

**Rainbow Children's Hospitals - Financial District**

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.

TEL NO :040-44665555

WEB : <https://rainbowhospitals.in>**ADMISSION SHEET****Registration Details :**

Admission No : IP25-00020452 Admit Date : 15-May-2026 Admit Time : 07:14 AM UHID : FDH-00038252

Patient Details :

Patient Name	: Mrs VIJAYA LAKSHMI	Age	: 41 Y
Guardian	: Mr k narendra reddy	DOB	: 01-01-1985
Gender	: Female	Religion	:
Occupation	:	Martial Status	:
Address (H)	: Hyderabad Hyderabad Telangana INDIA 500001	Phone No	: 7013763596
		E-mail	:

Admission Details :

Bed Type	: MICU	Bed No	: MICU-04	Ward Name	: 4F -MICU
Room No	: MICU-04	Admission Type	: First Visit		

Contact Details :

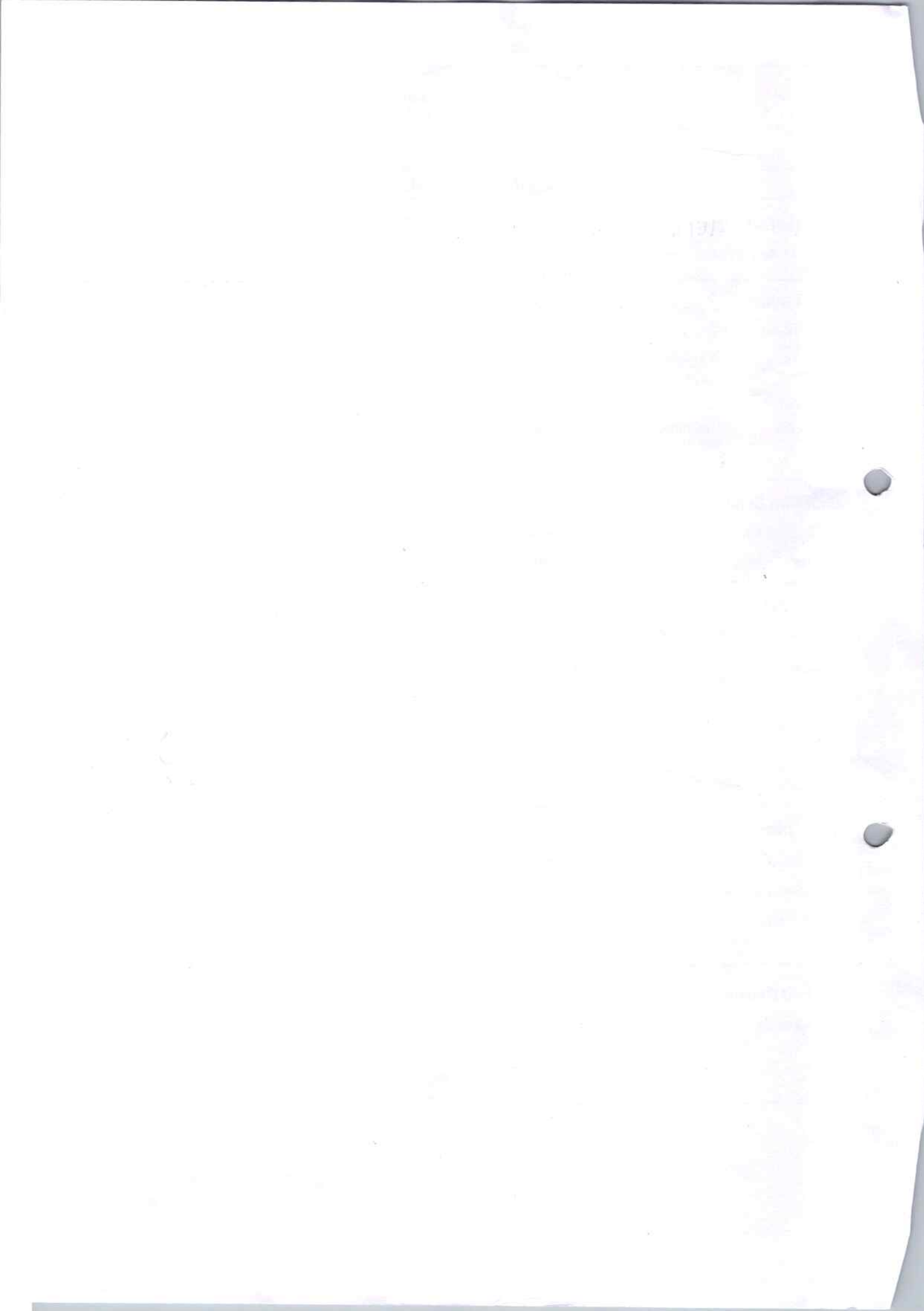
Name	: Mr k narendra reddy	Relationship	: W/O
Contact Address	: Hyderabad Hyderabad Telangana INDIA 500001	Phone No	:


Signature**Doctor Details :**

Doctor Name	: Dr. PUJITHA DEVI SURANENI	Specialisation	: OBSTETRICS AND GYNECOLOGY
Referral Doctor	:	Phone No	:
Co-Consultant	:		

Payment Details :

Payment Mode	: Cash	Deposit Amount	: 0.00
		Payor Name	: MEDI ASSIST INSURANCE TPA PVT LTD



FDH-00038252 IP25-00020452

Mrs VIJAYA LAKSHMI
01-01-1985 41 Y (F)
Dr. PUJITHA DEVI SURANENI



SURGERY DETAILS

Date : 15-05-26

Patient Name: Mrs. Vijaya Lakshmi Date of Birth: 01/01/1985 Age: 41 yrs

Gender: Female Ward: OT-01 UHID No: FDH-00038252

Date of Surgery: 15-5-26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : Lap para ovarian cystectomy

Time in : 9:10 AM

Time Out : 11:10 AM

	NAME	AMOUNT
1. Surgeon	Dr. Pujitha	
2. Anaesthetist	Dr. Usha	
3. Assistant Surgeon	Dr. Pooja	
4. OT Technician	Br. Suresh	
5. Circulating Nurse	Br. Srinivas	
6. Assistant Nurse	Br. Hanumanth / Sr. Rajini	

Special Equipment: Laparoscopy ^{9:30 AM} Broncoscope Harmonic Morcelator
 C-ARM Cystoscopy Versa Point Liver Cusa
 Neuro Cusa Others ^{11:00 AM} Ligature ^{10 AM} ^{10:20 AM}

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 522/43/44/45/46

Order by: Anil



2008 10/10/08

Date of entry

Name of the student

1. Name of the student

2. Date of entry

3. Name of the subject

4. Name of the teacher

5. Name of the institution

6. Name of the parent/guardian

7. Name of the school

8. Name of the district

9. Name of the state

10. Name of the country

Signature of the student

Signature of the parent/guardian

G.A.
CONSUMABLES OF OT

Technician : SURESH Date : 15/05/2026 Time :

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube <u>7.0mm</u>		<u>01</u>	Major Pack		<u>01</u>	Inj Vit.K		
LMA			Sutures			Cord Clamp		
ECG leads : <u>A/P/N</u>		<u>03</u>	<u>2526</u>		<u>01</u>	Suction Catheter		
HME filter : <u>A/P/N</u>		<u>01</u>				Feeding Tube		
Syringes : 10 cc		<u>04</u>				Vaccum Suction Set		
05 cc		<u>03</u>	Gloves <u>6 1/2 + 7</u>		<u>04 + 07</u>	Surgical Gloves		
02 cc		<u>02</u>				Gauze Pack		
01 cc						Syringe 1ml / 2ml		
Cautery plate : <u>A/P/N</u>		<u>01</u>	Surgical blade # <u>11</u>		<u>01</u>	Surgical Blade # 20		
IV set			NG tube			Koochies (S)		
RL		<u>02</u>	Cautery pencil					
NS : 10ml / 100ml / 500ml / 1000ml		<u>03</u>	Koochies					
<u>RELIPARA</u>		<u>01</u>	Ointments					
<u>O2 MARK (A)</u>		<u>01</u>	Suction Catheter					
Fentanyl			Cap, Mask					
Morphine			Gauze Pack <u>1x5</u>		<u>05</u>			
Ketamine			Mop Pack <u>1x5</u>		<u>01</u>			
Propofol		<u>02</u>	Steristrip <u>zone</u>		<u>04</u>			
Rocuronium		<u>01</u>	Underpad		<u>02</u>	<u>DISPO APRONS</u>		<u>03</u>
Glycopyrolate			Draw sheet					
Myopyrolate		<u>01</u>	Abgel			<u>TURP SET</u>		<u>01</u>
Ondansetron			Foleys catheter # <u>14</u>		<u>01</u>			
Pencan 25g/ Spinal Needle 22			Urobag		<u>01</u>	<u>leggs</u>		<u>01</u>
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25%(Heavy)			Romodrain bag					
Antibiotics			Bandage					
<u>Three way (100cm)</u>		<u>01</u>	Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		<u>01</u>	Vaccum Suction set		<u>02</u>			
Justin : 12.5 mg / 25mg / 100mg		<u>01</u>	Plastic Bed Sheet					
Tab. Misoprost : 200mg			Betadine Solution <u>100ml</u>		<u>03</u>			
			Microshield					
			Cotton Balls					
			Latex Gloves		<u>10</u>			
			Ramdione Scrub					
			Saral					

Surgeon

Anaesthesiologist DR. USHA

Hanumanth
Nurse

CP
OT Technician

Order No. : 575703 (TECH)

Ordered by : Amal

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

75724 MS

DISCHARGE SUMMARY

Name	Mrs VIJAYA LAKSHMI	UHID	FDH-00038252
Father/Guardian	Mr k narendra reddy	Age/Gender	41 Y / Female
Address	Hyderabad, Hyderabad, Telangana, INDIA, 500001		
IP No	IP25-00020452	Admission Date	15-05-2026
Ref Doctor			
Discharge Date	16.05.2026		

Consultants :

Dr. Pujitha Devi Suraneni

MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon

Reg. No: 55973

Diagnosis: P2L2 WITH 2 PREVIOUS NVDS WITH RIGHT PARA OVARIAN CYST(5.2x3.8cm) FOR LAPAROSCOPIC OVARIAN CYSTECTOMY.

History: Presenting complaint: K/c/o Para ovarian cyst since 6 months (Incidental finding).

Used OCP's for 6 months.

USG done on 12.05.2026 showed uterus normal. ET - 9.2mm, Right ovary - Single anechoic cystic lesion measuring 5.2x3.8cm in size adjacent to right ovary - right para ovarian cyst.

CA 125 - 12.2 m IU/ml

Admitted for Laparoscopic Para ovarian cystectomy

Menstrual History: LMP- 06.05.2026

Previous cycles : Regular



Name	Mrs VIJAYA LAKSHMI	UHID	FDH-00038252
IP No	IP25-00020452	Admission Date	15-05-2026

Medical History: K/c/o Hypothyroid since 12 years on tab. Thyronorm 100mcg.

Surgical History: Nil

Allergies : Nil

Family History : Mother- Hypothyroid+ DM & Father- DM

Investigations: Enclosed.

Blood group & Typing - "A" Rh positive.

Surgery Notes:

Operation performed: Laparoscopic Para ovarian cystectomy done.

Indication: Para Ovarian cyst

Operative findings:

- Patient shifted to OT, Under GA, patient kept in position.
- Parts cleaned and draped with betadine.
- Bladder catheterized
- A 10mm - Primary port - introduced in the supra-umbilical region. Pneumoperitoneum created.
- Two 5mm - left accessory ports placed.

Intraoperative findings :

- A 5x4cms right para ovarian cyst noted, Cyst wall adherent to the peritoneum.
- Left side - Omental adhesions noted+
- Released the adhesions, Hemostasis secured.
- Bilateral fallopian tubes - post tubectomy status.
- Bilateral ovaries normal.
- Proceeded with removal of the cyst wall
- Cyst wall sent for HPE. Irrigation and suction done.
- Hemostasis secured.
- Ports removed under vision.
- Port sites sutured, closed with staples.
- Patient withstood procedure well.



Name	Mrs VIJAYA LAKSHMI	UHID	FDH-00038252
IP No	IP25-00020452	Admission Date	15-05-2026

Post-Operative Notes: Vitals were stable. Her rest of the postoperative period was uneventful. Patient withstood the procedure well.

Advice:

1. Tab. Augmentin 625 mg (Amoxycillin + Potassium Clavulanate) twice daily till 21.05.2026 (9am-9pm) after food.
2. Tab. Pantodac 40 mg (Pantoprazole 40mg) once daily (7am) before food till 21.05.2026.
3. Tab. Lyser-D twice daily till 21.05.2026 (9am-9pm) after food.
4. Tab. Acton - OR thrice daily till 21.05.2026 (7am-3pm-11pm) after food.
5. To Collect HPE report on follow up.
6. Tab Thyronorm 100mcg once daily before breakfast.

Review consultation with Dr. PUJITHA DEVI SURANENI, on 22.05.2026 in Gynec OPD in Nanakramguda (**Review consultation will be charged**).

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, when and how to obtain emergency care etc. also have been explained by doctor in a language that I can understand and I acknowledge.



Patient/ Attender

In case of emergency like bleeding, fever kindly contact 8121039515 at Rainbow Financial District just dial one toll free number - 18002122.

You can also take appointments at any time by going online to our website www.rainbowhospitals.in



Name	Mrs VIJAYA LAKSHMI	UHID	FDI-00038252
IP No	IP25-00020452	Admission Date	15-05-2026

Registrar/Resident/C.M.O

Consultants :

Dr. Pujitha Devi Suraneni

MBBS,MS(Obs & Gynae),FMAS, FICRS (Robotic Surgeon)

Senior Consultant-High Risk Obstetrician and Laparoscopic Surgeon

Reg. No: 55973



ESTIMATION SLIP

MS CO

Date: 12/5/20 UHID / IP No.: FDH-00038252 SI No. 2366

Name of Patient: Mrs. Vijaya Lakshmi Age: 41 Yr Gender: Female

Father's / Husband's Name: Mr. K. Narayana Rao Corporate / Occupation:

Address: Hyd Phone: 7013763596 Email: 1 day stay

Procedure / Plan: Sr. Lap. eversion hysterectomy < throff

MODE OF PAYMENT: SELF TPA: GIPSA: Medisart OTHERS

TARIFF INFORMATION: Dr. Anitha Devi N/A

ROOM CATEGORY	GW	SW	TSW	PR	DLX	SDLX	NICU	PICU	MICU	DAY CARE
Room Rent & Nursing Charges	GIPSA Surgical Package - PPA 07									
Doctor's Fee	Pvt -> 66000 + Investigations Extra.									
L. Tax	Includes:- 1 day stay throff (Pharmy upto 5000) Lap Instrument									

PARTICULARS	AMOUNT (₹)
Surgeon's / Anesthetists's Fee / O.T. Charges	Charged seprlv.
O.T. Consumables	Subject to approval by TPA / Insurance Company
Instrument Charges	Lap Instrument 8000 Not Covered by TPA / Insurance company *
Pharmacy, Consumables & Investigations	Upto 5000 As per actual - Not Included in Estimation *
Equipment Charges	Monitor : Oxygen : Infusion pump / Syringe pump :
	Ventilator : Conventional : HFO-SLE 5000 : HFO Sensormedix :
	Phototherapy : Single Surface : Double Surface : Triple Surface :
Blood/ Blood products / Implants / IP or OP Procedures / Cross Consultations, Etc.	As per actual - Not Included in Estimation
Package	Any sp. Equipmt used As per the actuals. -> extra.
Others	
Initial Minimum Deposit	10,000 due clear @ IP Rhy dept

REMARKS: No medics -> As per the actuals.

- The estimated amount may change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- The estimated surgical charges may vary subject to surgeon's decisions / Complications / Patient's requirements / Mode of Procedure (Like Laparoscopic, Thoracoscopic, etc) / Unilateral to Bilateral Procedure.
- In case the patient is shifted from lower category to higher category, all charges for the consultant visit, investigations, operations and/or procedures from the date of admission will be according to the higher category.
- Room eligibility is purely subject to TPA approval and the package/Room tariff starts from the time of admission. 12 Noon cycle
- Proportionate difference of bill amount is applicable in case the patient opts for a category higher than the TPA approved, which has to be paid by the patient and may not be reimbursed by the TPA/Insurance Company at later stage.
- For Non-Medicals, Disposables, Consumables, Infusion Pump, Taxes, Implants, HIV/HbsAg, Medical Records, Double Occupancy and Registration Charges, etc, credit cannot be extended. These items are not payable to us as per Insurance Company norms.
- During Non-working hours of O.T (8:00 PM to 7:00 AM), Sundays & Public Holidays, 30% extra charges are applicable on surgical cost, and this is not covered by TPA/Insurance company. In case the length of stay is beyond the package permitted, additional payment is applicable, for which kindly contact the Financial Counseling desk between 9am to 6pm. 12 Noon cycle procedure
- Difference, if any between the final bill amount and amount permitted/ approved by the TPA or total bill amount in case of denial from TPA has to be paid by the patient. In case of denial, cash tariff would be applicable.
- Two attendants are permitted with patients in SDLX, DLX and PVT Rooms and only one is permitted in the rest of the categories of rooms. And no attendant is permitted in ICU's. Kindly check your billing status on day to day basis at IP Billing Department.

DECLARATION

I have attended the Financial Counseling desk and understood the expected costs and other conditions applicable. In case the TPA/Insurance Company rejects the claim for whatsoever reasons at any point of time after discharge, I promise to settle the claim with the hospital

Signature of the Client Signatory Relationship Signature of the Financial Counselor

1300

12/11/22

U Fire Attorney

12/12/22

11/11/22

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OPERATION THEATER NOTES

Patient's Name : Mrs. Vijaya Lakshmi Age : 41 yrs Gender : F

UHID: I.P.No. : Weight :

Surgeon : Dr Pujitha	Asst. Surgeon : Dr Poorna	
Anesthetist : Dr Usha	OT Nurse : Br Hansumanth, Rajini	
Surgical Procedure : Laparoscopic paraovarian Cystectomy		
Indications for Surgery : paraovarian cyst		
Date : 15/5/26	Start Time : 9:30 AM	End Time : 11:0 AM
PRE-OPERATIVE PREPARATION :		
1) ACBM		
2) Informed Consent		
3) Drugs all cleared		
4) vitals monitoring		
OPERATION NOTES:		
1) JGA ; patient placed in lithotomy position		
2) DASP ; abdomen & perineum painted & draped ; bladder catheterized.		
3) A primary 10mm port placed with a supraumbilical incision - trocar inserted, pneumoperitoneum achieved.		
4) 2 secondary 5mm accessory ports placed on -		
5) IOF -		
a) A 5x6cm RT paraovarian cyst noted ; Cyst wall adherent to the peritoneum.		
b) Rt side - omental adhesions noted ⊕ Released the adhesions ; Hemostasis secured.		
c) Bl Fallopian tubes - post tubectomy status ; Bl ovaries - (N)		
6) Proceeded to removal of the Cyst wall.		

- 7) Cyst wall sent for HPE - Irrigation & suction done
- 8) Hemostasis secured.
- 9) ~~Single~~ ports removed & vision.
- 10) Portsites sutured, closed & staples.
- 11) pt tolerated the procedure well

POST - OPERATIVE ORDERS :

- 1) NBM x 4hr
- 2) IV fluids as charted
- 3) Drugs as charted
- 4) vitals monitoring
- 5) Informer,

[Handwritten signature]

..... Dr. PUNITHA DEVI

Consultant Surgeon's Name

.....
Consultant Surgeon's Signature

Date : 15/8/26 Time :

PATIENT TRANSFER FORM

FDH-00038252 IP25-00020452
 Mrs VIJAYA LAKSHMI
 01-01-1985 41 Y (F)
 Dr. PUJITHA DEVI SURANENI



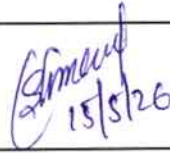
	Date & Time of Admission 15/5/26 @ 7:15 AM	Date & Time of Transfer Order 15/5/26 @ 8:15 AM
Treating Consultant Name Dr. Pujitha	Transfer Ordered by Dr. Vidhya	Reason for Transfer
From Unit MICU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 25	Number of Imaging Films OP-1	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Ananya	Name of Person Ordered Transfer Dr. Vidhya
--	---

Patient & Clinical Records Received by :

 15/5/26

Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
- Nurse not Available
- Available Bed not ready



PATIENT TRANSFER FORM

OT



Patient Name & UHID No. FDH-00038252 IP25-00020452 Mrs VIJAYA LAKSHMI 01-01-1985 41 Y (F) Dr. PUJITHA DEVI SURANENI 	Date & Time of Admission 15/5/26 @ 7:14 AM	Date & Time of Transfer Order 15/5/26 @ 11:02 AM
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File (27)	Number of Imaging Films op file - (1)	Reason for Transfer post op care
Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?		

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	/	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

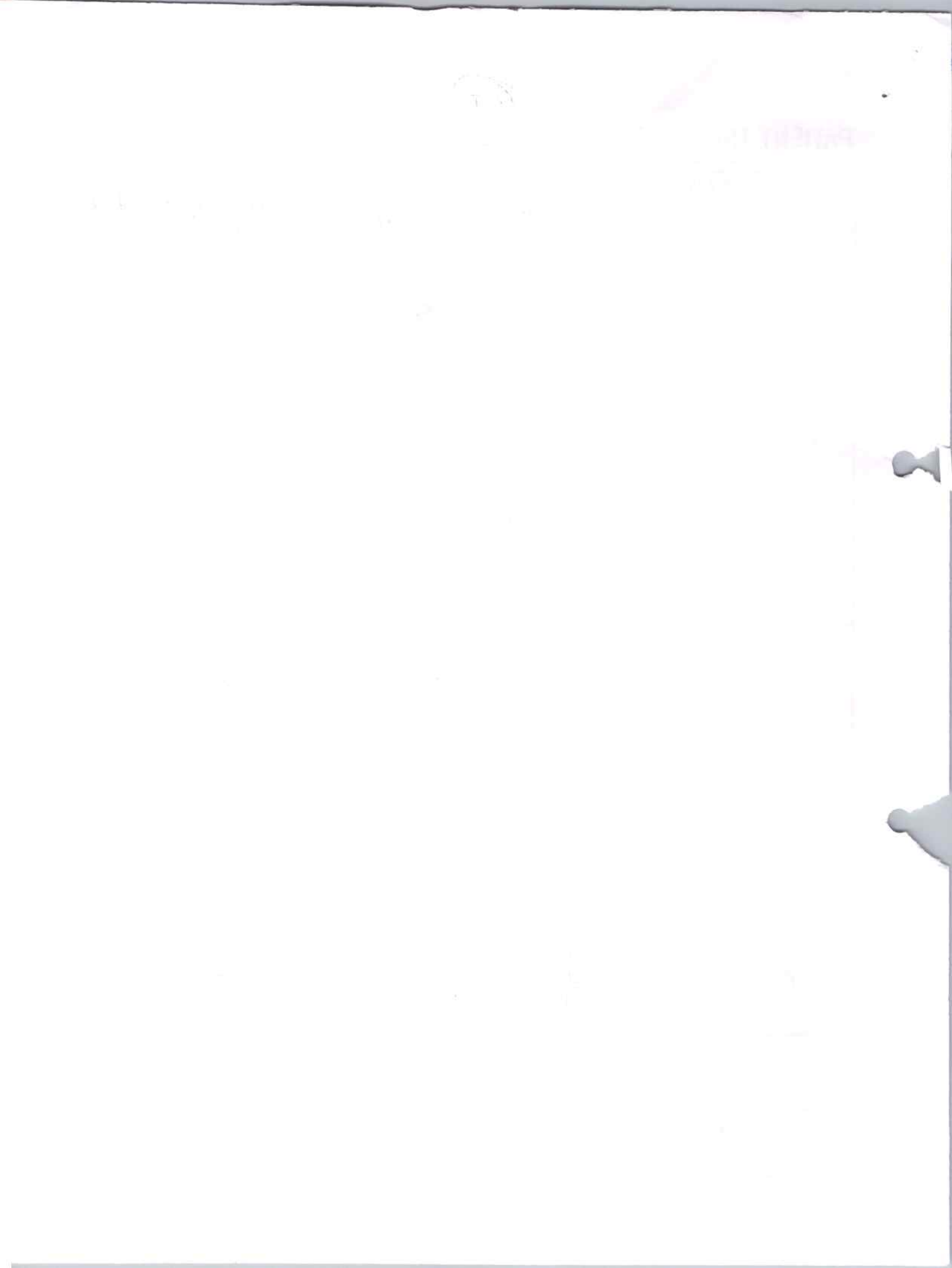
Name & Signature of Person who is Transferring Dr. Subhdeep 15/5/26 @ 11:02 AM	Name of Person Ordered Transfer Dr. Usha
--	---

Patient & Clinical Records Received by :


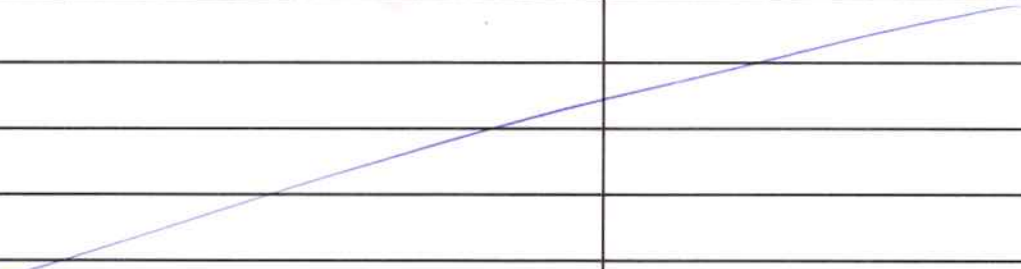


Date & Time of Patient Received :

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00038252 Mrs VIJAYA LAKSHMI IP25-00020452 01-01-1985 41 Y Dr. PUJITHA DEVI SURANENI (F) 		Date & Time of Admission 15/5/26	Date & Time of Transfer Order 15/5/26 @ 7:30pm
		Transfer Ordered by 15/5/26 Dr. Ranga	Reason for Transfer Observation
From Unit MIW	To Unit Ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 30	Number of Imaging Films 1 OP file	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Ranga	
Patient & Clinical Records Received by :  15/5/26 @ 7:35 PM			
Date & Time of Patient Received :			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

- Unavailable Bed
 Nurse not Available
 Available Bed not ready



Cyc

ACTIVITY RECORD

FDH-00038252 IP25-00020452

Mrs VIJAYA LAKSHMI
01-01-1985 41 Y (F)
Dr. PUJITHA DEVI SURANENI

Name: Vijaya



UHID No : -----

Consultant : ----- Dept : -----

Date of Admission : 15/5/26 Time : 7:14am Date of Discharge : ----- Time : -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
15/5/26	8:57 Am	MICU	OT	<i>[Signature]</i>
15/5/26	11:02 AM	OT	MICU	<i>[Signature]</i>
15/5/26	7:30pm	MICU	Ward	<i>[Signature]</i>
16/5/26		ward	Billing	<i>[Signature]</i>

Cross Consultation Visit

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



I.P. ADMISSION SHEET FOR GYNECOLOGY

Date of Admission : 15/5/26.

Time of Admission : _____

PERSONAL DETAILS

Name : Mrs. Vijayalakshmi Age 41 Date of Birth _____
 UHID No.: FDH 0038252 IP No.: _____
 Department : OBG Consultant : Dr. Pujitha

PRESENTING COMPLAINTS

Admitted for Laparoscopic paraovarian cystectomy.
 4/40 paraovarian cyst : 6 months. (incidental finding).
 ↓
 used OCPs for 6 months.

USG (12/5/26) :

Uterus - (N).

ET - 9-2 mm

Rt ovary - simple, anechoic cystic lesion ~ 5.2 x 3.8 cm in size
 adjacent to right ovary ~ rt paraovarian cyst.

CA 125 - 12.2 ~~at~~.

MENSTRUAL HISTORY

Year of Marriage : 2005
 Previous Periods : Regular
 LMP : 6/5/26.
 Contraception :

OBSTETRIC HISTORY

Parity : P₂L₂
 Mode of Delivery : NVD
 Last Child Birth : 13 yrs.

MEDICAL HISTORY	SURGICAL HISTORY
Hypothyroidism : 10 yrs T. Thyroxine 100 ug po/od	nil
FAMILY HISTORY	NOTES / ALLERGIES
M - Hypothyroidism, DM F - DM.	Nil.

---INITIAL ASSESSMENT:---

Date _____	Breasts _____	Local / Speculum Examination
Ht. _____ Wt. _____		
BMI _____ <i>subjn</i>		<i>Not done</i>
B.P. <i>118/86/77</i>		
Pallor _____	Abdominal Examination	Bimanual Pelvic Examination
CVS _____		<i>not done</i>
Respiratory System _____	<i>PLA soft</i>	
Thyroid _____		

PROVISIONAL DIAGNOSIS : (Rt) Paraovarian cyst

INVESTIGATIONS ORDERED	PLAN OF MANAGEMENT	PRESCRIPTION
B/G/T - A +ve Viral markers - NR CBP - Hb - 10.9 11/5 WBC - 5790 PLT - 3.42	Laparoscopic paraovarian cystectomy	Admission Informed consent. pain preparation Scine IV cannula Infom O2/Airth

Name of the Doctor : Dr. Anurha
 Date : 15/5/26 Time : 7am
 Signature of Doctor *A*



①



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26 11 AM	O-POD G.C fair Afebrile PR- 64 bpm. BP- 100/55 mmHg SpO ₂ - 100% P/A- soft P/V- NAB U/O- 600ml (e-)	<u>Adv</u> 1) HBM x 6hs - 8hs. 2) IV fluids as per AXON 3) Drugs as charted 4) W/F BPV, SLO 5) Monitor vitals 6) Inform SOS <div style="text-align: right;"><u>Ref</u></div>
15/5/26 6:30 PM	<u>POD-0</u> G.C fair Afebrile Sp- 100/60 mmHg PR- 86 bpm SpO ₂ - 100% @ RA P/A- Soft P/V- NAB PV U/O- 100ml (clear)	<u>Adv</u> in bed Ambulation 1. S/P of oral fluids 2. Soft diet 10:30 pm 3. Drugs as charted 4. W/F BPV, SLO clauding 5. monitor vitals 6. Under S/S 7. Shift to Room if tolerating to liquids well. 8. F/P before shifting <div style="text-align: right;"><u>Penny</u></div>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	<u>POD-1</u>	Adx
7:00 AM	Gr fair	1. Ambulation
	Afebrile	2. Nand diet
	BP = 100/70 mmHg	3. plenty of oral fluids
	PR 288 bpm	4. nage as claud
	SpO ₂ = 100% @ r	5. w/ w/ Spv pain abdomen
	p/A 2 soft	distension.
U - not void	PIV 2 NAspv	6 - (M) nitale subn Sg
F - ✓		7. Discharge today
M - ✓		8. Syrup. Depletolac 1ml after
		after meal
		9. <u>Ray</u>

FDH-00038252 IP25-00020452
 Mrs VIJAYA LAKSHMI (F)
 01-01-1985 41 Y
 Dr. PUJITHA DEVI SURANENI



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

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																			
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																			

VERIFIED BY : Name Signature



DRUG CHART

Date of Admission: 15/5/26 Drug Allergies: 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.

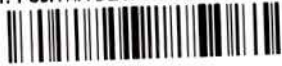
SOS / PRN (As Required Medication)

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

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

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

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight..... Ward.....

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

DRUG : P. PARACETAMOL				Date Time	15/5	16/5/6														
Dose	Route	Frequency	Start Date																	
1gm	ORAL	TID	15/5	6AM X		PRELIXE BRAND														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : D. DICLOFENAC				Date Time	15/5	16/5/6														
Dose	Route	Frequency	Start Date																	
50mg	ORAL	TID	15/5	7AM X		PRELIXE BRAND														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

DRUG : D. AUGMENTIN				Date Time	15/5	16/5														
Dose	Route	Frequency	Start Date																	
1.2g	IV	BD	15/5	10AM X		SONG 20														
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED

VERIFIED



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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
15/5/26	8:30 AM	Tij AUGMENTIN	1.2g	IV	SK	SK
15/5/26	9:30 AM	Tij PANTOPRAZOLE	40mg	IV	SK	SK
15/5/26	8:30 AM	Tij METOCLORAMIDE	10mg	IV	SK	SK
15/5	10.10 am	INT PARACETAMOL	1gm	IV	SK	SK, Suresh
15/5	10.30 am	INT MORPHINE	6mg	IV	SK	SK, Suresh
15/5	9.25 am	INT GLYCYCLEROLATE	0.2mg	IV	SK	SK, Suresh
15/5	10.55 am	PUPP TRAMADOL	100mg	P/R	SK	SK, Suresh
15/5	10.55 AM	800 DICLOFENAC	100mg	P/R	SK	SK, Suresh
16/5/26	9.20 am	Symp. nepholac	10ml	P/O	SK	SK, Suresh

I.V. FLUIDS CHART

Weight. Ward.

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
9.10 AM	15/5	RINGER LACTATE	IV	FF	<i>[Signature]</i>	<i>[Signature]</i> Suresh	15/5/20	<i>[Signature]</i>	<i>[Signature]</i> Suresh
10.30 AM	15/5	RINGER LACTATE	IV	150 ml/h	<i>[Signature]</i>	<i>[Signature]</i> Suresh	15/5		<i>[Signature]</i> <i>[Signature]</i>
12 ³⁰ PM	15/5	RL	IV	100ml		<i>[Signature]</i>	15/5		<i>[Signature]</i> <i>[Signature]</i>
7 ^{PM}	15/5	RL	IV	100 ml/h		<i>[Signature]</i> <i>[Signature]</i>	15/5/20		<i>[Signature]</i> Deekha Bhavsar

Signature

VERIFIED BY Name