Rainbow Children's Hospitals - Visakhapatnam

Plot No.15, Health City layout,Sy. No. 21 & 27,Part of Chinagadili,GVMC Limits. Govt General Hospital Rda ,Vishakhapatnam ,Andhra Pradesh, INDIA ,530040.
TEL NO :891-3501601
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023399 **Admit Date** : 26-Jun-2026 **Admit Time** : 07:44 PM **UHID** : HCV-00036394

Patient Details :

Patient Name	: Baby SEHER SULTANA	**Age**	: 8 M
Guardian	: Mr IMTIAZ SK	**DOB**	: 10-10-2025 05:20 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gitam Engg. college Visakhapatnam Andhra Pradesh INDIA 530045	**Phone No**	: 9963577022/
		E-mail	: 9963577022@gmail.com

Admission Details :

Bed Type : DELUXE ROOM **Bed No** : DLX 203 **Ward Name** : 2F-SECOND FLOOR

Room No : DLX 203 **Admission Type** : First Visit

Contact Details :

Name : Mr IMTIAZ SK **Relationship** : D/O

Contact Address : Gitam Engg. college Visakhapatnam Andhra Pradesh INDIA 530045 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Family **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 0 M (F)
Dr. SHASHWAT MOHANTY

Name:-- ----------

UHID N .....Consultant :.....Dept.:.....

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
26/06/26	8:40 PM	ER	ward	Sruthi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Sruthi	27/6/26	1710	Kalyani
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by Pallavi 28/6/26 @ 11 PM

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6/26	Infusion pump.	10 pm	27/6/26 10pm	691468	Pallavi
26/6/26	Syringe pump	3 Am	28/6/26 3Am	691598	Pallavi
27/6/26	Infusion pump.	10pm	28/6/26 10pm.	91785	pallavi
28/6/26	Syringe pump	3Am	29/6/26 3Am	691870	pallavi
28/6/26	Infusion pump	8 pm	29/6/26 11Am	92126	Pallavi.
29/6/26	Syringe pump	3Am	30/6/26 3Am	92125	
	Cross checked by pallavi		29/6/26 @ 11pm		

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6/26	CBP, CRP, Electrolytes	6013691	Sunila (0 183 17)
	GRBS @ 89mg/dl	6013692	
26/6/26	Stool Culture	13695	pallavi
27/6/26	CUE	13704	pallavi
27/6/26	Urine culture	13751	Divya
27/6/26	Stool Rota Virus		Divya
28/6/26	USG abdomen	7185	Naveti
30/6/26	CRP	3956	Deepika

Cross checked by pallavi 29/6/26 @ 11pm

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6/26	Ryle placement	(1)	691436	Sinile
28/6/26	IV Placement	(1)	1955	
	Cross checked by pavani		29/6/26 @ 1pm	

ANY OTHER INFORMATION

Date: 29/6/26 Time: 1pm Prepared By: pavani

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Pavani	203		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

UHID ID

Department :

Consultant :

RCHHCV/FRM/GENERAL/065

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: mother. Reliability good

Chief Presenting Complaints & Duration (Chronologically):

Vomiting x 3 days.
Loose stools x 1 day.

History of present illness:

8 months old baby with H/o vomiting, 2 episodes/days, content - food mixed, since 3 days, H/o loose stools since today x 2 episodes, non-bloody.
H/o Reduced food intake x 3 days
No H/o fever, rashes.
No H/o cough, cold

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Family Chart

OT

Birth & Socio Economic History:

About Father:

About Mother:

Any additional Information:

Developmental History:

(N) as per. age

Immunization History:

Immunized

Anthropometry:

Head Circum (cms)_____(Centile_____) Height (cms)_____ (Centile)_____)

Weight (kgs) 8.2 kg (Centile_____)

On Examination:

Temperature: 99°F Pulse Rate : 110/min. B.P._____ SPO2 99% @ RA

Resp. rate and type of breathing : B/L AE (+)

Rash -

Lymphadenopathy -

Oedema:

Allergies (if any):

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

Respiratory System:

Inspection (any s/o distress): (N)

Air entry & breath sound : B/L AE (+)

Any Addes sounds : -

Relevant data from outside (Chest X-Ray, ABG, etc.,)

Cardiovascular System:

Inspection of procordium : (N)

Heart Sounds : S1 S2 (+)

Any murmur: -

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,)

Per Abdomen:

Inspection : (N)

Palpation : soft

Ausculation : BS (+)

Spine : (N) External Genitelia : (N).

Relevant data from outside (CT.USE.etc.,)

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: / (N)

Cranial Nerves :

Motor System:

Nutrition : good

Tone: Power 5/5.

Co-ordinator : / (N)

Posture:

Involuntary Movements : -

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic: Acute Gastro Enteritis with Some Dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBP
- CRP
- Sl. electrolytes.
- Stool Routine (c/s/h).

Planned Management:

- IVF DNS @ 25 ml/hr.
- ~~ENTEROGERMINA 1/2 respule~~ @12 h.
- 2nd drops 1 ml @24 h.

Signature of the Doctor :

Name of the Doctor :

Date & Time : 26/6/26. 6 pm

Signature of the Consultant:

Name of the Consultant :

Date & Time : 26/6/26 8pm

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

DISCHARGE PLAINING FORM

Note: * To be completed by a Doctor within (24) hours of admission

1 Anticipated Date of Discharge :_____

2. Destnation Post Discharge : ☐ Home

Family Members Notified (Person Contacted_

☐ Transfer

Hospital Facility Notified (Person Contacted)

3. Discharge Status: ☐ Self Care ☐ Family Home Care ☐ Home Professional Assistance

☐ Needs Assistance In: Remarks

☐ Medication	☐ Yes ☐ No	.....
☐ Bathing	☐ Yes ☐ No	.....
☐ Eating	☐ Yes ☐ No	.....
☐ Walking	☐ Yes ☐ No	.....
☐ Dressing	☐ Yes ☐ No	.....
☐ Toileting	☐ Yes ☐ No	.....

4. Nutritional Plan:

☐ Ditary Instruction Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

5. Discharge Planning Discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

6. Patient / Family Education Plan:

☐ Education Topic /s :.....

☐ Patient's Educational Topic/s discussed with the:

☐ Patient ☐ Family Member ☐ Other:.....

Doctor Signature:_____

Name of the Doctor :_____

Date & Time :_____

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Nam HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY
Age : ....
I.P. No. : ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/4/26	8:00pm	C/s/B Dr Aditya/Dr Sreer
		D - Acute Gastro Enteritis with Some Dehydration
		2 episode of loose stools - small amount No Vomiting
		O/E Alert. P/A - soft, BS ⊕ Vitals - stable CRT c 3 sec
		P/a - Send stool c/s - + CUE - Cont Inj Ceftriaxone-D1 - w/f signs of dehydration
		Dr Sreer [signature] Noted by Pallavi 26/6/26 @ 10 pm.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26
8am

c/s/B Dr Shaswat / Dr Isa

D = Acute Gastro Enteritis with Some Dehydration

- 4 episode of loose stools (+).
- No Vomit
- No fever

O/E

Alert, Irritable
pedal- oe Edema + IVf.
RS- B/L AE (+)
P/A - soft
Urine output = good.

Plan

1) Trace stool c/s & urine c/s.
2) Continue Inj cefotaxime
3) Continue @25ml/h IV fluids
4) Add ondansetron Syrup.
5) TO DO
Send stool for Rota

N.B Divya
27/6/26

Ref. No. : F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M
Dr. SHASHWAT MOHANTY (F)

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26		S/B - Dr. Shashwat / Dr. Yash
	5PM	Acute Gastroenteritis with some dehydration
		- 10 episodes of loose stools
		- No Fever
		~~- No UO.~~
		- 2 episodes of vomit.
		O/E - Alert but sometimes Irritable
		RS - Clear
		P/A - soft, BS (+)
		Signs of dehydration -
		- Urine output - less (Not Passed last 6 hrs)
		- Sometimes Irritable
		- Oral mucosa wet (+)
		Pulse - good.
		Adv
		- (T) ~~Blood~~ Stool C/S
		(T) Urine C/S - (T) Stool / Rota
		- Cont. Inj. Ceftriaxone
		- Buscopan SOS Zinc D drops
		- Add Syr. Cyclopam 2-5ml B.D Gunum Sachet.
		Dr. MASM Syp Ondansetron.

Noted by Kalyani

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26

8AM

CL/B Dr. Shashwat | Dr. Balaj

DFE: Acute gastroenteritis with some dehydration

- c/o 8 episodes of loose stool (semi-solid + watery)
- No c/o fever
- 1 episode of vomiting, non-bilious
- urine + passed

O/E:

active, alert

RS+ B/L AE+, clear

P/A+ Soft, non-tender
pulses good.

CVS+ S1 S2+.

Advice:

- Cont. Inj. Ceftriaxone (Dr)
- Cont ORS drops
- Cont. Econorm sachet stop
- Inj. Ondansetron
- Inj. Esmoprazole
- Add Enterogermina x 5 days

Balaj

N.B Nep

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patie HCV-00036394 IP22-00023399
Baby SEHER SULTANA
Age 10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		c/s/B Dr. Aishwarya / Dr. Sumina
26/6/26 8PM		Adv- Acute Gastroenteritis c some dehydration
		c/o 16 episodes of loose stools (watery + semi solids) (small amounts)
		no c/o vomitings
		oral intake - improved
		urine - passed
		no c/o fever
		O/E
		child is irritable
		~~afebrile~~
		P/A - soft, not distended
		~~XD~~ Stool culture - negative

Adv
1. Cnt ceftriaxone
2. Cnt 2×D
3. Cnt Ondem, Esomeprazole
4. Cnt - Enterogermina
5. Trace urine culture
Stool for rotavirus

Sumina

Noted by Pallavi 28/6/26 @ 8AM.

29/6/26
8 am

c/o/B Dr Shashwat / Dr Varun Gopal / Dr Anjana / Dr Sree.

D = Acute Gastro Enteritis with Some Dehydration

→ 6-8 episodes of loose stools - watery, quality - moderate.
→ oral feed - good
→ urine output - good.

O/E

Sleepy
pulse - good.
vitals - stable
P/A - Soft.

urine c/s - sterile
stool c/s - sterile

USG - Non specific mesenteric lymphadenopathy.
mild hepatomegaly

P/Rx

1) Trac stool for Rota
2) Cont IV CEF
3) ~~Cont~~ Stop IV fluids
4) Repeat CRP Tmr
5) Stop IV ONDEM
6) Inform if any vomitings

ANJANA

N.B Santhoshi

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00036394 IP22-00023399
P Baby SEHER SULTANA .....
10-10-2025 8 M (F)
A Dr. SHASHWAT MOHANTY ☐ F
I. .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	29/6/26 5pm	c/o/B Dr. Shashwat | Dr. praveen | Dr. Balaji
		DD/S: Acute gastroenteritis with some dehydration
		. c/o 7 episodes of loose stool & watery in consistency
		. oral feed + good
		. urine output → good
		. NO c/o vomiting
		O/E:
		child is active, alert
		PLAY . Soft, non-tender
		. NO signs of dehydration
		Advise
		. cont. Inj. ceftriaxone
		. Repeat CRP → 7/m. @6pm
		Stool for Rota + negative
		. Enteric greening 1/2 sachet
		Balaji
		noted by NAOS 5pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref. No.: F / HW / PGN / INPR / 15

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : ....

Age : .... Gender ☐ M ☐ F

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26	8am	c/o / B Dr Sharma / Dr Ad / Dr AJ / Dr SV
		Δ = Acute Gastroenteritis with some Dehydration
		12 episodes in past 12 hours - moderate amount, watery
		oral feeds - good
		urine output - good.
		O/E
		Alert.
		pulses - good
		CRT < 3sec
		Haemodynamic - stable.
		P/A - soft, BS (+).
		Plan
		1) Cont. Inj ceftriaxone - D4
		2) Cont 2 [illegible] + enterogermina
	[signature]	
	[signature]	

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110TG1998 PTC029914

Ref. No. : F / HW / DC / INPR / 05

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HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M
Dr. SHASHWAT MOHANTY

Patient Name : ..... (F) ..... Age : .....

Gender ☐ M .....

Consultant : ....

Date of Admission : ....

DRUG ALLERGIES : NIL

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 : Syp. ONDENSETRON

Dose	Route	Frequency	Start Dt.
3.5ml	PO	QSOS	26/6

Doctor's Signature	Valid Period	Pharm.

Additional Instructions: 5ml = 2mg

Date	27/6													
Time	9am													
	Diya													

DRUG :

Dose	Route	Frequency	Start Dt.

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

Date / Time

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

Patient Name :		I.P. No.	Sheet No.	Wards	Weight (kg)
					8.2kg

GULAR PRESCRIPTIONS

DRUG : 2t D drops

Dose	Route	Frequency	Start Dt.
1 ml	P.O	Q24 h	26/6/26

Name & Signature of the Doctor starting the Drugs: [illegible signature]

Additional Instructions: 1ml=20mg.

Date / Time	26/6	27/6	28/6	29/6
9 pm	[illegible]	[illegible]	[illegible]	[illegible]
Daily Doctor's Endorsement by a Sign.	[illegible]	[illegible]	[illegible]	

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1/2 sachet	P.O	Q12h	26/6/26

Name & Signature of the Doctor starting the Drugs: [illegible signature]

Additional Instructions:

Date / Time	26/6	27/6
9 Am	X	[illegible]
9 pm	[illegible]	[illegible]
Daily Doctor's Endorsement by a Sign.		✓

STOP [illegible signature]

DRUG : SYP. DOMSTAL

Dose	Route	Frequency	Start Dt.
1.5 ml	P.O	Q8th	26/6/26

Name & Signature of the Doctor starting the Drugs: [illegible signature]

Additional Instructions: 1ml=1mg.

Date / Time	26/6	27/6
6 Am	X	[illegible]
2 pm	X	
10 pm	9PM [illegible]	
Daily Doctor's Endorsement by a Sign.		

Stop 27/6/26 [illegible signature]

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
400mg	IV	Q12H	26/6

Name & Signature of the Doctor starting the Drugs: [illegible signature]

Additional Instructions:

Date / Time	27/6	28/6	29/6	30/6
6 Am	3AM [illegible]	[illegible]	[illegible]	[illegible]
6 Pm	[illegible]	[illegible]	[illegible]	
Daily Doctor's Endorsement by a Sign.	[illegible]	[illegible]	[illegible]	

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HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

Ref. No. : F / HW / DC / RP / INPR / 05.a

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : SYP ONDANSETRON

Dose	Route	Frequency	Start Dt.
2.5 ml	P.O	Q8hrly	27/6/25

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: 2.5mg/5ml

Daily Doctor's Endorsement by a Sign.

Date	Time	27/6
	9AM	
	6AM	Ganga Divya
	1PM	
2pm		Divya Ganga
	7PM	
	10PM	

change to IV

D-MAsm

DRUG : Inj. ONDANSETRON

Dose	Route	Frequency	Start Dt.
1.2mg	IV	Q8H	27/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: 0.15mg/kg/dose

Daily Doctor's Endorsement by a Sign.

Date	Time	27/6	28/6	29/6
6	AM	X	Rahul Nisha	Rahul Nisha
	PM	X	Rahul Nisha	
10	PM	Rahul Nisha	Rahul Nisha	

ANJANA 29/06.

DRUG : REDOTIL SACHET

Dose	Route	Frequency	Start Dt.
½ Sachet	P/O	Q12H	27/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions: 1 sachet / 10 mg

Daily Doctor's Endorsement by a Sign.

Date	Time	27/6	28/6
10	AM	X	Deepa Nisha
10	PM	Rahul Nisha	

STOP Sumindra 28/6/25

DRUG : Inj. ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	IV	Q24H	27/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	Time	27/6	28/6	29/6
6	AM	10pm Rahul Nisha	Rahul Nisha	Rahul Nisha

ANJANA 29/06

CIN : U85110 TG1998 PTC029914

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HCV-00036394 IP22-00023399

Baby SEHER SULTANA

10-10-2025 8 M (F)

Dr. SHASHWAT MOHANTY

Ref. No. : F / HW / DC / RP / INPR / 05.a

I.P. No.	Sheet No.	Wards	Weight (kg)
HCV-23399	(B)	2nd floor	8.2 kg

REGULAR PRESCRIPTIONS

DRUG : Syn. CYCLOPAM

Dose	Route	Frequency	Start Dt.
2.5 ml	P/O	4/12H	27/6

Name & Signature of the Doctor starting the Drugs : D ~ Asm

Additional Instructions : 5ml | 10 mg

Daily Doctor's Endorsement by a Sign.

Date	28/6	29/6	30/6
Time			
10 AM	X		
10 PM			

ANUJANA 29/06

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Dt.
½ Bottle	P/O	O Weekly	28/6

Name & Signature of the Doctor starting the Drugs : Balaji

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date	28/6	29/6	30/6
Time			
10 PM	Sandhya Keerthana Sathy		

DRUG : TAB JR LANZOL

Dose	Route	Frequency	Start Dt.
½ Tab	P/O	2 Weekly	29/6

Name & Signature of the Doctor starting the Drugs : ANUJANA

Additional Instructions : 1 tab/15mg

Daily Doctor's Endorsement by a Sign.

Date	29/6	30/6
Time		
9 AM	Sandhya Keerthana Sathy	

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs :

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date	
Time	

VARIABLE DOSE	Date ▶							
	Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		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.	

VARIABLE DOSE	Date ▶							
	Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG :		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		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
27/1		Inj. BUSCOPAN				

HCV-00036394 IP22-00023399
Baby SEHER SULTANA
10-10-2025 8 M (F)
Dr. SHASHWAT MOHANTY

Patient Name :		I.P. No.	Sheet No.	Wards	Weight (kg)
					8.2kgs

I.V. FLUIDS CHART

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.
26/6/26	7pm	IVF DNS	IV	25 ml/hr			27/6		
27/6/26	8pm	IVF DNS	IV	35		Adpic Mazli	29/6 10-30AM		

Ref. No. : F/HW/PTF/INPR/14

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

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00036394 IP22-00023399 Baby SEHER SULTANA 10-10-2025 8 M (F) Dr. SHASHWAT MOHANTY	26/06/26 @ 7:44 PM	26/06/26 @ 8:40 PM
	Transfer ordered by Dr Sreevalli	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital ward	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file (15)	Number of Imaging films 0	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	DNLS	(1)
2.	IVset	(1)
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Sreevalli	Dr Sreevalli	Veera Lakshmi	-

Patient & Clinical records received by:

Signature with Date & Time: Pallavi 26/6/26 @ 8:40pm

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