



ANC-00011610 IP28-00004454
Mrs SHIFA TANWAR
06-09-1995 30 Y 8 M 21 D (F)
Dr. NANDINI L

CHARGE TRACKING SHEET



UHID :

CONSULTANT NAME: DR.

ACTIVITY	IN TIME	OUT TIME	REMARKS	<To be filled by Admin>
Activity Sheet updated by Nursing		27/5/26 at 10Am	Panab 018915	
Activity Sheet updated by Pharmacy	11:17	11:19	Suday 014733	

ACTIVITY RECORD FOR BILLING



ANC-00011610 IP28-00004454

Mrs SHIFA TANWAR
06-09-1996 30 Y 8 M 18 D (F)
Dr. NANDINI L



IP No: Consultant: Dr. Nandini Dept: LDR

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
25/5/26	POST-OP	POST-OP	OT	NIR
25/5/26	2 PM	OT	POST-OP	<i>[Signature]</i>
25/5/26	7 PM	LDR	M Hood	<i>[Signature]</i>

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
23/5/26	CTG	2	3921	[Signature]
25/5/26	JV placement	1	6712	NIR
25/5/26	Catheterization	1	6712	NIR
25/5/26	proanethia	1	6713	[Signature]
26/5/26	Nutritional Assessment	1	to be raised	[Signature]

ANY OTHER INFORMATION:

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Date: 27/5/26 Time: 10:20am Prepared By:

Staff Nurse [Signature]	Shift / Ward	Billing Assistant	Billing Supervisor
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ANC-00011610 IP28-00004454
Mrs SHIFA TANWAR
06-09-1995 30 Y 8 M 19 D (F)
Dr. NANDINI L



SURGERY DETAILS

Date : 25/5/26
Patient Name: Mrs. Shifa Tanwar Date of Birth: 5/9/1995 Age: 30y
Gender: Female Ward: N-FLOOR UHID No.: 11610/4454
Date of Surgery: 25/5/26 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2
Name of the Surgery: Emergency LSCS

Time in : 12:10pm

Time Out : 2:00pm

	NAME	AMOUNT
1. Surgeon	DR. Nandini L	
2. Anaesthetist	DR. Karthiga	
3. Assistant Surgeon	DR. Shaithra	
4. OT Technician	NR. Dishi, NR. Sanjai	
5. Circulating Nurse	S/M. Eshil	
6. Assistant Nurse	S/M. Lakshmi	

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

Signature of the Surgeon

Dr. Nandini L
Reg No 80661

Signature of Circulating Nurse

Order No:

Order by:



Form No. 10
Surgical Details

Operation Room No. _____

SURGERY DETAILS

Name of the patient: _____

Age: _____ Sex: _____

Date of surgery: _____

Name of the surgeon: _____

Time in: _____

Sl. No.	NAME	Designation
1.	_____	Surgeon
2.	_____	Assistant Surgeon
3.	_____	OT Technician
4.	_____	Circulating Nurse
5.	_____	Assistant Nurse

- Laryngoscopy
- Bronchoscopy
- O-ARM
- Neuro Case
- Endoscopy
- Microsurgery

Signature of the Surgeon: _____

Dr. Wandana

Order No. _____

EMERGENCY

LSCS



CONSUMABLES OF OT

Circulating staff : Ms. Ezhil Technician : Mr. Rishi/Sanjai/ARI Date : 25/5/26 Time : 12:40 to 2 PM

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSCS</u>		01	Inj Vit.K		02
LMA			Sutures <u>2347</u>		02	Cord Clamp		01
ECG leads <u>(A) P/N</u>		03	<u>1240</u>		01	Suction Catheter		
HME filter : A/P/N			<u>1326</u>		01	Feeding Tube <u>5F97</u>		01
Syringes : 10 cc		01				Vaccum Suction Set		
05 cc		05	Gloves <u>0.8x17</u>		01	Surgical Gloves		
02 cc		02				Gauze Pack		
01 cc		01				Syringe 1ml/2ml <u>2ml</u>		02
Cautery plate <u>(A) P/N</u>		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set <u>Interaflow</u>		01	NG tube			Koochies (S)		
RI		03	Cautery pencil		01	Inj. Mezobam		01
No. 10ml / 100ml / 500ml / 1000ml			Koochies			D-Water		03
<u>Inj. ENATOC IN</u>		09	Ointments			Spinal needle		
<u>Inj. TRAPIC</u>		02	Suction Catheter			<u>25G(A)</u>		01
Fentanyl			Cap, Mask			<u>Emerald syringe</u>		
Morphine			Gauze Pack		04	<u>5ml</u>		01
Ketamine			Mop Pack		02	<u>(A) O2 mask</u>		01
Propofol			Steristrip			Nasal cannula		
Rocuronium			Underpad		02	<u>(New)</u>		01
Glycopyrolate			Draw sheet			<u>Inj. LABETALOL</u>		01
Myopyrolate			Abgel			<u>Needle 26x11/2</u>		02
Ondansetron			Foleys catheter			<u>p.F 6 1/2</u>		04
Pencan 25g/ Spinal Needle 22			Urobag			<u>p.F 7</u>		02
Bupivacaine 0.25%			Chest Drainage Catheter			<u>p.F 6</u>		01
Bupivacaine 0.25%(Heavy)			Romodrain bag			<u>S.C 7</u>		01
Antibiotics			Bandage					
<u>Sy. Atropine</u>		01	Tegaderm			<u>L Gauze</u>		02
Suppositories			Ioban			<u>OT table sheet</u>		01
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		01			
Justin : 12.5 mg / 25mg <u>(100mg)</u>		01	Plastic Bed Sheet		02			
Tab. Misoprost : 200mg			Betadine Solution		01			
<u>Inj. Anawin heavy</u>		01	Microshield					
<u>Inj. Bupivacaine</u>		01	Cotton Balls					
<u>Inj. Etipres</u>		01	Latex Gloves <u>N 4</u>		<u>10 pairs</u>			
<u>Inj. PHENPHRES</u>		01	Ramdione Scrub					
<u>Inj. SUCOL</u>		01	Saral					

Surgeon DR. NANDINI L

Anaesthesiologist DR. NARAYAN

Nurse Jahani Narayan

OT Technician Srijis

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: IP28-00004454
Patient Name: Mrs SHIFA TANWAR
Age/Sex: 30 Y 8 M 19 D / Female
Date: 25/05/2026 16:30
Payor: SELFPAY
UHID: ANC-00011610
Ward: 5F-PRE/POST
Bed Name: LDR 502
Order No: 28-0000146709
Prescription No: PRIP28-0068956
Dispensed Date: 25/05/2026 16:30

S.No	Item Name	Manufacture Name	Schedule	Batch No	Exp Date	Iss QTY	Unitprice	Net Amount
1	CAUTERY PENCIL (ADVANCE)	The Advanced cadiomed	GENERAL	250303004	03/28	1	1,188.00	1,188.00
2	DISPOSABLE APRONS STERILE XL	Mediblu		PARCH1010526	04/29	2	100.00	200.00
3	GAUZE 7.5X7.5 12 PLY (5 NOS)	Bapuji Surgicals	GENERAL	M2641087	04/29	4	100.00	400.00
4	GAUZ SWAB 10 X 10 CM 12PLY 5S X-RAY	Bapuji Surgicals	GENERAL	20260416	03/29	2	105.00	210.00
5	JUSTIN SUPPOSITORIES 100 MG 5 S	Neon Laboratories Ltd	H	BLNP274049	09/28	1	18.74	18.74
6	KLICK CLAMP	ROMSONS		OG25I040080	08/30	1	39.00	39.00
7	LSCS DRAPE PACK	Mediblu	H	0LSCSRCH1010526	04/29	1	2,250.00	2,250.00
8	MONOCRYL 3-0 NW 1326	ETHICON SUTURES-J&J	C1	T5116	09/30	1	997.00	997.00
9	MOPS 30X30 8PLY 5S X-RAY	DATT MEDI PRODUCTS	H	020260324	03/29	2	850.00	1,700.00
10	NITRILE EXAMINATION GLOVES P F- MEDIUM	ELITE MEDICALS		ENPF030020	11/28	10	25.00	250.00
11	POVINANZ SOLUTION 10% 100 ML		H	0N0160048	12/27	1	107.00	107.00
12	SGLOVE # 6.5 (POWDER FREE)	ANSEL		0260300811T	03/29	4	128.00	512.00
13	SGLOVE # 6 (POWDER FREE)	ANSEL		260200351T	02/29	1	117.00	117.00
14	SGLOVE # 7.0(SURGICARE)	ICARE (KANAM LATEX)	GENERAL	26B5016M	01/31	1	91.00	91.00
15	SURGICAL BLADE 22	Surgeon	GENERAL	C08891	07/30	1	5.15	5.15
16	TRUGUT CHROMIC CATGUT SN4242	Sutures India		A260108S	01/31	1	223.00	223.00
17	UNDERPADS CARE 60 X 90 (FRIENDS)			000100500720	12/30	2	205.00	410.00
18	VACCUME SUCTION SET	ROMSONS		0K26C010031	02/31	1	679.50	679.50
19	VICRYL PLUS 1 VP - (2347)	ETHICON SUTURES-J&J	C1	T5054	06/30	3	951.00	2,853.00
Total :							8,179.39	12,250.39

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



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

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INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004454	Ward	5F-PRE/POST
Patient Name	Mrs SHIFA TANWAR	Bed Name	LDR 502
Age/Sex	30 Y 8 M 19 D / Female	Order No	28-0000146710
Date	25/05/2026 16:30	Prescription No	PRIP28-0068957
Payor	SELPAY	Dispensed Date	25/05/2026 16:31
UHID	ANC-00011610		

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	1	117.00	117.00
Total :							117.00	117.00

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S

RAINBOW CHILDREN'S MEDICARE LIMITED

Rainbow Children's Hospital - Anna Nagar



Old Survey No.230/7A part, Town Survey No.8, Pillaiyar Koil Street,
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INPATIENT ISSUES AGAINST ORDERS



IF No	IP28-00004454	Ward	5F-PRE/POST
Patient Name	Mrs SHIFA TANWAR	Bed Name	LDR 502
Age/Sex	30 Y 8 M 19 D / Female	Order No	28-0000146728
Date	25/05/2026 18:02	Prescription No	PRIP28-0068973
Payor	SELPAY	Dispensed Date	25/05/2026 18:06
UHID	ANC-00011610		

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	BIOXAMIC 500 MG INJ	Biocare Pharmaceuticals	H	C3BIO002	05/27	2	71.97	143.94
3	BUPRIGESIC INJ AMP 0.3 MG 1 ML	Neon Laboratories Ltd	H	045118	09/28	1	31.10	31.10
4	DSYRINGE 10ML (NIPRO)	NIPRO	GENERAL	26B16K49	01/31	1	25.78	25.78
5	DSYRINGE 1ML (BD)	BECTON DICKINSON (BD)		5344207	11/30	1	24.00	24.00
6	DSYRINGE 5ML.(NIPRO)	NIPRO	GENERAL	26B16K55	01/31	5	21.56	107.80
7	DSYRINGE DISCARDIT 20ML (BD)	BECTON DICKINSON (BD)	GENERAL	2403504	02/29	2	50.63	101.26
8	DSYRINGE EMERALD 5ML BP (BD)	BECTON DICKINSON (BD)		5184562	06/30	1	12.19	12.19
9	DSYRINGS 2.5ML(NIPRO)	NIPRO	GENERAL	026A21K64	12/30	2	10.31	20.62
10	D WATER 10 ML AMPULE	Aculife Health Care Pvt.Ltd(Nirilif	H	2254093	09/28	3	2.58	7.74
11	E.C.G ELECTRODES (ADULT)	JMS	GENERAL	03226S08G	01/28	3	32.34	97.02
12	EFIPRES INJ 30 MG 1 ML	NEON LABORATORIES LTD	H	1231092	11/27	1	45.90	45.90
13	EVATOCIN (OXYTOCIN) INJ 5 IU 1 ML	Neon Laboratories Ltd		091672	11/27	9	18.90	170.10
14	INFANT FEEDING TUBE-5	ROMSONS	GENERAL	G25L010577	11/30	1	63.00	63.00
15	INTRAFLOW (AUTO STOP) ROMSONS	ROMSONS		G25L010804	11/30	1	469.00	469.00
16	JUSTIN SUPPOSITORIES 12.5 MG 5 S	Neon Laboratories Ltd	H	BLNP278002	06/26	1	10.12	10.125
17	LABLOL INJ VIAL 20 MG 4 ML	Neon Laboratories Ltd	H	388081	06/26	1	209.53	209.531
18	Menadione Sod Bisul 1 ml	HINDUSTAN LABS		0075	12/27	2	28.92	57.84
19	MEZOLAM INJ 5 MG 5 ML	Neon Laboratories Ltd	H1	V304628	12/27	1	31.55	31.55
20	NEEDLE 26 1 1 2INCH	Dispovan	GENERAL	034364R0	12/26	1	2.44	2.44
21	OxygenMask With Tubing - Adult ROMSONS-FC		GENERAL	G26B040107	01/31	1	336.00	336.00
22	OXYGEN NASAL CANNULA (NEO)	Polymed	GENERAL	G26A040077	12/30	1	255.00	255.00
23	PHENPRES INJ 10 MG 1ML	Neon Laboratories Ltd	H	010061	01/27	1	407.81	407.812
24	PREGELLED SURGICAL PLATES(ADULT)	Erbee		02510172407	10/27	1	1,275.00	1,275.00
25	QUICKSUITE OT TABLE SHEET MIDLINE SUITEL		H	24100102015	09/29	1	679.69	679.688
26	RL 500 ML CLOSED SYSTEM	Fresenius Kabi India Pvt Ltd		1C261674	02/29	3	69.39	208.17
27	SPINAL NEEDLE 25	BECTON DICKINSON (BD)	GENERAL	2510021	09/30	1	221.50	221.50
28	SUCOL INJ 50 MG 10 ML	Neon Laboratories Ltd	H	248221	01/27	1	55.64	55.64
29	TROPINE INJ AMP0.6MG1ML	NEON LABORATORIES LTD	H	KM038109	01/27	1	7.18	7.18

RAINBOW CHILDREN'S MEDICARE LIMITED

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Telangana.

INPATIENT ISSUES AGAINST ORDERS



IP No	IP28-00004454	Ward	5F-PRE/POST
Patient Name	Mrs SHIFA TANWAR	Bed Name	LDR 502
Age/Sex	30 Y 8 M 19 D / Female	Order No	28-0000146728
Date	25/05/2026 18:02	Prescription No	PRIP28-0068973
Payor	SELPAY	Dispensed Date	25/05/2026 18:06
UHID	ANC-00011610		

Total : 4,500.51 ₹,109.40

for RAINBOW CHILDREN'S MEDICARE LIMITED

Receiver Name

Authorized Signature

Pharmacist Name : RISHI S



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/5/26 10:00p.m.		S/B Dr. Nandhini.
		Pt Reviewed.
		Headache Reduced.
		Burning sensation in eyes Reduced.
		P/A - ut 32-34 wks.
		FHR - good.
	BP - 120/80 mmHg	
		Adv
	Lab reports	
	LDH - 183	- BP monitoring
	Urea - 33	- w/o imminent signs.
	Creat - 0.56	
	LFT - (N)	- To send Urine c/s
	HB - 10.9	2 Urine R/C.
	Plt - 2-3	- To do Spot PCR.
	Urine Albumin - 4+	
		- Growth Scan & Doppler.
		- Follow drug chart.
		- Monitor vitals & Inform SOS.
		A.N.

ANC-00011610 IP28-00004454
 Mrs SHIFA TANWAR
 06-09-1996 30 Y 8 M 19 D (F)
 Dr. NANDINI L



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/11/20 9:00 AM	SIBy De Chautras	
	No Ommised sign Headache / photophobia - resolved	
	p-folmy Bo - 120 / 70 mmHg	
10 PRBC sent	UW 3uW PDR ⊕	Tab NICARDIA - Long Slow - NPO - Repose part - Repose 2
28/11/20 10 AM	SIBy Dr Nandini	
	Bo patient reviewed	
	P - 84/60 Bo - 140 / 100 mmHg	
	UW 3uW PDR ⊕	
	Discharged with patient & attendee for emergency use 11/10 if severe hypoxia with ommised sign of ataxia with wrist alluvial ⊕ ⊕	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/2026		S/B Dr. Srivasarupa
2:15 pm		
(POD - 0) + (N)		Patient reviewed no complaints
BP - 114/70 mmHg		vitals stable, no imminent signs/symptoms.
PR - 86/min		O/E - Afebrile, no pallor
last 1hr output - 100ml; clear		P/A - uterus well contracted, soft, dressing dry,
		L/E - Bleeding pv WNL
		Srf 120101
25/5/2026		S/B Dr. Srivasarupa
6:30 pm		
(POD - 0) + (N)		Patient reviewed vitals stable; no imminent signs/symptoms.
BP - 106/70 mmHg		O/E - Afebrile, no pallor
PR - 80/min		P/A - uterus well contracted, soft, dressing dry
Output - 100ml; clear		L/E - Bleeding pv WNL
		Pt. can be shifted to room
		Srf 120101

ANC-00011610 IP28-00004454

Mrs SHIFA TANWAR

06-09-1996

30 Y 8 M 19 D

(F)

Dr. NANDINI L



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	S/ De Raaga. k	
25/5/26	B	
	Pt received	
8pm	no complaints	
	of E - upan	
	Afebrile	
	BP - 120/90 mmHg.	
	P/A - soft	
	Murmur	
	R.S ⊕	
	Breath dry	
	H ₂ O - BWAZ	
	CBD - clear	Adv
	no	his gm k
	diary	- No chart
		- Blow dry
		chart.

De Raaga
12/11/26



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/16	Siby De Chantre	
8:15 AM	pt in cooperative	
	p-80/m	
	Bc - 100/20mmHg	
	PA soft	
PK	ut well contracted	
cup-100ml	Dry dx	Ode
	LMB - NAB.	liquid diet to soft diet
		Re on per chart
		Inform SD
		Remove Foley's
		ambulate.
		AD
2:30pm	<u>POD-1</u>	De Chantre 1760m
	no complaints	Also
2:45pm	p/po	Dry. Perineum N
2:55pm	P/A - soft / ASD	88ae
		- C. lactare 2-2-2
		- Nipple puller
		- urine sentine tomorrow

Sobby - 6th baby BP - chart



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26	S/S Dr. Sivasampa	
8:30 pm		
(POD-1)	Pt. reviewed no complaints	
T - (N)	Vitals stable; passed flatus	
BP - 118/78 mmHg	P/A - Soft uterus well contracted	derogatory dry BS (+)
PR - 78/min	L/E - Bleeding pr WNL	
		Advz - - Soft diet 1200
		- Ambulation
		- Inform SOB
26/5/26	S/S Dr. Parithee	
	Pt. Reviewed	
	passed flatus	
	voiding freely.	
	No Imminent signs.	
	P/A - uterus contracted.	BS (+)
	Dressing dry	Adv - w/f Imminent signs.
	L/E - BWNL	- BP monitoring 6th hourly.

- Follow drug charts
 - Inform SOB

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/15/26 9:30 AM	SUBJ de Chentro	
	It is stable	
	p- John	
	p- 100/90 mmHg	
	afebrile	
	p/a Saps	
	with well contractile	Fed
	Saps ok	Soft diet
	Vas was	by as per chart
		after S=)
		d/p
		BS was

ANC-00011610 IP28-00004454
 Mrs SHIFA TANWAR
 06-09-1995 30 Y 8 M 18 D (F)
 Dr. NANDINI L



RESULT SHEET

Date					
Time					
Hb					
PCV					
RBC					
WBC					
N/L					
Platelets					
CRP					
ESR					
PCT					
RBS					
Na					
K					
Cl					
Ca/Mg					
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein / Sugar					
Cells					
N/L					

ANC-00011610 IP28-00004454
 Mrs SHIFA TANWAR
 06-09-1995 30 Y 8 M 19 D (F)
 Dr. NANDINI L



MEDICATION RECONCILIATION FORM

Drug Allergies: Nil Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit.

(Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: LDR Shifted to: N Floor

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	INJ. SUPACEF	1.5gm	IV	1-0-1	25/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
2	INJ. PANTOP	40mg	IV	1-0-1	25/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
3	INJ. PARACETAMOL 1gm		IV	1-1-1	25/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
4	T. LABETALOL	100mg	P/O	1-1-1	25/5/26	<input checked="" type="checkbox"/> C <input type="checkbox"/> DC
5						<input type="checkbox"/> C <input type="checkbox"/> DC
6						<input type="checkbox"/> C <input type="checkbox"/> DC
7						<input type="checkbox"/> C <input type="checkbox"/> DC
8						<input type="checkbox"/> C <input type="checkbox"/> DC
9						<input type="checkbox"/> C <input type="checkbox"/> DC
10						<input type="checkbox"/> C <input type="checkbox"/> DC

* C - Continue, DC - Discontinue

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Srivastava

Date & Time : 25/5/26 at 6 pm.

Nurse Name & Signature: P. Mya 22021142

Date & Time : 25/5/26 at 6 pm.

MEDICATION RECONCILIATION FORM

Drug History ...
 Medication Reconciliation will be done ... admission ... there is change
 in the listing (add, delete, change dose, change route, change frequency)
 (Example: of the form of administration (oral vs. IV), Weight and in (lbs))

2. No.	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DATE	ADMISSION ADMITTED
1	Lev.
2
3
4
5
6
7
8
9
10

MEDICATION HISTORY RECORDED ...
 Doctor Name & Signature: _____
 Date & Time: _____
 Nurse Name & Signature: _____
 Date & Time: _____



DRUG CHART

Date of Admission: 24/5/26 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 / 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>Tramadol</u>				Date/Time																
Dose	Route	Frequency	Start Date																	
<u>50mg</u>	<u>PO</u>	<u>SOS</u>	<u>25/5/26</u>																	
Doctor's Signature		Valid Period	Pharm.																	
<u>[Signature]</u>																				
Additional Instructions:																				

DRUG: <u>EMSET</u>				Date/Time																	
Dose	Route	Frequency	Start Date																		
<u>1mg</u>	<u>IV</u>	<u>SOS</u>	<u>25/5/26</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

DRUG: <u>T. NICARDIA SR</u>				Date/Time																	
Dose	Route	Frequency	Start Date																		
<u>20mg</u>	<u>PO</u>	<u>SOS</u>	<u>25/5/26</u>																		
Doctor's Signature		Valid Period	Pharm.																		
<u>[Signature]</u>																					
Additional Instructions:																					

VERIFIED BY : Name



REGULAR PRESCRIPTIONS

Weight. 80 kg Ward. LDR

DRUG : T. LABETALOL Date/Time 25/5/26

Dose	Route	Frequency	Start Date
<u>200mg</u>	<u>P/O</u>	<u>1-1-1</u>	<u>4:30 a.m</u>

Name & Signature of the Doctor: [Signature] Starting the Drugs: 12:30 p.m
8:30 p.m

Additional Instructions:

Daily Doctor's Endorsement by a Sign: [Signature] (2016)

DRUG : T. NIFEDEPING Date/Time 25/5/26

Dose	Route	Frequency	Start Date
<u>20mg</u>	<u>P/O</u>	<u>1-0-1</u>	<u>9:30 a.m</u>

Name & Signature of the Doctor: [Signature] Starting the Drugs: 9:30 p.m

Additional Instructions:

Daily Doctor's Endorsement by a Sign: [Signature] (2016)

DRUG : Arg - 9 sachet Date/Time

Dose	Route	Frequency	Start Date
	<u>P/O</u>	<u>1-0-1</u>	

Name & Signature of the Doctor: [Signature] Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign: [Signature] (2016)

DRUG : T. Supraeal 2000 Date/Time

Dose	Route	Frequency	Start Date
	<u>P/O</u>	<u>0-0-1</u>	

Name & Signature of the Doctor: [Signature] Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign: [Signature] (2016)



Weight 56kg Ward C.M

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

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

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
24/5/24	8:30pm	T. LABETALOL	200mg	P/O	[Signature]	[Nurses]
24/5/24	9:30pm	T. NIFEDIPINE	20mg	P/O	[Signature]	[Nurses]
24/5/24	9:30pm	INS. BETNASOL	12mg	IM	[Signature]	[Nurses]
24/5/24	9:30am	INS. BETNASOL	12mg	IM	[Signature]	[Nurses]
25/5/24	11:00am	INS. SUPACER	0.1M	ID	[Signature]	[Nurses]
25/5/24	12:00pm	INS. SUPACER	1.5gm	RU	[Signature]	[Nurses]
25/5/24	11:00am	INS. PAN	10mg	RU	[Signature]	[Nurses]
25/5/24	11:50am	INS. BEMSET	4mg	RU	[Signature]	[Nurses]
25/5/24	1:02pm	INS. SYNTOCIN	25 IU	IV	[Signature]	[Nurses]

VERIFIED BY: [Signature]



I.V. FLUIDS CHART

Weight. Suley Ward. 1-OR

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
25/5/26	10.30am	1 @ RL	IV	100	by	NR 602523			
25/5/26	12.40p ↓ 2pm	3 @ RL	IV	100	Kell	by 01/11/26	25/5/26 12.40p	Kell	by
25/5/26	6 pm	1 @ RL	IV	100	by	DP 02/11/26	25/5/26 at 11pm		RS by
25/5/26	11pm	1 @ DNS	IV	100	by	RS by	26/5 at 4am		RS by
26/5/26	4am	1 @ RL	IV	100	by	RS by	26/5 at 11pm		by
26/5/26	1pm	1 @ DNS	IV	100	by	by RS by	26/5 at 4am		play by
		1 @ RL	IV	100	by				

Signature

VERIFIED BY: Name

ANC-00011610 IP28-00004454
 Mrs SHIFA TANWAR
 06-08-1995 30 Y 8 M 18 D (F)
 Dr. NANDINI L



Sheet No:

REGULAR PRESCRIPTIONS

Weight 5.5kg Ward LDN

DRUG : <u>T. Ferronomic plus</u>				Date: <u>24/5</u>	Time: <u>12:00</u>
Dose	Route	Frequency	Start Dt.		
<u>150mg</u>	<u>P/O</u>	<u>1200</u>			
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					
Additional Instructions:				<u>STOP</u>	<u>[Signature]</u>
Daily Doctor's Endorsement by a Sign					
DRUG : <u>T. Escopirin</u>				Date: <u>24/5</u>	Time: <u>12:00</u>
Dose	Route	Frequency	Start Dt.		
<u>150mg</u>	<u>P/O</u>	<u>0-04</u>			
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					
Additional Instructions:				<u>STOP</u>	<u>[Signature]</u>
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Ami SOPACRF</u>				Date: <u>26/5</u>	Time: <u>12:00</u>
Dose	Route	Frequency	Start Dt.		
<u>1.5gm</u>	<u>IV</u>	<u>1201</u>	<u>25/5</u>		
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					
Additional Instructions:				<u>12 pm</u>	<u>STOP</u>
Daily Doctor's Endorsement by a Sign					
DRUG : <u>Ami DAN</u>				Date: <u>25/5</u>	Time: <u>12:00</u>
Dose	Route	Frequency	Start Dt.		
<u>100mg</u>	<u>IV</u>	<u>1201</u>	<u>25/5</u>		
Name & Signature of the Doctor Starting the Drugs: <u>[Signature]</u>					
Additional Instructions:				<u>6 pm</u>	
Daily Doctor's Endorsement by a Sign					

VERIFIED BY : Name Signature



Sheet No: 2

REGULAR PRESCRIPTIONS

Weight 84 Ward 408

DRUG: <u>2m PARACETAMOL</u>				Date-Time	<u>25/26</u>	<u>20/5</u>																
Dose	Route	Frequency	Start Dt.	<u>3pm</u>	<u>7</u>	<u>RS</u>																
<u>1gm</u>	<u>M</u>	<u>1-1-1</u>	<u>25/26</u>	<u>2m</u>	<u>am</u>	<u>bow</u>																
Name & Signature of the Doctor Starting the Drugs:				<p><u>Dr. Nandini L</u></p>																		
Additional Instructions:				<p><u>11 RS 3 NS</u> <u>PM 5PM 6PM</u> <u>11 PM</u></p>																		
Daily Doctor's Endorsement by a Sign																						

DRUG: <u>Tab COBRT</u>				Date-Time	<u>25/15</u>	<u>20/5</u>	<u>27/5</u>																
Dose	Route	Frequency	Start Dt.	<u>10</u>	<u>RS</u>	<u>5</u>	<u>RS</u>	<u>RS</u>															
<u>100mg</u>	<u>PK</u>	<u>1-1-1</u>	<u>25/5</u>	<u>PM</u>	<u>5PM</u>	<u>am</u>	<u>bow</u>	<u>bow</u>															
Name & Signature of the Doctor Starting the Drugs:				<p><u>Dr. Nandini L</u></p>																			
Additional Instructions:				<p><u>(6 AM - 2 PM - 10 PM)</u> <u>1 PM</u> <u>9 RS</u> <u>PM</u></p>																			
Daily Doctor's Endorsement by a Sign																							

DRUG: <u>Tab NICARDIPINE SR</u>				Date-Time	<u>T</u>																		
Dose	Route	Frequency	Start Dt.																				
<u>20mg</u>	<u>P/O</u>	<u>1-1-1</u>	<u>25/5</u>																				
Name & Signature of the Doctor Starting the Drugs:				<p><u>Dr. Nandini L</u></p>																			
Additional Instructions:				<p><u>STOP</u> <u>8 PM</u> <u>12:00</u></p>																			
Daily Doctor's Endorsement by a Sign																							

DRUG: <u>C. LACTARE</u>				Date-Time	<u>26/15</u>	<u>27/5</u>																	
Dose	Route	Frequency	Start Dt.	<u>2</u>	<u>NS</u>	<u>9</u>	<u>RS</u>																
<u>2</u>	<u>P/O</u>	<u>2-2-2</u>	<u>26/26</u>	<u>PM</u>	<u>5PM</u>	<u>am</u>	<u>bow</u>																
Name & Signature of the Doctor Starting the Drugs:				<p><u>Dr. Nandini L</u></p>																			
Additional Instructions:				<p><u>3</u> <u>PM</u> <u>9</u> <u>PM</u></p>																			
Daily Doctor's Endorsement by a Sign																							

VERIFIED BY: Name Signature

ANC-00011610 IP28-00004454
 Mrs SHIFA TANWAR
 06-09-1995 30 Y 8 M 20 D (F)
 Dr. NANDINI L



Mrs. Shifa Tanwar



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : T. CEFTRIAXONE				Date-Time	26/5	2/3
Dose	Route	Frequency	Start Dt.	9 PM	8 AM	9 AM
500mg	P/O	1-0-1	26/5/26			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : T. PANTOPRAZOLE				Date-Time	26/5	2/3
Dose	Route	Frequency	Start Dt.	6 PM	8 AM	8 AM
40mg	P/O	1-0-1	26/5/26			
Name & Signature of the Doctor Starting the Drugs:						
Additional Instructions:						
Daily Doctor's Endorsement by a Sign						
DRUG : T. ACTONOR				Date-Time	26/5	2/3
Dose	Route	Frequency	Start Dt.	10 PM	9 AM	9 AM
	P/O	1-1-1	26/5/26			
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

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

Signature
VERIFIED BY : Name

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																			

