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 : IP22-00023428 **Admit Date** : 29-Jun-2026 **Admit Time** : 08:55 AM **UHID** : KMV-00010681

Patient Details :

Patient Name	: Baby SARVAGNA	**Age**	: 2 Y 0 M 3 D
Guardian	: Mr M ABHILASH	**DOB**	: 26-06-2024
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: dayal nagar colony Visalakshinagar Visakhapatnam Andhra Pradesh INDIA 530043	**Phone No**	: 6300220352
		E-mail	: no@gmail.com

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 336 **Ward Name** : 3F-THIRD FLOOR

Room No : GW 336 **Admission Type** : First Visit

Contact Details :

Name : Mr M ABHILASH **Relationship** : D/O

Contact Address : dayal nagar colony Visalakshinagar Visakhapatnam Andhra Pradesh INDIA 530043 **Phone No** :

M. Abhilash

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

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

UHID No :... KMV-00010881 IP22-00023428
Baby SARVAGNA
28-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY
.....Consultant :.....Dept.:.....

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

Room / Bed .....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	10:30 Am	ER	329	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JYOTHIRMAYEE	29/6/26	2217	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6	Infusion pump	11AM	30/6 11AM	2218	[illegible]
29/6/26	Syring pump	5pm	30/6 5pm	692315	[illegible]
30/6/26	Syringe pump	5pm	1/7/26	692555	[illegible]

Cross Checked by [illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6/20	· CBP - CRP, electrolytes/Blood c/s.	6013841	
	· RBS - 64 mg/dl.	6013842	Dhanush
	creatine, urea	6013843	
29/6/20	CUE	8601387	Jyothi
1/7	CRP	4016	Nanda

Order checked by Dhanush. nurse

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
29/6/26	IV placementation	01	692134	

Cancelled by nurse

ANY OTHER INFORMATION

Date: 30/6/26 Time: 10pm Prepared By: [signature]

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	3rd floor		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

KMV-00010681 IP22-00023428
Baby SARVAGNA
28-05-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

KMV-00010681 IP22-00023428
Baby SARVAGNA
28-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

fever : Yesterday Morn
c/o Loose watery Stools : Yesterday
Not passing urine since yesterday Evening

History of present illness:

fever- Sudden onset High grade (103°F)
1 episode
Loose watery Stool : Yesterday morn
8-9 episodes/d
Not associated with Blood & mucus
No c/o Vomiting, ~~fever~~, Cough, Cold

KMV-00010681 IP22-00023428
Baby SARVAGNA
28-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

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

No h/o prior Hospitalisation

Birth & Neonatal History: Term/AGA/3.25kg/CIAB Family Chart

Birth & Socio Economic History:

About Father:

About Mother:

Any additional Information:

Developmental History: (N)

Immunization History: Uptodate

Anthropometry:

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

Weight (kgs) 11.9kg (Centile_____)

On Examination:

Temperature: (N) Pulse Rate : 122/- B.P. 114/72 SPO2 98%

Resp. rate and type of breathing : 22/-

Rash -

Lymphadenopathy -

Oedema: -

Allergies (if any): -

KMV-00010881 IP22-00023428
Baby SARVAGNA
28-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

Respiratory System:

Inspection (any s/o distress): RA+O

Air entry & breath sound :

Any Addes sounds :

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

Cardiovascular System: S1S2+O

Inspection of procordium :

Heart Sounds :

Any murmur:

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

Per Abdomen: Soft

Inspection :

Palpation :

Ausculation :

Spine : External Genitelia :

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

Central Nervous System: (2)

Level of Consciousness : AVPU / GCS Score:

Cranial Nerves :

Motor System:

Nutrition :

Tone: Power

Co-ordinator :

Posture:

Involuntary Movements :

KMV-00010681 IP22-00023428
Baby SARVAGNA
28-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

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
S. Electrolytes
Blood C/S
CUE (Done)
S. urea
S. Creatinine

NBM

Planned Management:

℞

1. Inf. DNS @ 40ml/h
2. Syp. ZINCONIA 20mg/5ml - 5ml
3. ENTEROGERMINA Reffules 1
4. ORS Sachet 1 Sachet in 200ml water
5. Syp. P-250 3ml (SOS)

Signature of the Doctor :

Name of the Doctor : Dr Venu Gopal Reddy

Date & Time : 29/6/24

Signature of the Consultant:

Name of the Consultant :

Date & Time :

KMV-00010681 IP22-00023428
Baby SARVAGNA 2 Y 0 M 4 D (F)
26-06-2024
Dr. SHASHWAT MOHANTY

DISCHARGE PLAINING FORM

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: KMV-00010681 IP22-00023428
Baby SARVAGNA
28-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		C/s/B Dr. Shashwat / Dr. Balaji
	29/6/24 5pm.	Diag: Acute gastroenteritis
		· No c/o fever
		· No c/o loose stool
		· No c/o vomiting
		O/E:
		active, alert
		P/A → soft, non-tender
		CVS → S1 S2 (+)
		Advice:
		· Cont. Inj. Ceftriaxone
		· Syp. Zinconda
		· Enterogermina sachet
		· trace blood c/s
		Balaji
		N-B Jyothi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/26
8am

c/s/B Dr shashwat / Dr Ad / Dr AS / Dr SV

Δ - Acute Gastro Enteritis with some Dehydration

No loose stools / vomiting / Abdominal pain
No fever
Oral intake - Less. intake

O/E :

Alert
pulse - good
CRT < 3 secs
Hemodynamically - stable.
P/A - soft
urine output - good.

Plan

1) Trace blood cts
2) Cont ↓ ceftriaxone -D2
3) watch for signs of dehydration.
4) Stop IVF
5) CRP d/m @ 6am

Dr Ravi

NB scribed
CA-222
30/6/26
9pm

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

KMV-00010681 IP22-00023428
Baby SARVAGNA
26-06-2024 2 Y 0 M 4 D (F)
Dr. SHASHWAT MOHANTY
I.

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
3/11/26	9pm	C/S/B Dr praveen / Dr Sree.
		D = Acute Gastroenteritis with Some Dehydration
		No loose Stools / Vomit.
		O/E
		Alert
		HDW - stable
		P/A - Soft.
		Plan
		1) Trace reports
		2) To Do CRP - H/m @ 6am
		3) plan D/C tomorrow
		NB Number

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

1/7/26
8am

C/S/B Dr shaswat /Dr Sree

D = Acute Gastro Enteritis with some Dehydration

No loose stools / Vomit.
No abdominal pain.
oral. good

CRP - 18 ↓

O/E

Alert
pulse good
Hemodynamically - stable
P/A - Soft.
BS (+)
Stools - not passed since 3 days.

Plan

1) plan D/C today
2) Encourage orally
3) Trace blood c/s.

Dr Sree

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

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Patient Name : ..... KMV-00010681 IP22-00023428 . Age : .....
Baby SARVAGNA
Gender ☐ M ☐ F - Hosp 28-06-2024 2 Y 0 M 3 D (F) .....
Dr. SHASHWAT MOHANTY
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 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. P250

Dose	Route	Frequency	Start Dt.
3ml	P/O	SOS	29/6

Doctor's Signature	Valid Period	Pharm.
J		

Additional Instructions 5ml/250 mg Temp > 100°F

Date / Time

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

KMV-00010681 IP22-00023428
Baby SARVAGNA
26-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

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

REGULAR PRESCRIPTIONS

DRUG : SYN-ZINCUNIA

Dose	Route	Frequency	Start Dt.
5 ml	P/O	Q24H	29/6

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

Additional Instructions: 5 ml / 20 mg

Date	29/6	30/6	1/7
Time			
12 pm	Given	Given	

Daily Doctor's Endorsement by a Sign.

DRUG : ENTEROGERMINA

Dose	Route	Frequency	Start Dt.
1 Neopule	P/O	Q12H	29/6

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

Additional Instructions:

Date	29/6	30/6	1/7
Time			
11 am	Given		
11 pm	Given		

Daily Doctor's Endorsement by a Sign.

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
600 mg	IV	Q12h	29/6

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date	29/6	30/6	1/7
Time			
2:15 am	X	mg	mg
5 pm	Done	Done	

Daily Doctor's Endorsement by a Sign.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Date			
Time			

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
29/6/16	10AM	NS	100 ml bolus over 1hr	I.V		Dhana

KMV-00010681 IP22-00023428
Baby SARVAGNA
28-06-2024 2 Y 0 M 3 D (F)
Dr. SHASHWAT MOHANTY

	I.P. No.	Sheet No.	Wards	Weight (kg)
				11.96 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.
29/6	9AM	DNS	IV	40			29/6 7PM		
29/6	6PM	DNS	IV	30ml/hr			29/6 10AM		

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
KMV-00010681 IP22-00023428 Baby SARVAGNA (F) 26-06-2024 2 Y 0 M 3 D Dr. SHASHWAT MOHANTY	29/6/26 @ 8:55 pm	29/6/26 @ 9:00 pm
	Transfer ordered by Dr. Yash	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 329	Information to attendant Yes ☐ No ☐
Number of Sheets in clinical file 18	Number of Imaging films 0	Personal belongings including clinical documents. If any handed over to attendant Yes ☐ No ☐ If yes, What ?

offline

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:
	Dr. Yash		

Patient & Clinical records received by:

Ceoas

Signature with Date & Time 29/6 @ 9pm

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