

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020458 Admit Date : 15-May-2026 Admit Time : 11:55 AM UHID : FDH-00045855

Patient Details :

Patient Name : Mrs BHUVANESWARI Age : 30 Y 11 M 27 D
Guardian : Mr VIDITH REDDY DOB : 18-05-1995
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Accurate Wind Chimes ,Block D 302, Phone No : 8885116858
Narsingi, Hyderabad, Telangana Manikonda Hyderabad Telangana INDIA 500089 E-mail :

Admission Details :

Bed Type : MICU Bed No : LDR-01 Ward Name : 4F -LDR
Room No : LDR-01 Admission Type : First Visit

Contact Details :

Name : Mr VIDITH REDDY Relationship : Husband
Contact Address : Accurate Wind Chimes ,Block D 302, Narsingi, Phone No : / 8885116858
Hyderabad, Telangana Manikonda Hyderabad Hyderabad Telangana INDIA 500089


Signature

Doctor Details :

Doctor Name : Dr. YELAMANCHILI VIJAYA SNEHA Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY



FDH-00045855 IP25-00020458
 Mrs VEERAMALLU BHUVANESWARI
 18-05-1995 30 Y 11 M 27 D (F)
 Dr. YELAMANCHILI VIJAYA SNEHA



SURGERY DETAILS

Date : 15/5/26

Patient Name: Mrs. Bhuvaneshwari Date of Birth: 18-5-1995 Age: 30y

Gender: Female Ward: OT UHID No.: FDH-00045855

Date of Surgery: 15/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery: Hysteroscopy + Endometrial Curettage UGA

Time in : 3:15 pm

Time Out : 4:15 pm

	NAME	AMOUNT
1. Surgeon	Dr. Y.V. Srecha	
2. Anaesthetist	Dr. Shiny	
3. Assistant Surgeon		
4. OT Technician	Br. Suresh	
5. Circulating Nurse	Sr. Vaishali	
6. Assistant Nurse	Sr. Parvathi Br. Srinivas	

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

(Signature)
 Signature of the Surgeon

(Signature)
 Signature of Circulating Nurse

Order No: 528849/

Order by: *(Signature)*

Docu. No. : RCH/FRM/GENERAL/114 5850/51



CHURCH RECORD

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Hysteroscopy

CONSUMABLES OF OT



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 (curved)		01	Major Pack		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : A / P / N		05				Suction Catheter		
HME filter : A / P / N		01				Feeding Tube		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		06	Gloves 6 1/2 6		3+2	Surgical Gloves		
02 cc		03				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : A / P / N			Surgical blade			Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		01	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies					
02 MASK (A)		01	Ointments			MTP # 6		01
NASOPHARYNGEAL (30)		01	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack		06	D/V Aprons		03
Ketamine			Mop Pack		01	Leggins		01
Propofol		03	Steristrip		02	TURP Set		01
Rocuronium			Underpad					
Glycopyrolate		01	Draw sheet					
Myopyrolate			Abgel					
Ondansetron		01	Foleys catheter w/ellen		01	La 29 jelly		01
Pencan 25g/ Spinal Needle 22			Urobag			MISO prost.		02
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics RELIPARA		01	Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution		02			
BIOPAXUC		03	Microshield					
			Cotton Balls					
3-way 100 cc		01	Latex Gloves		10			
MIDAZ		01	Ramdione Scrub					
MINIPIKE		01	Saral					

Surgeon

Anaesthesiologist DR. USHA

Nurse

OT Technician

Order No. : 42 / 575848

Ordered by : [Signature]

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

5843/2021

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DISCHARGE SUMMARY

Name	Mrs VEERAMALLU BHUVANESWARI	UHID	FDH-00045855
Father/Guardian	Mr VIDITH REDDY	Age/Gender	30 Y 11 M 27 D/ Female
Address	Accurate Wind Chimes ,Block D 302, Narsingi, Hyderabad, Telangana, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020458	Admission Date	15-05-2026
Ref Doctor			
Discharge Date	16.05.2026		

Consultant:

Dr. Yelamanchili Vijaya Sneha
MBBS,MS OBGY

Consultant-Obstetrician and Gynaecologist
Reg. No : APMC/FMR/81703

Diagnosis : P1L1 WITH PREVIOUS LSCS WITH HMB - E FOR HYSTEROSCOPY + ENDOMETRIAL CURETTAGE.

History: Presenting complaint: C/o Heavy menstrual bleeding associated with clots present since 1 day.
H/O Spotting on & off since 30.03.2026. UPT done negative.

USG scan done on 15.05.2026 showed bulky uterus ,thickened endometrium of 20.6 mm echogenic content of 25x31 mm in endocervical canal with no vascularity on colour doppler likely clots cervix is bulky with echogenic clots.

Admitted for Hysteroscopy + Endometrial Curettage

Menstrual History : LMP- 30.03.2026
Previous cycles : Regular

Obstetric History: P1L1 / LSCS



Name	Mrs VEERAMALLU BHUVANESWARI	UHID	FDH-00045865
IP No	IP25-00020458	Admission Date	15-05-2026

LCB : 2025(oct).

Medical History : Nil.
Surgical History: LSCS in 2025(Oct)
Allergies : Nil
Family History : Father - HTN, DM

Investigations: Enclosed.
Blood group & Typing - "A" Rh positive.

Surgery Notes:
Operation performed: Hysteroscopy + Endometrial Curettage.

Indication: HMB-E.

- Procedure:**
- Under G.A under ASP
 - Patient kept in position.
 - Parts painted and draped with betadine.
 - Anterior & posterior vaginal wall retracted with Sim's Speculum.
 - Anterior lip of cervix held with vulsellum

Hysteroscope introduced.

- IOF:**
- Thick polypoidal endometrium noted.
 - curettage done, Sample sent for HPE.
 - B/L ostia visualised.
 - polypoidal endometrium noted around ostia.
 - Hemostasis secured
 - Tab misoprostol 400 mcg kept P.R
 - Patient with stood the procedure well.

Post-Operative Notes: Uneventful.

Advice:
1. Tab. Augmentin 625mg twice daily till 21.05.2026 (9am - 9pm) after food.



Name	Mrs VEERAMALLU BHUVANESWARI	UHID	FDH-00045855
IP No	IP25-00020458	Admission Date	15-05-2026

2. Tab. Calpol 500mg (Paracetamol 500mg) (2tabs) thrice daily till 21.05.2026 (7am-3pm-10pm) after food.
3. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 21.05.2026
4. Tab. Zincovit once daily (2pm) for 1 month after food.
5. Collect HPE report.

Review consultation with Dr. YELAMANCHILI VIJAYA SNEHA, on 22.05.2026 in Gynec OPD in Nanakramguda (**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 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. Yelamanchili Vijaya Sneha

MBBS,MS OBGY

Consultant-Obstetrician and Gynaecologist


Reg. No : APMC/FMR/81703



083

ACTIVITY RECORD FOR BILLING

Name: Mn. FDH-00045855 IP25-00020458
 Mrs VEERAMALLU BHUVANESWARI
 18-05-1995 30 Y 11 M 27 D (F)
 Dr. YELAMANCHILI VIJAYA SNEHA

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
15/5/26	3pm	MICU	OT	<i>[Signature]</i>
15/5/26	4:30pm	OT	MICU	<i>Vaithalee</i>
15/5/26	10pm	MICU	326	<i>[Signature]</i>
16/5/26		ward	billing	<i>Ankitha</i>

Cross Consultation Visit

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

ESTIMATION SLIP

Date: 15/05/26 UHID / IP No.: _____ SI No. 2374
 Name of Patient: Mrs. Bhuvaneshwari Age: 30yrs Gender: _____
 Father's / Husband's Name: M. Vidya Reddy Corporate / Occupation: _____
 Address: Hyd Phone: 888516050 Email: _____
 Procedure / Plan: Sx: Hysteroscopic Endometrial Curettage Day care
thru

MODE OF PAYMENT: SELF TPA: _____ GIPSA: _____ OTHERS

TARIFF INFORMATION: Dr. Sahitya Samiati

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Per Day	Room Rent & Nursing Charges	<u>Surgical Estimate Approx! -</u>								<u>0-6 hr stay</u>
	Doctor's Fee	<u>65,000 to 70,000</u>								
	L. Tax	<u>Pharmacy + consumables + 2 months pre extn.</u>								
PARTICULARS						AMOUNT (₹)				
Surgeon's / Anesthetists's Fee / O.T. Charges										
O.T. Consumables						Subject to approval by TPA / Insurance Company				
Instrument Charges <u>Hystero scope</u>						<u>8000</u> Not Covered by TPA / Insurance company				
Pharmacy, Consumables & Investigations						As per actual - Not Included in Estimation				
Equipment Charges	Monitor :		Oxygen :			Infusion pump / Syringe pump :				
	Ventilator :	Conventional :	HFO-SLE 5000 :			HFO Sensormedix :				
	Phototherapy :	Single Surface :	Double Surface :			Triple Surface :				
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.						As per actual - Not Included in Estimation				
Package <u>if 1 day stay 1,00,000 to 1,10,000</u>						<u>Pharmacy + consumables + 2 extra</u>				
Others										
Initial Minimum Deposit						<u>50,000 day care @ 2000/hr</u>				

- REMARKS:** Non-Medical → As per Actual
- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
 - The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
 - In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
 - Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission.
 - Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
 - For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
 - During Non-working hours of O.T (8:00 PM to 7:00AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm
 - Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
 - Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I _____ have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client: _____ Signatory Relationship: _____ Signature of the Financial Counselor: _____

EXAMINATION

12/1/20

2020

115. 21/11/20
11. 11/11/20
02 07 12 00 00

115. 21/11/20
11. 11/11/20
02 07 12 00 00

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115. 21/11/20
11. 11/11/20
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OPERATION THEATER NOTES

Patient's Name: **FDH-00045855** **IP25-00020458**
Mrs VEERAMALLU BHUVANESWARI Age: Gender:
18-05-1995 **30 Y 11 M 27 D (F)**
 UHID.: **Dr. YELAMANCHILI VIJAYA SNEHA**I.P.No.: Weight:



Surgeon :	Asst. Surgeon :
Anesthetist : Dr. Shiny.	OT Nurse : Sr. parvathi B.S. Srinivas

Surgical Procedure : **Hysteroscopy + Endometrial curettage. ↓ G/A**

Indications for Surgery : **HMB - E**

Date : 15/5/26	Start Time :	End Time :
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PRE-OPERATIVE PREPARATION : **NBM**

- Preop orders**
- PAC**
- Post preparation**
- Shift to OT**

OPERATION NOTES:

↓ G/A ↓ SAP Patient kept in lithotomy position

Parts painted and draped.

Anterior and posterior vaginal walls retracted & Sims speculum

Anterior lip of cervix held & vulsellum

Hysteroscope introduced.

IOF

- Thick polypoidal endometrium noted
- curettage done and sent for HPE
- B/L ostia seen.
- Polypoidal endometrium noted around ostia
- Hemostasis secured
- Tab Misoprostol 400mcg kept P/R
- Patient withstood the procedure well.
- Sample sent for HPE → ? Endometrial casts

POST - OPERATIVE ORDERS :

NBM x 4-6 hrs

IV fluids as per AXON

Drugs as charted

N/E BPV

Monitor vitals

ujom SOS

T. FEMILON from Day 5 of menses x 2 days
x 3 cycles

Dr. Y. V. Sneha



Consultant Surgeon's Name

for Dr. Sneha

Consultant Surgeon's Signature

Date :

15/5/26

Time :

4:30 pm

PATIENT TRANSFER FORM

FDH-00045855 IP25-00020458
Mrs VEERAMALLU BHUVANESWARI
18-05-1995 30 Y 11 M 27 D (F)
Dr. YELAMANCHILI VIJAYA SNEHA



Date & Time of Admission <i>15/5/26 @ 11:55 AM</i>	Date & Time of Transfer Order <i>15/5/26 @ 10 PM</i>	
Treating Consultant Name <i>Dr. Y. V. Sneha</i>	Transfer Ordered by <i>Dr. Ramya</i>	Reason for Transfer <i>Observation</i>
From Unit <i>MICU</i>	To Unit <i>326</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>-</i>	Number of Imaging Films <i>-</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input 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. Debankana</i>	Name of Person Ordered Transfer <i>Dr. Ramya</i>
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Patient & Clinical Records Received by :
Bhavana 15/5/26


Date & Time of Patient Received :
15/5/26

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



Patient Name & UHID No. FDH-00045855 IP25-00020458 Mrs VEERAMALLU BHUVANESWARI 18-05-1995 30 Y 11 M 27 D (F) Dr. YELAMANCHILI VIJAYA SNEHA 		Date & Time of Admission 15/5/26 @ 11:55 AM	Date & Time of Transfer Order 15/5/26 @ 3 PM
From Unit MICU		Transfer Ordered by DR. Harshini	Reason for Transfer Hysterectomy
To Unit OT		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30 30	Number of Imaging Films one op file	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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Sushu		Name of Person Ordered Transfer DR. Harshini	
Patient & Clinical Records Received by : Vaishali			
Date & Time of Patient Received : 15/5/26			


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



Patient Name & UHID No. FDH-00045855 IP25-00020458 Mrs VEERAMALLU BHUVANESWARI 18-05-1995 30 Y 11 M 27 D (F) Dr. YELAMANCHILI VIJAYA SNEHA 		Date & Time of Admission 15/5/26 @ 11:55 AM	Date & Time of Transfer Order 15/5/26 @ 4:20 PM
Transfer Ordered by Dr. Shiny		Reason for Transfer post OP care	
From Unit OT	To Unit MICU	Information to Attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in Clinical File 20	Number of Imaging Films OP-1	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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Vathela		Name of Person Ordered Transfer Dr. Shiny	
Patient & Clinical Records Received by : Sushma			
Date & Time of Patient Received : 15/5/26 @ 4:20 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

1911

Jan 1st to 31st

1912

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I.P. ADMISSION SHEET FOR GYNECOLOGYDate of Admission : 15/5/26Time of Admission : 12 pm

PERSONAL DETAILS

Name : Mrs Bhuvanawari Age 30y Date of Birth _____
 UHID No.: FDH-00045855 IP No.: _____
 Department : OBGY Consultant : Dr Y. Vijaya Sreha

PRESENTING COMPLAINTS

clo heavy menstrual bleeding ∴ yesterday.
 clots ⊕ -

H/o spotting on & off ∴ 30/3/2026

UPT done : Negative.

H/o heavy bleeding P/V ∴ Menarche

MENSTRUAL HISTORY

Year of Marriage : 2 years, NCH
 Previous Periods : irregular
 LMP : 30/3/26
 Contraception :

OBSTETRIC HISTORY

Parity : P1L1 - ♀
 Mode of Delivery LSCS - Oct 2025
 Last Child Birth : 7 months

MEDICAL HISTORY	SURGICAL HISTORY
PCO	LSCS - Oct 2015 biopsy biopsy - 2023 on Rt leg
FAMILY HISTORY	NOTES / ALLERGIES
father - HTN ⊕ DM ⊕	All.

---INITIAL ASSESSMENT:---

Date <u>15/5/26</u>	Breasts	Local / Speculum Examination
Ht. _____ Wt. _____	NOT	bleeding ⊕
BMI <u>PR: 80/min</u>		
B.P. <u>134/73 mmHg</u>	Abdominal Examination	Bimanual Pelvic Examination
Pallor <u>-</u>	soft	not done.
CVS <u>-</u>	lower abdominal	
Respiratory System <u>-</u>	tenderness ⊕	
Thyroid <u>-</u>		
SPO ₂ <u>99%</u>		

PROVISIONAL DIAGNOSIS: P/L 2 prev LSCS & HMB - E

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
BGT - A + U CBP Uteral markers Sr Creat	Hysteroscopy + Endometrial curettage + MIRENA insertu	- NBM - Pant preparation. - Prop medication. - Informed consent - Secure IV access

Name of the Doctor: Dr Sneha

Date: 15/5/26

Time: 12 pm

[Signature]
Signature of Doctor



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26		
1pm	Patient and attendants were counselled for Hysteroscopy + Endometrial curettage + Mirena insertion & I/O HMB-E. But they denied for mirena insertion and opted only for hysteroscopy + endometrial curettage.	Adv for business
15/5/26		
4:30pm	O-POD GE fair Afebrile PR - 72 bpm BP - 120/77 mmHg SpO ₂ - 99% P/A - soft PL - NAB U/O - soondies NOT	Adv 1) HBM x 4-6hs 2) IV fluids as per AXON 3) Drugs as charted. 4) W/F BPV 5) Monitor vitals 6) Injorm SOS
		Adv
	Adv DRUGS	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 5:30pm	<p><u>POD-0</u> G.C. Fein Afebrile BP=110/80mmHg PR=95bpm SpO2=100% @ RA P/A=soft P/V=NASPV</p>	<p><u>Adm</u> 1. NBM - 4-6hrs 2. IVF as per AXAS 3. Drugs as clauded 4. w/f BPV 5. (M) vitals 6. Infirm SS</p> <p style="text-align: right;">R</p>
15/5/26 8:30pm	<p><u>POD-0</u> G.C. Fein Afebrile BP=100/70mmHg PR=88bpm SpO2=100% @ RA P/A=soft P/V=NASPV</p>	<p><u>Adm</u> in bed Anulclatation 1. sip of oral fluids 2. Puff diet → 12:30 AM 3. Drugs as clauded 4. w/f BPV 5. (M) vitals 6. Infirm SS 7. Shift to Room if according to lipids <u>fine</u> well.</p>
	<p><u>SNU</u> DR. YELAMANCHILI VIJAYA SNEHA</p>	



PROGRESS NOTES AND DOCTOR'S ORDER



Date & Time	Progress Notes	Doctor's Order
<p>15/5/26 <u>7:00 AM</u></p>	<p style="text-align: center;"><u>POD-1</u></p> <p>G.C fair Afebrile BP - 110/70 mmHg PR 88 bpm SpO₂ = 100% RA P/A = soft P/V = N/A spu</p> <p>G - ✓ F - ✓ M - ✓</p>	<p style="text-align: center;"><u>Adm</u></p> <ol style="list-style-type: none"> 1. Ambulation 2. Navel dried 3. plenty of oral fluids 4. mucus cleared 5. w/f Rspv 6. (M) vitals under obs 7. Discharge today <p style="text-align: right;">Res</p>
<p>16/5/26 <u>10:10 AM</u></p>	<p style="text-align: center;"><u>POD - 1</u></p> <p>No complaints</p> <p>G.C fair Afebrile PR: 80/min BP: 107/80 mmHg SpO₂: 99% P/A: Soft P/V Bw 2</p> <p>Remove IV cannula</p> <p>Patient counselled for MIRENA after 3 months.</p>	<p>C/S/B Dr Y. Vijaya Sneha</p> <p><u>R</u></p> <p>Discharge</p> <p style="text-align: right;">8/10 DR. Y. SNEHA</p>



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward MICU

DRUG : <u>TRANS PARANTO PRAZOLE</u>				Date Time	<u>17/5</u>															
Dose	Route	Frequency	Start Dt.																	
<u>100mg</u>	<u>P.O</u>	<u>OD</u>	<u>1615</u>																	
Name & Signature of the Doctor Starting the Drugs:				 																
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start 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																				

VERIFIED

VERIFIED BY : Name Signature

FDH-00045855 IP25-00020458
 Mrs VEERAMALLU BHUVANESWARI
 18-05-1995 30 Y 11 M 27 D (F)
 Dr. YELAMANCHILI VIJAYA SNEHA



Sheet NO:

REGULAR PRESCRIPTIONS

Weight Ward M/ce

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																			

VERIFIED BY : Name Signature



DRUG CHART

Date of Admission: 15/06/26 Drug Allergies: NIC Not known any Drug Allergies

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

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

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

VERIFIED BY: Name



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	
Start Date	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.	
DRUG :			Dose		Dose		Dose	
			Dr. Sign.		Dr. Sign.		Dr. Sign.	
Route	Dose		Dose		Dose		Dose	
Start Date	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
15/5/26		Ij CEFOTAXIME	1g	IV	[Signature]	
15/5/26	2:30pm	Ij PANTOPRAZOLE	40mg	IV	[Signature]	Subra Dr
15/5/26	2:30pm	Ij METOCLOPRAMIDE	10mg	IV	[Signature]	Subra Dr
15/5/26	2pm	Ij AUGMENTIN	1.2g	IV	[Signature]	Subra Dr
15/5/26	12 PM	Ij TRAMADOL	50mg	IV	[Signature]	Sankha Jaya
15/5/26	2 pm	Ij TRAMEXA	1g	W	[Signature]	Sankha Jaya
15/05/26	4:00pm	SUP TRAMADOL	100mg	PR	[Signature]	Vaish Vaish
15/5/26	4:00pm	SUP DICLOFENAC	100mg	PR	[Signature]	Vaish Vaish
15/05/26	3:30pm	INT PARACETAMOL	1gm	W	[Signature]	Vaish Vaish

