

ACTIVITY RECORD FOR BILLING

SNC-00028722 IP24-00008988
Mrs DIVYA BOLLAM
04-06-1995 31 Y 1 M 19 D (F)
Dr. SURA PUSHPALATHA



Name:

UHID 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
23/7/26	5:55 pm	RR	ward	[Signature]
24/7/26	10:35 pm	ward	RR	[Signature]
24/7/26	5:40 pm	RR	OT	[Signature]
24/7	7:20 pm	OT	RR	[Signature]
24/7/26	10 pm	RR	ward	[Signature]

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	PAC Dr. Senthil	24/7/26	8986 ✓	[Signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

[illegible]

Investigations

Signature

CBC, APTT PT INR

10 Blood Resorption



604470

[illegible][illegible]

[illegible]

Procedure :- Emergency LSCs
Time IN:- 5.45PM TIME OUT:- 7.15PM
DURATION:- 1 HR 30min
SURGEON :- DR. Sura pushpalatha
ASST. SURGEON:- Dr. vandana
ANAESTHETIST :- Dr. Kiruthika,
Dr. senthil.

Date: Time: Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
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SURGERY DETAILS

Date : 24/07/2026
Patient Name: MRS. DIVYA BOLLAM Date of Birth: 31/4/95
Gender: F Ward: RR UHID No.: SNC-00028722
Date of Surgery: 24/07/2026 ☐ OT-1 ☒ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2
Name of the Surgery: EMERGENCY LSCS

Time in : 5.45pm

Time Out : 7.15pm

	NAME	AMOUNT
1. Surgeon	Dr. SURAPUSHPALATHA	
2. Anaesthetist	Dr. KRUTHIKA	
3. Assistant Surgeon	Dr. VANDHANA	
4. OT Technician	TECH. SARAN	
5. Circulating Nurse	IN MANIYANDAN	
6. Assistant Nurse	SIN THAJ	

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

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 259016

Order by:



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OT-②
Emergency L.S



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CONSUMABLES OF OT

Circulating staff : Technician : Date : Time :

Anaesthesia Disposables	Qty Issued	Qty Used	Surgical Disposables	Qty Issued	Qty Used	Disposables (Baby Side)	Qty Issued	Qty Used
ET tube			Major Pack LSCS pack		01	Inj Vit.K		01
LMA			Sutures 2346		02	Cord Clamp		01
ECG leads A/P/N		03	1326		01	Suction Catheter (65020)		01
HME filter : A/P/N			9352		01	Feeding Tube (65020)		
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		06	Gloves 7-PF		01	Surgical Gloves		
02 cc		03	1/2 P-P		03	Gauze Pack PLASMA		05
01 cc		02				Syringe 1ml / 2ml		
Cautery plate A/P/N		01	Surgical blade 22		01	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL (500ml)		03	Cautery pencil		01	DRY DEXTROME 0.2		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies			(500mg) 1/2		01
DRY FENTANYL		05	Ointments		01	DRY PHTENPRESC 1/2		01
DRY BDOXAMER		02	Suction Catheter			(500mg)		01
Fentanyl			Cap, Mask					
Morphine			Gauze Pack X-ray		01			
Ketamine			Mop Pack		07			
Propofol			Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle 22			Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.5% (Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
DRY MEDICAL PLASTER		01	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet		03			
Tab. Misoprost : 200mg			Betadine Solution 100ml		01			
DRY NEM		01	Microshield					
DRY WATER		05	Cotton Balls					
DRY PHTENPRESC (18/1/2)		01	Latex Gloves					
NEEDLE (18/1/2)		01	Ramdione Scrub					
NEEDLE (26/1/2)		01	Saral 3m		01			

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No. : 259016

Ordered by :

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

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SNC-00028722

IP24-00008986

Mrs DIVYA BOLLAM

04-06-1993

31 Y 1 M 19 D

(F)

Dr. SURA PUSHPALATHA



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/7/2020	S/O Mrs. Yuvamani	
9pm	A. P. M. 1 mls - 4th and 5th 7/26/35wured/olys on Foley's inducer	R ₁
T.N		
mp - 100/70	ole: Pt ac fair, afebrile	So far m'er
PR - 76/min	no pallor/nope	Plenty of oral feeds
SpO2 90%	Cus/es - m	- mp/PR monitor
	p/a ut & term	- WPA contractum
	not actup	- Intern (col)
NST - fetal	Head up	- NST 4m reply
Tachycardia	ATC	- IVF 1 @ RL survey
FHR - 160-70	FHR - 146/min	- Pt on LLP
mpm	Ue Foley's instn	- Apt after 1hr
		141352
23/7/20		
11pm	S/O Mrs. Yuvamani	
vitals	Foley's expelled	- LLP / A. m. 2nd reply
Stable		- NST 4m reply
	P/a - ex 2 ctebbaloy	- IVF 1 @ RL
	oe 2cm dilated	@ maintenance
FHR - 150-160	membrane P	
mpm	up abdomen	
	Petrs gynewal	
	showe	

7. SURA PUSHPALATHA



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MRS DIVYA BOLLAM

Mrs D. V. 115
04-08-1995

04-08-1995
Dr. SURA PUSHPALATHA



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Date & Time	Progress Notes	Doctor's Order
24/7/2016	S/O M. Subalpalalalala	
11/12	S/O M. Subalpalalalala	
	PT reviewed.	
	Comfortable	
	able to PM well	
PO	OLE: curair	
Pr: 20L	af 1/10	Ad
Pr: 10/10	P & P	
mmkg-	Pr: ut-term	- Lipid diet
	not active	- 2g dextrose in
CTA reactive	feed OG	bone re
(lost gel)	free food	@ 80L
	Pu+ ex uneffaced	- CTG
	as 2cm dilated	- W/A contractions
	membs ①	- 2g dextrose
	ex @ 6mm	
	Pelvis adequate	ridge
	no show/	10/10
	no draining Pu.	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/11/20	4518 @ VANJANA	
	term; GA 39wks; IOL	
BP 100/70mmHg	AC for	
HR 84b/min	Pop/Nto	
	US	
	P/A	
	uterus ~ 39wks	
	Nil/ly 4th	
	FHR 120-160bpm	
	PR	
	cx 25% effaced	
	1-2cm Dilated	
	membr. A; show @	Self
	'-3' station	
	Planned for	1) Keep NPO
	Emergency	2) Pre op work
	H/O	3) PAC
	i/Nto failed	4) Shift to
	infusion;	O/R on call
	Oligo	5) Bladder
		catheterisation
		6) Consent taken

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>S.B.M. Ambekar</u>	
<u>24/6/26</u> 8:30 pm DO	P/L, Emergency L&S DO No complaint	
	O/B: Clear	
	After no pain / PR.	- KPO - 1/2 change - Vitabion - 100ml
9:30 PM 8:45 AM	Cy/AM	
Sp: 110/80 mm	Pl: stem found contral	
Sp: 110/80 mm	Doing clean	
Sp: 110/80 mm	HE NSP (S)	
Vp: clear DO		
	<u>S.B.M. Ambekar</u>	
<u>24/6/26</u> 10 pm, DO	Wt: stable	
	Pl: stem found contral	
	HE NSP (S)	
Vp: clear DO	Shift to ward	

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/07/2020 8 AM	4018	Dr VANISHA
	Perineal examination PHI	1. Perineal examination 2. Root, Post HCO
BP 112/78 mmHg HR - 80/min Afebrile.	Gr fac Resp / NAD VS	1. Adm 2. follow drug chart.
	Pha. uterus well contracted. No leakage. Spontaneous intact	3. If no charting 3. watch 4. monitor 5. If in EXTRE 6. OAD of 7. Catheter to be removed. 8. Physio physio
	Ph is excessive bleeding fr.	
	Baby up Mobilized.	
	I - 4750 ml O - 3470 ml	Dr. Sura 17/07/2020



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/7/26 11:30 AM	S/B Physiotherapy K. Thirisha (PT)	
	P.L. ; POD -1 ; Post LSCS	
	o/o : patient is conscious, awake Vitals are stable IV line ⊕ at ⊕ side of hand Abdominal bloating is noted	
	o/e : WOB ⊕ Chest clear ⊕	
	Rx: - Breathing Exercises - Active Toe movements done - Ankle pump given - Active heel slides encouraged - Mobilized out of bed → lying → sitting → standing - Encouraged walking - Splinted coughing taught - Feeding position taught to patient - Do's & Don'ts advised to the patient	
		- K. Thirisha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/10/2026	S/B m yuvamani	
2pm	D-PILL POST LSN! P00-11 RHTN	
T - N	O/E: Pt al fair, afebrile	Semisolid diet 4PB
BP-110/70 mmHg	no pallor no PE	soft BScr
PR-12/min	CUS/RS-man	plenty of fluids
CP02-100%	P/A-UT contracted well	no wound soaks
	no wound soaks	Yellow engorged
	Plc no bleed pv	breast feeding
Many m/c		10pm (50)
ml breast		Dulcitol suppositories
Sgt		10mg HS @ 7pm
passed urine		141302
not passed		
7 hours		
	S/B m yuvamani	
	O/E: Gaseous distension (+)	
	O/E: Cauter	
25/10/26	Atch	
8.10pm	Dogm/pe	
P00-11	CUS/RS-man	
76	Plc: mild gaseous distension (+)	
Ph: 12/min	intest contracted well	
BP: 110/70	DSCN chs	
PR: 12/min	Ha NBp (+)	

Docu. No. : RCH /FRM / CLINICAL / 088

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

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NURSES NOTES

(USE BALL POINT PEN ONLY)

☐ No Known Drug Allergies

☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
23/7/26	2:00 PM	patient Admitted Mrs. Divya 31h primi - GA - 38 weeks under Dr. Sura pushpa Lather MSc patient vital are stable Bp - 110/80 mmHg, Pulse - 88/h RR - 24/h, SpO2 - 100%, patient SKIN - preparation done patient 2:30 PM Foley Induction - done Dr. vidhyas PV - Done, patient vital are Blood sample taken CBC, APTT PT INR, 10 Blood Reservation, Send to Lab, PT vital signs are stable, No chart 2:50 PM maintained, Post CTG Put FHR is Good 138 bpm, PT side no any complaints, 5:55 PM PT shifted to ward
Received Notes 23/7/26		
23/7	6 PM	Patient details taken over from the RR staff patient was conscious and Oriented vitals are stable 7 PM Re assessment done vitals are stable & second → Delivery 8 PM Baby details handing over to to night duty staff →

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		right duty 23/7
	8pm	patient hand over taken from evening duty patient vitals stable patient taken oral diet Dr yuvarani + mam seen the sounds CTG Done. Baby on Tachy carolla Dr. yuvarani mam Performed to Advice RF 1 point
	10pm	IV line placed RL lash → After CTG done Baby FHR OK patient Foley removed By Dr yuvarani patient kept well patient no pain complaints →
	11pm	Atb huy CTG monitor
	2am	patient kept well RL maintainance on flow →

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	5:30 AM	Dr. Yuvareani mam seen the patient →
		cervipomi gel given.
	6 AM	post CTG Done
	7 AM	2 lo chart maintain
	8 AM	hand over given to morning duties
		<i>Handed over</i>
		<i>morning duty 24/7/26</i>
	8 AM	PT details handing over from Night duty SIN
		Baby PT vital stable
	10 AM	PT conscious and oriented. PT 2 lo chart maintained. PT oral diet. toler. PT no any other complaints
	10.15 AM	Dr: Vidhya Mam seen the patient advised to shift the patient Recovery.
		Patient details handing over given to RR Staff: → <i>sushrutha for ut.</i>

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Received Notes</u>
24/7	10.30 am	Pt Received from ward to R/R pt details, Pt vital signs are stable Iv line Pattern, Dr fluid RL 100 ml/hr on flow, Pt on soft diet, Dr. Sura mam rounds done,
		<u>Rc Assessment</u>
	11 am	Pt vital signs are stable. @ Recorded Iv line Pattern, Inj. Synto 5 units c 500ml RL 8/d started, FHR is Good, Continuous CTG puted, Pt side no any other
	11:30 am	Complains. 11:30 am Inj Synto 5 U c 500ml RL 1 sased 16 d/m, Pt get contraction, Pt vital signs are stable @ Recorded Iv line Pattern, D/o chart maintained
	12 pm	Inj. Synto 5 U c 500 ml RL 24 d/m 1 sased, advised by Dr. Sura mam, Pt stable now Pt on liquid diet, Inj. Synto 5 U c 500ml
	2 pm	RL 32 d/m 1 sased, advised by dr. Vidhya mam, Pt get contraction, No any other fresh complaint, FHR is Good 152 b/m Pt details hand over given to evening duty staff

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Evening Duty on 24/7/26</u>
24/7	2pm	Pt details hand over Taken from Morning Duty staff Pt vitals are stable monitoring The vitals maintained I/d chart provided comfortable Bed and position Iv line Pattern <u>ABP</u>
		<u>ReAssessment</u> 020278
24/7	4pm	Pt vitals are stable Iv examination done Dr. Sura pushpalatha mam Plan for Emergency LSCs Pre operative checklist done Indication done <u>ABP</u>
24/7	5:40 pm	Pt shifted to OT <u>OT Notes</u> 020278
24/7	5:45 pm	Pt Received from OT Provided Position Iv line pattern Monitoring The vitals Procedure site Clean and Wiped. ↓ SA given Pt Conscious and Oriented Sign in Sign out done. Procedure started. Count - API corrected and checked <u>ABP</u>

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Continues Notes</u>
24/7/26	7:00 PM	B - BOY
		A - 24/7/26 C 6:08 PM
		B - 3-482 kg
		Y - 8w. 9w
		Baby delivered Cord clamped
		cry @ birth Baby hand over given
		TO Nicu Term Inj. syn to 100 IM
		and Inj syn to 100 IV started
		Pt vitals are stable monitoring
		The vitals Bleeding Normal
		Provided position suturing started
		and IV Line pattern ✓ Pt Active
		Skin closing before Check count
		All Gauze and mops Needle
		Bleed All count corrected urine
		output good and clear PV
24/7	7:15 PM	Bleeding Normal Pt shifted to RR
		<u>Received Notes</u>
24/7/26	7:20 PM	Pt Received from RR Pt vitals
		are stable monitoring The vitals
		maintained I/O chart provided
		comfortable Bed and position

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ABP
 020278
 ABP
 020278

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- ☐
- Drug Allergies

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Received note 24/7
	10-30 PM	patient hand over taken from ER Staff patient vitals stable pr bleeding normal urine output well patient on npo patient IV syto onflow 100ml/hr
	1-30 AM	npo brokead → no vomiting complaints ←
	3 AM	patient slept well patient complaints of pain
	5 AM	Justin sup given IV medicines given Plo chart maintain morning Routine care done
	8 AM	hand over given to morning Duty

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☐ Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty 25/7/20
	8 AM	pt hand over taken from night duty sis
		ptns checked 6 recorded
		pt CBD removed
		ultra pattern 210 chart
		meconium
		pt side no any other new complaints
	11 AM	S/B Dr Nivedi for m am
		admit
		luncheon for child medical
		pv Bleeding normal
		pt urine passed
		biochem meconium
	12 PM	physis done
		pt side no any other new complaints
		pt not passed flatus
	2 PM	pt hand over given evening duty sis

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 Drug Allergies

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Evening duty on 25/6/28
	2pm	Post operative: mother is taken over from Morning duty staff nurse. she isafeble Iv cline present Iv fluid on flow in Infusion pump 100 ml/hr. —————> Mouth to 6.15.28
	4.40pm	patient complaints of pain (epigastric) Informed to Dr. yuvareni man advised to give syp. gaviscon 5ml. administered. —————> Mouth to 6.15.28
		Medication are administered as per drug chart.
	6pm	Patient surgical site healthy no any complaints of infection or oozeing smell. —————> Mouth to 6.15.28
	7P	Iv cline pattern Iv fluid on flow. Ifo chart maintained.
	8P	Baby chestily handing over to night duty staff —————> Jiny 01.28

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NURSES NOTES

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty 25/7
	8pm	patient hand over taken from evening duty patient vitals checked. Dr. Anbukarasi mam seen the patient patient new complaints of gastric pain
	10pm	Dulox sup given. PIR given → <u>Shed Cg 020432</u> patient on mpo patient mobilized well patient If passed gas Semi solid diet
	11pm	2ml perinorm 2cc 2m given → motion passed, gas passed.
	12am	pain killer given
	1am	patient complaints of gastric pain 2ml - pan Antibiotic given →
	7am	2lo chest maintain
	8am	hand over given to morning duty <u>Shed Cg 020432</u>

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NURSES NOTES

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