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 : IP22-00023444 **Admit Date** : 30-Jun-2026 **Admit Time** : 03:23 PM **UHID** : HCV-00035090

Patient Details :

Patient Name	: Baby AGASTIYA NANDAN GANDI	**Age**	: 3 Y 6 M 20 D
Guardian	:	**DOB**	: 10-12-2022
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: murali nagar Gopala Patnam Vishakhapatnam Andhra Pradesh INDIA 530027	**Phone No**	: 8019545797
		E-mail	: no@gmail.com

Admission Details :

Bed Type : GENERAL WARD **Bed No** : GW 326 **Ward Name** : 3F-THIRD FLOOR

Room No : GW 326 **Admission Type** : First Visit

Contact Details :

Name : **Relationship** :

Contact Address : **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 : EASTERN NAVAL COMMAND

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ACTIVITY RECORD FOR BILLING

Name:---------- HCV-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
UHID No :..... Dr. Kandula RadhaKrishna / Dr. Raju
..Consultant :.....Dept.:.....
Date of Admissic .....Date of Discharge:.....Time:.....
Room / Bed No :.....Ward :.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	4:30 p.m. 5:00 p	ER.	328	Aruna.

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JYOTHIRMAYE	1/7/26	2828	Sandhya
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Trop Called by Sandhya)

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6/26	Syringe pump Infusion pump	5pm	5PM 1/7/26 ~~7pm~~	642512	
1/6/26	Syringe pump ~~Infusion pump~~		2/7/26 10AM	99915	

Stock cancelled by sanctum

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/6/26	Blood cls, Typhoid Igm.	13998 ✓ 13997 ✓	Aruna.
30/6/26	USG abdomen.	007273 ✓	Aruna.
30/6/26	CUE	26014000 ✓	Aruna.
30/6/26	GRBS 107 mg/dl	26014001 ✓	~~Aruna~~
1/7/26	USG Abdomen.	7310 ✓	Sandhya.
1/7/26	X-Ray erect Abdomen	7309 ✓	Sandhya

Proof checked by Sandhya

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
30/6/26	IV placement.	1	692521	Aruna.

Entered by sandhya 2004

ANY OTHER INFORMATION

Date: 2/7/26 Time: 1PM Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sandhya OA-222			

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Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HCV-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

UHID ID :

Department :

Consultant :

RCHHCV/FRM/GENERAL/065

HCV-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o pain abdomen x 5 days

History of present illness:

child was apparently Normal 5 days back, had pain abdomen peri umbilical region ↑ing after food intake ↑ed in severity last 2 days

OP basis USG → Intussusception

had fever- 2 episodes moderate grade

currently No fever

Outside Inv

CBC
CRP
S. Amylase
SGPT

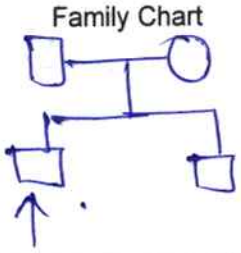
} (N)

HCV-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

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

Birth & Neonatal History:
Term / AGA / No NICU stay.

Family Chart



NCM.

Birth & Socio Economic History:

About Father:

About Mother:

Any additional Information:

Developmental History:
as per age

Immunization History:
as per NIP.

Anthropometry:

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

Weight (kgs) 16kg (Centile_____)

On Examination:

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

Resp. rate and type of breathing :

Rash –

Lymphadenopathy –

Oedema: –

Allergies (if any):

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Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Respiratory System:

Inspection (any s/o distress): (N)

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

Any Addes sounds :

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

Cardiovascular System:

Inspection of procordium : (N)

Heart Sounds : S1S2 (+)

Any murmur:

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

Per Abdomen:

Inspection : (N)

Palpation : Soft, mild tenderness in periumbilical region

Ausculation : BS (+)

Spine : External Genitelia :

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

Central Nervous System: (N)

Level of Consciousness : AVPU / GCS Score:

Cranial Nerves :

Motor System:

Nutrition : (N)

Tone: Power

Co-ordinator :

Posture:

Involuntary Movements :

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Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic: Pain Abdomen ↓ evaluation.
Transient Intussusception
Probable Enteric Fever.

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

~~CBS~~
Blood c/s
CUE
Salmonella IgM

N.B. Aruna
30/06/2026

Planned Management:

USG Abdomen ✓

Inj CEFTRIAXONE

~~Inj~~

Inj PANTOPRAZOLE

SOS Syp. cyclopam

N.B. Aruna
30/06/2026

Signature of the Doctor :
Name of the Doctor : G. Anjana
Date & Time : 30/06/26

Signature of the Consultant:
Name of the Consultant : Dr. Rajika
Date & Time : 30/6/26, 6 PM

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Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
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)

Patient Na: HCV-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Age : .....
Dr. Kandula RadhaKrishna / Dr. Raju
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26	8pm	C/S/B Dr Harsha / Dr Sra
		D = Transient Intussusception - probable Enteric fever.
		Pain Abdomen - Reduced.
		O/E
		Alert
		V/S/ds - Stable
		P/A- Soft
		mild tenderness @ periumbilical region
		urine output - good.
		Plan
		1) Trace blood cfs
		2) ~~Free~~ Count of eggs
		N.B Pawani 30/6/26 @ 8pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

1/7/26
8AM

CU/B Dr. RK/Dr. Raju/Dr. Balaji

D/C: transient intussusception
→ probable enteric fever

- No fever spikes
- Pain abdomen - reduced
- No c/o vomiting

O/E:
active, alert

P/A: soft, non-tender
, Bowel sounds (+)

Chest S1, S2 (+)

Advice:

- cont Inj. Ceftriaxone
  Inj. Esomoprazole
- trace blood c/s report
- Dr. Himaja (paed. surgeon)
  main consultation

Balaji

N/Sagari
0010
1/7/26
10am

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

HCV-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

M ☐F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	1/7/26	c/s/b Dr. RK/ Dr. Raju/ Dr. Balaji
	5pm	
		Dx: Recurrent intussception.
		+ Probable enteric fever
		c/o Abdomen pain
		. No c/o vomiting
		. No c/o fever spikes
		. oral intake + good
		O/E:
		active, alert
		. CVS - S1 S2 (+)
		. P/A - soft, non-tender
		. Bowel sounds (+)
		(100) + Passed
		. RS - BIL AE (+), clear
		Advice:
		. cont. Inj. Ceftriaxone
		Adv — Inj. Esomeprazole
		USG Abdomen — . Trace blood c/s report
	-	to look for — . Dr. Himaja mam
		intussusception / appendicitis. — consultation - 10/hr
	-	to r/o organic cause of pain Abdomen — Balaji — To do x-ray erect Abdomen

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

N. B. Sandhi
OA? ?/?/?54

2/7/26
8am

C/S/D Dr RK/Dr RK/Dr Sree

Δ = Transient Intussception
probable Enteric
fever

No fever
No Vomit / Loose stools / abd. pain

O/E

Alert.
pulse - good
vitals - stable.
P/A - soft, BS (+)
urine output - good.

Plan

1) Cont Inj ceftriaxone
2) Dr Hima's more consultation duty
3) Trace reports
4) plan D/C - today
review on monday

Sree.

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RESULT SHEET

Ref. No. : F / HW / RS / INPR / 17

HCV-00035090 IP22-00023444

Patient Baby AGASTIYA NANDAN GANDI

10-12-2022 3 Y 6 M 20 D (M)

Age : .. Dr. Kandula RadhaKrishna / Dr. Raju

I.D. No

..... No. : .....

.....

Date						
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP						
ESR						
PCT						
RBS						
Na						
K						
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine						
ALP						
SGPT						
SGOT						
T.Bill/Conj						
T.Protein						
S.Albumin						
S.Globulin						
A/G Ratio						
Uric Acid						
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

Date	30/6/26					
Time						
CUE - Alb / protein	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-3					
CUE - RBC Cells	Nil					
CUE / Epithelial cells	1-2					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Typhoid IgM	NEGATIVE					
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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

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BirthRight BY RAINBOW HOSPITALS
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Patient Name : ..... HCV-00035090 IP22-00023444 Age : .....
Baby AGASTIYA NANDAN GANDI
Gender ☐ M ☐ F - Hospital No. 10-12-2022 3 Y 6 M 20 D (M) .....
Dr. Kandula RadhaKrishna / Dr. Raju
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 CYCLOPAM

Dose	Route	Frequency	Start Dt.
5ML	P/O	SOS	

Doctor's Signature | Valid Period | Pharm.

Additional Instructions

Date / Time: 1/7

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-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

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

REGULAR PRESCRIPTIONS

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
800mg	IV	12 hrly	30/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: Dil in 20ml NS over 1hr

Date	30/6	1/7	2/7
Time			
5 AM	X		
5 PM			

Daily Doctor's Endorsement by a Sign.

DRUG : Inj ESOMEPRAZOLE

Dose	Route	Frequency	Start Dt.
15mg	IV	24 hrly	30/06

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Date	30/6	1/7	2/7
Time			
4 PM			

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.

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

HCV-00035090 IP22-00023444
Baby AGASTIYA NANDAN GANDI
10-12-2022 3 Y 6 M 20 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

	I.P. No.	Sheet No.	Wards	Weight (kg)
				16 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.
30/6/26	5 pm	DNS	IV	30	✓	Jyothi / Nagu	1/7/26 7am		~~Nagu~~ / M