

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020440      Admit Date : 14-May-2026      Admit Time : 07:01 AM      UHID : VIH-00134165

Patient Details :

Patient Name : Mrs MOUNIKA GARIMELLA      Age : 30 Y 11 M 28 D  
Guardian : Mr SRINIVASA RAGHU GARIMELLA      DOB : 16-05-1995  
Gender : Female      Religion :  
Occupation :      Martial Status : Married  
Address (H) : 12-13-647 ST 14 LN 2 NAGARJUNA NAGAR      Phone No : 7893871587/ 8143372162  
TARNAKA Mettu Guda Hyderabad Telangana      E-mail : gsraghu90@gmail.com  
INDIA

Admission Details :

Bed Type : MICU      Bed No : MICU-05      Ward Name : 4F -MICU  
Room No : MICU-05      Admission Type : First Visit

Contact Details :

Name : Mr SRINIVASA RAGHU GARIMELLA      Relationship : W/O  
Contact Address : 12-13-647 ST 14 LN 2 NAGARJUNA NAGAR      Phone No :  
TARNAKA Mettu Guda Hyderabad Telangana  
INDIA

  
Signature

Doctor Details :

Doctor Name : Dr. PUJITHA DEVI SURANENI      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



## DISCHARGE SUMMARY

<b>Name</b>	Mrs MOUNIKA GARIMELLA	<b>UHID</b>	VIH-00134165
<b>Father/Guardian</b>	Mr SRINIVASA RAGHU GARIMELLA	<b>Age/Gender</b>	30 Y 11 M 28 D/ Female
<b>Address</b>	12-13-647 ST 14 LN 2 NAGARJUNA NAGAR TARNAKA, Mettu Guda, Hyderabad, Telangana, INDIA		
<b>IP No</b>	IP25-00020440	<b>Admission Date</b>	14-05-2026
<b>Ref Doctor</b>	SELF		
<b>Discharge Date</b>	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: G2P1L1 AT 37+1 WEEKS GESTATION WITH PREVIOUS LSCS WITH HYPOTHYROID FOR ELECTIVE LSCS.**

ELECTIVE LSCS DONE IN VIEW OF PREVIOUS LSCS, DELIVERED A LIVE MALE BABY AT 09:46 AM, WEIGHT 3.159KGS ON 14.05.2026.

### History:

LMP: 27.08.2025

Obstetric formula: G2P1L1

EDD: 03.06.2026

Gestation at admission: 37+1 weeks

### Obstetric History:

G1 - 2021 / LSCS (Ind: PROM) / Female / B. Weight 3.2kgs/ A&H.

G2 - Present pregnancy Spontaneous conception.

Medical History: K/c/o Hypothyroid since 9 years on tab. Thyronorm 25 mcg (Same pre-pregnancy).

Family History : Father & Mother- DM



Name	Mrs MOUNIKA GARIMELLA	UHID	VIH-00134165
IP No	IP25-00020440	Admission Date	14-05-2026

Surgical History: LSCS in 2021.  
Allergies : Nil.

**Antenatal Details:**

Mrs. MOUNIKA GARIMELLA was booked to Rainbow hospital at 4+4 weeks of gestation. She had regular antenatal checkups and investigations as advised. NT + EFTS at 12+2 weeks was normal, TIFFA scan at 20+6 weeks showed normal. USG done at 28+5weeks showed polyhydramnios(AFI-21.6cm). USG done on 12.05.2026 showed at 36+6 weeks showed SLIUG, cephalic, placenta - anterior and high, EFW 3429grams (86%), AC 97%, AFI 17.6cm with normal fetal dopplers. She was admitted at 37+1 weeks with previous LSCS for EL.LSCS.

**Investigations:** Enclosed.

Blood group & Typing - "A" Rh positive.

**Management: Course in hospital:**

She was prepared for elective C- section with indwelling Foley's catheter and IV canula under aseptic conditions. Written informed consent for surgery taken. Preanesthetic check up done. Anesthetic premedication (IV Pantop and Perinorm) given. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Patient shifted to theatre.

**Surgery Notes:**

Under spinal anesthesia she was painted and draped as per hospital protocol. The previous scar excised. Abdomen opened in layers. The parietal and visceral peritoneum carefully opened after identifying the urachus. Bladder was reflected. A Lower segment curvilinear incision given on the uterus. Baby delivered. Cord clamped and cut and cord blood collected for blood grouping and Rh typing. Baby handed over to pediatrician. Placenta delivered with controlled cord traction. Antibiotic prophylaxis with Inj. Taxim 1 gm IV given. Uterus closed in layers. Hemostasis secured. Instruments and swab count



Name	Mrs MOUNIKA GARIMELLA	UHID	VH-00134165
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checked. Rectus sheath closed. Skin closed with subcuticular sutures. Wound dressing done. Vagina cleaned with Betadine solution after expelling clots. Misoprostol 600 mcg given per rectum as prophylaxis against Postpartum hemorrhage. Patient was shifted out of theatre to post operative recovery room.

- \* **Bladder drawn up.**
- \* **LUS thinned out.**
- \* **Highly vascular LUS.**
- \* **1x1cm subserosal fibroid noted on left anterior wall of uterus and excised**
- \* **Hemostasis secured.**

#### Delivery Details:

Date : 14.05.2026  
Time of Delivery : 09:46 AM  
Type of Delivery : Elective LSCS  
Indication : Previous LSCS  
Analgesia : Spinal

#### Baby Details:

Date : 14.05.2026  
Time : 09:46 AM  
Sex : Male  
Weight : 3.159 KGS  
Apgar : 8/10, 9/10  
Gestational Age: 37+1 weeks  
NICU Admission: No.

**Post-Operative Notes:** She was closely monitored. Her vital signs remained stable. Uterus was well retracted with no postpartum hemorrhage. Breast feeding initiated. She was shifted to room. Her postoperative period following that was uneventful. On second postoperative day dressing was changed. On



Name	Mrs MOUNIKA GARIMELLA	UHID	VH-00134165
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inspection wound was healthy. Her general condition was satisfactory and she was found to be fit for discharge. Wound care and medications were explained to patient supplemented by written information. She was given the postpartum book for further reference.

#### Advice:

1. Tab. Augmentin 625 mg (Amoxycillin + Potassium Clavulanate) twice daily till 20.05.2026 (9am-9pm) after food.
2. Tab. Acton - OR (Paracetamol) thrice daily till 20.05.2026 (9am-2pm-9pm) after food.
3. Tab. Lyser-D 1 tablet twice daily till 20.05.2026(10am-10pm) after food .
4. Tab. Pan 40mg (Pantoprazole) once daily till 20.05.2026 (8am) before breakfast.
5. Tab. Solfe extra (Iron) once daily (8pm) for two months after dinner.
6. Tab. Gemcal XT (Calcium) once daily (2pm) till breast feeding after lunch.
7. **Tab. Thyronorm 25mcg once daily before breakfast till further orders**
8. Megaheal gel for local application.
9. Nip care ointment for local application.

#### 10. To do Sr. TSH after 6 weeks

We urge all of you to read the postpartum book thoroughly. It contains useful advice and will clear most of your doubts.

Review with Dr. Vinodha Vunnam (Lactation Consultant) after one week on 21.05.2026 with prior appointment.

Review with **Dr. PUJITHA DEVI SURANENI**, after one week on 21.05.2026 at postnatal clinic with prior appointment (**Review consultation will be charged**).



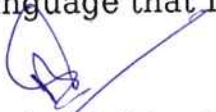
<b>Name</b>	Mrs MOUNIKA GARIMELLA	<b>UHID</b>	VIH-00134165
<b>IP No</b>	IP25-00020440	<b>Admission Date</b>	14-05-2026

**For Women Who Have Had a Cesarean Section**

**Care of the wound:**

- 1.You can bath and shower.
- 2.The wound can get wet during a bath or shower. Dry it thoroughly and gently by dabbing with a gauze piece. Do not rub the wound.
- 3.This gauze piece needs to be discarded after one use.
- 4.Prior to touching the wound clean hands thoroughly with Microshield solution and allow them to air dry or use disposable paper napkins.
- 5.Apply Nebasulf or Neomycin dusting powder on the wound after it is dry.
- 6.Do not touch the wound with unwashed hands.

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 [please refer to postpartum book for further details - Chapter II page 6] kindly contact 8121039515 at 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**



**Registrar/Resident/C.M.O**

*S.pujita de.*



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**Consultants :**

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Reg. No : 55973



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Mrs MOUNIKA GARIMELLA  
18-05-1995 30 Y 11 M 28 D (F)  
Dr. PUJITHA DEVI SURANENI



Rainbow<sup>®</sup>  
Children's  
Hospital  
It takes a lot to treat the little.

206  
BirthRight<sup>™</sup>  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## NUTRITIONAL ASSESSMENT FOR OBSTETRICS PATIENTS

Date: 15/05/26

Time: 10:00 AM

Origin: Indian

Height: 167cm

Weight: 78.3kg

BMI:  ~ 26 kg/m<sup>2</sup>  
 ~ 28 kg/m<sup>2</sup>  
 ~ 30 kg/m<sup>2</sup>

Food Allergies: Nil

Diagnosis: G2P4 T 37 weeks GA T pr lca T hypothyroid for 6 weeks

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:

Name: .....

Date & Time: .....

Dietician's

Signature: Aniya

Name: Aniya

Date & Time: 15/05/26 10:00 AM



VIH-00134165 IP25-00020440  
 Mrs MOUNIKA GARIMELLA  
 16-05-1995 30 Y 11 M 28 D (F)  
 Dr. PUJITHA DEVI SURANENI



## SURGERY DETAILS

Date : 14/05/26

Patient Name: Mrs. Mounika Date of Birth: 16/05/1995 Age: 30Y

Gender: F Ward: OT UHID No.: VIH-00134165

Date of Surgery: 14/5/26  OT-1  OT-2  OT-3  OT-4  OBG OT-1  OBG OT-2

Name of the Surgery : E.C. Uterus

Time in : 9:30 AM

Time Out : 10:30 AM

	<u>NAME</u>	<u>AMOUNT</u>
1. Surgeon	Dr. Pujitha	
2. Anaesthetist	Dr. Mohan	
3. Assistant Surgeon	Dr. Swetha	
4. OT Technician	Sr. Subhasini	
5. Circulating Nurse	Bn. Subhaseep	
6. Assistant Nurse	Sr. Rajani / Parvathy	

- Special Equipment:
- |                                      |                                       |                                      |                                     |
|--------------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Laparoscopy | <input type="checkbox"/> Broncoscope  | <input type="checkbox"/> Harmonic    | <input type="checkbox"/> Morcelator |
| <input type="checkbox"/> C-ARM       | <input type="checkbox"/> Cystoscopy   | <input type="checkbox"/> Versa Point | <input type="checkbox"/> Liver Cusa |
| <input type="checkbox"/> Neuro Cusa  | <input type="checkbox"/> Others ..... |                                      |                                     |

Signature of the Surgeon

Signature of Circulating Nurse

Order No: 5452/453/454

Order by: Amar

SPACE DETAIL

Handwritten notes and diagrams in the upper section of the page, including a large '3' and various lines and arrows.

Handwritten notes and diagrams in the middle section of the page, including a large '2' and various lines and arrows.

Handwritten notes and diagrams in the lower section of the page, including a large '1' and various lines and arrows.

134165  
 SUNIKA GARIMELLA  
 30 Y 11 M 28 D (F)  
 PUJITHA DEVI SURANENI

GL 284  
 SPINAL  
**CONSUMABLES OF OT**



Circulating start : ..... Technician : SUBHAGINI Date : 14/05/2026 Time : .....

Anaesthesia Disposables	Qty		Surgical Disposables	Qty		Disposables (Baby Side)	Qty	
	Issued	Used		Issued	Used		Issued	Used
ET tube			Major Pack <u>LSU</u>		01	Inj Vit.K		01
LMA			Sutures			Cord Clamp		01
ECG leads : A / P / N		03	<u>2347</u>		03	Suction Catheter		01
HME filter : A / P / N			<u>2762</u>		01	Feeding Tube		01
Syringes : 10 cc		04				Vaccum Suction Set		01
05 cc		04	Gloves <u>6 1/2</u>		02	Surgical Gloves <u>6 1/2 #72</u>		01
02 cc		02	<u>7</u>			Gauze Pack <u>6 1/2 #72</u>		01
01 cc						Syringe 1ml / 2ml		01
Cautery plate : A / P / N		01	Surgical blade <u>22</u>		01	Surgical Blade # 20		01
IV set			NG tube			Koochies (S)		01
RL		02	Cautery pencil		01	underpad		01
NS : 10ml / 100ml / 500ml / 1000ml		01	Koochies			fovinage		1
<u>BIOXAMIC</u>		02	Ointments					
<u>RLI WOL</u>		01	Suction Catheter					
Fentanyl <u>EVATOIN</u>		03	Cap, Mask					
Morphine <u>THEMICAR</u>		01	Gauze Pack		03/2			
Ketamine			Mop Pack		02			
Propofol			Steristrip <u>Sterigen</u>		01			
Rocuronium			Underpad		02			
Glycopyrolate			Draw sheet					
Myopyrolate			Abgel		01			
Ondansetron			Foleys catheter			<u>NS-1000ml</u>		1
Pencan 25g/ Spinal Needle 22		01	Urobag			<u>DN Aprons</u>		01
Bupivacaine 0.25%			Chest Drainage Catheter					
Bupivacaine 0.25% (Heavy)		01	Romodrain bag			<u>MISO</u>		01
Antibiotics			Bandage					
			Tegaderm					
Suppositories			Ioban			<u>2000ml</u>		01
Anamol : 80mg / 250mg / 170 mg			Double J Stent					
Supridol : 100mg		01	Vaccum Suction set		02			
Justin : 12.5 mg / 25mg / 100mg		01	Plastic Bed Sheet			<u>New moupad</u>		01
Tab. Misoprost : 200mg			Betadine Solution		02	<u>New moupad</u>		
			Microshield					
			Cotton Balls					
			Latex Gloves		00			
			Ramdione Scrub					
			Saral					

Surgeon : ..... Anaesthesiologist DR. MOHAN Nurse Pawatte OT Technician [Signature]  
 Order No. : 575302 (TECH) Ordered by : .....  
 Doc. No. : RCH / FRM / GENERAL / 125  
75432 NSG

2/18/72

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### ACTIVITY RECORD FOR BILLING

Name: -----  
 UHID No : -----  
 Date of Admission : -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

VIH-00134165 IP25-00020440  
 Mrs MOUNIKA GARIMELLA  
 18-05-1995 30 Y 11 M 28 D (F)  
 Dr. PUJITHA DEVI SURANENI

----- Consultant : ----- Dept : -----  
 ----- Date of Discharge : ----- Time: -----

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
14/5/26	9 AM	MICU	OT	[Signature]
14/5/26	11:00 AM	OT	MICU	Bsn. Pujitha Devi Suraneni
14/5/26	5:20 PM	MICU	ward	[Signature]

### Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vaibhavi Harne.		5993	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

# INVESTIGATIONS

Date	Investigations	Order No.	Sign
14/5/26	MST-①	5718	Majla
24/5/26			
	Cross checks done by Majla		
15/5/26	NHA	75664	Jt.
			on 16/5/26
			cross checked by Arpita @ 9:30 AM



**PROCEEDURE**

Date	Proceudure	Quantity	Order No.	Signature
14/5/26	Iv placement	①	5467①	<i>[Signature]</i>
14/5/26	PAC of catheterization	①	5467	<i>[Signature]</i>
Cross check done by Masala				
<del>Cross checked by Arpita on 16/5/26 @ 9:30 AM</del>				

**ANY OTHER INFORMATION**

A<sup>+</sup> Blood available in day shift blood Bank  
 OP file given to the patient. Sun 6pm

Date: 14/5/26

Time: 7:01 AM

Prepared By: Maso

<p>Staff Nurse <i>Maso</i></p>	<p>Shift / Ward <i>MSW</i></p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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## CAESAREAN SECTION OPERATIVE NOTES

Surgeon's Name: <u>Dr. Pritika</u>	Date of Delivery: <u>14/05/28</u>
Assistant Surgeon: <u>Dr. Swetha</u>	Time of Delivery: <u>9:46 AM</u>
Anaesthetist's Name: <u>Dr. Mohan</u>	Gender of Baby: <u>male</u>
Type of Anaesthesia: <u>SA</u>	Weight of Baby: <u>3.159 Kgs</u>
Neonatologist: <u>Dr. Shrivanki</u>	AGPAR Score: <u>8/10, 9/10</u>
Scrub Nurse: <u>Sr. Rajini, Parvathi</u>	NICU Admission: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### Pre-Operative Diagnosis:

 Elective

 Emergency

 Indication: Prev. LSCS

### Urgency

- Immediate Threat to life of woman or fetus  
 Maternal or fetal compromise not immediately life threatening  
 No maternal or fetal compromise but needs early delivery  
 Delivery timed to suit woman and staff

Decision time: ..... Knief to rectus: .....

 CTG Description: Reactive

If there was a delay give the reasons: .....

 Surgical Procedure: Elective LSCS J.SA

 Post Operative Diagnosis: 0-POD

 Peri-Operative Complications: 1) Bladder drawn up 2) LUS thinned out  
3) Highly vascular LUS 4) 1x1cm subserosal fibroid noted on anterior wall  
of uterus (leftside) 5) Myomectomy done 6) Sent for HPE 7) Hemostasis secure

 Amount of Blood Loss: 500ml

Blood Transfused (in ML):

Name and Number of Surgical Specimen sent for examination:

1x1cm subserosal fibroid.

**Examination Findings when Appropriate:**

Presentation:  Cephalic  Breech  Other ..... Cervical Dilatation: ..... cm  
 5th Palpable: ..... Fetal Position: .....  
 Station:  -3  -2  -1  0  +1  +2 Moulding:  None  +  ++  +++  
 Caput:  +  ++  +++ Meconium:  None  +  ++  +++  
 Bladder Catheterized:  Yes  No Urine:  Clear  Blood Stained

Skin Incision:  Pfannensteil  Transverse  Midline  Other .....  
 Uterine Incision:  Lower Segment  Classical  Inverted T  J Incision  
 Previous Scar:  Intact  Thinned out  Ruptured  No Scar  
 Incision Through Placenta:  Yes  No  
 Delivery of head:  Manual  Forceps  
 Liquor:  Clear  Meconium:  I  II  III  Blood  Offensive  Not Offensive  
 Delivery of Placenta:  Manual  CCT .....  Complete  Incomplete  Piecemeal  
 Cord Appearance: ..... *Normal* ..... Cord around the neck  Yes  No  
 Appearance of placenta: ..... *N* ..... Cavity explored  Yes  No  
 Uterus, tubes and ovaries:  Normal  Not Normal Sterilization:  Yes  No

Uterine Closure:  One Layer  Two Layers ..... *1-0 wavy* ..... Suture  
 Peritoneal Closure:  Pelvic  Abdominal  None ..... Suture  
 Sheath Closure: ..... *1-0 wavy* ..... Suture  
 Fat Closure:  Yes  No ..... *2-0 rapid wavy* ..... Suture  
 Skin Closure:  Subcuticular  Mattress ..... Suture  
 Vaginal Evacuated  Yes  No  
 Drain:  Yes  No  Remove in ..... days  Await instructions  
 Catheter  Yes  No  Remove in ..... *1* ..... days  Await instructions  
 Swap & Instruments count correct?  Yes  No  Post-op Antibiotics  Yes  No  
 Intra-Operative Antibiotics Cover:  Yes  No  Thromboprophylaxis  Yes  No

Post-Operative Notes: .....  
 ..... *NBM - 6 hr* .....  
 ..... *IV fluids as per AXON* .....  
 ..... *Drugs as charted* .....  
 ..... *W/ FBP, I/O* .....  
 ..... *Monitor vitals* .....  
 .....  
 .....

Doctor Name: *Dr Pujitha* ..... Doctor Signature: *Hal (for Dr Pujitha)* .....  
 Date & Time: *14/5/20 @ 10:45 AM* .....

# ESTIMATION SLIP

206

Date : 21/4/20 UHID / IP No. : \_\_\_\_\_ SI No. 3733  
 Name of Patient : Mrs. Mounika Age: 30YR Gender: Female  
 Father's / Husband's Name : Mr. Srinivasa Rao Corporate / Occupation : \_\_\_\_\_  
 Address : 1st/2nd Kofaguda Phone : 7893891587 Email : \_\_\_\_\_  
 Procedure / Plan : 1st 2nd Delivery LSCS EDD/Dos: May  
 MODE OF PAYMENT :  SELF  TPA : \_\_\_\_\_  GIPSA : Mediand OTHER N/A  
 TARIFF INFORMATION : Dr. Sujitha Devi

Particulars	Package Amounts (Rs.)	
	Normal Delivery	LSCS
Room Category		
Multi Shared Ward	<u>1st/2nd tubectomy</u>	<u>25k extra</u>
Shared Ward		<u>Not covered in insurance</u>
<input checked="" type="checkbox"/> Twin Shared Ward <u>P+1</u>		
<input checked="" type="checkbox"/> Private Room <u>P+1</u>	<u>90,000</u>	<u>1,00,000</u>
Super Deluxe Room		
Suite Room		
Package includes → (Package starts from the time of admission)	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 1 night</u>	Length of Stay for : <u>3 days 1 night</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	<u>CBP/NIT</u>	

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

Initial Minimum Deposit : 10k medicine | Baby 20k | 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. Neonatal → 10k | 1st/2nd → Not in key | 30k to 35k → Not covered
  - 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
  - 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. Next medicine → As per the actual.
  - 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 is permitted in ICU's
  - Tariffs are subject to revision
  - Kindly check your billing status on day to day basis at IP Billing Department.
  - Additional Charges on package are applicable for Non-working hours and Non-working days (sundays and public holidays)

**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 I promise to settle the hospital bill with the hospital without any ambiguity.

[Signature]  
Signature of the Client

\_\_\_\_\_  
Signatory Relationship

[Signature]  
Signature of the financial Counselor



# PATIENT TRANSFER FORM

OT



Patient Name & UHID No. <i>Mrs. Mounika</i>	Date & Time of Admission <i>14/5/26 @ 7:01 AM</i>	Date & Time of Transfer Order <i>14/5/26 @ 11:00 AM</i>
Treating Consultant Name <i>Dr. Putika</i>	Transfer Ordered by <i>Dr. Mohan</i>	Reason for Transfer <i>post-op-care</i>
From Unit <i>OT</i>	To Unit <i>MICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>36</i>	Number of Imaging Films <i>op file - 1</i>	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 <i>Dr. Buddhadatta</i> <i>14/5/26 @ 11:00 AM</i>	Name of Person Ordered Transfer <i>Dr. Mohan</i>
---	---

Patient & Clinical Records Received by :  
*Sadhika @ 11 AM*

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

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# PATIENT TRANSFER FORM



Patient Name & UHID No. VIH-00134165 IP25-00020440 Mrs MOUNIKA GARIMELLA 18-05-1995 30 Y 11 M 28 D (F) Dr. PUJITHA DEVI SURANENI 		Date & Time of Admission 14/5/26	Date & Time of Transfer Order 14/5/26
		Transfer Ordered by DR. Harshini	Reason for Transfer ELDSLS
From Unit MLCU	To Unit OT	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 28	Number of Imaging Films —	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.	salp	+	
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring sardhica a. 50 AM		Name of Person Ordered Transfer DR. Harshini	
Patient & Clinical Records Received by : Dr. Buddhes			
Date & Time of Patient Received : 14/5/26 @ 9:00 AM			


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.  VIH-00134165      IP25-00020440 Mrs MOUNIKA GARJMELLA 18-05-1995      30 Y 11 M 28 D (F) Dr. PUJITHA DEVI SURANENI 	Date & Time of Admission <p style="font-size: 1.5em; text-align: center;">19/5/26@</p>	Date & Time of Transfer Order <p style="font-size: 1.5em; text-align: center;">19/5/26@</p>
Transfer Ordered by <p style="font-size: 1.5em; text-align: center;">Dr. Suresh</p>	Reason for Transfer <p style="font-size: 1.5em; text-align: center;">Dr. Suresh OBS</p>	
From Unit <p style="font-size: 1.5em; text-align: center;">MICU</p>	To Unit <p style="font-size: 1.5em; text-align: center;">ward</p>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <p style="font-size: 1.5em; text-align: center;">25</p>	Number of Imaging Films <p style="font-size: 1.5em; text-align: center;">—</p>	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.	calpal	1
3.		
4.		
5.		
Shifting Summary / Notes Written by Doctor :      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <p style="font-size: 1.5em; text-align: center;">Dr. Nishira</p>		Name of Person Ordered Transfer <p style="font-size: 1.5em; text-align: center;">Dr. Suresh</p>
Patient & Clinical Records Received by : <p style="font-size: 1.5em; text-align: center;">Jyetha 14/5/26 @ 5:30pm</p>		
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





# IP ADMISSION SHEET FOR OBSTETRICS

## Presenting Complaints

for E.L.S.C.S

Obstetric Formula: G2P4

## Obstetric History:

G1- 2021 | LSCS | PROM | 9 | A&H | 3.2kg

G2- Spontaneous Concept  
 Booked @ 4+4 wks

## Present Pregnancy Record:

PT/NT Scan @ 12+1 wks (N)

TJFFA @ 20+6 wks (M)

Polyhydramnios @ 28+5 wks (AFI-21.6 cm)

## RISK FACTORS:

pr. LSCS  
 Hypothyroid

Height: 167 cm

Weight: 78.3 kg

Allergies: Nil

Breast:  Normal  Abnormal

## General Examination:

Consciousness: Pallor:

Icterus: Edema:

Temp: PR: 80 bpm

BP: 110/60 mmHg DTR:

CVS: RS

Liver/Spleen: Urine Output:

LMP: 21/8/25

EDD:

Corrected EDD: 31/6/26

GA: 37+1 wks

Menstrual History: Regular:  Yes  No

## Obstetric Examination

Fundal Height:

Ut. Activity:  Relaxed  Mild  Mod  Severe

Liquor:  Adequate  Oligo  Poly

PP:  Cephalic  Breech  Others

Head/Fifths Palpable: \_\_\_\_\_

FHS:  Normal  Tachy  Brady  Absent

## Per Speculum Examination

Draining:  Present  Absent  Bleeding

Colour of Liquor:  Clear  Meconium  Blood Stained

## Vaginal Examination MD

Cervix:  Long  Partially effaced  Effaced

Os: Closed \_\_\_\_\_ Dilated \_\_\_\_\_

Membranes:  Present  Absent

Liquor:  Clear  Meconium  Blood Stained

Presenting Part:  Vertex  Breech  Others

Sutton:  -3  -2  -1  0  +1  +2

Pelvis:  Adequate  Doubtful

## DIAGNOSIS

G2P4 @ 37+1 weeks GA @ pr. LSCS @ Hypothyroid  
 for E.L.S.C.S.

Patient Sticker

<p>Family History: Both - DM</p>	<p>Surgical History: LSCS - 2021</p>
<p>Medical History: Hypothyroid: 9 yrs</p>	<p>Medication History: Thyronorm 25mg (same prepregnancy)</p>
<p>Plan of Care:</p> <ul style="list-style-type: none"> <li>Admitt</li> <li>Consent</li> <li>NBM</li> <li>PAC</li> <li>Parts preparation</li> <li>NST</li> <li>IV access</li> <li>Preop medication</li> <li>Check blood availability</li> <li>Inform OT / Anaes / peds</li> <li>Surfmon 888</li> </ul>	<p>Investigations:</p> <p>BLT - <span style="border: 1px solid black; padding: 2px;">Active</span></p> <p>Serology - NR</p> <p><u>USG (14/5/26)</u></p> <p>SLUG 36+6 wks</p> <p>Cephalic</p> <p>placenta Ant</p> <p>AFI - 17.6cm</p> <p>EFW - 3429 gm (86+)</p> <p>AC - 92+</p> <p>Doppler <math>\oplus</math></p>

Doctor Name: ..... Dr. Poom .....  
 Signature: ..... *[Signature]* .....  
 Date & Time: ..... 14/5/26 @ 6pm .....

Consultant Name: ..... Dr. Pijitha .....  
 Signature: ..... *[Signature]* .....  
 Date & Time: ..... 14/5/26 @ 8am .....



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<del>14/12/26</del> <del>11:00 AM</del>	0-POD G.C fair Afebrile PR - 62 bpm	<u>Adv</u> 1) NBM - 6 hrs 2) IV fluids as per AXON 3) Drugs as charted
Baby - M/S	BP - 121/69 mmHg SpO <sub>2</sub> - 100% on RA P/A - UT @ well P/V - NAB V/O - 200ml (e) blood typed.	4) w/A BPV, ILO 5) Monitor vitals 6) Inform SOS
		<u>Handwritten signature</u>
<del>14/12/26</del> <del>5:00 pm</del>	<del>POD</del> G.C fair Afebrile BP - 100/80 mmHg PR - 66 bpm SpO <sub>2</sub> - 100% on RA P/A - URCA P/V - NABPV V/O - 100ml (clear)	<u>Adv</u> In bed Anululation 1. Sip of oral fluids 2. med as charted 3. w/A BPV, ILO clarity 4. @ vitals 5) Inform SOS. 6) Shift to Room if tolerating to liquids well 7) FIR 11m 6 Am 8) Soft diet at 9pm.
Baby - M/S		<u>Room</u>



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/20	<u>POD-1</u>	
<u>6am</u>	GC - fair	<u>Adv.</u>
	afebrile	- soft diet → (N) diet
N - yet to void	PR - 78 bpm	- Plenty of oral fluids
K ✓	BP - 105/70 mmHg	- Drugs as charted
M x	P/A - URW	- wff active b/w
	P/v - NAB	- Ambulation / ABF
		- (M) vitals Infusion set

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<p>15/5/26  <u>7pm</u></p> <p><u>satyams</u></p> <p>U-            F-            W-            M-            α</p>	<p><u>POD-1</u>            G.C. fair            Afebrile            BP=110/60mmHg            PR=88bpm            SpO<sub>2</sub>=100% @ RA            P/A=CLW            P/V=NASPV</p>	<p><u>Ad</u> Amputation</p> <ol style="list-style-type: none"> <li>1. Normal diet</li> <li>2. plenty of oral fluids</li> <li>3. Urine on clotted</li> <li>4. C/F BPV</li> <li>5. GSF 2nd holey</li> <li>6. @ vitals &amp; insulin sy</li> <li>7. Symp. sulphate 10ml at bed time if stool not passed <u>fast</u></li> </ol> <p>Noted by            Rupsa</p>
<p>15/5/26  <u>7am</u></p> <p><u>satyams</u></p> <p>U-            F-            W-            M-            ✓</p>	<p><u>POD-2</u>            G.C. fair            Afebrile            BP=110/70mmHg            PR=80bpm            SpO<sub>2</sub>=100% @ RA            P/A=CLW            P/V=NASPV</p>	<p><u>Ad</u></p> <ol style="list-style-type: none"> <li>1. Amputation</li> <li>2. Normal diet</li> <li>3. plenty of oral fluids</li> <li>4. Urine on clotted</li> <li>5. C/F BPV</li> <li>6. GSF 2nd holey</li> <li>6. @ vitals &amp; insulin sy</li> </ol> <p>Rupsa            Noted by            Rupsa</p>



VIH-00134165 IP25-00020440  
 Mrs MOUNIKA GARIMELLA  
 16-05-1995 30 Y 11 M 28 D (F)  
 Dr. PUJITHA DEVI SURANENI



Sheet No. ....

REGULAR PRESCRIPTIONS

Dept.....Ward...MICU

<b>DRUG :</b> T-Diclofenac				Date Time	14/5	15/5	16/5			
Dose	Route	Frequency	Start Dt.							
50mg	PO	TID	14/5	8am	+ change pump with milk					
Name & Signature of the Doctor Starting the Drugs:										
S. Dr. S. Mohan				4pm	→					
Additional Instructions:										
				10pm	change pump with milk					
<b>Daily Doctor's Endorsement by a Sign</b>										
<b>DRUG :</b> T-TAMADOL				Date Time						
Dose	Route	Frequency	Start Dt.							
100mg	PO	TID	14/5		STOP 9/10 14/5					
Name & Signature of the Doctor Starting the Drugs:										
S. Dr. S. Mohan										
Additional Instructions:										
<b>Daily Doctor's Endorsement by a Sign</b>										
<b>DRUG :</b> T-AUGMENTIN				Date Time	16/5					
Dose	Route	Frequency	Start Dt.							
625mg	PO	BD	16/5	10am						
Name & Signature of the Doctor Starting the Drugs:										
				ndys	10pm					
Additional Instructions:										
<b>Daily Doctor's Endorsement by a Sign</b>										
<b>DRUG :</b> T-PANTOPRAZOLE				Date Time	16/5					
Dose	Route	Frequency	Start Dt.							
40mg	PO	QD	16/5	6am	switch milk					
Name & Signature of the Doctor Starting the Drugs:										
				ndys						
Additional Instructions:										
<b>Daily Doctor's Endorsement by a Sign</b>										

VERIFIED BY : Name ..... Signature .....

VERIFIED

VERIFIED

*[Handwritten initials]*

Patient Sticker

Sheet No: .....

**REGULAR PRESCRIPTIONS**

Dept.....Ward MICU

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

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

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

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

VERIFIED BY: Name Signature

VIH-00134165 IP25-00020440  
 Mrs MOUNIKA GARIMELLA  
 18-05-1995 30 Y 11 M 28 D (F)  
 Dr. PUJITHA DEVI SURANENI



# DRUG CHART

Date of Admission: ..... 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)

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

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

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

VERIFIED BY Name Signature





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

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

**STAT / ONCE ONLY DRUGS**

Date	Time	Medication	Dosage & Other Instructions	Route	Signature	Nurses
14/5	8:45AM	Inj AUGMENTIN	1.2g	iv	Ral	Navee
14/5	8:45AM	Inj PANTOPRAZOLE	40mg	iv	Ral	Navee
14/5	8:45AM	Inj METOCLOPRAMIDE	10mg	iv	Ral	Navee
14/5	9:46AM	Inj CARBETOCIN	100mcg	iv	S	Buddha Subhasini
14/5	9:50AM	Inj TRAMEXALIC ACID	4g	iv	S	Buddha Subhasini
14/5	10:50 AM	DICLOFENAC Suppository	100MG	PR	S	Buddha Subhasini
14/5	10:50 AM	TRAMADOL Suppository	100MG	PR	S	Buddha Subhasini
15/5	10pm	SIP ORNALAC	10ml	PO	✓	Pujitha

I.V. FLUIDS CHART

Weight: 78.3kgs Ward: MICU

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
14/6	9:30AM	RL	iv	FF	S	Breddha Breddha	14/6	S	Breddha Breddha
14/6	10:00AM	RL	iv	800ml hr	S	Breddha Breddha	14/5	S	Breddha Breddha
14/6	10:20 AM	RL + oxy 40 c/w 200	iv	100ml hr	S	Breddha Breddha	14/5	de	R AS
14/5/20	12pm	RL	IV	100ml/hr	dt	AF A	14/5	.	Dash D

Signature

VERIFIED BY: Name