

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020683 Admit Date : 28-May-2026 Admit Time : 09:31 AM UHID : BAH-00287357

Patient Details :

Patient Name : Mrs ANKAM SHOBHA Age : 35 Y 9 M 25 D
Guardian : Mr RAVI KUMAR DOB : 03-08-1990
Gender : Female Religion :
Occupation : Martial Status : Married
Address (H) : 407, DEEPTHI RESIDENCY Dilsukhnagar Phone No : 9700006114
Colony Hyderabad Telangana INDIA 500060 E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : MICU Bed No : POST-OP-01 Ward Name : 4F -OT
Room No : POST-OP-01 Admission Type : First Visit

Contact Details :

Name : Mr RAVI KUMAR Relationship : W/O
Contact Address : 407, DEEPTHI RESIDENCY Dilsukhnagar Phone No :
Colony Hyderabad Telangana INDIA 500060

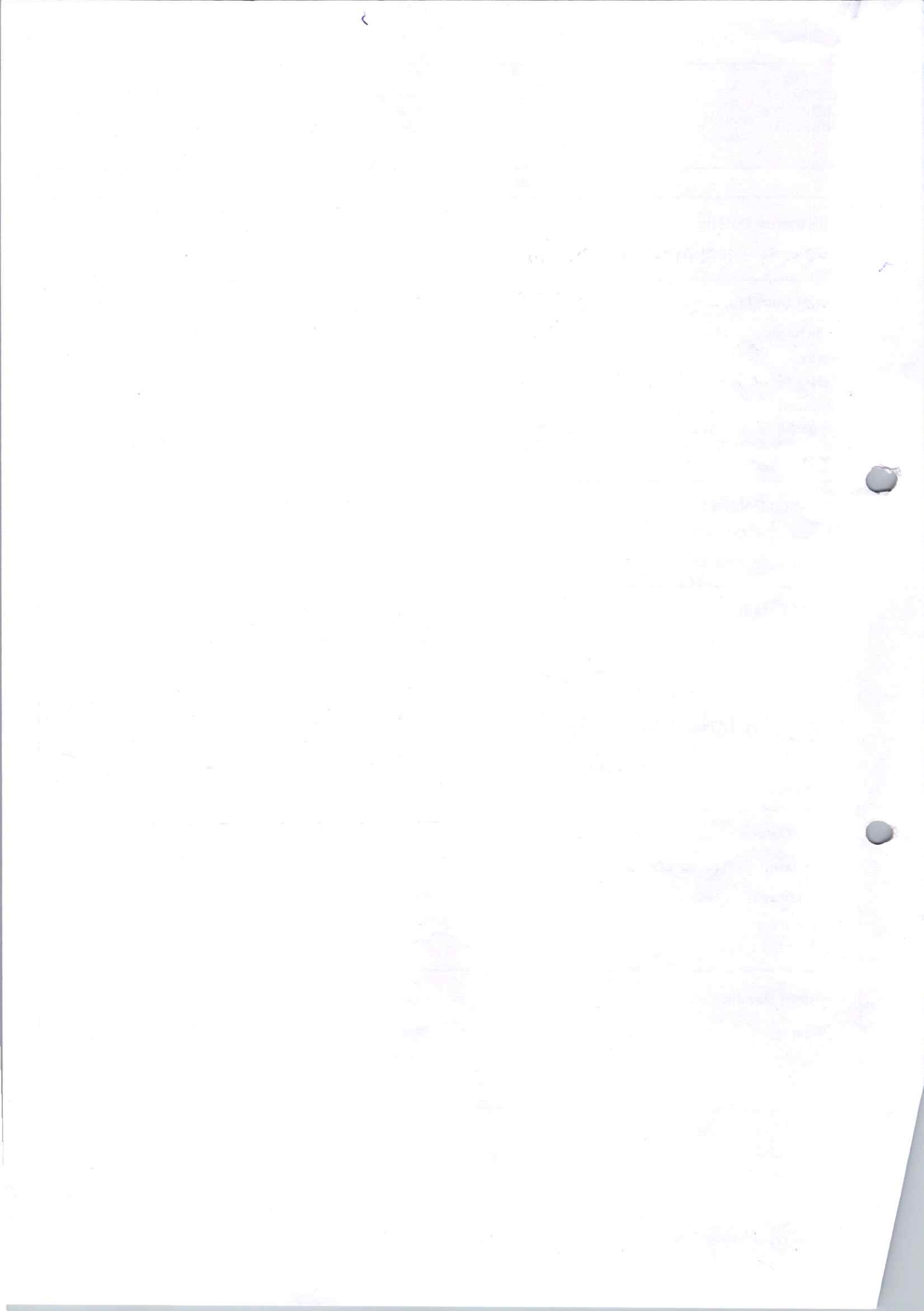
Flat No 102, Plot 27, 28, 29, SMR Haromika, Raghavendra
Nagar, PUSPALAGUDA, Hyd, 500089
A. J. Jey
Signature

Doctor Details :

Doctor Name : Dr. SAHITYA BAMMIDI Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD



BAH-00287357 IP25-00020683
 Mrs ANKAM SHOBHA
 03-08-1990 35 Y 9 M 25 D (F)
 Dr. SAHITYA BAMMIDI



SURGERY DETAILS

Date : 28/5/26

Patient Name: Mrs. Ankam Shobha Date of Birth: 3/08/1990 Age: 35Y

Gender: female Ward: OT UHID No.: BAH-00287357

Date of Surgery: 28/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Scar Endometrioma removal + Laparoscopic

Time in: 10:25 AM Ovarian Cystectomy + Adhesiolysis + tubal cyst removal + MIRENA Insertion Time Out: 12:20 PM

	NAME	AMOUNT
1. Surgeon	Dr. Sahitya	
2. Anaesthetist	Dr. Arinivas	
3. Assistant Surgeon	Dr. pooja sushmita	
4. OT Technician	Br. Rameebu	
5. Circulating Nurse	Br. Subhadra P	
6. Assistant Nurse	Br. Amar. Sr. Rajini	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 581429/1430/1431

Order by: [Signature]

21147

21148

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[Faint handwritten notes, possibly a title or a specific observation. Includes the word "reaction" and "mixture".]

[Faint handwritten notes, possibly a list of steps or observations. Includes words like "step", "mixture", and "solution".]

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Scan endometrioma
 removal + Lap. Ovarian
 cystectomy.

Circulating staff : Technician : Date : Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube # 7.0		01	Major Pack		1	Inj Vit.K		
LMA			Sutures 2347		1	Cord Clamp		
ECG leads : A/P/N		03	1326		1	Suction Catheter		
HME filter : A/P/N		01				Feeding Tube		
Syringes : 10 cc		05				Vaccum Suction Set		
05 cc		05	Gloves 6/2+6	4	4	Surgical Gloves		
02 cc		05				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A/P/N		01	Surgical blade 15#11	2	1	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		02	Cautery pencil		1			
NS : 10ml / 100ml / 500ml / 1000ml	01	03	Koochies					
P.C.M. 100ml		01	Ointments					
2 Wax 500cm		01	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		8			
Ketamine			Mop Pack		1			
Propofol		02	Steristrip		4	TORP Set		1
Rocuronium		02	Underpad		2			
Glycopyrolate		01	Draw sheet			login		1
Myopyrolate		01	Abgel					
Ondansetron		01	Foleys catheter 14		1	2x 200ml		1
Pencan 25g/ Spinal Needle 22			Urobag		1			
Bupivacaine 0.25%			Chest Drainage Catheter			lox Jelly		1
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage			Mirena →		1
02 mask (a)		01	Tegaderm			silicone →		2
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		2			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		3			
NAVAL 500mg			Microshield					
			Cotton Balls					
			Latex Gloves		10			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist

Amal Nurse

OT Technician

Order No. 81342 MS/587400

Ordered by : Amal

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

(RCH)

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DISCHARGE SUMMARY

Name	Mrs ANKAM SHOBHA	UHID	BAH-00287357
Father/Guardian	Mr RAVI KUMAR	Age/Gender	35 Y 9 M 25 D/ Female
Address	407,DEEPHI RESIDENCY, Dilsukhnagar Colony, Hyderabad, Telangana, INDIA, 500060		
IP No	IP25-00020683	Admission Date	28-05-2026
Ref Doctor	Self		
Discharge Date	29.05.2026		

Consultant:

Dr. Sahitya Bammidi

MBBS, DGO, DNB, FIAOG, FMAS, FCG (USA)

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon

Reg. No: 64696

Diagnosis: P2L2 WITH 2 PREVIOUS LSCS WITH LEFT TUBAL CYST WITH SCAR ENDOMETRIOSIS FOR SCAR ENDOMETRIOMA REMOVAL + LAPAROSCOPIC RIGHT OVARIAN CYSTECTOMY + ADHESIOLYSIS + LEFT TUBAL CYST REMOVAL + MIRENA INSERTION.

SCAR ENDOMETRIOMA REMOVAL + LAPAROSCOPIC OVARIAN CYSTECTOMY + ADHESIOLYSIS + TUBAL CYST REMOVAL + MIRENA INSERTION DONE ON 28.05.2026.

History: Presenting complaint: Pain abdomen during menstruation since 3 years.

K/c/o Scar endometriosis diagnosed in 2024.

O/E 2x3cms mass present toward left side of LSCS scar, tenderness present, pigmentation present.

USG done on 25.05.2026 showed Uterus anteverted normal size, ET - 9.0mm, Right away normal, Left ovary 1.8x1.8x1.3cm Anechoic cyst lesion on in left adnexa.

Hypoechoic lesion 2.1x1.2x1.5cm with surrounding inflammatory changes with no vascularity in subcutaneous plane in left lateral aspect of cesarean scar - Likely scar endometriosis.



Name	Mrs ANKAM SHOBHA	UHID	BAH-00287957
IP No	IP25-00020683	Admission Date	28-05-2026

She was admitted for Scar endometrioma removal + Laparoscopy ovarian cystectomy + Adhesiolysis + Tubal cyst removal + Mirena insertion.

Menstrual History: LMP- 15.05.2026
Previous cycles : Regular

Obstetric History: P2L2 -2 LSCS, not sterilised.
LCB-7yrs

Medical History: Nil

Family History : Mother- HTN & Father- DM

Surgical History: Open appendectomy at 16 years of age. LSCS-2017, 2019

Allergies : Nil

Investigations: Enclosed.
Blood group & Typing : "B" Positive

Surgery Notes:
Operation performed: Scar endometrioma removal + Laparoscopy Right ovarian cystectomy + Adhesiolysis + Left Tubal cyst removal + Mirena insertion.

Indication: Left tubal cyst with Scar endometriosis.

Operative findings:

- Under AAP, under GA, patient placed in lithotomy position.
- Painting and draping done.
- Bladder catheterized.
- Skin incised over the endometriotic lesion, opened in layer.
- Scar endometriotic lesion identified, Excised(3x2cms) , Hemostasis secured.
- Skin closed in layers.
- A Primary port placed - 5mm supraumbilical incision given ,trocar introduced, pneumoperitoneum created, followed by 3 secondary ports - two on left and one on Right.



Name	Mrs ANKAM SHOBHA	UHID	BAH-00287357
IP No	IP25-00020683	Admission Date	28-05-2026

IOF :

- Omental adhesions noted to anterior abdominal wall.
- A Small tubal cyst noted of size 2x2cms in Left fallopian tube.
- A 2x2cms ovarian cyst noted from right ovary.
- left ovary normal.
- Right fallopian tube - normal, Uterus normal.

Proceeded with Adhesiolysis, Tubal cyst removal and Right Ovarian cystectomy.

- Hemostasis secured.
- Falope ring applied to right fallopian tube.
- Left fallopian tube - very thin, hence, coagulated and a segment removed.
- Irrigation & Suction done, Hemostasis secured.
- Port sites checked, ports removed under vision.
- Skin closed with Stapler.
- Under ASP, Mirena inserted.
- Vagina cleaned with betadine gently.
- Specimen sent for HPE- Cyst wall and Tubal cyst
- Patient withstood the procedure well.

Post-Operative Notes: - Uneventful. She is stable during discharge.

Advice:

1. Tab. Taxim O 200mg (Cefixime 200mg) twice daily till 03.06.2026 (9am - 9pm) after food.
2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 03.06.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 03.06.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. To collect HPE report.

Review consultation with Dr. SAHITYA BAMMIDI, on 06.06.2026 in Gynec OPD in Nankramguda (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain



Name	Mrs ANKAM SHOBHA	UHID	BAH-00287357
IP No	IP25-00020683	Admission Date	28-05-2026

emergency care etc also have been explained by doctor in a language that I can understand and I acknowledge.


Patient/ Attender

In case of emergency like bleeding, fever kindly contact 8121039515 at Rainbow Financial District just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website www.rainbowhospitals.in


Registrar/Resident/C.M.O

Consultant:

Dr. Sahitya Bammidi

MBBS,DGO,DNB,FIAOG,FMAS,FCG(USA)

Senior Consultant-Obstetrician and Gynaecologist

Laparoscopic and Aesthetic Surgeon

Reg. No: 64696





NUTRITIONAL ASSESSMENT FOR GYNEC PATIENTS

Date: 29/5/26 Time: 9:30am

Origin: Quek Origin Height: 5'2" Weight: 56 BMI: _____

Food Allergies: _____

Diagnosis: Lap ulcers cystitis

Medical History: _____

Surgical History: Low Appetent

Vegetarian Non-Vegetarian Vegan

Diet Advised: Balanced diet with optimal protein and iron

Patient's / Attendant's

Signature: *A. R. S.*

Name: Shobha

Date & Time: 29/5/26 9:12

Dietician's

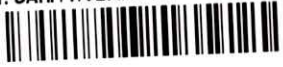
Signature: *[Signature]*

Name: Anu

Date & Time: 29/5/26 9:13

ACTIVITY RECORD FOR BILLING

Name: ----- BAH-00287357 IP25-00020683
 Mrs ANKAM SHOBHA
 13-08-1990 35 Y 9 M 25 D (F)
 UHID No : ----- Dr. SAHITYA BAMMIDI
 Date of Admissio -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/26	10:10 AM	MICU	OT	
28/5/26	12:40 PM	OT	MICU	
28/5/26	10:16 PM	MICU	ward	
29/5/26	11:16 AM	ward	Billing	

Cross Consultation Visit


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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
28/5/26	Biopsy (medium) cyst - scan	8724	<i>[Signature]</i>
28/5/26	Biopsy (medium) (small)	8725	<i>[Signature]</i>
2			
20/5/26	NHA	1816	Suma
			C/L by Lena
			29/05/26
			@ 246m

[Handwritten notes in red ink:]
 cross connect to
 Suma
 28/5/26
 @ 246m
 C/L by Lena
 29/05/26
 @ 246m

PATIENT TRANSFER FORM

BAH-00287357 Mrs ANKAM SHOBHA 13-08-1990 Dr. SAHITYA BAMBIDI  IP25-00020683 35 Y 9 M 25 D (F)		Date & Time of Admission <i>28/5/20 @ 9:30 AM</i>	Date & Time of Transfer Order <i>28/5/20 @ 10 AM</i>
Transfer Ordered by <i>Dr. Sahitya</i>		Reason for Transfer <i>e</i>	
From Unit <i>MICU</i>	To Unit <i>OT</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>20</i>	Number of Imaging Films <i>1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>/</i>	<i>/</i>	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Sahitya 28/5/20</i>		Name of Person Ordered Transfer <i>Dr. Anantha</i>	
Patient & Clinical Records Received by : <i>Subhadeep</i>			
Date & Time of Patient Received : <i>@ 10:00 AM</i>			

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



(OT)

PATIENT TRANSFER FORM

Patient Name & UHID No. <i>Mrs. A. Shobha</i>	Date & Time of Admission <i>28/5/26 @ 9:31 AM</i>	Date & Time of Transfer Order <i>28/5/26 @ 12:40 PM</i>
Treating Consultant Name <i>Dr. Sahitya</i>	Transfer Ordered by <i>Dr. Srinivas</i>	Reason for Transfer <i>post op care</i>
From Unit <i>OT</i>	To Unit <i>MICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>(28)</i>	Number of Imaging Films <i>OP file - 0</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Dr. Subhadeep</i> <i>Subhadeep</i> <i>28/5/26 @ 12:40 PM</i>	Name of Person Ordered Transfer <i>Dr. Srinivas</i>
---	--

Patient & Clinical Records Received by :
Sushashini


Date & Time of Patient Received :
28/5/26 @ 12:45 PM

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



PATIENT TRANSFER FORM

FDH-00046205 IP25-00020659 Mrs R SHOBHA DEVI 17-12-1972 53 Y 5 M 11 D (F) Dr. KAMARAPU SHAIVALINI 		Date & Time of Admission 28/5/26 @ 9:30 Am	Date & Time of Transfer Order 28/5/26 @ 10:30 PM
Treating Consultant name Dr. Sahitya		Transfer Ordered by Dr. Harshini	Reason for Transfer post op
From Unit MICU		To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 25		Number of Imaging Films op-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?
Medications / Consumables / Surgicals / Hand over			
SI.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Priyanka		Name of Person Ordered Transfer Dr. Harshini	
Patient & Clinical Records Received by :			
Date & Time of Patient Received : 28/5/26 @ 10:30 PM			

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



OPERATION THEATER NOTES

Patient's Name : Mrs. Sobha Age : 35y Gender : Female

UHID : I.P.No. : Weight :

Surgeon : <u>Dr. Sahithya</u>	Asst. Surgeon : <u>Dr. R. Pooja</u>
Anesthetist : <u>Dr. Srinivas</u>	OT Nurse : <u>Br. Amar. Sr. Rajini</u>

Surgical Procedure : Scar Endometrioma removal + laparoscopic Ovarian Cystectomy + Adhesiolysis + tubal cyst removal + MIRENA insertion

Indications for Surgery : Left tubal cyst & Scar Endometriosis

Date : 28/5/26 Start Time : End Time :

- PRE-OPERATIVE PREPARATION :
- 1) NBM
 - 2) Informed consent
 - 3) preop drugs charted
 - 4) Informs OS

OPERATION NOTES:

- 1) ↓ GA ; patient placed in lithotomy position.
- 2) ↓ ASP ; abdomen & perineum painted & draped.
- 3) Bladder catheterised.
- 4) Skin incised over the Endometriotic lesion ; opened in layers.
- 5) Scar Endometriotic lesion identified ; Excised ; Hemostasis secured. (3x2 cms)
- 6) Skin closed in layers.
- 7) A Primary 5mm port placed by an Infrumbilical Incision. Trocar inserted, pneumoperitoneum achieved.
- 8) 3 secondary ports of 5mm placed (2 on left and 1 on Right)

(PTD)

- 9) TOF —
- a) Omental Adhesions noted to anterior abdominal wall.
 - b) A small tubal Cyst noted of size 2x2cms @ Left fallopian tube.
 - c) A 2x2cm ovarian cyst noted from Right ovary, left ovary — Normal.
 - d) Right fallopian tube — Normal
 - e) Uterus — Normal

10) Proceeded to Adhesiolysis, Tubal Cyst removal and Right ovarian Cystectomy.

11) Hemostasis Secured.

12) Falope ring applied to Right fallopian tube.

POST - OPERATIVE ORDERS :

13) Left fallopian tube — very thin, hence, Coagulated and a segment removed.

14) Irrigation & Suction done Hemostasis Secured.

15) Post sites checked, Posts removed & incision

16) Skin closed with stapler.

17) ↓ ASP; MIRENA inserted.

1) NBM x 6-8hr

18) Vagina cleaned with Betadine gently.

2) IV Fluids as per AXON

19) 2 specimens sent for HPE

3) Drugs as charted

4) Vitals monitoring

Cyst wall Tubal cyst.

5) I/O charting

6) Inform SOC

as

.....DR. SATHIYA.....

Consultant Surgeon's Name

Consultant Surgeon's Signature

Date : 28/5/26 Time :



①

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	<u>POD-0</u>	As by Dr Swelle
12:30 pm		<u>AA</u>
	GC pt UC	1) NBM x 4-6 hrs
	Afebrile	2) IVF as per AXON
	PR - 88 bpm	3) FOLLOW PREG CHART
	BP - 120/70 mmHg	4) MONITOR VITALS
	SpO2 - 98% RA	5) STRICT I/O CHARTING
	PA soft	6) W/ any Pain Abd / Abd
	O/E - NAB	distress / vomiting.
		7) 9/yrms
	c/s / B Dr Sahitya	<u>over</u>
28/5/26	POD-0	<u>Adv</u>
7 pm	GC - fair	1) Oralsips → liquid diet
	Afebrile	2) Soft diet @
	PR - 86 bpm.	3) Drugs as charted
	BP - 130/70 mmHg	4) w/f pain abdomen, vomiting
	SpO2 - 98% on RA	5) I/O charting
	PA - soft	6) Monitor vitals
	Plr - NAB	7) Foleys removal @ 6 am. ^{now} 9/5/26
	U/O - 500ml, clear	8) Inform SOS.
		9) Plan for discharge tm
		10) Shift to Room.
		<u>Shah</u>

BAH-00287357 IP25-00020683
 Mrs ANKAM SHOBHA
 03-08-1990 35 Y 9 M 25 D (F)
 Dr. SAHITYA BAMMIDI



REGULAR PRESCRIPTIONS

Weight Ward micu

Sheet No:

VERIFIED BY : Name Signature

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

FDH-00046205 IP25-00020659
 Mrs R SHOBHA DEVI
 17-12-1972 53 Y 5 M 11 D (F)
 Dr. KAMARAPU SHAIVALINI



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward mlc.....

VERIFIED BY : Name Signature

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																							



REGULAR PRESCRIPTIONS

Weight. Ward. m/cu

DRUG : <u>I CEFOTAXIME</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>iv</u>	<u>BD</u>	<u>28/5</u>	<u>10AM</u>	<u>28/5</u>	<u>11AM</u>	<u>29/5</u>															
Name & Signature of the Doctor Starting the Drugs: <u>sws</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>I PANTOPRAZOLE</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>40mg</u>	<u>iv</u>	<u>OD</u>	<u>28/5</u>	<u>6AM</u>	<u>29/5</u>	<u>10AM</u>	<u>29/5</u>															
Name & Signature of the Doctor Starting the Drugs: <u>sws</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T PARACETAMOL</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>1gm</u>	<u>P/O</u>	<u>TID</u>	<u>28/5</u>	<u>6AM</u>	<u>28/05</u>	<u>2PM</u>	<u>29/5</u>															
Name & Signature of the Doctor Starting the Drugs: <u>sw</u> <u>(Dr. SRINIVAS)</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						
DRUG : <u>T DICLOFENAC</u>				Date Time																		
Dose	Route	Frequency	Start Date																			
<u>50mg</u>	<u>P/O</u>	<u>TID</u>	<u>28/5</u>	<u>7AM</u>	<u>28/5</u>	<u>3PM</u>	<u>29/5</u>															
Name & Signature of the Doctor Starting the Drugs: <u>sw</u> <u>(Dr. SRINIVAS)</u>																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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.	

Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
DRUG :	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
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
28/5/20	9:30 AM	1000mg CEFOTAXIME	1gm	IV	Rei	[Signature]
28/5/20	9:30 AM	400mg Pantoprazole	400mg	IV	Rei	[Signature]
28/5/20	9:30 AM	100mg Meprobamate	100mg	IV	Rei	[Signature]
28/5	10:40am	200mg PARACETAMOL	1gm	IV	Sw	[Signature]
28/5	11:30am	20mg MORPHINE	6mg	IV	Sw	[Signature]
28/5/20	12:15pm	SUPP. DICLOFENAC	100mg	P/R	Sw	[Signature]
28/5/20	12:15pm	SUPP. TRAMADOL	100mg	P/R	Sw	[Signature]
28/5	7:50pm	100mg Zofen	100mg	IV	Sw	[Signature]
29/5		P. Dulcolan	2 tabs	P/R	Sw	[Signature]

Signature
 VERIFIED BY: Name

