft
		O/E: NAB 4) Tb. MONOCEF 200mg p/o BD 1-0-1
		5) w/f any active bld p/v
		6) Ambulation
		7) Vitals (4h)
		8) Inform SOS
		[signature] Noted by [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient : HCV-00040556 IP22-00023430 ..... Age : .....
Mrs M SAI KRISHNA DURGA
Gender 14-04-1996 30 Y 2 M 15 D (F) .....
Dr. M V R SHAILAJA
Consul .....
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.	Date / Time
Doctor's Signature		Valid Period		Pharm.	
Additional Instructions					

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

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

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

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

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

DRUG :				Date / Time
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
29/6/26	2:30pm	Inj: MONOCEF	1gm	IV		Jhansi / Sabza
29/6	1:40pm	Inj: PANTOP	40mg	IV		Sridevi / Malathi
29/6	1:40pm	Inj: ONDEM	4mg	IV		Sridevi / Malathi
29/6	3:50pm	Inj PARACETAMOL	1g	IV		Jhansi / Malathi
29/6	4:18pm	TB JUSTIN	200mg	PR		Jhansi / Malathi
29/6	4:15pm	TB MISOPROSTOL	400mcg	PR		Jhansi / Jhansi

Patient Name :	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.
29/6	3:30pm	RL	iv	FF	[illegible]	[illegible] / Sat	29/6	[illegible]	[illegible] / [illegible]
29/6	4pm	NS	IV	[illegible]		[illegible] / Sat	29/6	[illegible]	[illegible] / [illegible]

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Medication Reconciliation Form

HCV-00040556 IP22-00023430
Mrs M SAI KRISHNA DURGA
14-04-1996 30 Y 2 M 15 D (F)
Dr. M V R SHAILAJA

Drug allergies:

DATE: .....

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team.
(E.G. At the time of admission shifting from ICU to ward, or ward to ICUs)

Sl. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO,NG,SC,IV)	FREQUENCY	LAST DOSE DATE / TIME	ON ADMISSION
1.						☐C DC☐
2.						☐C DC☐
3.						☐C DC☐
4.						☐C DC☐
5.						☐C DC☐
6.						☐C DC☐
7.						☐C DC☐
8.						☐C DC☐
9.						☐C DC☐
10.						☐C DC☐

MEDICATION HISTORY RECORDED / VERIFIED BY:

Doctor Name & Signature : .....

Date & Time : 29/6/26 2:00pm

Nurse name & Signature : .....

Date / Time: 29/6/26

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

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RESULT SHEET

HCV-00040556 IP22-00023430
Mrs M SAI KRISHNA DURGA
Pat 14-04-1996 30 Y 2 M 15 D (F) .....
Dr. M V R SHAILAJA
Ag eet No. : .....
I.D .....

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
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	29/6/26					
Time	op date					
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
BGT	B+ve					
HIV						
HBsAg	NR					
HCV						
VDRL						
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

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

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OPERATION THEATER NOTES

Patient's Name: Mrs. MSK Durga Vineetha Age 30y Gender : M ☐ F ☑

UHID : I.P. No. Weight:

Surgeon: Dr-Sailaja MVR	Asst. Surgeon: Dr Soumya
Anesthetist: Dr. Mohan	OT Nurse: Satya sister

Surgical Procedure: Suction and Evacuation ↓ GA

Indication for Surgery: SERPC for Missed Abortion

Date: 29/6/26	Start Time: 3:30pm	End Time: 4:00 PM

PRE-OPERATIVE PREPARATION

- PAC
- Preop Rx
- Shift to OT area
- Informed written consent

OPERATION NOTES :

- ↓ Aseptic conditions pt put in lithotomy position and GA given
- Parts cleaned and draped with betadiene and drapes.
- Anterior and posterior vaginal walls retracted with Sim's speculum.
- Anteric lip of cervix held with sponge holding forcep.
- Uterin sound inserted till 4. Cervix serially dilated ē Hegar's dilator till no. 7.
- Karman's cannula no. 6 inserted and retained product of conception evacuated.
- 25-30 gm of product evacuated.
- Suction completed tin grating sensation felt and bubble seen

- Hemostasis secure
- pt remained stable throughout the procedure

POST - OPERATIVE ORDERS:

follow post-op adv

Dr MVR Bhanj

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date: 29/6/24 Time:

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES

PREANAESTHETIC EVALUATION

Date: 29/6/26. Time: 2:15 pm Name: M. Saikrishna Durga.

Proposed Operation: Suction evacuation. Age: 30 y

Preoperative Diagnosis: G2P1L1 c 9wk 4d POG c PCP c early pregnancy failure Sex: Female

B.P	H.R.	R.R	Temp	Height	Weight	Physical Status 1 2 3 4 5	I.P. No.

LABORATORY DATA

Hgb 12.5	Glucose RBS-130	Protien	HIV NR	X-ray	Other:
PCV	Urea	Alb	HBS Ag NR	ECG	
WBC	Creat	Total Bill	HCV NR	2D Echo	
Plate 2.32 L/mm³	Na	Dir. Bill	Blood group B+ve	Stress/Anglo	
PT	K	LDH	Other		
PTT	Ca++	Alk phos			Allergies: (−)
INR	Mg++	Amylase			

Medical History: (−) CVS: S1S2 (+) Mo.

RESP: B/L VBS (+) No c/o URTI.

CNS: Conscious, oriented Diabetes: (−).

Renal: Bowel & bladder movements normal.

Hepatic / GE: APD+/-

Others:

Past Anaesthetic History: H/o LSCS 3prs back ↓ SA → uneventful.

Physical Exam: P - I - C - C - L - E -

Airway MP 1 2 3 (1 struck) Mouth Opening ≥ 3 fingers. Mentohyoid Distance: (N) Neck: movement (N) adequate Teeth: No loose tooth.

Lungs: }

Heart: } (N)

CNS: (N). Pupils: B/L reactive, EVM 15.

Others: Pallor: +/- − Venous Access Site: + Spine Exam for regional: (N).

ANAES. PLAN MAC/REGIONAL/GA-ETT/LMA Proposed Post-op Plain relief Peri-op. plan explained to patient Y/N

WILL TAKE BLOOD YES/NO PREGNANT YES/NO LMP

CURRENT MEDICATIONS:	PRE - OPERATIVE INSTRUCTIONS:
	1. DVT Prophylaxis 2. NBM form: 3. Informed Consent ~~Standard~~ / High Risk

IMMEDIATE PRE-ANESTHESIA EVALUATION

H.R.: .... Sa02: ....

R.R.: .... Last Feed Solids - 4:45 Am.

B.P./C.T.Y.: ....

Signature: [signature] (Dr. Dheeraja).

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Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

ANAESTHESIA CHART

PRE-OP DIAGNOSIS A2 P, L, C 9 weeks POA · OPERATION Suction & evacuation · Date 29/6/2024

SURGEON Dr. Saitaja · ANAESTHESIOLOGIST Dr. S. Mohan

ANAES	#1	Start 3:30pm	End 3:55pm	Cons. Sig	Res
CARE	#2	Start	End	Cons. Sig	Res
TEAM	#3	Start	End	Cons. Sig	Res

PHYSICAL STATUS
PT IDENTIFIED ☐ CONSENT PRESENT ☑ CHART REVEIWED ☐
LAST PO INTAKE

TIME	3:30	3:45	3:50	3:56pm
N_2O/AIR/O_2 LPM	O_2 Mask @ 6 l/min O_2 @ Face Mask			
HALO/SO/SEVO				
DRUGS:				
3ml MIDAZOLAM	3mg IV			
1ml FENTANYL	100 mcg IV			
PROPOFOL	100 mg	+30mg	+30mg	+50mg +20mg +50mg +30mg +50mg
2ml PARACETAMOL	4g IV			TOTAL (320mg)
FIO_2 / SaO_2	100	100	100	100
$ETCO_2$				
ECG	SR	SR	SR	SR
CVP / Wedge				
Urine				
EBL				
FLUIDS BLOOD	RL			

NOTES

ANAESTHESA X
START FINISH
I INTUBATION
P PREP
O - OP START
O - DP END

B.P
V SYSTOLIC
DIASTOLIC
X MEAN
* HEART RATE
Tourniquet up T
Tourniquet down T
RESP
O Spont O
AR Assisted O
CR controlled
RATE

TV
PIP
PEEP

240 220 200 180 160 140 120 100 80 60 40 20 10 0

TEMP CET (T)
42° 41° 40°9 38° 37° 36° 35° 34° 33° 32° 31° 30°

☑ EQUIPMENT CHECKED AND FUNCTIONAL
☑ BP
CUFF SITE (RT) hand
ART SITE
☑ EKG LEAD
☐ TEMP SITE
☐ FIO2 MONITOR
☐ AGENT MONITOR
☑ PULSE OXIMETER
☐ PA OXIMETER
☐ CAPNOGRAPH
☐ VENTILATOR
☐ NERVE STIMULATOR

POSITION Lithotomy
☐ PRESSURE POINT CKD

EYE CARE
☐ OINT
☐ TAPE
☐ PADDING

TEMP
☐ HUMIDIFIER
☐ BLD WARMER
☐ LIGHTS
☐ HEATERS
☐ HUGGER'S
☐ BLANKET
☐ OTHER

LAB VALUES — COMMENT/SYMBOL
TIME
PH
$PACO_2$
PaO_2/FIO_2
HCO_3/BE
Na/k

TIMES
ANAES START 3:30pm
OP START
OP END
LEAVE OR
END ANAES 3:56pm

GENERAL ☐
MAC no DRUG ☐
MAC with DRUG ☑
REGIONAL ☐ LOC BY SURG ☐

LINE (SIZE & LOCATION
☐ CVP
☐ PA
☐ ART
☑ IV (R) hand (20G)
☐ IV
☐ IV

INDUCTION O_2 Mask @ 6 l/min
IV ☑ INHAL ☐ RECTAL ☐
IM ☐ OTHER ☐
PREO. ☐ CRICOID PR ☐

MASK ☑ ☐ LMA
AIRWAY ORAL ☐ NASAL ☐
ETT# at cm
ORAL ☐ NASAL ☐ CUFF ☐
TRACHEOTOMY ☐
TOPICAL ☐ DRUG
% ml
TRANSTRACHEAL ☐
DRUG % ml
AWAKE ☐ RAPID SEDQUENCE ☐
DIRECT VISION ☐ BLIND ☐
FIBEROPTIC ☐ STYLETTE ☐
BLADE# ATTEMPTS
DIFFICULT WHY?

BILAT = BS ☐
SEMICLOSED CIRCLE ☐
CLOSED CIRCLE ☐
NON REBREATH ☐
AYREST PIECE ☐

REGIONAL
EXTREMITY
SPECIFY
SPINAL
EPIDURAL CAUDAL
CATHETER
PUMP
OTHER
SITE
NEEDLE SIZE DEPTH
PARASTHESIA YES NO
CATHETER AT SKIN (CM)
DRUG / DOSE
TEST DOSE
ANAES LEVEL
COMMENTS

TRANSPORTATION TO PACU ☑ ICU ☐ OTHER ☐
RELAXANT REVERSED YES ☐ NO ☐
TRAIN OF 4 TET HEAD LIFT

SIGNATURE Dr. S. Mohan

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POSTANAESTHESIA CARE UNIT RECORD

Department of Anaesthesiology
AXON ANAESTHESIA ASSOCIATES

Anaesthesia : General ☑ Epidural ☐ Spinal ☐ Other Regional ☐

Anaesthesiologist : Dr. mohan Surgeon : Dr. MVR sharig'a Procedure : suction evacuation

Received in PACU by : Jhansi Time in : 3/5:00 pm Time Out : 8 pm

PULSE >< BLOOD PRESSURE / O RESP / TEMP	
BP	118 / (arrow)
Pulse	80
	bubble
RESP	20 bpm
TEMP	98.4 F

Scale: 250, 240, 230, 220, 210, 200, 190, 180, 170, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60, 50, 40, 30, 20, 10, 0

		INTAKE/OUTPUT		IN	OUT
Pre-Op BP					
OR BP		Emesis		no	no
		Gastric Suction		no	no
		Voided		no	no
O_2		Urinary Catheter		yes	yes
		Chest Drainage		no	no
Begun		Wound Drainage		no	no
		Recovery Room Blood Given		—	—
Ended		PO FLUID		—	—
		IV FLUID		yes	yes
Method		TOTAL		—	—

O2: Mask : no Nasal Prongs : no Ventilator : no

Cannula : yes Trach Collar : no T-Place : no

Always : NETT — TRACH no NASAL no

OETT — ORAL yes

POST ANAESTHESIA SCORE			IN	30	60	90	OUT	SCORING INTERPRETATION
Able to move 4 extremities voluntary or on command = 2 Able to move 2 extremities voluntary or on command = 1 Able to move 0 extremities voluntary or on command = 2		ACTIVITY		2	2	2		A MINIMUM TOTAL SCORE OF 8 IS REQUIRED FOR DISCHARGE.
Able to deep breathe & cough freely = 2 Dyspnea or limited breathing = 1 Apneic = 0		RESPIRATION		2	2	2		
BP ± 20 of Pre Anaesthetic leve = 2 BP ± 20-50 of Pre Anaesthetic leve = 1 BP ± 50 of Pre Anaesthetic leve = 0		CIRCULATION		2	2	2		EXCEPTIONS TO THIS ARE TO BE EXPLAINED IN THE SPACE BELOW BY THE DISCHARGING PHYSICIAN.
Fully awake = 2 Arousable on calling = 1 Not responding = 0		CONSCIOUSNESS		2	2	2		
Pink = 2 Pale, dusky, blotchy, jandiced, other = 1 Cuanotic = 0		COLOR		2	2	2		
		TOTAL		10	10	10		

Date & Time	MEDICATIONS (Drug Dosage, Route)	MD	POST OPERATIVE INSTRUCTIONS
			1. Analgesia
			2. Analgesia
			3. Fluids
			4. Anti Emetics
			5. PCA/Epidural/ I.V. Infusion
			6.

Evaluated and discharged by : Dr. Mohan Transferred to Unit by Jhansi

Discharged by : (Nurse) Jhansi Received on Unit by Dushyanthi

Patient ID :

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Department of Anaesthesiology

AXON ANAESTHESIA ASSOCIATES
EPIDURAL ANALEGESIA RECORD

Date : Time: **Procedure done by:**

CSE/Spinal/Epidural Position: Speace: Technique (LOR/LOS)

Depth: Catheter at Skin: Attempts:

Parasthesia : Yes/No if yes details :

Any other Issues:

a)

b)

Time	Infusion Rate (ml/hr)	Bolus (ml)	Level Left Right	Maternal BP And Pulse	FHR	Comments

Deliver Details : Time: APGAR: SVD / Instrumenta / LSCS (if LSCS Details)

Catheter Removed by and Tip Inspected :

Patient Satisfaction:

Discharge / Shifting ordered by (Name, Signature, date and time)

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CONSENT FORM FOR GENERAL / REGIONAL ANAESTHESIA / MAC

Patient Name : M. Sai Durga Vineetha (Enchna) Age : 30y

Gender : M☐ F☑ - IP No : 23430 Consultant : Dr.

Ward / Bed No. : Anaesthesiologist : Dr.

Operative procedure planned : Suction & Evacuation

PLEASE READ THIS BEFORE YOU CONSENT FOR ANAESTHESIA

General anaesthesia involves rendering a patient unconscious before an operation. This ensures the patient is not aware of event and does not feel pain during the operation. Drugs given through a vein and / or inhaled from an anaesthesia machine produce it. Regional anaesthesia involves using a local anaesthetic to numb a specific area of the body for surgery: Prolonged pain relief without numbness can be achieved by infusing week solutions of local anaesthetics arid narcotic drugs to particular parts of the body after surgery or injury, using catheters.

Specific High Risk (s) : The doctor have explained to me the details of the high risk involved due to the following medical problems and I have sought necessary clarification on all my doubts.

☐ Heart disease	☐ Hypertension	☐ Diabetes mellitus	☐ Renal failure
☐ Hepatic disorders	☐ Shock	☐ Multiple organ failure	☐ Polytrauma / RTA
☐ Incapacitating COPD	☐ Others : Hemodynamic instability		

Comments : .....

Doctor to document in medical record also if necessary (Cross-out if not applicable)

DECLARATION BY PATIENT / GUARDIAN / PROXY

I hereby authorize Rainbow Hospital & its authorized doctors to perform upon me I my patient M. Saikrishna Durga Vineetha the above mentioned operation I Diagnostic I Therapeutic procedures Suction Evacuation

I authorize and give consent for anaesthesia (☐ Regional / ☑ General Anaesthesia / ☐ Monitored anaesthesia care (MAC)) as considered appropriate by the anaesthetic team.

I acknowledge that the anaesthetists have informed me about the anaesthetic procedure, alternative treatments and answered my specific queries and concerns about this matter. I have read and understood the information provided in this form I acknowledge that I have discussed with the anaesthetists any significant risk and Complicaions specific to my individual circumstances, and I have considered them before Consenting for anaesthesia.

I understand that there are some infrequent complications that can occur due to use of anaesthesia, these include pain or some injury at the site of injections, temporary breathing difficulties, asthmatic reactions, headaches.

I authorize the anaesthetic team to perform any additional procedures (for example, CVP line, arterial line, use of nerve blocks for pain relief, changing from regional to general anaesthesia etc), which are considered necessary by them during the course of surgery.

That I authorize and give consent to the team of doctors attending on me to administer blood products during the course of operative period and immediately thereafter in need arises.

I understand that the above mentioned consultant anaesthesiologist or occasionally a colleague deputed by him I her will administer the Anaesthesia.

- Pregnant: ☑ Yes ☐ No

DECLARATION BY THE ANAESTHETISTS PROVIDING INFORMATION FOR THIS CONSENT

I declare that I have explained the nature of General Anaesthesia / Regional Anaesthesia / MAC to be given and discussed the risks that particularly concern this patient.

I have given the patient an opportunity to ask questions and I have answered these.

Patient Attendant :

Signature : M. Uma Devi

Name : M. Uma Devi

Relationship with Patient : Mother

Date & Time : 29/6/26, 2:25pm

Witness :

Signature : Vinatha

Name : VINEETHA

Date & Time : 29/6/26 2:25pm

Doctor (who is taking the consent) :

Signature :

Name : Dr. Dhanaja

Date & Time : 29/6/26

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Informed Consent for Surgery or Special Procedure

Patient Name : M. Sai Krishna Durga Vineetha Age : 30yr Gender : F

UHID / IP No: HCV-00040556

INSTRUCTION

This consent form should be signed by patient (if an adult 18 years or older) or by a parent/ guardian, if the patient is a minor or lacks the ability to make an informed decision. The purpose of this form is to verify that you have received this information and have given your consent to the surgery or special procedure recommended to you.

1 hereby authorize the performance of the following operation(s) or procedure(s) (use no abbreviation/Avoid technical terms).....
Suction Evacuation
.....upon .....
(Name of the Patient).
I have been advised of the benefits and reason of the procedure(s) as indicated by the clinical observations and /or diagnostics performed. I recognize that the practice of medicine is as much an art as a science and therefore acknowledge that no guarantees have been or can be made regarding the likelihood of success or outcomes. My questions regarding the condition, the proposed surgery and the outcome have been answered to my satisfaction prior to signing this form by the surgeon.

1 have been explained the risks of this surgery/procedure and also about the reasonable alternative and the relevant risks, benefits and side effects related to such alternatives, including the possible results of not receiving care or treatment

1 have been explained that the following complications though rare are possible and will not hold the Surgeon, Anaesthesiologist or the hospital staff responsible for any untoward event thereof.
Bleeding, Infection, Injury to adjacent structures, uterine perforation,

My signature on this form indicates that

1. I have read and understood the information provided in this form.
2. My doctor had adequately explained to me the operation or procedure along with the complications written above, along with the risks, benefits and other information.
3. I have had a chance to ask my surgeon questions.
4. I have received all the information I desire concerning the operation or procedure and
5. I authorize and consent to the performance of the operation or procedure.

Consentee:	**Relative**	**Witness:**
Signature : Vineetha	Signature : M. Uma Devi	Signature :
Name: Vineetha	Name: M. Uma Devi	Name:
Date & Time : 29/6/26 2:00PM	Relationship with patent Mother.	Date & Time :

Signature : ..... Name of Doctor : for. Dr. MVR. Shailaja

Date & Time : .....

RCHHCV/FRM/CLINICAL/250

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Ref.No. F/OT/05

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SURGERY DETAILS

Sl.No.

Date: 29/06/2026

Patient Name : Mm. M. Sai Krishna Dung Vineetha Age: 30/f Sex: 30yr/Female

UHID No. : Hw-00040556 IP No: 23430

Date of Surgery: 29/06/2026 OT: ☐ OT 1 ☑ OT 2 ☐ OT 3 ☐

Name of the Surgery : Suction and evacuation 1 GA

Time in: 3:25pm Time Out : 4pm

	NAME	AMOUNT
1. Surgeon	: Dr. MVR Shailaja	:
2. Anaesthetist	: Dr. mohan	:
3. Asst. Surgeon	:	:
4.OT Technician	: Mercy	:
5. Circulating Nurse	: Girija	:
6. Asst. Nurse	: Satya	:

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

Signature of the Surgeon

Signature of Circulating Nurse Girija

Order No : 692272/73 Ordered by: [signature]

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

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CONSUMABLES OF OT

Patent Name : Mrs. M. sai krishna Age: 36 Y
Gender M F UHIS /IP NO. HCU-000405556
Date : 29/6/26 Time :

Circulating Staff: malathi 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		
LMA			Sutures —			Cord clamp		
ECG leads : A/P/N		03				Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringe 10 cc		03				Vaccum Suction Set		
05 cc			Gloves 6½		03	Surgical Gloves		
02 cc		01				Gauze Pack		
01 cc						Syringe 1 m/ 2 ml		
Cautery Plate : A/P/N			Surgical blade			Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		01	Cautery Pencil					
NS: 10ml/100ml/500ml/1000ml	1+	01	Koochies					
inj. PCM		01	Ointments			D-Apron —		
			Suction Catheter					
Fentanyl			Cap. Mask 5+5		10	proto groom — 01		
Morphine			Gauze Pack					
Ketamine			Mop Pack			m.T.P cannula 6, 7+1+1		
Propofol		04	Steristrip					
Rocuronium			Underpad		02	D-Aprons — 01		
Glycopyrolate		01	Draw Sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys Catheter					
Pencan 23g/Spinal Needle 22			Urobag					
Bupivacine 0.25%			Chest Drinage Catheter					
Bupivacine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
O_2 Mask + tubing (A)		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg/250mg/170 mg			Double J Stent					
Supridol 100mg			Vaccum Suction set		01			
Justin: 12.5 mg/25mg/100mg		02	Plastic Bed Sheet		01			
Tab. Misoprost : 200mg		02	Betadine Solution		01			
D-water		02	Microshield					
			Cotton Balls					
inj. Midaz		01	Latex Gloves		02+2			
			Ramdione Scrub					
			Saral					

Dr. Shailaja
Surgeon

Dr. mohan
Anaesthesiologist

Satya
Nurse

mercy
OT Technician

Order No: 692263 / 271 Ordered by:

RAINBOW CHILDREN'S MEDICARE LIMITED

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

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	IP22-00023430	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs M SAI KRISHNA DURGA VINEETHA	**Bed Name**	DC 211
Age/Sex	30 Y 2 M 15 D / Female	**Order No**	22-0000692263
Date	29/06/2026 16:39	**Prescription No**	PRIP22-0292622
Payor	SELFPAY	**Dispensed Date**	29/06/2026 16:45
UHID	HCV-00040556		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	BED SHEET (PLASTIC)	Mediblue	GENERAL	BEDSHEET2026	12/29	1	250.00	250.00
2	DISPOSABLE APRONS STERILE XL	Mediblue		01052026	01/29	1	135.00	135.00
3	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26C03K91	02/31	3	28.13	84.39
4	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	26A06K07	12/30	1	11.25	11.25
5	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirlif	H	2243471	09/27	2	2.71	5.42
6	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	EB260008	02/29	3	61.00	183.00
7	EASY GRIP (MTP CANULA)-7	ROMSONS	GENERAL	241O19C	10/29	1	350.00	350.00
8	FACE MASK 3 LAYER - ELASTIC	Local	GENERAL	02260102	12/28	5	10.00	50.00
9	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		K26B010705	01/31	1	525.00	525.00
10	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274058	12/28	2	18.74	37.48
11	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353004	10/27	4	69.10	276.40
12	MEZOLAM INJ 1 MG 10 ML	Neon Laboratories Ltd	H1	V305926	12/27	1	63.15	63.15
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS	GENERAL	26FB001	01/29	6	23.43	140.58
14	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B261141	01/29	2	93.94	187.88
15	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26C040150	02/31	1	460.00	460.00
16	POVINANZ SOLUTION 10% 100 ML		H	N0160136	01/28	1	100.31	100.31
17	PROTO GOWN (ADULT) (PROTECTCARE)		GENERAL	7115062026	12/29	1	450.00	450.00
18	RELIPARA(PARACETAMOL) 1000MG 100ML BOTTLE	CLARIS LIFE SCIENCES LTD	H	R2C260597	02/28	1	737.08	737.08
19	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1B261155	01/29	1	69.39	69.39
20	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26D30077	03/31	3	91.00	273.00
21	SURGEON CAP(FEMALE) (PROTECTCARE)		GENERAL	211526O22O26	02/29	5	11.25	56.25
22	THEMIPYRRNOM 0.2MG INJ	Themis Medicare Ltd	H1	THP250O3	06/27	1	15.50	15.50
23	UNDER PADS10S 60X90 MATTEY PRO(ROMSONS)	ROMSONS	H	G26E140032	04/29	2	170.00	340.00
24	VACCUME SUCTION SET	ROMSONS	GENERAL	K26C010330	02/31	1	739.00	739.00
						Total :	**4,484.98**	**5,540.08**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023430	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs M SAI KRISHNA DURGA VINEETHA	**Bed Name**	DC 211
Age/Sex	30 Y 2 M 15 D / Female	**Order No**	22-0000692271
Date	29/06/2026 17:20	**Prescription No**	PRIP22-0292625
Payor	SELFPAY	**Dispensed Date**	29/06/2026 17:29
UHID	HCV-00040556		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	EASY GRIP (MTP CANULA)-6	ROMSONS	GENERAL	241O2OC	10/29	1	350.00	350.00
						Total :	**350.00**	**350.00**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO

RAINBOW CHILDREN'S MEDICARE LIMITED

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

VAT TIN : 37253643118 **CIN :** L85110TG1998PLC029914

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

INPATIENT ISSUES AGAINST ORDERS

IP No	IP22-00023430	**Ward**	2F-SECOND FLOOR
Patient Name	Mrs M SAI KRISHNA DURGA VINEETHA	**Bed Name**	DC 211
Age/Sex	30 Y 2 M 15 D / Female	**Order No**	22-0000692279
Date	29/06/2026 17:38	**Prescription No**	PRIP22-0292626
Payor	SELFPAY	**Dispensed Date**	29/06/2026 17:39
UHID	HCV-00040556		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	MISOPROST TAB 200MCG 4S	CIPLA LIMITED	H	5GH0383	11/26	2	20.26	40.52
						Total :	**20.26**	**40.52**

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : MANDALA NARAYANA RAO