

ANC-00015235 IP28-00004511  
Mrs PRIYA GUPTA  
27-02-1996 30 Y 3 M 7 D (F)  
Dr. V K SHANTHA



Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to bring 'rain' home.



 BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

### DISCHARGE TRACKING SHEET

UHID :

FLOOR:

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		04/5/26 at 9:45 AM		
Activity Sheet updated by Pharmacy	9:50 am	9:57 am		

# ACTIVITY RECORD FOR BILLING

Name: .....  
 UHID No: .....  
 Date of Admission: .....  
 Room / Bed No: .....

ANC-00015235  
 Mrs PRIYA GUPTA  
 27-02-1996  
 Dr. V K SHANTHA  
 IP28-00004511  
 30 Y 3 M 7 D (F)

..... Consultant: Dr. Shantha Dept: 04  
 ..... Date of Discharge: ..... Time: .....  
 ..... Suggested Billable bed type: .....

## WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
3/6/20	10:30 AM	LDR	OT II	RR
3/6/26	11:am	OT-2	Postward	Koperns
3/6/26	30 2PM	Neuropt.	-m' floor	Devi ou

## CROSS CONSULTATION VISIT

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







ANC-00015235 IP28-00004511  
Mrs PRIYA GUPTA  
27-02-1996 30 Y 3 M 7 D (F)  
Dr. V K SHANTHA



## SURGERY DETAILS

Date : 03/06/26  
Patient Name: Mrs. Priya Gupta Date of Birth: 27/02/1996 Age: 30 Y 3 M 7 D  
Gender: Female Ward: MP/1001 UHID No.: Ane 15235/4511  
Date of Surgery: 03/06/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2  
Name of the Surgery: Cervical Enucleation

Time In : 10-30

Time Out : 11 am

	NAME	AMOUNT
1. Surgeon	Dr. V.K. Shantha	
2. Anaesthetist	Dr. Mahabeeshmi	
3. Assistant Surgeon	Dr. Suresh	
4. OT Technician	Mr. Sanjai	
5. Circulating Nurse	Ms. Githi	
6. Assistant Nurse	Ms. Anbaasi	

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

Signature of the Surgeon *V.K. Shantha*

Signature of Circulating Nurse *Githi*

Order No: .....

Order by: .....



## CONSUMABLES OF OT

Circulating staff : S.N. Ezhil Technician : MR. Sarjai Date : 2/06/2026 Time : 10:30AM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>Hysto</u>		01	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads (A) P/N		03	1-240		01	Suction Catheter		
HME filter : A/P/N						Feeding Tube		
Syringes : 10 cc						Vaccum Suction Set		
05 cc		01	Gloves <u>P.F 6/2</u>		02 1/2	Surgical Gloves		
02 cc		02	<u>B.F 6</u>		02	Gauze Pack		
01 cc			<u>S-F</u>		02	Syringe 1ml / 2ml		
Cautery plate : A/P/N			<u>S-C 7/2</u>		02	Surgical Blade # 20		
IV set			Surgical blade			Surgical Blade # 20		
RL			NG tube			Koochies (S)		
NS : 10ml / 100ml / 500ml / 1000ml			Cautery pencil			<del>D. water</del>	02	
<u>Inj. Ephedrine</u>		01	Koochies			<u>Inj. DEXA</u>	01	
			Ointments			<u>Inj. Mezolam</u>	01	
			Suction Catheter			<u>F. Oculuse</u>	03	
Fentanyl			Cap, Mask		03			
Morphine			Gauze Pack		05			
Ketamine			Mop Pack					
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel					
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set					
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		02			
Tab. Misoprost : 200mg			Betadine Solution		01			
<u>Inj. Anakin heavy</u>		01	Microshield					
<u>Needle 26x 1/2</u>		01	Cotton Balls					
<u>Spinal needle 25(v)</u>		01	Latex Gloves <u>nil</u>		10 pair			
<u>Emerald syringe</u>			Ramdione Scrub					
<u>small</u>		01	Saral					

Surgeon : Dr. Shantha Anaesthesiologist : DR. Mahalingam Nurse : [Signature] OT Technician : MR. Sarjai  
 Order No. : ..... Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125

**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**

<b>IP No</b>	IP28-00004511	<b>Ward</b>	5F-PRE/POST
<b>Patient Name</b>	Mrs PRIYA GUPTA	<b>Bed Name</b>	PRE & POST OP 503
<b>Age/Sex</b>	30 Y 3 M 7 D / Female	<b>Order No</b>	28-0000148423
<b>Date</b>	03/06/2026 11:52	<b>Prescription No</b>	PRIP28-0069753
<b>Payor</b>	MEDI ASSIST INSURANCE TPA PVT LTD	<b>Dispensed Date</b>	03/06/2026 11:53
<b>UHID</b>	ANC-00015235		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641102	03/30	5	100.00	500.00
2	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	3	105.00	315.00
3	HYSTEROSCOPY PACK	Amaryllis		HPRCH1010526	04/29	1	1,255.00	1,255.00
4	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	10	25.00	250.00
5	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
6	PROLENE 1 NW 840	ETHICON SUTURES-J&J	C1	V4010	10/29	1	440.00	440.00
7	SGLOVE # 6.5 (POWDER FREE)	ANSEL		260300871T	03/29	2	128.00	256.00
8	SGLOVE # 6 (SURGICARE)	ICARE (KANAM LATEX)	GENERAL	25K207	10/30	2	91.00	182.00
9	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	2	91.00	182.00
10	SGLOVE # 7.5 (SURGICARE)	ICARE (KANAM LATEX)		24IO233KK	08/29	2	90.94	181.875
<b>Total :</b>							<b>2,432.94</b>	<b>3,668.88</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Authorized Signature

Pharmacist Name : RISHI S

Receiver Name



# 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

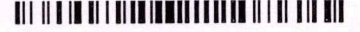
VAT TIN :

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	IP28-00004511	Ward	5F-PRE/POST
Patient Name	Mrs PRIYA GUPTA	Bed Name	PRE & POST OP 503
Age/Sex	30 Y 3 M 7 D / Female	Order No	28-0000148429
Date	03/06/2026 12:16	Prescription No	PRIP28-0069756
Payor	MEDI ASSIST INSURANCE TPA PVT LTD	Dispensed Date	03/06/2026 12:17
UHID	ANC-00015235		

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	ANAWIN HEAVY 5 MG INJ 4 ML	NEON LABORATORIES LTD	H	KP1713903	09/27	1	31.47	31.47
2	DEXARIL 4MG INJ		H	ODEX25008SR	06/27	1	10.88	10.88
3	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B16K55	01/31	2	21.56	43.12
4	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
5	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	2	10.31	20.62
6	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	15326S08G000	04/28	3	32.34	97.02
7	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231092	11/27	1	45.90	45.90
8	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304608	07/27	1	31.55	31.55
9	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	12/26	1	2.44	2.44
10	SPINAL NEEDLE 25G 90MM WHITACARE	BECTON DICKINSON (BD)		2505022	04/30	1	448.50	448.50
<b>Total :</b>							<b>647.14</b>	<b>743.69</b>

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

ANC-00015235 IP28-00004511

Mrs PRIYA GUPTA  
27-02-1996 30 Y 3 M 7 D (F)  
Dr. V K SHANTHA



### OPERATION NOTES

Surgeon : <u>Dr. V.K. Shantha</u>		Asst. Surgeon : <u>Dr. Givasarupa</u>	
Anesthetist : <u>Dr. Mahalakshmi</u>		OT Nurse : <u>S/N Anbarasi</u>	
Pre-Operative Diagnosis: <u>Per History Indicated Cerclage</u>			
Surgical Procedure : <u>Elective cervical cerclage</u>			
Weight :	Date : <u>3/6/2026</u>	Start Time : <u>10:30 AM</u>	End Time : <u>11 AM</u>
Post Operative Diagnosis:			
Peri-Operative Complications: <u>↓ Spinal anaesthesia, ↓ ASP, patient in lithotomy position, parts painted and draped.</u>			
Operation Notes: <u>Sim's speculum used to retract anterior and posterior vaginal wall, cervix held with sponge holding forceps. Purse string sutures put all around the cervix using 1-0 prolene. Knot placed anteriorly.</u>			
Findings: <u>anterior and posterior vaginal wall, cervix held with sponge holding forceps. Purse string sutures put all around the cervix using 1-0 prolene. Knot placed anteriorly.</u>			
Procedure Notes:			
Amount of Blood Loss: <u>—</u>		Blood Transfused (in ML) <u>—</u>	
Name and Number of Surgical Specimen sent for examination:			



POST-SURGICAL CARE PLAN FORM

Post-Operative Monitoring Parameters /Frequency:	Adv:- - NPO for 4 hrs → liquid diet - T. Ceftum 500mg 1-0-1 x 3 days.
Wound Care:	- T. Dolo 650mg sos - T. Pantop 40mg (B/F) 1-0-0 x 3 days
Drain /Special Lines/Catheters:	- Inj. Prdnuton depot 1-0-0 x 3 days
Special Patient Positioning and Requirements:	500mg IM today stat followed by every Wednesday till 7th month of gestation
Nutritional Instructions:	- C. Susten <sup>SR</sup> 200mg
When to Start Mobilization:	0-0-1 till 7th month of gestation
Special Referrals:	- To continue Iron and Calcium Supplements.
The new order for all required medications documented in the doctor order/medication sheet: <input type="checkbox"/> Yes <input type="checkbox"/> No	- To review on
Any Other Post-Operative Care Needed including Required Follow Up	17/6/2026 at 11 Am in Gynaec OP with Dr. V. K. Shantha - Inform sos.

Name of the Surgeon: Dr. V. K. Shantha

Signature of the Surgeon: [Signature]

Date & Time: 3/6/26 at 11 Am.



# IP ADMISSION SHEET FOR OBSTETRICS

**Presenting Complaints**

G2 P14

LMP: 14/2/26

EDD: 21/11/2024

Corrected EDD:

GA: 15+4

**Obstetric Formula:**

Menstrual History: Regular:  Yes  No

**Obstetric History:**

P14 - M/F / 32 weeks / PPRM /  
 Twins / LUL / 2024 /  
 Ca pregnancy done.

**Obstetric Examination**

Fundal Height: ~ 36 cm

**Present Pregnancy Record:**

G2 - Spontaneous  
 caeplive

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others \_\_\_\_\_

Head Fifts Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

**RISK FACTORS:**

**Per Speculum Examination**

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

**Vaginal Examination**

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

Height: 155 cm

Weight: 62 kg

Allergies: Dez

Breast:  Normal  Abnormal

**General Examination:**

Consciousness: 20

Pallor: 20

Icterus:

Edema:

Temp:

PR: 90/64

BP: 90/60 mmHg

DTR:

CVS:

RS

Liver/Spleen:

Urine Output: 20

**DIAGNOSIS**

G2 P14 / 15+4 week + previous US for cervical encroachment  
 History indicated



Dr. V K SHANTHA

<p>Family History:</p> <p>MS</p>	<p>Surgical History:</p> <p>MS - 2024</p>
<p>Medical History:</p> <p>MS</p>	<p>Medication History:</p> <p>Tib DUPHASTON 10mg BD Tib PROCTON DEPOT 200mg weekly</p>
<p>Plan of Care:</p> <p>Admission ↓ for Carved Imid ↓ postoperative care ↓ Dolgers</p> <p>Send Coagulation profile.</p>	<p>Investigations:</p> <p>12/12/24 0 +ve SUN CL - 3-5M P/A - funded MIND subchoroid hemorrhage 1.4.2024</p>

Doctor Name: Dr. Shantha

Signature: [Signature]

Date & Time: 2/6/24 20M

Consultant Name: Dr. Shantha V.K

Signature: [Signature]

Date & Time: 2/6/24 20M

ANC-00015235 IP28-00004511  
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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/2020 4 pm	S/ De Raaga K B → PE voided - 350ml.	
	O/E → Acute Abdomen.	
	vitals stable	
	P/A soft non tender.	
	A/E - no bleeding.	
		Adv
		- refer to ward
		- SRP for obstruction
		- Review drug chart
	S. Raaga 12/1/20	- w/c ↑ bleeding p/r, baby p/r, pain abdomen.

Patient Sticker



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
3/6/26 9pm	C/S/B- <u>Dr. Mohane</u>	
	pt reviewed	
	POD #0 post cervical encirclage.	O/E: Hydration fair, Afebrile no pallor, no pc
	LE cvs jump in	
	P/A ut ~ 16 weeks Relaxed	
		<u>Adv</u> - observation
	Ue - No Abnormal	- Pad watch
	discharge.	- Bed Rest
4/6/26 8:30 AM	S/B <u>Dr. Sivasubha</u>	<del>Dr. Mohane</del>
	Pt. reviewed no complaints, vitals stable.	
(POD - 1)		
T - (N)	O/E - Afebrile, no pallor	
BP - 100/60 mmHg	P/A - Uterus ~ 16 wks	
PR - 80/min	relaxed, FHR good.	
	LE - No <sup>active</sup> kicking plv.	
		<u>Adv:</u>
		- Plan for discharge today.
		Sup Post

ANC-00015235 IP28-00004511  
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## DRUG CHART

Date of Admission: 3/6/20 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)

<b>DRUG :</b> <u>T. DOLO</u>				<b>Date</b>																
				<b>Time</b>																
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Date</b>																	
<u>650mg</u>	<u>P/O</u>	<u>SOS</u>	<u>3/6/20</u>																	
<b>Doctor's Signature</b>		<b>Valid Period</b>	<b>Pharm.</b>																	
<u>[Signature]</u>																				
<b>Additional Instructions:</b>																				
<b>DRUG :</b>				<b>Date</b>																
				<b>Time</b>																
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Date</b>																	
<b>Doctor's Signature</b>		<b>Valid Period</b>	<b>Pharm.</b>																	
<b>Additional Instructions:</b>																				
<b>DRUG :</b>				<b>Date</b>																
				<b>Time</b>																
<b>Dose</b>	<b>Route</b>	<b>Frequency</b>	<b>Start Date</b>																	
<b>Doctor's Signature</b>		<b>Valid Period</b>	<b>Pharm.</b>																	
<b>Additional Instructions:</b>																				

VERIFIED BY : Name .....



REGULAR PRESCRIPTIONS

Weight 62 Ward 12

DRUG : T. CEFTUM				Date	3/6	1/6														
Dose	Route	Frequency	Start Date	Time	9 AM	9 AM														
500mg	P/O	1-0-1	3/6/26		<del>9 AM</del>	<del>9 AM</del>														
Name & Signature of the Doctor Starting the Drugs:				 120101																
Additional Instructions:				for 3 days.																
Daily Doctor's Endorsement by a Sign																				
DRUG : T. PANTOP				Date	3/6	1/6														
Dose	Route	Frequency	Start Date	Time	7 AM															
400mg	P/O	1-0-0	3/6/26		<del>7 AM</del>	<del>7 AM</del>														
Name & Signature of the Doctor Starting the Drugs:				 120101																
Additional Instructions:				for 3 days (B/F)																
Daily Doctor's Endorsement by a Sign																				
DRUG : TAB DUPHASTON				Date	3/6	1/6														
Dose	Route	Frequency	Start Date	Time	9 PM	9 AM														
100mg	P/O	1-0-1	3/6		<del>9 PM</del>	<del>9 AM</del>														
Name & Signature of the Doctor Starting the Drugs:				 120101																
Additional Instructions:				for 3 days																
Daily Doctor's Endorsement by a Sign																				
DRUG : sup SUSIEN SR				Date	3/6	1/6														
Dose	Route	Frequency	Start Date	Time	10 PM	9 AM														
200mg	P/O	0-0-1	3/6		<del>10 PM</del>	<del>9 AM</del>														
Name & Signature of the Doctor Starting the Drugs:				 120101																
Additional Instructions:				for 3 days																
Daily Doctor's Endorsement by a Sign																				



Patient Sticker



Sheet No: ..... Weight ..... Ward .....

### REGULAR PRESCRIPTIONS

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

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

RECEIVED CA : 1/18/13



		Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose				
	Dr. Sign.				
Route	Dose				
	Dr. Sign.				
Start Date	Dose				
	Dr. Sign.				
Name & Signature of the Doctor	Dose				
	Dr. Sign.				
Additional Instructions:	Dose				
	Dr. Sign.				

VARIABLE DOSE		Date > Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	Nurse Sig.
DRUG :	Dose					
	Dr. Sign.					
Route	Dose					
	Dr. Sign.					
Start Date	Dose					
	Dr. Sign.					
Name & Signature of the Doctor	Dose					
	Dr. Sign.					
Additional Instructions:	Dose					
	Dr. Sign.					

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
3/6/26	10am	DR PDU	long	N	by	
3/6/26	10am	DR EMSER	ly	iv	h	
3/6/26	9 <sup>30</sup> AM	DR SPOCRF	0.1ml	id	h	
3/6/26	9 <sup>45</sup> AM	DR SPOCRF	1.5gm	u	h	
3/6/26	10 <sup>45</sup> AM	INJ. PROLUTON DEPOT	500 mg	IM	h	
3/6/26	10.50 AM	INJ. DEXAMETHASONE	8mg	IV	Maha	

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



ANC-00015235  
 Mrs PRIYA GUPTA  
 27-02-1996  
 Dr. V K SHANTHA

IP28-00004511  
 30 Y 3 M 7 D (F)



# NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
3/6/26	8 AM	A new patient got admitted for cervical encirclege today she is a USPIU @ 15+4 wks @ New- case. Under Dr. Shantha FA: Cleud 128 feet Patient is on Npo. Dmj. in 10% connected. Local preparation done. S/B. Dr. Saranya. vital signs are checked. Mp: 114/78 mmHg. Pilo: 98 Spos 99%. Patient is stable.
	9 AM	vital signs are checked. plain RL on floor. General condition is fair. RL connected. Dmj. @
	9 AM	Dmj. Supalet 1ml @ given in Right fore arm.
3/6/26	9 AM	<del>Dmj. Supalet</del> Supalet was done no allergic reaction.
	10 AM	Dmj. Supalet 1.5 gm @ given Dmj. Pan 4mg Dmj. Emetef 4mg @ given
3/6/26	10 AM	vital signs are checked. Mp: 110/78 mmHg. Patient shifted to OT. Handing over given to OT staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



**NURSES NOTES**  
 (USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

NIL

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
03/06/26	11 am	OT Notes: Patient received from Preop to OT-2 at 10:30 am. Patient's vitals stable FHR Good. SpO2 Good. Chaud. SS: form clear. Anaesthesia covered & Sulgam covered to done. Stone out - chest lift done. Patient anaesthesia medicine given & started unit. Inj Sufacet 1.5 IV give at 9:45 am. Malignant skin sutures given done. Patient vitals stable. Analgesic spinal done given. Perineal episiotomy done. Under Dr. Shantha & Dr. Mahalingam surgery done. Post up. Shifted to patient. Monitor, Intake, output PRN maintain.
		<b>Postoperative Notes on 3/6/26</b>
	11 am	Patient received from OT. While receiving Patient is conscious & oriented in like position. SpO2 on flow. Pt kept NPO. Vitals stable. Bp: 100/60 mmHg Hr: 70/min SpO2 99.1.
	12 pm	RtH checked by Dr. Srararupa mam by usy. RH good. No other specific complaints. Inj Prochlorperazine started given.

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# NURSES NOTES



- No Known Drug Allergies  
 Drug Allergies .....

N:1

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/6/26	1pm	Patient slept well. Vitals Stable. No complaints.	Mee 02/6/26
	2pm	Sips of water. Vomiting. Vitals Stable. Not passed Urine	Mee 02/6/26
	3pm	pt went for voiding, but? informed to Dr. Radga mam pad kept for observation. Scan done. Rx present. Vitals Stable. Not passed Urine	Mee 02/6/26
	4.45pm	pt passed Urine well. Dr Radga mam advised to shift the patient to ward. Vitals stable. pad kept for observation. Handing over given to s/w	Mee 02/6/26
<b>RECEIVING NOTES</b>			
3/6/26	5pm	Patient details hand over taken from LDR staff. Patient is stable and active. W line present and patent. No ICF. Now patient is on soft diet and Oral medication.	
	6pm	Watch Assess the p/v. There is no p/v.	→ Mee
	7pm	Monitored Vitals documented in file. monitored P/O	

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# NURSES NOTES

No Known Drug Allergies  
 Drug Allergies ..... Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)	SIGNATURE
3/6/26	8pm	documented in file patient details hand over given to Night duty staff.	→ Anne
	8pm	3/6/26 - Night duty Patient is handling well taken from evening duty staff conscious and oriented, IV line kept in position,	
	9pm	T. Letem 500mg Tab to sustain SR 200mg Tab T. Dexamethason 1mg Tab T. Paracetamol 1000mg Tab DLO given as per drug chart.	
	10pm	Encouraged Oral Feeds. Health education given as per disease condition.	KE 01/2/24
	10AM	Vital monitoring and recording.	
	11AM	No complaint of patient,	

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