

Rainbr  
Childr  
Hospit

ANC-00015731 IP28-00004465  
Master AUSTIN FERNANDEZ  
17-12-2008 17 Y 6 M 9 D (M)  
Dr. G SAI SUCHITRA

CHARGE TRACKING SHEET



UHID :

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		26/3/16 at 2pm	Done 018903.	
Activity Sheet updated by Pharmacy	14:20	14:25	 01772	

# ACTIVITY RECORD FOR BILLING



Name: **ANC-00015731** **IP28-00004465**  
**Master AUSTIN FERNANDEZ**  
**17-12-2008** **17 Y 5 M 9 D** (M)  
 UHID: **Dr. G SAI SUCHITRA**  
 [Barcode]  
 No: ..... Consultant: ..... Dept: .....  
 Date: ..... Time: ..... Date of Discharge: ..... Time: .....  
 Room / Bed No: ..... Ward: ..... Suggested Billable bed type: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	7.15 AM	BR	OT	[Signature] 020901
26/5/26	9.40 AM	OT	post up	S. D. [Signature] 26/5/26
26/5/26	12 PM	post up	M-Floor	S. D. [Signature] 26/5/26

## CROSS CONSULTATION VISIT

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







ANC-00015731 IP28-00004465  
 Master AUSTIN FERNANDEZ  
 17-12-2008 17 Y 6 M 9 D (M)  
 Dr. G SAI SUCHITRA



## SURGERY DETAILS

Date : 26/5/28

Patient Name: MAST. AUSTIN FERNANDEZ Date of Birth: 17/12/2008 Age: 17

Gender: Male Ward: M-Floor UHID No.: 15731/4465

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

Name of the Surgery : Ankle - ORIF

Time in : 7:15 AM

Time Out : 9:10 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>DR. Sai Suchithra</u>	<u>4000/-</u>
2. Anaesthetist	<u>DR. Karthiga</u>	
3. Assistant Surgeon	<u>-</u>	
4. OT Technician	<u>MR. Rishi / MR. Sanjay</u>	
5. Circulating Nurse	<u>SIN. Eshwarani</u>	
6. Assistant Nurse	<u>SIN. pushpanthy / SIN. Lakshmi</u>	

Special Equipment:  Laparoscopy  Broncoscope  Harmonic  Morcelator  
 C-ARM <sup>8:30 AM</sup> <sub>9:00 AM</sub>  Cystoscopy  Versa Point  Liver Cusa  
 Neuro Cusa  Others .....

Signature of the Surgeon

83142

Signature of Circulating Nurse

20715

Order No: .....

Order by: .....

10/10/10

# SURGERY DETAIL

Patient Name: Mr. J. Smith  
 Gender: Male  
 Date of Surgery: 10/10/10  
 Name of the Surgery: Open

This is a Major procedure

Role	Name
1. Surgeon	<u>Mr. J. Smith</u>
2. Anesthetist	<u>Mr. J. Smith</u>
3. Assistant Surgeon	<u>Mr. J. Smith</u>
4. OT Technician	<u>Mr. J. Smith</u>
5. Circulating Nurse	<u>Mr. J. Smith</u>
6. Assistant Nurse	<u>Mr. J. Smith</u>

- Special Equipment:
- Laparoscopy
  - C-ARM
  - Neuro Case
  - Endoscopy
  - Microscope
  - Laser Case

Signature of the Surgeon  


Order No: 10/10/10

ORIF (LF)  
 ANKLE



CONSUMABLES OF OT

Circulating staff : Ms. Ezhil Technician : Mr. Sanjai Date : 26/5/26 Time : 7:15 AM - 9:40 AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack ORTHO		01	Inj Vit.K		
LMA			Sutures 2317		01	Cord Clamp		
ECG leads : (A) P/N		03	9919		01	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringes : 10 cc		01				Vacuum Suction Set		
05 cc		02	Gloves 6.5 P.F		02+02	Surgical Gloves		
02 cc		01	TPP		05	Gauze Pack		
0.7 cc 2ml		02	SC 7.5		02	Syringe 1ml / 2ml		
Cautery plate (A) P/N		01	Surgical blade 1513		03	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		02+1	Cautery pencil		01	Spinal needle		
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			25G (w)		01
Inj. Epipen		01	Ointments			Emerald syringe		
Inj - Dexa		01	Suction Catheter			5ml		01
Fentanyl			Cap, Mask			Dextrose 250		
Morphine			Gauze Pack (N)		07	(100ml)		01
Ketamine			Mop Pack		01	Needle 26x1 1/2		02
Propofol			Steristrip 154b		01	Inj - Tropine		01
Rocuronium			Underpad		02	Inj. Anaproxen		01
Glycopyrolate			Draw sheet			sc 6 1/2		01
Myopyrolate			Abgel			Denmark		01
Ondansetron			Foleys catheter			Anti caut 4 (IP)		01
Pencan 25g/ Spinal Needle 22			Urobag			prima pan (20x10)		02
Bupivacaine 0.25%			Chest Drainage Catheter			Gauze (1)		3
Bupivacaine 0.25% (Heavy)			Romodrain bag			C-Arm		01
Antibiotics : TAXIM 1g		01	Bandage			500ml NS		01
Inj - Anawin (0.5)		01	Tegaderm			proto gown		01
Suppositories			Ioban			3m pop 15cm		05
Anamol : 80mg / 250mg / 170 mg			Double J Stent			Artifix 15cm		01
Supridol : 100mg			Vacuum Suction set		01	Elartemal 15cm 4m		02
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet			N-95 mask		02
Tab. Misoprost : 200mg			Betadine Solution		01	SC 7		01
INJ. ANAWIN HEAVY		01	Microshield			NS prefilled		01
Inj. Bupivacaine		01	Cotton Balls					
Veriflon 20G		01	Latex Gloves		10 pair			
Vein - o - line (w)		01	Ramdione Scrub					
D-water		03	Saral					

Dr. G. S. Suchitra  
 Surgeon

Dr. K. Kartikeyan  
 Anaesthesiologist

Dr. P. P. P.  
 Nurse

Srinivas  
 OT Technician



# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar

Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

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

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004465	Ward	5F-PRE/POST
Patient Name	Master AUSTIN FERNANDEZ	Bed Name	PRE & POST OP 504
Age/Sex	17 Y 5 M 9 D / Male	Order No	28-0000146870
Date	26/05/2026 12:30	Prescription No	PRIP28-0069040
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	Dispensed Date	26/05/2026 12:47
UHID	ANC-00015731		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	AMNEPARA 100ML GLASS BOTTLE		H	0EL00125032	08/27	1	840.00	840.00
2	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
3	ANAWIN INJ VIAL 0.5% 20 ML	NEON LABORATORIES LTD	H	SM107260	05/28	1	93.90	93.90
4	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	045118	09/28	1	31.10	31.10
5	CEFANTRAL 1GM INJ	LUPIN LIMITED	H	A25035PP	11/27	1	42.60	42.60
6	DEXARIL 4MG INJ		H	0DEX25008SR	06/27	1	10.88	10.88
7	DEXTROSE IV 25 % 100 ML BOTTLE	Aculife Health Care Pvt.Ltd(Nirilif	H	01B260748	01/27	1	22.03	22.03
8	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	1	25.78	25.78
9	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
10	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B16K55	01/31	2	21.56	43.12
11	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	2	50.63	101.26
12	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
13	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254093	09/28	3	2.58	7.74
14	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	03226S08G	01/28	3	32.34	97.02
15	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231092	11/27	1	45.90	45.90
16	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	12/26	2	2.44	4.88
17	PREGELLED SURGICAL PLATES(ADULT)	Erbee		02510172407	10/27	1	1,275.00	1,275.00
18	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	3	69.39	208.17
19	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
20	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	KM038109	01/27	1	7.18	7.18
21	VEIN-O-LINE 10CM ROMSONS		GENERAL	0G25J010503	09/30	1	389.00	389.00
22	VENFLON I -20G	BECTON DICKINSON (BD)	GENERAL	5267211	08/30	1	321.00	321.00
<b>Total :</b>							<b>3,799.47</b>	<b>4,082.72</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

# RAINBOW CHILDREN'S MEDICARE LIMITED

## Rainbow Children's Hospital - Anna Nagar



Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,  
Thirmangalam Anna Nagar West Chennai Tamil Nadu INDIA 600040  
Tel No : 044-69289928

VAT TIN :

CIN :

DL NO :

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

### INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004465	Ward	5F-PRE/POST
Patient Name	Master AUSTIN FERNANDEZ	Bed Name	PRE & POST OP 504
Age/Sex	17 Y 5 M 9 D / Male	Order No	28-0000146862
Date	26/05/2026 12:16	Prescription No	PRIP28-0069044
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	Dispensed Date	26/05/2026 12:51
UHID	ANC-00015731		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	3M CAST POP 15CMS	3M HEALTHCARE		ND2505066	05/28	5	239.06	1,195.312
2	ARTIFLEX 15 CM X 3M (SOFTROLL)	BSN MEDICAL	GENERAL	023MA0280	12/27	1	290.62	290.625
3	C-ARM COVER	Surgiwere		014	09/28	1	146.00	146.00
4	CAUTERY PENCIL (ADVANCE)	The Advanced cadionmed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
5	DERMARK PEN ROMSON	ROMSONS	GENERAL	G25K010364	10/28	1	331.00	331.00
6	ELASTOMULL 15 CMS	BSN MEDICAL	GENERAL	241301117	02/29	1	79.69	79.688
7	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641087	04/29	7	100.00	700.00
8	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	1	850.00	850.00
10	N95 MASK KARE-ROMSONS	ROMSONS		G25A030098	12/29	2	49.69	99.375
11	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	20	25.00	500.00
12	NS 500ML CLOSED BOTTLE	Denis Chem Lab Ltd	H	1B260969	01/29	1	39.72	39.72
13	ORTHO DRAPE PACK			OPRCH1010426	03/29	1	2,500.00	2,500.00
14	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
15	PrimaPore 20cm x 10cm	SMITHS & Nephew		2307B	02/28	2	123.38	246.75
16	PROTO GOWN (ADULT)	Diamond Medicare	H	PGRCH1010526	04/29	1	250.00	250.00
17	SGLOVE # 6.5 (POWDER FREE)	ANSEL		0260300811T	03/29	4	128.00	512.00
18	SGLOVE # 6.5 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26A2019	12/30	1	91.00	91.00
19	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
20	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)		24IO233KK	08/29	2	90.94	181.875
21	STERI STRIP1 4*4IN 1546	3M HEALTHCARE		34647T	06/30	1	225.00	225.00
22	SURGICAL BLADE 15	Surgeon	GENERAL	C05636	04/30	3	5.15	15.45
23	UNDERPADS CARE 60 X 90 ( FRIENDS)			000100500720	12/30	2	205.00	410.00
24	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
25	VICRYL 2-0 VP 2317	ETHICON SUTURES-J&J C1		T3052	08/28	1	776.25	776.25
26	Vicryl 3-0 (Rapide) undyed (W9919)	ETHICON SUTURES-J&J		AU2019	01/28	1	649.69	649.688

**Rainbow Children's Hospital**



**RAINBOW CHILDREN'S MEDICARE LIMITED**

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**INPATIENT ISSUES AGAINST ORDERS**



IP No	IP28-00004465	Ward	5F-PRE/POST
Patient Name	Master AUSTIN FERNANDEZ	Bed Name	PRE & POST OP 504
Age/Sex	17 Y 5 M 9 D / Male	Order No	28-0000146863
Date	26/05/2026 12:16	Prescription No	PRIP28-0069043
Payor	HDFC ERGO GENERAL INSURANCE CO LTD	Dispensed Date	26/05/2026 12:49
UHID	ANC-00015731		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	SGLOVE 7.0(POWDER FREE)	ANSEL	GENERAL	0260200381T	02/29	5	117.00	585.00
<b>Total :</b>							<b>117.00</b>	<b>585.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



# CROSS CONSULTATION FORM

Doctor Name: Potiyadavshini / PT Date: 26/5/26 Time: 1:20pm

Diagnosis: Ⓛ Lateral Malleolus #

Hospital: RCH - Anna Nagar

Type of Referral :

Emergency

Urgent

Non Urgent

Referred for:  Opinion  Co-Management  Transfer of care

Reason for Referral: If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Bed Mobility (Limb physio)

Signature: S. Potiyadavshini

## Findings and Recommendations :

Ⓛ Lateral Malleolus #, PD - Left Ankle ORIF

O/O

- seen in supine

- state - Active & Co-operative.

O/E

- CVS - good

- leg ↑ elevated

- Hip joint and Knee Joint → Full ROM.

- Finger - Mobilisation.

## Consultant :

Name: Potiyadavshini / PT Signature: S. Potiyadavshini Date & Time : .....

PT Mx

- Advised walker support (Auxiliary crutches) for mobilisation
- Finger Mobilisation
- Knee flexion & Extension support
- Hip Movements Encouraged.
- Advised 6 week non-weight bearing.

S. Perreault,

ANC-00015731 IP28-00004465  
Master AUSTIN FERNANDEZ  
17-12-2008 17 Y 5 M 9 D (M)  
Dr. G SAI SUCHITRA



## OPERATION NOTES

Surgeon : DR. SUCHITRA		Asst. Surgeon : —	
Anesthetist : DR. KARTHIKA		OT Nurse : Ms. PUMPA	
Pre-Operative Diagnosis : (L) lateral malleolus fracture			
Surgical Procedure : LEFT ANKLE ORIF			
Weight : 57kg	Date : 26/5/26	Start Time : 7:15AM	End Time : 9:40AM
Post Operative Diagnosis:			
Peri-Operative Complications:			
Operation Notes:			
Findings: ↓ SA, patient in supine position, leg elevated on a pillow TQ - 1:30 hrs			
Procedure Notes: Fluoroscopy guidance throughout Lateral approach to ankle Talar drift on C-arm Comminuted fibula fracture Lengths restored. Lag screw placed from posterior to anterior. 5-holed 1/3 tubular plate used to fix. Excellent stability. Lengths and alignment restored. No syndesmotic injury Wash given. 2-0 vicryl, 3-0 rapid.			
Amount of Blood Loss:		Blood Transfused (in ML)	
Name and Number of Surgical Specimen sent for examination:			



### POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:	1) Limb elevation 2) Non weight bearing x 6 weeks 3) to see Physio before
Wound Care:	4) Change 5) Round the clock analgesic x 3 days
Drain /Special Lines/Catheters:	6) Review after 6 weeks or in case of any issues 7/07/26 7) Home today
Special Patient Positioning and Requirements:	
Nutritional Instructions:	
When to Start Mobilization:	
Special Referrals:	
The new order for all required medications documented in the doctor order/medication sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any Other Post-Operative Care Needed including Required Follow Up	

Name of the Surgeon: Dr. G Sai Suchitra

Signature of the Surgeon: (Signature)

Date & Time: 26.5.26 @ 10 AM