

ANC-00015785 IP28-00004445  
Mrs C S K SUPRIYA VINESH  
15-08-1998 27 Y 9 M 10 D (F)  
Dr. SELF



### DISCHARGE TRACKING SHEET

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		27/5/28 1:00 PM		
Activity Sheet updated by Pharmacy		7:12 AM	<i>[Signature]</i>	

# ACTIVITY RECORD FOR BILLING



ANC-00015785 IP28-00004445  
 Mrs C S K SUPRIYA VINESH  
 15-08-1998 27 Y 9 M 9 D (F)  
 Dr. SELF



IP No: ..... Consultant: ..... Dept: .....

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

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

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/8/26	10:5pm	pre & post	OT-II	[Signature]
24/08/26	12:20pm	OT-II	Post-OP	[Signature]
24/5/26	2 AM 8:30 AM	Post-op	m floor	[Signature]





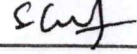
## CROSS CONSULTATION VISIT

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





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
23/05/26	<del>CATHETERIZATION</del>	01	146421	
"	<del>PRE ANESTHESIA</del>	01	60009	
"	<del>OTC</del>	1	3915	
23/05/26	TV PLACEMENT	01	6432	
25/5/26	Nutritional Assessment	1	(to be raised)	

**ANY OTHER INFORMATION:**

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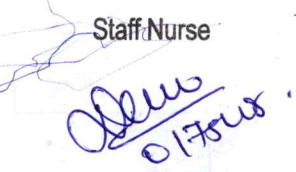

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Date: 26/5/26 Time: 9am Prepared By: .....

Staff Nurse 	Shift / Ward 	Billing Assistant	Billing Supervisor
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ANC-00015785 IP28-00004445  
Mrs C S K SUPRIYA VINESH  
15-08-1998 27 Y 9 M 8 D (F)  
Dr. SELF



### SURGERY DETAILS

Date : 23/05/26  
Patient Name: MRS C.S.K SUPRIYA VINESH Date of Birth: 15/08/1998 Age: 27 Y 9 M  
Gender: FEMALE Ward : - UHID No: 15125/4445  
Date of Surgery: 23/05/26  OT -1  OT -2  OT -3  OT -4  OBG OT-1  OBG OT-2  
Name of the Surgery : Emergency LSCS

Time in : 11:00pm Time Out : 12:20pm

	NAME	AMOUNT
1. Surgeon	<u>DR. VAISHNAVI</u>	
2. Anaesthetist	<u>DR. ASHOK KUMAR</u>	
3. Assistant Surgeon	<u>DR. NOHANA</u>	
4. OT Technician	<u>MR. SANTAI</u>	
5. Circulating Nurse	<u>SIN KOUSICK</u>	
6. Assistant Nurse	<u>SIN PUSHPAVATHY</u>	

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

C.S.K. Vaishnavi  
Signature of the Surgeon

Sin Kousick  
Signature of Circulating Nurse

Order No: ..... Order by: .....

**SURGERY DETAILS**

Patient Name: MR. JAMES ANDREW SMITH  
 Gender: Male  
 Date of Surgery: 12th October 2011  
 Name of the Surgery: Appendicectomy

Time in Theatre: 1.30 hours

NO.	NAME	POST
1.	<u>DR. JAMES ANDREW SMITH</u>	<u>Surgeon</u>
2.	<u>DR. JAMES ANDREW SMITH</u>	<u>Anaesthetist</u>
3.	<u>DR. JAMES ANDREW SMITH</u>	<u>Assistant Surgeon</u>
4.	<u>MR. JAMES ANDREW SMITH</u>	<u>OT Technician</u>
5.	<u>MR. JAMES ANDREW SMITH</u>	<u>Circulating Nurse</u>
6.	<u>MR. JAMES ANDREW SMITH</u>	<u>Assistant Nurse</u>

Special Equipment:  Laparoscopy  C-ARM  Tissue Cass

[Signature]  
 Surgeon

[Signature]  
 Signature of the Surgeon

Order for: [Blank] Issued by: [Blank]



### CONSUMABLES OF OT

Circulating staff: S.N.KOUSICKU Technician: MR. SANJAI Date: 28/05/26 Time: 11pm-12:30 pm

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>2.0 cuffed</u>		01	Major Pack <u>1 SC</u>		01	Inj Vit.K		02
LMA			Sutures <u>234T</u>		03	Cord Clamp		02
ECG leads : A / P / N			<u>1326</u>		01	Suction Catheter <u>8cm</u>		02
HME filter : A / P / N						Feeding Tube <u>6cm</u>		02
Syringes : 10 cc		03+1				Vaccum Suction Set		02
05 cc		03	Gloves <u>6/2 PP</u>		03+02	Surgical Gloves		
02 cc		03+1	<u>T PP</u>		01+02	Gauze Pack		
01 cc		02				Syringe 1ml / 2ml		
Cautery plate <u>A</u> P / N		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set		02	NG tube			Koochies (S)		
RI		02	Cautery pencil		01	Inj. PARA		01
NS : 10ml / 100ml / 500ml / 1000ml			Koochies			Inj. EVATOXIN		
<u>Inj. Epipress</u>		01	Ointments			D-water		05
<u>Inj. SUCOL</u>		01	Suction Catheter			Spinal needle 25GA		01
Fentanyl			Cap, Mask			Venflon 18cm		01
Morphine			Gauze Pack <u>(1)</u>		02	Gauze (N)		02+2
Ketamine			Mop Pack		02	NS 100ml		01
Propofol		03	Steristrip			SC 6		02
Rocuronium			Underpad		02	ABGEL		01
Glycopyrolate		02	Draw sheet			S. glove 8PF1		01
Myopyrolate		02	Abgel					
Ondansetron		01	Foleys catheter <u>14'S</u>		01	vein-O-line 10cm		01
Pencan 25g/ Spinal Needle 22			Urobag		01	Needle 20x1 1/2		01
Bupivacaine 0.25%			Chest Drainage Catheter			carbetocin		01
Bupivacaine 0.25%(Heavy)			Romodrain bag			quice shell		1
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		04			
Justin : 12.5 mg / 25mg <u>(100mg)</u>		01	Plastic Bed Sheet		02			
Tab. Misopros : <u>200mg</u>		04	Betadine Solution		02			
<u>Inj. Anakin heavy</u>		01	Microshield					
<u>Inj. Bupivacaine</u>		01	Cotton Balls					
<u>Inj. Torapic</u>		02	Latex Gloves		10 pairs			
<u>Inj. Toramadol</u>		02	Ramdione Scrub					
<u>Inj. DEXA</u>		01	Saral					

Dr. Vaishini  
 Surgeon

Dr. Ashok Kumar  
 Anaesthesiologist

Ms. Pooja  
 Nurse

Sanjai  
 OT Technician

Order No. : ..... Ordered by : .....

# 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	IP28-00004445	Ward	5F-PRE/POST
Patient Name	Mrs C S K SUPRIYA VINESH	Bed Name	LDR 501
Age/Sex	27 Y 9 M 9 D / Female	Order No	28-0000146444
Date	24/05/2026 03:16	Prescription No	PRIP28-0068820
Payor	SELPAY	Dispensed Date	24/05/2026 03:16
UHID	ANC-00015785		

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	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
4	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	045118	09/28	1	31.10	31.10
5	CARBITECH HS PFS 100 MG INJ	Bharat Serums And Vaccines Ltd	H	YICB2513C	06/27	1	525.93	525.93
6	DEXARIL 4MG INJ		H	0DEX25008SR	06/27	1	10.88	10.88
7	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	4	25.78	103.12
8	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	2	24.00	48.00
9	DSYRINGE 5ML (NIPRO)	NIPRO	GENERAL	26B16K55	01/31	3	21.56	64.68
10	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	25L09K91	11/30	3	10.31	30.93
11	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirif	H	2254093	09/28	5	2.58	12.90
12	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231092	11/27	1	45.90	45.90
13	ET TUBE CUFFED 7.0 LIFE O LINE	Adilase		G26B010703	01/31	1	399.00	399.00
14	EVATOCIN (OXYTOCIN) INJ 5 IU.1 ML	Neon Laboratories Ltd		091672	11/27	5	18.90	94.50
15	INFANT FEEDING TUBE-6	ROMSONS	GENERAL	0G26A010608	12/30	2	63.00	126.00
16	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		G25L010804	11/30	2	469.00	938.00
17	MCT-ROF 100MG 10ML	Neon Laboratories Ltd	H	NA1353003	09/27	3	69.10	207.30
18	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	2	28.92	57.84
19	MYOPYROLATE-INJ-5ML	NEON LABORATORIES LTD	H	V350474	09/27	2	127.48	254.96
20	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	12/26	1	2.44	2.44
21	ONDOKIND INJ 4 MG 2 ML	SWISS CRITICURE		BA26025	01/28	1	12.72	12.72
22	PREGELLED SURGICAL PLATES(ADULT)	Erbee		02510172407	10/27	1	1,275.00	1,275.00
23	PYROLATE INJ AMP 0.2MG 1 ML	NEON LABORATORIES LTD	H	KP1254175	11/28	2	15.37	30.74
24	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	2	69.39	138.78
25	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
26	SUCOL INJ 50 MG 10 ML	Neon Laboratories Ltd	H	248221	01/27	1	55.64	55.64
27	SUCTION CATHETER 8	ROMSONS	GENERAL	K25L010489	11/30	2	91.00	182.00
28	SUPRIDOL INJ 50 MG 1 ML	Neon Laboratories Ltd	H	KP1287039	07/27	3	12.56	37.68
29	VEIN-O-LINE 10CM ROMSONS		GENERAL	0G25J010503	09/30	1	389.00	389.00
30	VENFLON I -18 G	BECTON DICKINSON (BD)		5305505	10/30	1	321.00	321.00

Receiver Name

Authorized Signature Pharmacist Name : RISHI S

for RAINBOW CHILDREN'S MEDICARE LIMITED

Total : 5,509.50 6,859.95

IP No	IP28-00004445	Ward	5F-PRE/POST
Patient Name	Mrs C S K SUPRIYA VINESH	Bed Name	LDR 501
Age/Sex	27 Y 9 M 9 D / Female	Order No	28-0000146444
Date	24/05/2026 03:16	Prescription No	PRIP28-0068820
Payor	SELF-PAY	Dispensed Date	24/05/2026 03:16
Unit	ANC-00015785		

### INPATIENT ISSUES AGAINST ORDERS



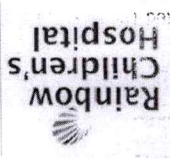

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**INPATIENT ISSUES AGAINST ORDERS**



<b>IP No</b>	IP28-00004445	<b>Ward</b>	5F-PRE/POST
<b>Patient Name</b>	Mrs C S K SUPRIYA VINESH	<b>Bed Name</b>	LDR 501
<b>Age/Sex</b>	27 Y 9 M 9 D / Female	<b>Order No</b>	28-0000146445
<b>Date</b>	24/05/2026 03:23	<b>Prescription No</b>	PRIP28-0068822
<b>Payor</b>	SELF PAY	<b>Dispensed Date</b>	24/05/2026 03:37
<b>IP No</b>	ANC-00015785		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ABGEL 20X10	Sutures India	GENERAL	R070425	06/28	1	151.00	151.00
2	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
3	DISPOSABLE APRONS STERILE XL	Mediblu		PARCH1010526	04/29	2	100.00	200.00
4	FOLEYS CATHETER 14FR POLYMED	Polymed	C1	2516836N	11/30	1	249.00	249.00
5	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641087	04/29	4	100.00	400.00
6	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
7	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274049	09/28	1	18.74	18.74
8	KLICK CLAMP	ROMSONS		0G251040080	08/30	1	39.00	39.00
9	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
10	MISOPROST TAB 200MCG	CIPLA LIMITED	H	5GH0383	11/26	4	20.26	81.04
11	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5116	09/30	1	997.00	997.00
12	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	2	850.00	1,700.00
13	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		0060126	01/29	20	25.00	500.00
14	NS 100ML ACCULIFE - EH	Aculife Health Care Pvt.Ltd(Nirilif	H	2C260605	02/30	1	22.41	22.41
15	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	2	107.00	214.00
16	SGLOVE # 6.5 (POWDER FREE)	ANSEL		0260300811T	03/29	5	128.00	640.00
17	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	2	91.00	182.00
18	SGLOVE # 8.0(POWDER FREE)	ANSEL	GENERAL	260300741T	04/29	1	128.00	128.00
19	SURGICAL BLADE 22	Surgeon	GENERAL	C08891	07/30	1	5.15	5.15
20	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
21	TROBAG (ADULT) - URODYNE		GENERAL	K25K050045	10/30	1	395.00	395.00
22	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	4	679.50	2,718.00
23	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5054	06/30	3	951.00	2,853.00
<b>Total :</b>							<b>8,805.06</b>	<b>8,805.06</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

AV

5 No

Printed T...

AV

2 No

Printed T...

AV

2 No

Printed T...

AV

2 No

Printed T...

AV

2 No

Printed T...



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IP No	IP28-00004445	Ward	5F-PRE/POST
Patient Name	Mrs C S K SUPRIYA VINESH	Bed Name	LDR 501
Age/Sex	27 Y 9 M 9 D / Female	Order No	28-0000146446
Date	24/05/2026 03:23	Prescription No	PRIP28-0068823
Payment	SELPAY	Dispensed Date	24/05/2026 03:37
UHQ	ANC-00015785		

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	4	117.00	468.00
<b>Total :</b>							<b>117.00</b>	<b>468.00</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S







ANC-00015785 IP28-00004445  
 Mrs C S K SUPRIYA VINESH (F)  
 15-08-1998 27 Y 9 M 0 D  
 Dr. SELF



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>24/5/26</u>		S/B <u>Dr. Parth</u>
<u>10am</u>	<u>POD 0</u>	PT Reviewed.
		NO specific complaints
	<u>vitals stable</u>	P/A - uterus contracted
		Dressing dry.
		MC - BWA
		Adv
		- liquid diet.
		- Follow dry chart
		- Monitor vitals.
		- Inform sos.
		<u>Parth</u>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26		S/B <u>Dr. Parithee</u>
10p m	POD 1	Pt. Reviewed.
10p.m		No gaseous distension.
	vitals stable	P/A - Gaseous distension (+) BS (+) Dressing dry & Intact.
	Remove CBD @ 6a.m	PE - BWNL <u>Adv</u>
		- NPO.
		- E. Dulcolax Supp 2 tab P/R stat
		- Inj. Pevisoron 1cc Im stat
		- To send serum electrolytes @ 6a.m if there is distension

*[Handwritten signature]*



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>25/5/26</u>		8/B Dr. Paritha
<u>6:45 a.m</u>	Pt. Reviewed	Abdominal distension reduced.
<u>vitals stable</u>	passed flatus; voiding freely. P/A - soft	Gaseous distension led. BS (+)
	H/E - BWNL	
		<u>Adv</u>
		- Soft solid Diet
		- Follow dry chart
		- Monitor vitals
		- Inform S/S
<u>25/5/26</u> <u>11 AM</u>	S/Sy re <u>Chantho</u>	D/S
	vitals stable	
	vitals stable	<u>Adv</u> Soft diet
	No soft urine out distension - H	As per chart Inform S/S

H  
 [Signature]

ANC-00015785 IP28-00004445  
 Mrs C S K SUPRIYA VINESH  
 15-08-1998 27 Y 9 M 10 D (F)  
 Dr. SELF



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26	S/B Dr. Sivasarupa	
3pm	Patient reviewed	
(POD-2)	vitals stable. No neck pain (+)	
T - (N)	O/E - Afebrile no pallor	
BP - 100/80 mmHg	P/A - Uterus well contracted	
PR - 80/min	Soft,	
	L/E - Bleeding p.v. WNL	
		Adv: SM
		- Adequate hydration
		- Caffeine rich diet
		- Inform sos
25/5/2026	S/B Dr. Rupa	
8pm	Pt reviewed	
	No neck pain	
	O/E - Afebrile	
	vitals stable	
	P/A - Uterus well contracted	
		Adv: SM
		Corticosteroids
		Adequate hydration

*[Signature]*  
 12/05/26

ANC-00015785 IP28-00004445  
 Mrs C S K SUPRIYA VINESH  
 15-08-1998 27 Y 9 M 10 D (F)  
 Dr. SELF



## GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>25/5/26</del>	SIBY Dr. Chaitanya	
	phr capoteo	
	uteru slow	
	* SEP	
	uterus contracted	
	Dr. per	
	low	clear
		to release
26/5/26	S/B Dr. Sivasampa	
2:30 pm	Pt reviewed	
	vitals stable.	
	O/E - Afebrile, no pallor	
(POD - 3)	P/A - Soft uterus well contracted	
T - (N)	dressing dry	
BP - 110/70 mmHg	L/E - Bleeding pr WNL	dry
PR - 80/min		(2016)







# DRUG CHART

Date of Admission: 23/05/20 Drug Allergies: Nil  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: <u>Inj. Tramadol 100mg/NS</u>				Date Time																
Dose	Route	Frequency	Start Date																	
<u>2cc</u>	<u>IV</u>	<u>SOS</u>	<u>24/5/20</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				

DRUG: <u>Inj. Cimeset</u>				Date Time																	
Dose	Route	Frequency	Start Date																		
<u>4mg</u>	<u>IV</u>	<u>SOS</u>	<u>24/5/20</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

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

VERIFIED BY : Name ..... Sigr. ....

ANC-00015785 IP28-00004445  
 Mrs C S K SUPRIYA VINESH  
 15-08-1998 27 Y 9 M 9 D (F)  
 Dr. SELF



REGULAR PRESCRIPTIONS

Weight 67 Ward CDR

DRUG : <u>Inj. Supacef</u>				Date					
Dose	Route	Frequency	Start Date	Time					
1.5g	IV	1-0-1	23/5/20	10 AM	24/5	6 AM	25/5/20		
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>Inj. Pan</u>				Date					
Dose	Route	Frequency	Start Date	Time					
40mg	IV	1-0-1	23/5/20	6 AM	24/5	6 AM	25/5		
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>Inj. Emeset</u>				Date					
Dose	Route	Frequency	Start Date	Time					
4mg	IV	1-0-1	23/5/20						
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									
DRUG : <u>Inj. Para</u>				Date					
Dose	Route	Frequency	Start Date	Time					
1g	IV	1-1-1	23/5/20	9 AM	24/5	5 AM	25/5/20		
Name & Signature of the Doctor Starting the Drugs:									
Additional Instructions:									
Daily Doctor's Endorsement by a Sign									



Sheet No: .....

REGULAR PRESCRIPTIONS

Weight 5.1kg Ward MIS

DRUG: <u>Tab CEPTUM</u>				Date-Time	<u>25/5</u>	<u>26/5/26</u>	<u>27/5</u>
Dose	Route	Frequency	Start Dt.				
<u>500mg</u>	<u>PO</u>	<u>1-1</u>	<u>25/5</u>	<u>6 PM</u>	<u>9 AM</u>	<u>9 AM</u>	<u>9 AM</u>
Name & Signature of the Doctor Starting the Drugs:							
<u>[Signature]</u>							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG: <u>Tab PAN</u>				Date-Time	<u>26/5</u>	<u>27/5</u>	
Dose	Route	Frequency	Start Dt.				
<u>100mg</u>	<u>PO</u>	<u>1-1</u>	<u>25/5</u>	<u>6 AM</u>	<u>9 AM</u>	<u>9 AM</u>	
Name & Signature of the Doctor Starting the Drugs:							
<u>[Signature]</u>							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG: <u>Tab DCPN-OR</u>				Date-Time	<u>25/5</u>	<u>26/5/26</u>	<u>27/5</u>
Dose	Route	Frequency	Start Dt.				
<u>100mg</u>	<u>PO</u>	<u>1-1</u>	<u>25/5</u>	<u>10 AM</u>	<u>9 AM</u>	<u>9 AM</u>	<u>9 AM</u>
Name & Signature of the Doctor Starting the Drugs:							
<u>[Signature]</u>							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							
DRUG: <u>TAB TRYPIDOMER</u>				Date-Time	<u>25/5</u>	<u>26/5/26</u>	<u>27/5</u>
Dose	Route	Frequency	Start Dt.				
<u>25mg</u>	<u>PO</u>	<u>1-1</u>	<u>25/5</u>	<u>6:30 PM</u>	<u>9 AM</u>	<u>9 AM</u>	<u>9 AM</u>
Name & Signature of the Doctor Starting the Drugs:							
<u>[Signature]</u>							
Additional Instructions:							
Daily Doctor's Endorsement by a Sign							

VERIFIED BY: Name ..... Signature .....

ANC-00015785 IP28-00004445  
 Mrs C S K SUPRIYA VINESH  
 15-08-1998 27 Y 9 M 10 D (F)  
 Dr. SELF



**REGULAR PRESCRIPTIONS**

Weight 6.4k Ward .....

DRUG :				Date	Time
<u>Syp-DUPHARAC</u>				<u>25/5</u>	<u>26/5</u>
Dose	Route	Frequency	Start Dt.		
<u>1ml</u>	<u>PO</u>	<u>o-q-1</u>	<u>25/5</u>	<u>10 PM</u>	<u>W.H</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					

Signature  
VERIFIED BY : Name



Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<b>Route</b>	Dose		Dose		Dose		Dose	
<b>Start Date</b>	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<b>Name &amp; Signature of the Doctor</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	
<b>Additional Instructions:</b>	Dose		Dose		Dose		Dose	
	Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.	

VARIABLE DOSE		Date Time	Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.	
<b>DRUG :</b>		Dose		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
<b>Route</b>	<b>Start Date</b>	Dose		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
<b>Name &amp; Signature of the Doctor</b>		Dose		Dose		Dose		Dose		
		Dr. Sign.		Dr. Sign.		Dr. Sign.		Dr. Sign.		
<b>Additional Instructions:</b>		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
23/5/26	10:30pm	Inj. supacef	0.5g	IV	[Signature]	[Signatures]
23/5/26	10:46pm	Inj. Pan	40mg	IV	[Signature]	[Signatures]
23/5/26	10:46pm	Inj. Cemeset	4mg	IV	[Signature]	[Signatures]
23/5/26	10:46pm	Inj. supacef	1.5g	IV	[Signature]	[Signatures]
24/5/26	4:30 AM	Inj. FORTWIN	1cc	IM	[Signature]	[Signatures]
24/5/26	4:30 AM	Inj. PHENERGAN	1cc	IM	[Signature]	[Signatures]
25/5/26	12:15 PM	JUSTINE	100mg	P/R	[Signature]	[Signatures]
25/5/26	12:15 PM	MISO	800mcg	P/R	[Signature]	[Signatures]
25/5/26	11:50 PM	Dece	5mg	PO	[Signature]	[Signatures]

Signature

VERIFIED BY : Name



I.V. FLUIDS CHART

Weight 68 Ward LD8

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
		10 RL	IV	100ml/hr	<i>[Signature]</i> 15/8/02				
24/8/02	1 AM	10 RL (24 hrs) Im: SYNTO 40units	IV	50ml/hr	<i>[Signature]</i> 15/8/02	<i>[Signature]</i>	25/5	<i>[Signature]</i>	<i>[Signature]</i>
24/8/02	2 AM	10 RL	IV	100ml/hr	<i>[Signature]</i> 15/8/02	<i>[Signature]</i>	24/8/02 6 AM	<i>[Signature]</i>	<i>[Signature]</i>
24/8/02	10 AM	10 RL	IV	100ml/hr	<i>[Signature]</i> 15/8/02	<i>[Signature]</i>	24/8/02 at 11:30 AM	<i>[Signature]</i>	<i>[Signature]</i>
23/07/02	11 PM 12:30 AM	2 RL	SC	100ml	<i>[Signature]</i> 15/8/02	<i>[Signature]</i>	23/8/02	<i>[Signature]</i>	<i>[Signature]</i>
24/8	7 AM	10 NS	IV	100ml	<i>[Signature]</i> 15/8/02	<i>[Signature]</i>	24/8/02	<i>[Signature]</i>	<i>[Signature]</i>
24/8	5 PM	10 DNS	IV	100ml	<i>[Signature]</i> 15/8/02	<i>[Signature]</i>	24/8 2 AM	<i>[Signature]</i>	<i>[Signature]</i>
24/8	2 AM	10 DNS	IV	100ml	<i>[Signature]</i> 15/8/02	<i>[Signature]</i>	25/8 at 2 AM	<i>[Signature]</i>	<i>[Signature]</i>

VERIFIED BY : Name ..... Signature .....