



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 : IP25-00020480 Admit Date : 17-May-2026 Admit Time : 07:26 PM UHID : FDH-00038656

Patient Details :

Patient Name : Mrs MANTHA RAMYA Age : 31 Y 9 M 27 D
Guardian : Mr KRISHNA CHAITANYA DOB : 20-07-1994
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Manikonda Hyderabad Telangana INDIA Phone No : 8688038880/
500089 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 KRISHNA CHAITANYA Relationship : Husband
Contact Address : Manikonda Hyderabad Telangana INDIA Phone No : / 9676709142
500089


Signature

Doctor Details :

Doctor Name : Dr. HIMABINDU ANNAMRAJU Specialisation : OBSTETRICS AND GYNECOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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



ACTIVITY RECORD FOR BILLING

Name : _____ FDH-00038656 IP25-00020480
 Mrs MANTHA RAMYA
 20-07-1994 31 Y 9 M 27 D (F)
 UHID No. : _____ Dr. HIMABINDU ANNAMRAJU
 _____ Consultant: _____ Dept : _____
 Date of Admission : _____ Date of Discharge : _____ Time: _____



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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/5/26	1PM	micu	ward	<i>[Signature]</i>
19/5/26	11:52AM	ward	bi/ly	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1	Dr. Vaisnavi	19/5/26	77041	<i>[Signature]</i>
2				
3				
4				
5				
6				
7				
8				
9				
10				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
17/5/26	NST - (1)	5960	
17/5/26	GRBS - 74 mg/dl	7527	
	NST - (2)	5968	
	NST - (3)	5969	Ankita
	NST - (4)	5970	
18/5/26	GRBS : 95 mg/dl	7563	
	NST - (5)	6013	Ankita
18/5/26	NST - (6)	6014	
18/5/26	NST - (7)	6015	Ankita
	C. C. by Ankita @	12 pm	18/5/26
18/05/26	NHA	6773	S. Hait
19/5/26	FBS - 95 mg/dl	7639	neha
19/5/26	PPBS - 82	7675	Suma
19/5/26	PLBS - normal	7677	Suma

Cross checked by Lakshmi on 19/5/26

PATIENT TRANSFER FORM

- FDH-00038656 IP25-00020480

Mrs MANTHA RAMYA
20-07-1994 31 Y 9 M 27 D (F)
Dr. HIMABINDU ANNAMRAJU



Date & Time of Admission 17/5/20 @ 9:20 PM		Date & Time of Transfer Order 18/5/20 @ 1 PM
Treating Consultant Name Dr. Himabindu	Transfer Ordered by Dr Ramya	Reason for Transfer observation
From Unit MICU	To Unit Ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 28	Number of Imaging Films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" 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 Ramya 18/5/20	Name of Person Ordered Transfer Dr Ramya
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Patient & Clinical Records Received by :

Date & Time of Patient Received :

S.Hait
18/05/20
1:00 PM

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

MRD

ESTIMATION SLIP

Date : 24/01/2026 UHID / IP No. : FDH-00038656 SI No. **3192**

Name of Patient : Mrs. Mantha Ramya Age: 31Y Gender: Female

Father's / Husband's Name : Mrs. Krishna Chetanya Corporate / Occupation : Wells Fargo

Address : _____ Phone : 8688088880 Email : _____

Procedure / Plan : delivery, single, primi EDD/Dos: May

MODE OF PAYMENT : SELF TPA : _____ GIPSA : NIA/Med OTHER _____

TARIFF INFORMATION : Dr. Himabindu Asst -

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward		
Shared Ward		
<input checked="" type="checkbox"/> Twin Shared Ward	<u>81,000</u>	<u>90,000</u>
<input checked="" type="checkbox"/> Private Room	<u>90,000</u>	<u>1,00,000</u>
Super Deluxe Room		
Suite Room		
Package includes (Package starts from the time of admission) <u>+</u>	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee and Labour Ward Charges	Room Rent, Nursing Charges, Doctors Fee, Surgeon's Fee Anesthetist's Fees and OT Charges
	Length of Stay for : <u>2 days / 48 hrs</u>	Length of Stay for : <u>3 days / 72 hrs</u>
	Pharmacy up to <u>9000 -</u>	Pharmacy up to <u>12000</u>
	Investigations up to <u>2500 -</u>	Investigations up to <u>3000</u>
Others		

Neonatologist Charges : Covered Not Covered Epidural / Entonox : Covered Not Covered

Initial Minimum Deposit : Mother = 20K, Baby = 20K to 10K extra

REMARKS :

- Room eligibility is purely subject to TPA approval and the Package / Room Tariff starts from the time of admission. The estimated amount may Change according to duration of stay, medical condition, investigations, pharmacy and any other procedure.
- 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 at later stage.
- Total baby charges are extra which include admission, pharmacy, vaccinations, investigations, disposables, consumables, equipments, speciality consultations, etc. Neonatologist = 10K 15+ → RBS, BC, UAE Health 30-35K
- In Case the patient gets discharged earlier than the packages permitted days, no refund of any type is applicable and if the length of stay is beyond the package permitted, additional payment is applicable for which kindly contact the Financial Counselling desk between 9am to 6pm Not Covered
- For Non-medicals, Disposables, Consumables, Taxes, Kiwi Cup charges, Implants, Tubectomy charges, HIV/HbsAg, Anti-D, Medical Records, Double Occupancy and Registration Charges, etc. credit cannot be exchanged. These items are not payable to us as per Insurance company norms.
- Difference if any between the final bill amount and amount permitted/approved by 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 attendant is permitted in the rest of the categories of rooms and no attendant permitted in ICU's (22K) → IPMC = 10K, Diet = 500 Lact = 2000 Physio:
- Tariffs are subject to revision
- Kindly check your billing status on day to day basis at IP Billing Department. Food = 1000/day, MRD = 1800
- Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays), IPF = 1000, GST = 300/

DECLARATION

I _____ have attended the Financial counseling desk and understood the expected costs & other conditions applicable. In case the TPA / Insurance Company rejects the claim for whatsoever reasons at any point of time I promise to settle the hospital bill with the hospital without any ambiguity.

B.K. Chaitanya
Signature of the Client

Signatory Relationship

[Signature]
Signature of the financial C

10/11

FDH-00038888

Formal
Costs Page
S15

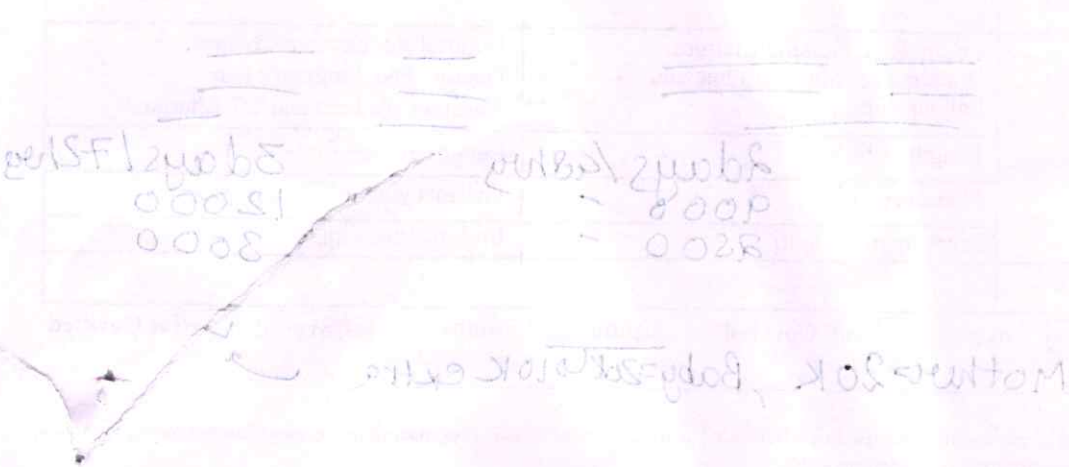
Mrs. Krishna Ram
Mrs. Krishna Ram
8888038888

MA/Modi
A21

dal humadinda
dal humadinda

100,000
10,000

10,000
10,000



Health
30-32
NOF
Cover

300,000

Neurologist - 10K

30K → PMC = 10K Diet = 200 lact = 2000 Physio
Food = 200000 MFD = 1800
19F = 1000, 10T = 3000

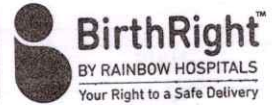
(Signature)

Dr. P.V. Chandra

334

FDH-00038656 IP25-00020480

Mrs MANTHA RAMYA
20-07-1994 31 Y 9 M 28 D (F)
Dr. HIMABINDU ANNAMRAJU



NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 18/5/20 Time: 9:30pm

Origin: Puducherry Height: 161 Weight: 62.2 BMI: ~26 kg/m²
 ~28 kg/m²
 ~30 kg/m²

Food Allergies: _____

Diagnosis: primi 23 weeks com on diet doc

Type of Diet: Liquid Soft Normal Diabetic
 Vegetarian Non-Vegetarian Vegan

Diet Advised:

Liquid Diet – ORS/ Coconut Water / Butter Milk / Barley Water / Soups

Normal Diet – Rice, Rotis, Dal and Soft Cooked Vegetables and Curd

Soft Diet – Soft Rice, Dal and Vegetable Curries Soft Cooked, Curd

Diabetic Diet – Brown Rice / Oats/ Dahlia/ Rotis, Dal and Vegetables and Curd (Avoid Roots / Tubers)

Patient's / Attendant's
Signature: M. Gajalakshmi

Name: Durga

Date & Time: 18/5/20 2:20pm

Dietician's
Signature: _____

Name: Dheer

Date & Time: 18/5/20 2:20pm



OBSTETRICS / GYNECOLOGY NURSING INITIAL ASSESSMENT FORM

Date of Admission: 17/5/26 @ 7:26pm

Baseline Information:

Admission From: ER OPD Admission Desk Others, specify

Primary Language: Telugu English Hindi Others, specify

Do you require an interpreter? Yes No if Yes specify

Source of Information: Patient Family Others, specify

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Chief Complaints: Doctor Notified on Admission: Yes No
Cure for Pol Name of the Doctor: DR. HIMABINDU
 Time Notified: 7pm

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
<u>Nil</u>	<u>Nil</u>	<u>Nil</u>

<p>Gynecology Assessment: <input type="checkbox"/> Not Applicable</p> <p>Menstrual History: <u>Regular</u></p> <p>Onset of Menarche:</p> <p>Menstrual Cycle: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular</p> <p>Last Menstrual Period: <u>31/8/25</u></p>	<p>Gynecology Surgical History:</p> <p>Caesarean Section: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Cervical Cerclage: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Ectopic Pregnancy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Myomectomy: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Others:</p>	<p>Gynecological History:</p> <p>Contraceptives: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Vaginal Discharge: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Post-Coital Bleeding: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Infertility: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If Yes Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary</p>
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Obstetric History: G P L A

Previous LSCS:

Current Medication: None Yes, If Yes, Fill the reconciliation form

Family History: No Abnormalities Detected

Heart Disease Hypertension Diabetes Stroke Seizures Kidney disease

Liver disease Other

Vital Signs / Measurements: Temp: 36.5°C HR: 85 RR: 22
 BP: 115/62 Weight: 62.7 kg Height: 161 BMI:

Pain Assessment: Pain: Yes No (If Yes, complete the Pain Assessment / Reassessment Form)

Patient Sticker

PHYSICAL ASSESSMENT

General Appearance: Healthy ill looking Anxious Agitated Others:

Fall Assessment: Yes No Score 0/10 (complete the Morse Fall Risk Assessment Sheet)

Risk of Pressure Sore: Yes No Score 0/10 (complete the Braden Q Sheet)

FUNCTIONAL SCREENING: If a patient needs assistance with any of the following inform consultant

- Mobility problem Walking Problem No Abnormality Detected
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormality Detected

- Overweight Poor Appetite > 3 Days Needs Therapeutic Diet.
 Under Weight Diabetes Mellitus Hyperemesis Gravidarum

Inform consultant for positive criteria

PSYCHOLOGICAL SCREENING:

- Calm & Cooperative Restless Depressed Agitated Confused
 Others

Inform consultant for positive criteria

SOCIAL SCREENING:

1. **Marital Status:** Single Married Divorced Widow
2. **Special Habits:** **Smoker:** Yes No **Alcohol Abuse:** Yes No **Drug Abuse:** Yes No

Social History: Lives With Family

Orientation has been given regarding the following aspects:

- Call Bell in Reach : Yes No Waste Disposal Explained: Yes No
Infusion Pump : Yes No Hand Hygiene Explained: Yes No Others

Above information given to Patient

Name of Person Orientation was given to: Husband

Orientation not given Reason:

Nurse Signature: Saivani

Nurse Name: Saivani

Date & Time: 12/5/26 @ 8pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>18/05/26</u>	<u>cls by Dr swette</u>	
12 Am		
	C/C pt w	<u>Adv</u>
	Afebrile	1) NST
	PR - 88bpm	2) MONITOR VITAS
	BP - 120/40mmHg	3) w4 contractions
	Spa - 98% RA	4) w4 prog of labor
	RA - ut contral 3/4/40"	5) RIA 4hous
	FUR (+)	6) Analgesics
	Pr - CX 1cm long	<u>swes</u>
	or 3cm dilated	
	PPVx nt-3	
	Bom forming	
<u>18/05/26</u>	<u>cls by Dr swette</u>	
4 Am		
	C/C pt w	<u>Adv</u>
	vitals stable	1) NST
	RA - ut contral 3/4/40mm	2) MONITOR VITAS
	FUR (+)	3) w4 contractions
	Pr - CX 1cm long	4) w4 POC
	or 3-4cm dilated	5) Analgesics
	PPVx nt-3	<u>swes</u>
	Bom (+)	"

FDH-00038656

IP25-00020480

Mrs MANTHA RAMYA

20-07-1994 31 Y 9 M 28 D (F)

Dr. HIMABINDU ANNAMRAJU



Rainbow
Children's
Hospital
It takes a lot to treat the little.

BirthRight™
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
18/05/26	Us by Dr Swette	
6 Am		<u>AA</u>
	Cept ut	
	Ajebide	11 I CEFOTAXIME gram
	PR 78 bpm	21 NST
	BP-110/70 mmHg	31 MONITOR VITALS
	SP2 92/ORA	41 W4 CONTRACTIONS
	PA ut contract ⊕	51 W4 POC
	FUR ⊕	61 Infuses
	Pr CX 0.5 cm long	
	as 4.5 cm dilated	<u>out</u>
	PPV > nt-2	
	Aren dne	
	clear hz ⊕	
18/5/26	Us by Dr Swette	
8 Am		<u>AA</u>
	clo pain Abdomen	11 NST
	PA - ut contract	21 Epidural counselling
	FUR ⊕	31 MONITOR VITALS
	Pr CX well expand	41 W4 CONTRACTIONS
	as 4.5 cm dilated	51 W4 POC
	PPV > nt-2	61 Infuses
		<u>out</u>

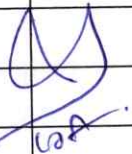


PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>18/5/26</u> 4:00 pm	<u>PNDS</u> G.C fair Afebrile KPR 100/70 mmHg PR: 86 bpm SpO2 100% @ RA PA: clear A/C in NRS	<u>Adm</u> 1. Ambulation 2. Normal diet 3. plenty of oral fluids 4. mgs as charted 5. w/f KPR 6. (m) vitals monitored 7. FBS, PPS, PUS - 19/6/26 8. Infusion of 9. GCF 2ml/kg
<u>18/5/26</u> 7 pm	<u>PNDS</u> G.C fair Afebrile BP - 110/70 mmHg PR 80 bpm SpO2 - 99% @ RA PA - clear A/C in NRS	<u>ph</u> - @ diet - plenty of oral fluids - mgs as charted - w/f BP - FBS, PPS, PUS - 19/5 - ambulation / mgs - vitals - Infusions
<u>18/5/26</u> M		<u>Adm</u>

Patient Sticker

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
19/15 7am	PND I Ac fair cysts	slw - @ diet
<u>babym</u>	RD - 112/70 mmHg	- plenty good feed - dip as charted - cy sev
Mx	RA - 84/48 SRE 99/100 mmHg RA VAW RV NMS	- ambulatory / ECF - out
RSI - 95		- Infomys
- dry nose today		udij
- @c today		
		



Sheet No:

REGULAR PRESCRIPTIONS

Weight 62.7kg Ward MICU

VERIFIED BY: Name Signature

VERIFIED

DRUG : <u>THYRONORM</u>				Date/Time	<u>19/5</u>
Dose	Route	Frequency	Start Dt.		
<u>25mcg</u>	<u>PO</u>	<u>OD</u>	<u>18/5</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>	
Additional Instructions:				<u>Before breakfast</u>	
Daily Doctor's Endorsement by a Sign					
DRUG : <u>BETADINE OINT</u>				Date/Time	<u>18/5</u>
Dose	Route	Frequency	Start Dt.		
<u>-</u>	<u>LA</u>	<u>TID</u>	<u>18/5</u>	<u>6am</u>	<u>9pm</u>
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>	
Additional Instructions:				<u>10pm</u>	
Daily Doctor's Endorsement by a Sign					
DRUG : <u>BETADINE LOTION</u>				Date/Time	<u>18/5</u>
Dose	Route	Frequency	Start Dt.		
<u>-</u>	<u>LA</u>	<u>TID</u>	<u>18/5</u>	<u>6am</u>	<u>9pm</u>
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>	
Additional Instructions:				<u>10pm</u>	
Daily Doctor's Endorsement by a Sign					
DRUG : <u>SYP. DIPHALAC</u>				Date/Time	<u>18/5</u>
Dose	Route	Frequency	Start Dt.		
<u>1smL</u>	<u>PO</u>	<u>H/S</u>	<u>18/5</u>		
Name & Signature of the Doctor Starting the Drugs:				<u>[Signature]</u>	
Additional Instructions:				<u>@ bedtime</u>	
Daily Doctor's Endorsement by a Sign					

Patient Sticker



Sheet No:

REGULAR PRESCRIPTIONS

Weight 62-7kg Ward M1W

VERIFIED BY: Name SIGNATURE ABBILLIED

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 CHART

Date of Admission: 17/5/20 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)

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:																					

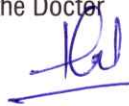

VERIFIED BY : Name Signature

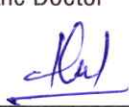





REGULAR PRESCRIPTIONS

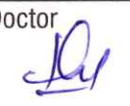

Weight. 62.5kg Ward. MLW

VERIFIED

DRUG : G. CEFIXIME				Date Time	18/5	19/5																
Dose	Route	Frequency	Start Date																			
200mg	P/O	BD	18/5	8am	X	10am	NEHA															
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				6pm 10am NEHA																		
Daily Doctor's Endorsement by a Sign																						

DRUG : G. PANTOPRAZOLE				Date Time	12/5	14/5																
Dose	Route	Frequency	Start Date																			
40mg	P/O	OD	18/5	8am	X	10am	NEHA															
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:																						
Daily Doctor's Endorsement by a Sign																						

DRUG : G. PARACETOMOL				Date Time	18/5	19/5																
Dose	Route	Frequency	Start Date																			
1g	P/O	TID	18/5	8am	X	10am	NEHA															
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				8pm 10am NEHA 10pm 10am NEHA																		
Daily Doctor's Endorsement by a Sign																						

DRUG : G. DICLOFENAC				Date Time	18/5	19/5																
Dose	Route	Frequency	Start Date																			
50mg	P/O	TID	18/5	8am	X	10am	NEHA															
Name & Signature of the Doctor Starting the Drugs:																						
Additional Instructions:				8pm 10am NEHA 11pm 10am NEHA																		
Daily Doctor's Endorsement by a Sign																						

Patient Sticker

Weight 62.7kg Ward M1W

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	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.

VARIABLE DOSE		Date Time	Nurse Sig.	Nurse Sig.	Nurse Sig.	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.

STAT / ONCE ONLY DRUGS

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
18/5/26	8 pm	T MISOPEUSTOL	25mg	PR	[Signature]	[Signatures]
18/5/26	6:30 AM	IV CEFOTAXIME	1gram	IV	[Signature]	[Signatures]
18/5/26	8:50 AM	INJ OXYTOCIN	10U	IM	[Signature]	[Signatures]
18/5/26	9:45 AM	P MISOPROSTOL	600mg	P/R	[Signature]	[Signatures]
18/5/26	9:45 AM	3TP DICLOFFENAC	100mg	P/R	[Signature]	[Signatures]
18/5/26	9:10 AM	IV PARACETAMOL	1g	IV	[Signature]	[Signatures]

VERIFIED BY: Name Signature

