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 : IP22-00023417 **Admit Date** : 27-Jun-2026 **Admit Time** : 11:15 PM **UHID** : HCV-00041150

Patient Details :

Patient Name	: Baby VISWANADHA SUDEEKSHA	**Age**	: 0 Y 5 M 2 D
Guardian	: V RAJU	**DOB**	: 25-01-2026 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Subbavaram Vishakhapatnam Andhra Pradesh INDIA 531035	**Phone No**	: 9703209393
		E-mail	: NO@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 308 **Ward Name** : 3F-THIRD FLOOR

Room No : SPVT 308 **Admission Type** : First Visit

Contact Details :

Name : V RAJU **Relationship** : Father

Contact Address : Subbavaram Vishakhapatnam Andhra Pradesh INDIA 531035 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. KONALA VENKATA SHIVA REDDY **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

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ACTIVITY RECORD FOR BILLING

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

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

UHID No :.....IP I ant :.....Dept.:.....

Date of Admission :..... e of Discharge:.....Time:.....

Room / Bed No :..... igested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
2/1/6	12AM	GP	3rd floor	Krishna

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	29/1/26	92227	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by Kalyani

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/6	syringe Pump } Infusion pump }	12Am	29/6 @12Am	1873 ✓ 1873A ✓	Gowri
29/6	syringe pump } Infusion Pump }	12Am	30/6 @12Am	2019 ✓	mala
30/6	syringe Pump	12Am	1/6 @12Am	2341 ✓	mala

Cross checked by Lakshmi

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6	CBP	13786	Sreeghg
	LFT		
	Electrolytes		
	BUN	13787	
28/6	CUE	13809	Baisakhi
28/6	Stool C/S	13810	Baisakhi
28/6	Stool Reducing substance	13813	Baisakhi
	Stool Microscopy		
	Stool occult Blood		
	Stool for Rota virus		
29/6	USG abdomen	7238	

Cross checked by Sabyasachi

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	Dr Placement	1	1798	Hiresh

Cross checked by Kalyani

ANY OTHER INFORMATION

Date: Time: Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

Patient Name :_____

UHID ID :_____

Department :_____

Consultant :_____

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- Loose stool x 2 days
- Decreased oral intake x 3-4 days

History of present illness:

Child was relatively asymptomatic upto 1 day then he developed loose stool, 6 episodes in 1 day acute onset, associated with decreased oral intake.

N/V/F- Fever, Vomit, Blood in stool

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

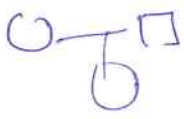
Past History : (Including details of any previous investigation or treatment)

No significant

Birth & Neonatal History:

Term/ NVD/ well Baby

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) 7.5 Kg (Centile_____)

On Examination:

Temperature: (N) Pulse Rate : 110 BPM B.P._____ SPO2 98% RA

Resp. rate and type of breathing :

RR- 36/min

Rash -

Lymphadenopathy -

Oedema: -

Allergies (if any): -

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Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

Respiratory System:

Inspection (any s/o distress):

Air entry & breath sound : Clear

Any Addes sounds :

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

Cardiovascular System:

Inspection of procordium :

Heart Sounds : S1S2(+)

Any murmur:

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

Per Abdomen:

Inspection :

Palpation : Soft, Non Tender

Ausculation :

Spine : 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-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute Gastroenteritis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBP
- CRP
- CUE
- BUN
- S. Electrolytes

Stool Microscopy and CIS (Occult Blood and Reducing Substances)

Stool for Rotavirus

noted by Dr Yasin

Planned Management:

- IVF DNS 2/3rd.
- Inj. Ceftriaxone 400 mg IV BD.
- Inj. Pantop IV 10 mg O.D
- Enterogermina 1 sachet B.D
- RENOTIL 1 sachet B.D.

noted by Dr Yasin

Signature of the Doctor :

Name of the Doctor : Dr YASIN

Date & Time : 27/1/26

Signature of the Consultant:

Name of the Consultant :

Date & Time :

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

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 :_____

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041150 IP22-00023417
Patien Baby VISWANADHA SUDEEKSHA 25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY
Age :
I.P. N.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CLS/B Dr. Venkata Shiva/ Dr. Balaji Reddy
28/6/26	8AM	DPS: Acute gastroenteritis
		: c/o 6 episodes of loose stool (watery + semisolid)
		· NO c/o fever
		· NO c/o vomiting
		·
		O/E:
		· active / alert
		· RS + B/L AE (+), clear
		· CVS + S1 / S2 (+)
		P/A + soft, non-tender
		Advice:
		· Encourage orally
		· cont. Inj. Ceftriaxone
		· Monitor urine output
		→ S. Creatine in same syringe · Give NS Bolus (5ml/kg) over 30min
		Noted by Baisakhi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26
5PM

C15/B Dr. Aishwarya / Dr. Sumina

AGE

NO c/o loose stools since morning

oral intake - better

urine output - good

no c/o fever

O/E

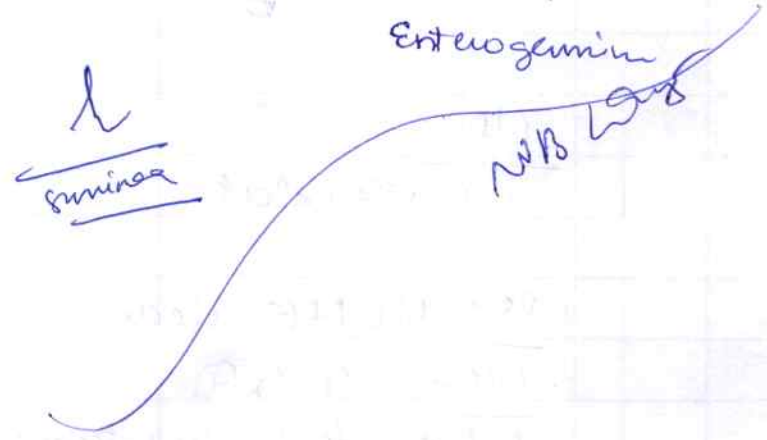
child is active

P/A - soft, non tender

RS - B/L AE (+) clear

Adv

1. Monitor urine output
2. Cont ceftriaxone, Racedotril, Enterogermina



Sumina

29/6/26
8PM

S/by Dr. K.V. Shiva Reddy

NO c/o loose stools

Accepting orally

with table

S/E - NAD

Adv

1) CST

2) Monitor vitals & urine output

3) Encourage ORS

Shaik Brawl

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 3 D (F)
Dr. KONALA VENKATA SHIVA REDDY

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Cle/R Dr. Venkata Shiva Reddy | Dr. Balaji
	29/6/26 8AM	Dx: Acute gastroenteritis c some dehydration
		. c/o 4 episodes of loose stool since morning
		. NO c/o fever
		. NO c/o vomiting
		. urine output → good.
		O/E:
		active, alert.
		P/A → soft, non-tender, no signs of dehydration
		RS → BL AE (+), clear
		CVS → S1 S2 (+)
		Advice:
		. cont. inj. ceftriaxone
		. Racecadotril sachet
		. Entero germina
		. monitor urine output
		. Encourage orally
		. plan DC + FU
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/2/24

9:45 AM

Sby Dr. Shiva Reddy

Used loose stools

Oral Acceptance good

U/o - good

Adv

1) IVF DNS @ maintenance

2) Encourage orally

3) CBD

4) USG Abdomen now

Noted By Baisakhi 9.50 AM

Sby Dr. Shiva Reddy

5:30 pm

c/o 3 loose stools / Many small quantity

Rash ⊕

Accepting orally

No signs of Dehydration

Adv

1) Stop IVF

2) Rash free urine

U/A

3) CXR

Dr Dey

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pat HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA ...
Age 25-01-2026 0 Y 5 M 5 D (F)
Dr. KONALA VENKATA SHIVA REDDY F
I.P. ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26	8 am	C/o/B Dr. Venkata Shiva / Dr. Balaji Reddy
		Dx: Acute gastroenteritis C some dehydration
		• c/o 3 loose stools (watery)
		• No c/o fever
		• No c/o abdomen pain
		• Feeding well
		O/E:
		active, alert
		Plan soft, non tender
		CVS-1 S1 S2 (+).
		Advise:
		• Plan D/c →
		• Sops.
		• Drops Lappozine 1ml OD x7day
		• Enterogermina ½ sachet 1-0-1 x5day
		• Redotril Sachet x Bday
		• Taxim-O drops. 1ml BD x3day

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient Name : ..... Age : .....

Gender ☐ M ☐ F - Hospit

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 2 D (F)
Dr. KONALA VENKATA SHIVA REDDY

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 *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 suppiement 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 :	Dose	Route	Frequency	Start Dt.	Date / Time
Doctor's Signature	Valid Period	Pharm.			
Additional Instructions					

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

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

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 3 D (F)
Dr. KONALA VENKATA SHIVA REDDY

Patient I

I.P. No.	Sheet No.	Wards	Weight (kg)
			7.5 kg

REGULAR PRESCRIPTIONS

DRUG : Inj. CEFTAZAXONE

Dose	Route	Frequency	Start Dt.
400 mg	IV	Q12h	27/6

Name & Signature of the Doctor starting the Drugs: D Dr. YASH

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	27/6	28/6	29/6
Time			
11 AM			
11 PM			

DRUG : Inj. PANTOP

Dose	Route	Frequency	Start Dt.
10 mg	IV	Q24h	27/6

Name & Signature of the Doctor starting the Drugs: D Dr YASH

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	27/6	28/6	29/6	30/6
Time				
6 AM				

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Dt.
1 sachet	PO	Q12h	27/6

Name & Signature of the Doctor starting the Drugs: D Dr YASH

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	27/6	28/6	29/6
Time			
11 AM			
11 PM			

DRUG : REDOTIL sachet

Dose	Route	Frequency	Start Dt.
1 sachet ~~1g Sachet~~	PO	Q12h	27/6

Name & Signature of the Doctor starting the Drugs: D Dr YASH

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	27/6	28/6	29/6
Time			
10 AM			
10 PM			

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
27/6	10:30 PM	NS	80 ml over 1 hr	IV	J	
28/6	11 AM	NS bolus	40ml over 1hr	IV		

HCV-00041150 IP22-00023417
Baby VISWANADHA SUDEEKSHA
25-01-2026 0 Y 5 M 3 D (F)
Dr. KONALA VENKATA SHIVA REDDY

	I.P. No.	Sheet No.	Wards	Weight (kg)
				7.5 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.
27/6	10:30 PM	DNS	IV	20		Gowri Maha.	29/6		
29/6	10 AM	DNS	IV	8ml			29/6		

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-00041150 IP22-00023417 Baby VISWANADHA SUDEEKSHA 25-01-2026 0 Y 5 M 2 D (F) Dr. KONALA VENKATA SHIVA REDDY	27/6/26 at 11:35pm	28/6/26 at 12AM
	Transfer ordered by: Dr. Praveen	Reason for Transfer: Admission
From Bed / Ward / Hospital: GR	To Bed / Ward / Hospital: 3rd floor	Information to attendant: Yes ☑ No ☐
Number of Sheets in clinical file: 13	Number of Imaging films: —	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: Dr. Praveen

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
	Dr. Praveen		

Patient & Clinical records received by:

Signature with Date & Time

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