Rainbow Children's Hospitals - Visakhapatnam

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

ADMISSION SHEET

Registration Details :

Admission No : IP22-00023413 **Admit Date** : 27-Jun-2026 **Admit Time** : 08:16 PM **UHID** : HCV-00040581

Patient Details :

Patient Name	: Baby M S ARAVINDA	**Age**	: 1 Y 2 M 25 D
Guardian	: M S VISHNU VARDHAN	**DOB**	: 02-04-2025 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Gitam Engg. college Visakhapatnam Andhra Pradesh INDIA 530045	**Phone No**	: 8008270939
		E-mail	: no@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT 102 **Ward Name** : 1F-FIRST FLOOR

Room No : PVT 102 **Admission Type** : First Visit

Contact Details :

Name : M S VISHNU VARDHAN **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 : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

Nam

UHID

.....Consultant :.....Dept.:.....

Date .....Time:.....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	9pm	ER	ward	Sunita

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JYOTHIRMAYEE	29/6/26	922142	Kalyani
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

cross checked by UHID

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	Syrignpupm	11 pm	[illegible] 29/6/26 11 pm	9187 6X	[signature]
28/6/26	Spring pump	11pm	29/6/26 11 pm.	2037 ✓	[signature]
	cross checked done By [illegible]				
29/6/26	Spring pump	11pm	30/6/26 7 AM	2398 ✓	[signature]
	cross checked by [illegible]				

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6/26	X-ray chest	0071169	Sunle
	Electrolytes	6013779	

Cross checked By Linda

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
27/6/26	IV placement	(6)	691773	Sri
28/6/26	Nebulization - 11pm	(1)	91877	
28/6/26	Nebulization - 2 Am	(1)	91878	
28/6/26	Nebulization - 6Am	(1)	91879	
28/6/26	nebulization -	(2)	9163	uma
28/6/26	Nebulization	(1)	1998	Sai
29/6/26	Nebulization - 11pm	(1)	2028	
29/6/26	Nebulization - 3 Am	(1)	2120	
29/6/26	Nebulization - 7 Am	(1)	2119	
29/6/26	Nebulization (1Am)	(1)	92186	Kalyani
29/6/26	Neb	(2)		sandu
30/6/26	Nebulization —	(3)	92416	

Cross check

Cross check

ANY OTHER INFORMATION

Date: 30/6/26 Time: 2Am Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
	Discharge		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

Patient Name _____

UHID ID _____

Department : _____

Consultant : _____

HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Cough x 2d
Fast Breathing x 1d
Decreased oral intake x 1d

History of present illness:

Child was relatively asymptomatic before 2 days, then she developed cough, associated with fast breathing since 1 day.

No any Fever, No Vomit, No loss stool.

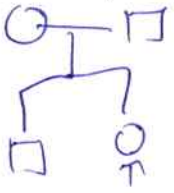
HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

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

No significant

Birth & Neonatal History:

Family Chart



Birth & Socio Economic History:

About Father: -

About Mother: -

Any additional Information: -

Developmental History:

Normal

Immunization History:

Done acc. to UIP

Anthropometry:

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

Weight (kgs) 10.25 kg (Centile_____)

On Examination:

Temperature: (N) Pulse Rate : 100 BPM B.P._____ SPO2 98% RA

Resp. rate and type of breathing :

RR - 38/min

Rash -

Lymphadenopathy -

Oedema: -

Allergies (if any): -

HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

Respiratory System:

Inspection (any s/o distress):

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

Any Addes sounds :

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

Cardiovascular System:

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur:

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

Per Abdomen:

Inspection :

Palpation : Soft, Non Tender

Ausculation : BS (+)

Spine : Nad External Genitelia :

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

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: Active

Cranial Nerves :

Motor System:

Nutrition :

Tone: Power

Co-ordinator :

Posture:

Involuntary Movements :

HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Wheeze Associated
Lower Respiratory Tract Infection

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CXR
- Sr. Electrolytes

N.B. Seen (0183 hrs) 27/6/26 @ 9pm

Planned Management:

- Neb. Levolin (0.31 mg) @ 3rd hrly.
- Inj. Methylprednisolone 10 mg IV TID

Signature of the Doctor :

Name of the Doctor : Dr. YASH

Date & Time : 27/6/26

Signature of the Consultant:

Name of the Consultant :

Date & Time : 28/8/26.

HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (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: HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY
Age : ..
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/26	8AM	c/s/B Dr. Shashwat / Dr. Balaji
		Dx: wheeze associated lower respiratory tract infection
		. c/o 1 fever spike 101.7°C around 11 pm
		. c/o cough (+)
		. No c/o fast breathing
		. oral intake - good
		O/E:
		active, alert.
		RS - B/L AE (+), wheeze reduced
		CVS - S1, S2 (+)
		. P/A - soft, non-tender
		Advice:
		. Inj. Methyl prednisolone Q 6hrly ← 12th hourly
		. Neb. Levolin Q 3rd hrly ↓ Q 4th hrly
		→ Plan D/c Tomorrow
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

28/6/26
6PM

C/S/B Dr. Aishwarya/ Dr Suminaa

A/s - wheeze associated lower respiratory tract infection

NO fever spikes since morning

cough (+)

oral intake - good

O/E

RS - B/L AE (+)
B/L wheeze

P/A - soft, not tender

Plan

1. Inj. methyl Prednisolone Q12hrly
2. Cont neb c̄ levolin
3. Plan d/c tlm

Noted by [illegible]

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

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 26 D (F)
Dr. SHASHWAT MOHANTY

Age : .

I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	8am	C/S/B Dr Shaswat / Dr Sree.
		Δ = Wheeze Associated Lower Respiratory Infection
		No fever sps
		No distress
		oral- good
		o/e
		Alert.
		RS - B/L AE (+) B/L mild wheeze (+).
		P/A - soft.
		urine - good.
		stool - passed.
		Plan
		- Cont Neb Levolin (Q4th)
		- Cont Tri methylpred - D2
		- W/f distress
		- Plan d/c T/m
		[signatures]
		Noted by kalyani

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26 c/s (B. Dr. Shahwat) Dr. Balaji

5pm

D/s: wheeze associated lower respiratory tract infection

- No c/o fever spikes
- c/o mild cough (+)
- oral intake - good

O/E:

active, alert

- RS - B/L AE (+), clear
- CVS - S1 S2 (+)
- P/A - soft, non-tender

Advice:

- cont. Inj. methyl prednisolone (D2)
- cont neb. levolin @ 4th hrly
- plan D/C + T/M

Balaji
N. B. Sandhya
VA-222
28/6/2?
8PM

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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	9AM	S/B Dr. Shashwat / Dr. Anjana
		wheeze associated lower respiratory infection
		child etable ↓ RA
		Active
		orally taking well
		No RD
		O/E:
		Mild wheeze (+)
		S1S2 (+)
		P/A - soft
		plan :-
		- D/c today -
		Nebs
		omnacortil tapering
		ANJANA.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

Patient Name : .... Age : ....
Gender ☐ M ....
Consultant : ....
Date of Admission : ....

DRUG ALLERGIES :

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**

DOCTOR - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).

- Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / through it and a similar line through subsequent recording panels.
- The date and time of stopping the drug along with the doctors name and sign must be mentioned.
- Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.

NURSES - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.
1) Right Patient **2)** Right Drug **3)** Right Dosage **4)** Right Route **5)** Right Time

- **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG : Syr. P250

Dose	Route	Frequency	Start Dt.
3ml	P/O	SOS	27/6

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: Temp > 100°F 5ml P250 mg

Date ▶ / Time ▼														
2?/6														
20/6														
12:33 am														
[signature]														

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-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 25 D (F)
Dr. SHASHWAT MOHANTY

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

REGULAR PRESCRIPTIONS

DRUG : Inj. METHYLPREDNISOLONE

Dose	Route	Frequency	Start Dt.
10 mg	IV	q8h	27/6

Name & Signature of the Doctor starting the Drugs: Dr. NYATH

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	27/6	28/6
7am	X	[sign]
3pm	X	
11pm	[sign]	

Changed frequency 28/6/24

DRUG : Neb. LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31 mg	Neb	3rd hrly	27/6

Name & Signature of the Doctor starting the Drugs: Dr. NYATH

Additional Instructions: 1 Respule - 0.31 mg

Daily Doctor's Endorsement by a Sign.

Date / Time	27/6
11pm	[sign]
3Am	[sign]
7Am	[sign]

Changed to 4th hourly 28/6/24

DRUG : Inj. ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
10mg	IV	Q24H	28/6

Name & Signature of the Doctor starting the Drugs: Dr. JAYASURYA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	28/6	29/6	30/6
6 AM	12 pm [sign]	[sign]	[sign]

ANOSHMA

DRUG : Inj. METHYL PREDNISOLONE

Dose	Route	Frequency	Start Dt.
10mg	IV	Q12H	28/6

Name & Signature of the Doctor starting the Drugs: Dr. JAYASURYA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time	28/6	29/6	30/6
7 AM	X	[sign]	[sign]
7 PM	[sign]	[sign]	

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HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 26 D (F)
Dr. SHASHWAT MOHANTY

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

Patient N	I.P. No.	Sheet No.	Wards	Weight (kg)

REGULAR PRESCRIPTIONS

DRUG : NEB. LEVOLIN.				Date / Time
Dose	Route	Frequency	Start Dt.	
0.31mg	NEB	Q4thly	2/6	See the neb chart
Name & Signature of the Doctor starting the Drugs : Balaji				
Additional Instructions : 1 Respule – 0.31mg,				
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.				

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

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

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.

Ref. No. F/INPR/12

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Patient Name:

Registration No.

HCV-00040581 IP22-00023413
Baby M S ARAVINDA
02-04-2025 1 Y 2 M 26 D (F)
Dr. SHASHWAT MOHANTY

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/6/26	00.00	Nebulisation Levolin 11pm 1 Resp 11pm		
28/6/26	1.00	Neb T Levolin 1 Resp 2Am		V. Sudha Rani
28/6/26	2.00	Neb T levolin 1 Resp 6Am		
28/6/26	3.00	Neb T Levolin 1 Resp 10 Am		
	4.00	Neb T levoline 1 - 2pm	Uma.	
	5.00	Neb T levolin 1 Resp 6pm.	Sandhya.	
29/6	6.00	Neb T Levolin 1 Resp 11pm		
29/6	7.00	Neb T Levolin 1 Resp 3Am		Pallavi
29/6	8.00	Neb T levolin 1 Resp 7Am		
29/6	9.00	Neb T levolin 1 Resp 11Am	Kalyani	Pallavi
	10.00	Neb T levolin 1 Resp 3pm	sandhya	
	11.00	Neb T levolin 1 Resp 7pm	Sandhya	
29/6	12.00	Neb T Levolin 1 Resp 11pm		
30/6	13.00	Neb T Levolin 1 Resp 3Am		Pallavi
30/6	14.00	Neb T Levolin 1 Resp 7Am		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

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

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00040581 IP22-00023413 Baby M S ARAVINDA 02-04-2025 1 Y 2 M 25 D (F) Dr. SHASHWAT MOHANTY	27/6/26 8:16 PM	27/6/26 9 PM
	Transfer ordered by Dr. Yash	Reason for Transfer admission
From Bed / Ward / Hospital CR	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.		
2.		
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:
Sunita	Dr Yash	Veenalakshmi	—

Patient & Clinical records received by:

Signature with Date & Time 27/6/26

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