

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023415

Admit Date : 27-Jun-2026

Admit Time : 09:39 PM UHID : HCV-00036910

Patient Details :

Patient Name : Baby HANVIKA

Age : 1 Y 1 M 24 D

Guardian : AMMATHALLI

DOB : 03-05-2025 11:22 AM

Gender : Female

Religion :

Occupation :

Martial Status :

Address (H) : Pendurthi Vishakhapatnam Andhra Pradesh
INDIA 531173

Phone No : 9381024966/

E-mail : 9381024966@dummy.com

Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 314

Ward Name : 3F-THIRD FLOOR

Room No : SPVT 314

Admission Type : First Visit

Contact Details :

Name : AMMATHALLI

Relationship : Baby/O

Contact Address : Pendurthi Vishakhapatnam Andhra Pradesh
INDIA 531173

Phone No :

P. Annelin
Signature

Doctor Details :

Doctor Name : Dr. Kandula RadhaKrishna / Dr. Raju
Kakarlupudi

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : ICICI LOMBARD GENERAL
INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

HCV-00036910 IP22-00023415
Name **Baby HANVIKA** 03-05-2025 1 Y 1 M 24 D (F)
UHID **Dr. Kandula RadhaKrishna / Dr. Raju**
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	11:30pm	ER	ward	Sinila

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Kandula RadhaKrishna	27/6/26	92177	Dr. Kandula RadhaKrishna
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross Consulted by nurse

[illegible]

Groups Used by us

[illegible]

Investigations

Order No.

Signature

27/6/26

CBP, CRP, creatinine
uree, uric acid
electrolyte

6013785

See 1

2816

school for not a virus

13816

198

Money deleted by unit

PROCEDURE

[illegible]**ANY OTHER INFORMATION**

Date: 30/6

Time: 9 pm

Prepared By: 

Staff Nurse mehi	Shift / Ward 2nd floor (344)	Billing Assistant	Billing Supervisor
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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name HCV-00036910 IP22-00023415
Baby HANVIKA
03-05-2025 1 Y 1 M 24 D (F)
Dr. Kandula RadhaKrishna / Dr. Raju _____

UHID ID  _____

Department : _____

Consultant : _____

**Padiatric Multiorgan History & Physical Examination**

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

loose stools x 3 days
Vomitings x 1 day

History of present illness:

~~Child~~

Child was relatively asymptomatic before 3 days then she developed loose stools, acute in onset, 5-6 episodes per day, watery consistency, yellowish color, sticky in nature and foul smelling associated with vomitings, 2 episodes with hard content for 1 day.

~~No~~

No history of- Blood in stool,
Fever, Decreased urine output

HCV-00036910 IP22-00023415
Baby HANVIKA
03-05-2025 1 Y 1 M 24 D (F)
Dr. Kandula RadhaKrishna / Dr. Raju



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

No significant

Birth & Neonatal History:

Term / LSCS / well Baby

Family Chart



Birth & Socio Economic History:

About Father: _____

About Mother: _____

Any additional Information: _____

Developmental History:

Normal

Immunization History:

Done acc. to VEP

Anthropometry:

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

Weight (kgs) 8.7 kg (Centile _____)

On Examination:

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

Resp. rate and type of breathing : _____

RR- 30/min

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____

HCV-00036910 IP22-00023415
Baby HANVIKA
03-05-2025 1 Y 1 M 24 D (F)
Dr. Kandula RadhaKrihna / Dr. Raju



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 Genitalia : _____

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-00036010 IP22-00023415
Baby HANVIKA
03-05-2025 1 Y 1 M 24 D (F)
Dr. Kandula RadhaKrishna / Dr. Raju



Reflexes:

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute crastw enteritis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBC
- CRP
- RFT

*AMS
Succ
27/6/26 @ 10:30A*

Planned Management:

- Inj- ONDEMETHON
1.3 mg IV TID
- ZVIF @ DNS
35 ml IM
- SYN- ZINCORIN A
5ml O.D
- ENTEROGERMINA
1 Reptule B-D
- REDOTIL sachet
1/2 sachet B.D

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor:

Dr. YAIR

Name of the Consultant:

Date & Time:

27/6/26

Date & Time:



DISCHARGE PLANNING FORM

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

1. Anticipated Date of Discharge : _____
2. Destination 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:

☐ Dietary 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 : _____

PROGRESS NOTES (USE BALL POINT PEN ONLY)

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

HCV-00036910 IP22-00023415

Patient: Baby HANVIKA
03-05-2025 1 Y 1 M 24 D (F)
Dr. Kendula RadhaKrishna / Dr. Raju

Age :

I.P. No



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/24	8AM	CL/B Dr. Raju / Dr. Balaji Diagnosis: Acute gastroenteritis • clo 4 episodes of loose stool (watery) • No clo vomiting • No clo fever OLE: active, alert. • RL - BIL AB (+), clear • CUS - S1, S2 (+) • P/A - soft, non-tender Advice: - Signs of Dehydration (+) Sunken eyes Skin Turgor decreased U/O - decreased • IVF DMS @ 35ml/hr. • sup. ondansetron • Enterofermina • 1 rephule • Redo H1 sachet • sup. Zinebon Send Stool For Rota Virus Change to RL Noted By Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26
6 PM

CLSB Dr. Aishwarya | Dr. Suminae

Baby reviewed
8 episodes of loose stools
watery consistency
greenish - yellow colour
no clo vomiting
oral intake - good

OLE

child is active

PIA - soft, not tender

RS - B/LAE (4)

Adv

1. Cmt zinc, Enteroagmina
2. Trace stool for rotavirus report
3. Cmt IV fluid RL

h
Suminae.

ND

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Def Mo : F / HW / PGN / INPR / 15

HCV-00036910

IP22-00023415

Baby HANVIKA

03-05-2025

1 Y 1 M 25 D (F)

Dr. Kandula Radha Krishna / Dr. Raju



☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	29/6/26 8 AM	cl/b or R/L or Ragul or Balaj
		<u>Dist</u> : Acute gastroenteritis
		• cl to episodes of loose stool (watery)
		• No cl vomiting
		• oral intake - good
		• No cl fever.
		<u>OLR</u> :
		active, alert
		no signs of dehydration
		<u>PLA</u> - soft, non-tender.
		<u>CUE</u> - S1 S2 (+)
		<u>AS</u> - B/L A/E (+), clear.
		<u>Advice</u> :
		• cont ORF PL 35ml/hr.
		• cont Syp. Zincova
		• Enterogermina
		<u>Discharge Advice</u> :
		• Trace stool for rotavirus
		• Syp. Zinc
		• Start Iron Balaj
		Adm'd By Boiesakhi 29/6/26 @ 8:10 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/22
spm

cl/b Dr. praveen/ Dr. Balaji

Dr's: Acute gastroenteritis
+ some dehydration

- cl/b episodes of loose stool (watery)
- No cl/b vomiting
- No cl/b fever
- oral intake → good

ole:

active, alert

RL → BL → AE (4), clear

PL → soft, non-tender

cl/b → S, L, R (4)

Advice:

• ORF RL → 20ml/hr

• Syp. Zincosol

• Enterokeemins
Keep.

Q 12 hrs

Q

BALAJI

PS Dr
22/6

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

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

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

Patient Name



I.P. No.

Sheet No.

Wards

Weight (kg)
8.7kg

REGULAR PRESCRIPTIONS

DRUG : Znj-ONDemesTRON				Date	27/6															
Dose	Route	Frequency	Start Dt.	Time	27/6															
1.3 mg	TL	Q2H	27/6	6 AM																
Name & Signature of the Doctor starting the Drugs:				2 PM																
Additional Instructions:				10 PM																
Daily Doctor's Endorsement by a Sign.																				

DRUG : Syr. ZINCUNZA				Date	27/6															
Dose	Route	Frequency	Start Dt.	Time	27/6															
5ml	P/O	Q2H	27/6	6 AM																
Name & Signature of the Doctor starting the Drugs:				2 PM																
Additional Instructions:				5ml / 20 mg																
Daily Doctor's Endorsement by a Sign.																				

DRUG : ENTEROGERMENA				Date	27/6															
Dose	Route	Frequency	Start Dt.	Time	27/6															
1 cap.	P/O	Q2H	27/6	6 AM																
Name & Signature of the Doctor starting the Drugs:				2 PM																
Additional Instructions:				10 PM																
Daily Doctor's Endorsement by a Sign.																				

DRUG : REDOTIL Sachet				Date	27/6															
Dose	Route	Frequency	Start Dt.	Time	27/6															
1/2 Sachet	P/O	Q2H	27/6	6 AM																
Name & Signature of the Doctor starting the Drugs:				2 PM																
Additional Instructions:				1 Sachet / 10 mg																
Daily Doctor's Endorsement by a Sign.																				

Pat	I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : TONOFERON DROPS				Date Time	29/6
Dose	Route	Frequency	Start Dt.		
1 ml	PO	Q24hrs	29/6/25		
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
1 ml = 25 mg					
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.					

IP22-00023415

03-05-2025

1 Y 1 M 24 D (F)

Dr. Kandula RadhaKriehna / Dr. Raju

Patient Name :

I.P. No.

Sheet No.

Wards

Weight (kg)

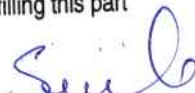
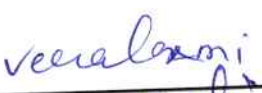
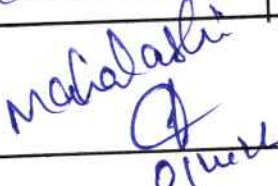
8.7k



.V. FLUIDS CHART

[illegible]

PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00036910 IP22-00023415 Baby HANVIKA 03-05-2025 1 Y 1 M 24 D (F) Dr. Kandula RadhaKrishna / Dr. Raju 		Date & Time of Admission 27/6/2022 9:39 PM	Date & Time of Transfer Order 27/6/2022
		Transfer ordered by Dr Yash	Reason for Transfer Admissig
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 —	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 Dr Yash	Name & Signature of Nurse Supervisor veeralaxmi 	Referral note & referral Doctor Name:
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