

ACTIVITY RECORD FOR BILLING

SNC-00030193 IP24-00008889
 Mrs BHARATHI
 27-07-1987 38 Y 11 M 14 D (F)
 Dr. SRI SUDHA



Name:00030193 IP24-00008889
 BHARATHI
 27-07-1987 38 Y 11 M 14 D (F)
 UHID No:RI SUDHA
 Date of Admission:
 Room / Bed No: Ward: Suggested Billable bed type:
 Consultant: Dept:
 Date of Discharge: Time:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/7/26	10 AM	RR	OT	2651628
11/7/26	12 AM	OT	RR	2651628
11/7/26	3 PM	RR	ward	92
11/7/26	11:30 PM	2nd floor	3rd floor	city

CROSS CONSULTATION VISIT

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

[illegible]

Date _____

Investigations

Order No.

Signature

11-126

CBC ✓, RBS (Lab) ✓

682 8624

PT, APTT, INR

Blood Grouping & typing

11/7/26

Blood Reservation

5946

11/7/20

RBS (86) ✓ ✓

8662

131720

FBS ✓

8722

1375

PPBS

8728

[illegible][illegible]

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/7/26	Iv placement	01	C 6029	[Signature]
11/7/26	catheterization	01	C 6062	[Signature]
13/7/26	physiotherapy		6424	[Signature]

ANY OTHER INFORMATION:

SURGERY: Emergency LSCS
 SURGEON: DR. Sri sudha
 Asst. Surgeon: DR. yuxarani
 Anaesthesia: DR. Senthila
 IN time: 10 Am out time: 12 pm
 HOURS: 2 hours

Date: 13/7/26 Time: 1 am Prepared By: [Signature]

Staff Nurse	Shift / Ward Rameya K 018964 [Signature]	Billing Assistant	Billing Supervisor
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SURGERY DETAILS

Date : 11/7/26

Patient Name: Mrs. Bharathi Date of Birth: 27/7/1987 Age: 36 yrs

Gender: female Ward : OT UHID No: 00030193 / 8889

Date of Surgery: 11/7/26 ☒ OT-1 ☐ OT-2 ☐ OT-3 ☐ OT-4 ☐ OBG OT-1 ☐ OBG OT-2

Name of the Surgery : Emergency LSCS

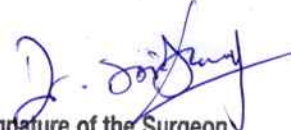
Time in : 10:00 amTime Out : 11:30 am

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	<u>Dr. Sri Sudha</u>	
2. Anaesthetist	<u>Dr. Senthila</u>	
3. Assistant Surgeon	<u>Dr. Yuvarani</u>	
4. OT Technician	<u>S/N. Saran</u>	
5. Circulating Nurse	<u>S/N. Vennila</u>	
6. Assistant Nurse	<u>S/N. Bhavani S/N MANIGANDAN</u>	

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: 6050 / 6051Order by: S. Manigandan

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MRS. BHARATHI

Patient Sticker

38 yrs / FEMALE



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SVC - 00030193 / 8889

CONSUMABLES OF OT

Circulating staff: S.N. Venkula Technician: Mr. Saran Date: 11/07/26 Time: 11:00 AM

Anaesthesia Disposables		Qty		Surgical Disposables		Qty		Disposables (Baby Side)		Qty	
Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used	Issued	Used
ET tube				Major Pack LSCS		01		Inj Vit.K		01	
LMA				Sutures 1/2 2247		02		Cord Clamp		01	
ECG leads: A/P/N		03		1/2 1326		01		Suction Catheter			
HME filter: A/P/N								Feeding Tube			
Syringes: 10 cc		03						Vacuum Suction Set			
05 cc		06		Gloves (SG)		03		Surgical Gloves			
02 cc		04		7 (P.F)		02		Gauze Pack			
01 cc		02		6 (SG)		02		Syringe 1ml / 2ml			
Cautery plate: A/P/N		01		Surgical blade 22		01		Surgical Blade # 20			
IV set				NG tube				Koochies (S)			
RL		03		Cautery pencil		01		NEEDLE (26' 1/2)		01	
NS: 10ml / 100ml / 500ml / 1000ml		01		Koochies				BLANKET		05	
Dry. CAPSULE		01		Ointments				Dry. 1.5 x 2 + (Bony)		01	
Dry. BRANDED		02		Suction Catheter				R/O Gauge		04	
Fentanyl				Cap, Mask							
Morphine				Gauze Pack		04					
Ketamine				Mop Pack		01					
Propofol				Steristrip							
Rocuronium				Underpad		02					
Glycopyrolate				Draw sheet							
Myopyrolate				Abgel							
Ondansetron		01		Foleys catheter							
Pencan 25g/ Spinal Needle 22		01		Urobag							
Bupivacaine 0.25%				Chest Drainage Catheter							
Bupivacaine 0.5% (Heavy)		01		Romodrain bag							
Antibiotics				Bandage							
Dry. DEZONDER (50mg)		01		Tegaderm							
Suppositories				Ioban							
Anamol: 80mg / 250mg / 170 mg				Double J Stent							
Supridol: 100mg				Vacuum Suction set		02					
Justin: 12.5 mg / 25mg / 100mg				Plastic Bed Sheet		02					
Tab. Misoprost: 200mg				Betadine Solution							
Dry. PHENOL (50mg)		01		Microshield							
Dry. TRIPRONE		01		Cotton Balls							
Dry. FIDRESS		01		Latex Gloves							
Dry. CARBOPREST		01		Ramdione Scrub							
Dry. KEN MASK (100)		01		Saral							

Surgeon

Anaesthesiologist

Nurse

OT Technician

Order No.: 6050, 6051

Ordered by: Raman 01531

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

Pa

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SNC-0000
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Mrs. B. B. B. B.
27-07-1987

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Dr. SRI SUDHA

38 Y 11 M 14 D (F)



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/21/20 2:20 PM	4th IB Dr. VANDANAT FILIA3; DOO; Post NCO GDM; GATTN.	
	BP- 134/91 mmHg. HR- 79/min. GC fair Afebrile. Resp/NGD. cg.	<u>Adm</u>
	<u>Pl.</u> uterus well contracted. no leakage. <u>Pl.</u> no excessive bleeding	1) follow Post op orders 2) Shift to ward. 3) If monitoring 4) T. 4-6 PM looking 21 for
	Baby @ NICU	<u>Dr. VANDANAT</u> 11/21/20



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026 9pm POS.	S/S Dr. Vidhyalekshmi	
	PT renewed. comfortable.	
	O/E - unfair	
T ₂	afebrile	Ad
PR: BOL	POPE	
Sp: 110/70 mmHg.	PA: Soft, S ₂ (+)	- Liquid diet
Baby NICU	wt contracted.	- ZUF @ 100 ml/c
SLC breast soft.	Dressing intact	- CRP / To chart
	no scabage	- Vitals monitor
	no undue bleeding	- Follow drug dose
Output 80-100ml	bleeding PV.	- Bp Q4H
		- T. Zebeta 1
		100% I/O
		CACNA@ FSS, PPR
		On POD #2
		- dyspnea pos



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
11/7/2026	S/m no yuvmani	
9am	D-PLA 3/ polr LSN/ post/adm/altw	
T 'N	ole: Pt uc fair, ofebolic	Semisolid mer
BP 130/80	no pallor/no pedal edema	Plenty of fluids,
mon 4g	CVS/RS - normal	BP chart 4 mmHg
PR 76/min	P/A - VT contracted well	T. Ketorolol 100mg AD
SpO2 100%	no wound soakage	Follow prog chart
	BCR	mon feed
Baby MLO	P/R - no bleeding pv	Stom (COS)
no mem		
STP		
- pulled 7/10/26		R 14/3/26
- FBS/PPMS		
7/10/26		
- catheter to be		
removed after		
ambulatory		



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/07/2026	S/B for yuvarani	
8pm	- Pt reviewed - VITALS stable - BP check 4m my - follow drug chart - Tranexamol 100 mg - Breast feed - Latex (50)	
	PRC/PPMS tomorrow	R 14/3/2
13/7/26		
8:30am		
	Q113 Dr KANDAN	
	Q114 Dr SRI SUDHA	
	P/L 42; P/O 2	
	QOM; Q. HEN.	
BP - 136/86 mmHg		
HR - 67/min P/L		
Axilla.	uterus	1) 1st
	well contracted.	+ be.
	no tenderness.	done.
	foetus present.	2) 1st
		PPBS.
		3) 1st 1st
		body.
	1) 1st opinion	
	2) 1st 1st	
	2-2-2	

Dr. S. S. S.

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/7/20	S/B Physiotherapy / Thirisha	
	P, L, D ₂ / LSCs / DD-3 / G. HTN	
	O/I - patient is conscious Vitals are stable DV line @ at @ side of hand	
	O/E - LWB @ chest clear @	
	RT : - Breathing exercises given - Toe movements done actively - Ankle pumps done actively - Heel slides initiated - Pelvic bridging initiated - Rebre tilt taught - Do's & Don'ts advised to patient - Mobilization done and taught - out of bed mobilized and made to sit - Back to bed mobilize taught to patient	
		- k. Thirisha



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/7/20 8:30 AM	45 IB CRYING Pharynx: Poo B. - Too Hot GOM: G-tube	
BP 128/81 mmHg HR 80 bpm Afebrile	Cx fair Resp 18/min C/S	
	Pharynx opens well contracted. Drain intact	
	Air no excessive secretions	
Baby up stools present		① change to oral tablets ② D/D today ③ open drain
		D Spoke 7:00 PM

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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)
11/7	8AM	<u>Admission Note</u> MRS: Bharathi 38y/F G13 A1 37 weeks GDM & GHTN Tab. Labetolol 100mg Bd. Pt came for Admitted under by DR. Sri Sudha mam. Pt vital checked & monitored. CTO continue FHR Reactive. IV placement done pt NPO IV fluids RL 500ml ongoing. pt provide comfortable bed position.
	9AM	Tab. Labetolol 100mg oral given. catheterization done
11/7	10AM	Inj. Supacort 1.5 gm & 100ml NS Inj. Pen 100mg. Inj. Emet 4mg (IV) given.
	10AM	Pt shifted to RR to OT pt details hand over given to OT staff.
	10AM	<u>OT Note</u> pt received from RR to OT pt vital checked & monitored IV fluids 100ml/hr ongoing. pt sign in & SA Anaesthesia done by Dr. Senthila mam. procedure site cleaning & draping. For Dr. Sri Sudha mam. Baby delivery in

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
11/7		Baby birth time: 10.38 Am Birth weight: 2.688 kg Baby Gender: GIRL baby delivery in umbilical cord removed. pt uterus dilatation suture done. pt sign out. pt IV Fluids 100ml hrs ongoing. Urine output 75ml drain. Surger total count correct. pt vital's are stable. pt shifted to OT to RR pt details hand over given to RR staff. → 27
11/7	12pm	<u>Received</u> Note: pt Received from OT to RR pt vital's checked & monitored. IV Fluids 100ml hrs on going. Urine output clear. pt provide comfortable bed position. → 27 628
	2pm	pt details hand over given to evening duty staff. → 27 628
11/7/20	2pm	<u>Evening</u> <u>duty</u> <u>now</u> pt details are handover taken from Morning duty staff. pt vital's are stable, revised L Monitored, pt is patient IVF - 100ml/hr, Urine output clear, drained. → 27 628

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
11/7/20	2:20 PM	BP - 134/90 mmHg. Tr. Cefazolin 100mg oral PRN, AB. Dr. Vandana Nam, PR bleeding checked & normal. PT shifted to ward.
11/7/20	3 PM	Handover given to ward staff. → <i>[Signature]</i> <i>0145</i>
		Received notes (11/7/20)
	3pm	PT hand over taken from PR to 2nd floor. PT is conscious and oriented. IGCS done. PT from NPD. IV line Patten. CBD Patten. → <i>[Signature]</i> Rt - 100ml/hr on flow.
	5pm	Reassessment done. Maintain 2 to 4 + IV line Patten.
	6pm	PT complaints for pain inj: Para-19 IV given → <i>[Signature]</i> <i>0122</i>
	8pm	Hand over given to night duty staff.

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		night duty on 11/7/26
11/7/26	8pm	Patient details taken over from the Evening duty staff Patient was conscious and active good vitals are stable & record —————→ Jency 02/15/25
	9pm	Antibiotic given T-tabibacter given as per drug order
	11pm	Pu since patient v/s score ok no any other complaints
	11:30 pm	Patient & shifted to 3 rd floor as per dr. vidhya mam order handing over given to 3 rd floor staff —————→ Jency 02/15/25
		Received notes on 11/7/26.
	11:30pm	Postoperative mother is taken over from 2nd floor staff nurse patient vitals are checked & recorded patient is afebrile. —————→ Madh 6/7/26/27
		Patient had decreased Urin. output
	2Am.	Informed to Dr. Vidhya mam. Mam advised to Rush RL —————→ M. R. 6/7/26/27
		500ml.
		Urine output 25ml.

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
	3Am.	Mam advised to administer Inj. Laxis 1ml. after output increased. Patient side no any new complain Patient sleeping, patient output clear.
	5Am	Plr Bleeding & normia plr lochia menstrual b/A soft. → M/L 6/11/26
	6Am	I/O chart maintained
	8Am	Handover gives the morning duty Staff nurse → M/L 6/11/26
		Morning duty 12/7/26.
12/7	8Am	Pt taken over from night duty s/n pt is conscious & oriented.
	9Am	pt vitals stable. M/L 6/11/26
	9:30Am	SIB DR. Yvanani mam. Advised to CBD remove and and mobilized.
		Plan Tmw FBS, PPRS
		pt I/V continue no other compliances. M/L 6/11/26
	1pm	pt I/O chart maintain & recorder.
	2pm	pt handing over to evening duty s/n M/L 6/11/26

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Night duty 12/7/16</u>
12/7	8pm	Patient details handing over taken from Evening duty staff. Pt is conscious & oriented. —→ Sushmita/6011
	9pm	Vitals are checked & One medication are given as per doctor order.
	10	PR bleeding good. Pt voiding well.
		IV line is patented. I/O chart is maintained
13/7	1am	Pt is sleeping —→ Sushmita/6011 well.
		Pt had tmrw plan
		FBS & FBS -
	6am	Pt vitals are checked & Recorded.
		Fasting blood sugar sample
		Pr collected & sent to lab. —→ Sushmita/6011
	8am	Pt details handing over given to Morning duty staff —→ Sushmita/6011

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>S/S Physiotherapist / Thiruv</u> <u>morning duty 13/7/24</u>
	8AM	=> Pt details received from night duty S/N. → AY => Pt is conscious & active <u>607849</u> Good.
	8:30 AM	=> Vitals are checked & → AY Recorded. <u>607849</u>
		=> IV line present
	10:00 AM	=> Medications were given as to per order - PPBS collected & sent <u>607849</u>
	11AM	=> Surgical site seen & good.
		=> RBS and PPBS Reports collected - <u>FBS</u> - <u>80 mg/dl</u> <u>PPBS</u> - <u>121 mg/dl</u> .
	12pm	=> patient on soft diet. → AY
	4pm	=> I/O chart maintained → AY
	2pm	=> Pt details handing over <u>607849</u> given to evening duty S/N → AY <u>607849</u>

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<i>Evening duty</i>
13/7/26	3pm	Hand over taken from morning duty staff. Patient is conscious and oriented. vital sign are checked and recorded. Maintain P/O chart. iv line Present Medication are given as per doctor's order. Patient is under soft diet. Tomorrow Plan to dressing. There is no any complaint in Patient side. Maintain P/O chart. vital sign are checked and recorded.
	4pm	
	6pm	
	8pm	Hand over given to night duty

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Night duty 13/7/26
13/7	8pm	patient details is handover taken from morning evening duty staff pt is conscious & oriented vitals are checked & Recorded.
	9pm	Due medication are given as per doctors order. → sushmita 6012
		Do Chart c/s maintained.
		pt has no other new complaints. pt taking soft diet. → sushmita 6012
14/7	1am	pt vitals are checked & Recorded. Tomorrow pt shall Plan for evening. → sushmita 6012
	4pm	Vitals are stable
		Do Chart maintained
	8pm	Hanging aer given Morning duty sh → sushmita 6012

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DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		morning duty 12/1/26
	8am	pt hand over taken from night duty six pt vs checked b Recorder pt had Sudd diet oral medication given today dressing 8:30 am pt today discharge pt taken bath after dressing 9am pt still no any other new complaints

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Patient Sticker

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