

ACTIVITY RECORD FOR BILLING

Name: Mr. Miretha
 UHID No: SNC-00029715 IP No: 8575 Consultant: Dr. Karithe Dept: ORU
 Date of Admission: 23/5/26 Time: 12:55 AM Date of Discharge: _____ Time: _____
 Room / Bed No: RR-413 Ward: RR-413 Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
23/5	9:30 AM	RR	OT	
23/5	11 AM	OT	RR	
23/5/26	1:10 pm	RR	ward	

CROSS CONSULTATION VISIT

	Doctor Name	Date	Order No.	Signature
1.	<u>PAC Dr. Senthil</u>	<u>23/5/26</u>	<u>7117</u>	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Patient Sticker



SURGERY DETAILS

Date : 23/05/2026

Patient Name: MRS. NIVETHA Date of Birth: 15/07/1999 Age: 26y/F

Gender: Female Ward: OR-1 UHID No.: SNC-00029715

Date of Surgery: 23/05/2026 OT-1 OT-2 OT-3 OT-4 OBG OT-1 OBG OT-2

Name of the Surgery : EMERGENCY LSCS

Time In : 9.30AM Time Out : 11.00AM

	NAME	AMOUNT
1. Surgeon	DR. KAVITHA / DR. DIVYA	
2. Anaesthetist	DR. SENTHILA	
3. Assistant Surgeon	-	
4. OT Technician	TECH. VETRE	
5. Circulating Nurse	SN BHAVANI	
6. Assistant Nurse	SN MANIGANDAN	

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: 247159

Order by: [Signature]

Mrs. Nivedha (2 by F)

Patient Sticker

CONSUMABLES OF OT

Circulating staff : Sh. Bhavani Technician : M. Vethi Date : 23/10/16 Time : 09.20 am

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>ESQ pack</u>		01	Inj Vit.K		01
LMA			Sutures <u>1.234A</u>		02	Cord Clamp		01
ECG lead : A / P / N		03	<u>X 1326</u>		01	Suction Catheter <u>8.5/10</u>		02
HME filter : A / P / N						Feeding Tube <u>6.5/10</u>		02
Syringes : 10 cc		03				Vaccum Suction Set		
05 cc		05	Gloves <u>Enclave 6/10</u>		01	Surgical Gloves		
02 cc		01				Gauze Pack 1		01
01 cc		02				Syringe 1ml / 2ml		
Cautery plate : A / P / N		02	Surgical blade <u>22</u>		01	Surgical Blade # 20		
IV set		01	NG tube			Koochies (S)		
RL		02	Cautery pencil		01	<u>2% Dexdomid (long)</u>		01
NS : 10ml / 100ml / 500ml / 1000ml		01/02	Koochies			<u>1% Syntain</u>		01
			Ointments			<u>2% Bicarbonate</u>		02
			Suction Catheter			<u>Needle 18x1.2 (1)</u>		01
Fentanyl			Cap, Mask			<u>needle 26x1.5 (long)</u>		01
Morphine			Gauze Pack <u>X ray</u>		01	<u>O2 Mask (A)</u>		01
Ketamine			Mop Pack		01			
Propofol		01	Steristrip					
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter					
Pencan 25g/ Spinal Needle <u>22</u>		01	Urobag					
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		01	Romodrain bag					
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban					
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg			Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg			Plastic Bed Sheet <u>Apron</u>		03			
Tab. Misoprost : 200mg			Betadine Solution		01			
			Microshield					
			Cotton Balls					
			Latex Gloves					
			Ramdione Scrub					
			Saral					

Surgeon [Signature] Anaesthesiologist

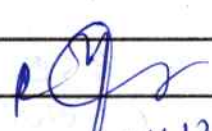
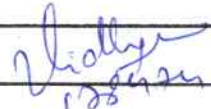
Nurse [Signature] OT Technician [Signature]

Order No. : 247109

Ordered by : [Signature]



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
23/05/2026	S/B Mrs. yuvavani	
8:00pm		
	- pt reviewed	
	- vital stable	
	- Ut contracted well	
	- no bleeding per	
	- follow drug chart	
	- acton (pos)	
	Shift in ward	 141372
23/5/2026	S/S Dr. Vidhyalakshmi	
9:30 pm		
POS	PT reviewed	
	comfortable	ad
	O/E: Uterus	- Liquid diet
to	ajitite.	- Zof @ room 10
Re: Bol	POPE	- CSO / ZO chart
ap: 10/20	PA: soft, BS ⊕	- Vitals monitoring
mmty.	ct contracted.	- follow drug chart
Baby ny	Drumy dist	- Breast feeding
2/lysser	no sooty	- w/f bleeding per
soft.	no undue	- Inform to
	bleeding per.	
U.O = conelk		 123456

SNC-00029715 IP24-00008575
 Mrs NIVETHA V
 15-07-1999 26 Y 10 M 9 D (F)
 Dr. SELF



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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/05/2026	S/O Dr. yuvarani	
8:00 am	O.P.I.U / Post USCJ POC-1/ANM	AP
T	N O/E: Pt well, afebrile	- fluid diet
BP	110/70 mmHg no pallor/no PE	- BP/PN monitoring
PR	76/min CUS/RS-NAD	- follow drug chart
SpO2	100% P/A vt contracted well	- Bone mt X-ray - Inform (SOG)
Baby	MIS BSE	
MIL	breast no wound sore	
	Sgt Plv - no bleeding	
	catheter go @ 11am	
	Dp flavic packet,	W13m
	Semisolid -> start now	



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
24/10/2026	S/S Mrs. Yuvarani	
8pm	D-PILI Post LSN / PDD-1 / N/tre	R ₁
T N	o/e: PT ac fair	Soft diet
BP-110/70	afebrile	Plenty of oral fluids
mmHg	no pallor / no pedal edema	BP/PR monitoring
PR-76/min	CNS / RS: NAD	Follow drug chart
Spa 100-1	P/A-UT controlled well	breast feeding
	BCE, no wound	Drum (SOS)
Baby mis	soothe	
ML breast	Plv. no bleed on pt	
sgk		
	passed flatus	
25/10/2026	S/S Dr. Vidhyaalekshmi	
12pm		
POST-2	PT reviewed.	
	off. Comfortable	
		AD
To	o/e: ac fair	
PR Bol	afebrile	- Soft diet
DR 10/20	PEPE ^o	- Plenty of oral fluids
Baby mis	PA: ut firm	- vitals monitoring
ML breast	contracted.	- follow drug chart
soft	(SOS)	- catheter care
Bowel	Drum + diet	- breast feeding
bladder @.	no spurge	- w/f bleed on pt

Plan discharge today

no undue bleeding pt - Dr. Vidhyaalekshmi

Pa



JURSES NOTES

(USE BALL POINT PEN ONLY)



No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
23/5/26	1.00 AM	<p><u>Admission notes on 23/5/26</u></p> <p>Mrs. Nivetha, 28y / P, primi 37 weeks + 1 days PROM pt Admission done under Dr. Kavitha mam. pt come for induction of labour 25% efecomet 1 finger dilatation part preparation done. vitals are the stable Bp 110/70 mm/hg, pulse 72 bpm SpO2 100%. IV placement done 20min CTG done PHR is good 138 bpm</p> <p>Investigation sent to the Lab pt, APTT, INR @ PRBC blood Reservation done.</p> <p>Inf. Supasef 1.5 gm IV q6m ordered by Dr. Anbukarasi Mam.</p> <p>Spontaneous mogen of labour. Dr. Anbukarasi</p> <p>No contraction, pt sleep well.</p>
23/5/26	5 AM	<p>CTG connected, FHR is good, FHR - 140/min, but CTG - non-reactive, so, RUF-10 RL washed out Dr. Anbukarasi</p> <p>Again CTG non-reactive, informed Dr. Anbukarasi</p>
	6 AM	<p>to Dr. Anbukarasi Mam, to admit for pt walking. Dr. Anbukarasi</p>
	7 AM	<p>CTG connected, FHR is good, FHR - 140 min. Now, CTG reactive. pt in NPO. follow the further details. Dr. Anbukarasi</p>
	8 AM	<p>pt details are shadow given to Mary Duty Dr. Anbukarasi</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

SNC-00029715

IP24-00008575

Mrs NIVETHA V

15-07-1999

Dr. SELF

28 Y 10 M 8 D (F)



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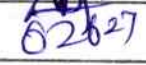
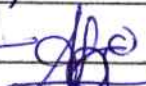



NURSES NOTES

(USE BALL POINT PEN ONLY)

NO KNOWN DRUG ALLERGIES

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Morning Duty 02/23/15</u>
23/15	8AM	Pt details hand over taken from Night Duty Staff Pt vitals are stable monitoring The vitals maintained I/O chart provided position 
		<u>Re Assessment</u> 
23/15	9:30 AM	Consent <u>AT</u> Taken Pt shifted to OT as per doctor order Pt details hand given to OT Staff 
		<u>OT Notes</u> 
<u>23/05/26</u>	9:30 A.M.	patient details handover taken from RR staff. Vitals checked, Sign In, Done, ↓ SA, parts painted and draped with aseptic precautions
		patient Reviewed OR-1 patient Emergency LCS under GA patient supine position. Coney plate plaster left thigh. Sign In, time out Done

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



9 **NURSES NOTES**
 (USE BALL POINT PEN ONLY)

No known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Received notes (23/1/20)
23/1/20	1:30pm	PT received from RR to 2nd floor. PT is conscious and oriented. PT primi Emergency L&S. done. PT is stable. Check vital sign & recording. 2pm IV line patency. PT - 100ml/hr on flow. PV Bleeding is normal. → G. Visi there
	3pm	Reassessment is done. PT is vitally stable. → Jayanti now
	5pm	pt clo pain in lower abdomen. Nitrom lg given to pt as per drug chart. NPO broken.
	7pm	medications given as per drug chart. pt is on clear liquid diet. Urine output is normal. → Jayanti now
	8pm	pt details is handedover given to the night duty staff. Jayanti now

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)



No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
23/5/26	8pm	Night duty Pt detail hand over taken from evening duty. Patient is conscious and Oriented. <i>[Signature]</i>
	9pm	vital signs are checked and Recorded. Maintain I/O chart & Recorded. <i>[Signature]</i>
	10pm	IV line pattern NS 100ml/hr on flow. PV Bleeding is Normal. <i>[Signature]</i>
	12am	Patient is had slight Pain in Abdominal surgical site. <i>[Signature]</i>
	3am	Urine Output is Normal. vital signs are checked and Recorded. <i>[Signature]</i>
	7am	Maintain I/O chart & Recorded.
	8am	Hand over given to morning duty staff. <i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



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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)
		<i>morning duty on 24/5/20</i>
	8AM	Pt details taken over from the night duty staff
		Pt was conscious and oriented
		vitals checked & record → <i>Jenny 02/05</i>
	10AM	Pv line paten score dec
		no any other complains
		Caine catheter removed advice by Dr. Kivaraneni meen → <i>Jenny 02/05</i>
	12PM	Bubble he assessment done
		Both breast is good, bowel sound is ⊕, urine passed at , lochia, meconium is normal, pv leaking is normal
	1PM	re-assessment done vitals are stable & record → <i>Jenny 02/05</i>
	2PM	Sup pain given for pain
	6PM	vitals are checked & record vitals are stable
		Sup supacet 1.5g & sup par 40mg given Pv line paten v/p score dec
	7PM	So chart monitoring
	8PM	Pt details handing over to night duty staff → <i>Jenny 02/05</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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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)
		Night duty 25/5/26
25/5	8pm	Patient details handing over taken from Evening duty staff
		pt is conscious & oriented.
	9pm	pt vitals are checked & recorded. vitals are normal.
		pt taking semi solid diet. pr bleeding is normal. ^{submitting}
		Intake/output chart ^{is} ^{monitored} ^{by} ^{G.Vishal} ^{01/22/21}
		pt has the complaints of gastric pain. → Dr. yuvarani mam seen
		the pt advised to give Dulcolux suppository.
	10pm	Dulcolux suppository is given. → G.Vishal
		pt passed motion
	11am	pt vitals are checked & recorded. ^{submitting} ^{bowel}
	6am	No charting done. pt taking oral fluids.
	8am	Hand over ^{to} ^{G.Vishal} ^{01/22/21} morning duty staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

