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 : IP22-00023415 **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** :

Signature

Doctor Details :

Doctor Name : Dr. Kandula RadhaKrishna / Dr. Raju Kakarlapudi **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

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

Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD

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ACTIVITY RECORD FOR BILLING

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

Name ....

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

Date of ....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	Sirisha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	[illegible]	29/6/26	92177	[signature]
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by [illegible]

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6	Infusion pump	11:30pm	28/6 11:30pm	1800	mala
28/6	Infusion pump	11:30pm	29/6 @11:30pm	2011	mala
~~28/6~~	~~Infusion pump~~	~~11:30pm~~	~~30/6 @11:30pm~~	~~2320~~	~~mala~~

Cares [illegible] by [illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6/26	CBP, CRP, creatinine		
	urea, uricacid	6013785	[illegible]
	electrolytes		
28/6	stool for rota virus	13816	[illegible]

[illegible] by [illegible]

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	IV placement	(1)	691783	[illegible]

Wong [illegible] by [illegible]

ANY OTHER INFORMATION

Date: 30/6 Time: 9 pm Prepared By: [illegible]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[illegible]	3rd floor (314)		

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Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

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

Patient Name _____

UHID ID _____

Department : _____

Consultant : _____

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

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Loose stools ×3 days
Vomitings ×1 days

History of present illness:

~~Child~~

Child was relatively asymptomatic upto 3 days then she developed loose stools, acute in onset, 5-6 episodes per day, watery consistency, yellowish colour, slichy in nature and foul smelling associated with vomitings, 2 episodes with food content per 1 day.

~~No history~~-

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 UIP

Anthropometry:

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

Weight (kgs) 8.7kg (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): —

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Baby HANVIKA
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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-00036910 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 Gastroenteritis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBC
- CRP
- RFT

NBS
Sent
27/6/26 @ 10:30A

Planned Management:

- Inj. ONDEMSETRON 1.3 mg IV TID
- IVF @ DNS 35 ml/hr
- Syp. ZINCONIA 5ml O.D
- ENTEROGERMINA 1 Respule B.D
- REDOTIL sachet ½ sachet B.D

Signature of the Doctor :

Name of the Doctor : Dr MAIN

Date & Time : 27/6/26

Signature of the Consultant:

Name of the Consultant :

Date & Time :

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

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)

Patien: HCV-00036910 IP22-00023415
Baby HANVIKA
03-05-2025 1 Y 1 M 24 D (F)
Age : . Dr. Kandula RadhaKrishna / Dr. Raju
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	28/6/25	Cls/B Dr. Raju/ Dr. Balaji
	8AM	Diff: Acute gastroenteritis
		. c/o 4 episodes of loose stool (watery)
		. NO c/o vomitings.
		. NO c/o fever
		O/E:
		actove, alert.
		. RS - BIL AE (+), clear
		. CVS - S1 S2 (+)
		. P/A - soft, non-tender
		Advise:
		- Signs of Dehydration (+) . IVF DNS @ 35ml/hr.
		Sunken eyes . Inj. Ondansetron
		Skin Turgor decreased . Enterogermina.
		U/O - decreased . ORS sachet
		. Redotil sachet
		. Syp. Zincovit
		Change to RL Send Stool For Rota Virus
		Noted By Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26
6 PM

C/S/B Dr. Aishwarya | Dr. Sumina

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

O/E
Child is active
P/A - soft, not tender
RS - B/L AE ⊕

Adv
1. Cont zinc, Enterogermina
2. Trace stool for rota virus report
3. Cont IV fluid RL

Sumina.

ND

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

HCV-00036910 IP22-00023415
Baby HANVIKA
03-05-2025 1 Y 1 M 25 D (F)
Dr. Kandula RadhaKrishna / Dr. Raju

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	29/6/26 8AM	C/S/B Dr RK/ Dr Raju/ Dr Balaji
		Dx: Acute gastroenteritis
		• c/o 10 episodes of loose stool (watery)
		• No c/o vomiting
		• Oral intake – good
		• No c/o fever.
		O/E:
		active, alert
		no signs of dehydration
		P/A → soft, non-tender,
		CVS → S1 S2 (+)
		RS → B/L AE (+), clear.
		Advice:
		• cont. IVF RL 35ml/hr.
		• cont Syp. Zinconia
		• Enterogermina
		Discharge Advice: • Trace stool for rota virus
		• Syp. Zinc • Start Iron — Balaji
		Noted By Baisakhi 29/6/26 @ 8:10 AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/16 C/B Dr. Praveen/ Dr. Balaji
5pm

D/S: Acute gastroenteritis
c̄ some dehydration

- c/o 6 episodes of loose stool (watery)
- No c/o vomiting
- No c/o fever
- oral intake ↓ good

O/E:
active, alert

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

Advice:
- IVF RL → 20ml/hr
- Syp. Zinconia
- Enterogermina
Keep.
@ 12thly

BALAJI
NB [illegible]

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

HCV-00036910 IP22-00023415
Baby HANVIKA
03-05-2025 1 Y 1 M 25 D (F)
Dr. Kandula RadhaKrishna / Dr. Raju

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	30/6/25 8AM	C/S/B Dr RK/ Dr. Balaji
		Dx: Acute gastroenteritis c̄ Some dehydration
		· c/o 4 episodes of loose (watery) stool
		· No c/o vomiting.
		· No c/o fever
		oral intake – good
		O/E:
		active, alert.
		RS – BLL AE ⊕, clear
		P/A – soft, non-tender
		No sign of dehydration
		Advice:
		· plan D/C – today
		· syp. Zinconia
		· [illegible]
		[illegible]
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient Name HCV-00036910 Baby HANVIKA 03-05-2025 IP22-00023415 ..... Age : .....

Gender ☐ M 1 Y 1 M 24 D (F) .....

Consultant : Dr. Kandula RadhaKrishna / Dr. Raju .....

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

Patient Name		I.P. No.	Sheet No.	Wards	Weight (kg)
					8.7kg

REGULAR PRESCRIPTIONS

DRUG : Inj. ONDEMSETRON

Dose	Route	Frequency	Start Dt.
1.3 mg	IV	QID	27/6

Name & Signature of the Doctor starting the Drugs: Dr MAIN

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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

DRUG : Syp. ZINCUNZA

Dose	Route	Frequency	Start Dt.
5ml	P/O	Q24H	27/6

Name & Signature of the Doctor starting the Drugs: Dr MAIN

Additional Instructions: 5ml / 20 mg

Daily Doctor's Endorsement by a Sign.

Date	28/6	29/6														
Time																
6 AM																
2 PM																

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Dt.
1 Resp.	P/O	Q12H	27/6

Name & Signature of the Doctor starting the Drugs: Dr MAIN

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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

DRUG : REDOTIL Sachet

Dose	Route	Frequency	Start Dt.
1/2 Sachet	P/O	Q12H	27/6

Name & Signature of the Doctor starting the Drugs: Dr MAIN

Additional Instructions: 1 Sachet) 10 mg

Daily Doctor's Endorsement by a Sign.

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

Rainbow® Ch... Ho... | HCV-00036910 IP22-00023415 Baby HANVIKA 03-05-2025 1 Y 1 M 25 D (F) Dr. Kandula RadhaKrishna / Dr. Raju

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

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

REGULAR PRESCRIPTIONS

DRUG : TONOFERON DROPS.

Dose	Route	Frequency	Start Dt.
1 ml	p/o	Q24 hourly	29/6/25

Date ➤ 29/6
Time 6 pm

Name & Signature of the Doctor starting the Drugs: Balaji

Additional Instructions: 1 ml = 25 mg

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤
Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤
Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Date ➤
Time

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

CIN : U85110 TG1998 PTC029914

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

HCV-00036910 IP22-00023415

Patient Name : Baby HANVIKA

03-05-2025 1 Y 1 M 24 D (F)

Dr. Kandula RadhaKrishna / Dr. Raju

	I.P. No.	Sheet No.	Wards	Weight (kg)
				8.7kg

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 PM	DNS	IV	35			28/6 11 AM		
28/6	11 AM	RL	IV	35			29/6/25		
29/6	11 AM	RL	I.V	20ml					

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-00036910 IP22-00023415 Baby HANVIKA 03-05-2025 1 Y 1 M 24 D (F) Dr. Kandula RadhaKrishna / Dr. Raju	27/6/26 @ 9:39 PM	27/6/26 @
	Transfer ordered by: Dr Yash	Reason for Transfer: Admitting
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	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Sunil	Dr Yash	veeralaxmi	

Patient & Clinical records received by: Malladi

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