

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023400

Admit Date : 26-Jun-2026

Admit Time : 09:00 PM UHID : HCV-00041101

Patient Details :

Patient Name : Baby JINNALA BALVIKISHAN

Age : 1 Y 0 M 14 D

Guardian : Mr J DEMUDU

DOB : 12-06-2025 01:00 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : Pendurthi Vishakhapatnam Andhra Pradesh
INDIA 531173

Phone No : 9703111610

E-mail : NO@GAMIL.COM

Admission Details :

Bed Type : PRIVATE ROOM

Bed No : PRI 302

Ward Name : 3F-THIRD FLOOR

Room No : PRI 302

Admission Type : First Visit

Contact Details :

Name : Mr J DEMUDU

Relationship : S/O

Contact Address : Pendurthi Vishakhapatnam Andhra Pradesh
INDIA 531173

Phone No :

X J. Dendh
Signature

Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Dr Ravi TEJA

Phone No : 7676836565

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
Nam 12-08-2025 1 Y 0 M 14 D (M) Dr. SHASHWAT MOHANTY
UHIC  Consultant : Dept.:
Date of Admission : Time: Date of Discharge: Time:
Room / Bed No : Ward : Suggested Billable bed type:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	10:20pm	CR	ward	Swile

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	THOMASNYEE	27/6/26	1768	Paishakhe
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Order linked by me

MEDICAL EQUIPMENT (WARD & ICU)					
Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6	syringe pump infusion pump	10:30 pm	10:30 pm 27/6	1573	[Signature]
27/6	syringe pump infusion pump	10:30 pm	10:30 pm stop	1280	male
27/6	syringe pump	10:30			
Ward linked by nels					

Words checked by self

Wound closed by mals

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/6/26	Siv placement	①	691456	Sunila

Boxes checked by me

ANY OTHER INFORMATION

Date: 28/6/26

Time: 9pm

Prepared By: mahabesh

Staff Nurse mahabesh	Shift / Ward 3rd floor (302)	Billing Assistant	Billing Supervisor
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Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-08-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

UHID ID



Department

Consultant



Padiatric Multiorgan History & Physical Examination

Name : Jinnala Balvikishan Age/Sex 1Y / male
Information given by: mother Reliability good

Chief Presenting Complaints & Duration (Chronologically):

Loose stools since 4 days
fever since 3 days

History of present illness:

1 year old male with H/O. Loose stools
since 4 days. ~4-5 episodes/day., not associated with blood
H/O fever, moderate grade, intermittent,
not associated with chills + rigors since 3 days.
H/O vomiting present 3 days back.
H/O Reduced feed intake since 3 days / dull
activity.
H/O Reduced urine output since 2 days

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY



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

Birth & Neonatal History:

Term / ACP / LSCS
No New admission

Family Chart



Birth & Socio Economic History:

About Father: _____

About Mother: _____

Any additional Information: _____

Developmental History:

As per age

Immunization History:

Immunized.

Anthropometry:

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

Weight (kgs) 8.50 (Centile _____)

On Examination:

Temperature: 99.2°F Pulse Rate: 110/min B.P. _____ SPO2 99% @ Pa

Resp. rate and type of breathing: 35/min

B/I As @

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____

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Baby JINNALA BALVIKISHAN

12-06-2025 1 Y 0 M 14 D (M)

Dr. SHASHWAT MOHANTY



Respiratory System:

Inspection (any s/o distress):

(N)

Air entry & breath sound:

B/L A/E

Any Added sounds:

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

Cardiovascular System:

Inspection of precordium:

(N)

Heart Sounds:

S1S2

Any murmur:

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

Per Abdomen:

Inspection:

(N)

Palpation:

Soft

Auscultation:

B/S

Spine:

(N)

External Genitalia:

(N)

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

Central Nervous System:

Level of Consciousness: AVPU / GCS Score:

/ (N)

Cranial Nerves:

Motor System:

Nutrition:

good

Tone:

Power

1/5

Co-ordinator:

(N)

Posture:

Involuntary Movements:

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Baby JINNALA BALVIKISHAN
12-08-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY



Reflexes:

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute Gastro Enteritis with Some
Dehydration

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

CBP

CRP

Cue.

S. Electrolytes

Blood cfs.

Stool cfs.

Creatinine

P.B. 10
See (018517)

26/6/26 @ 10pm

Planned Management:

- IV D5 @ 15 ml/hr

- 4mg Ceftriaxone 100mg
IV Q12h

- 4mg Ondansetron 1mg 50%

- 4mg Esomeprazole 8mg IV
Q24h

Signature of the Doctor:

Name of the Doctor:

Shashwat

Date & Time:

26/6/26 7pm

Signature of the Consultant:

Name of the Consultant:

Dr. Suman

Date & Time:

27/6/26 8pm



DISCHARGE PLAINING 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)

Patie

HCV-00041101 IP22-00023400
Baby JINNALA BALVIKISHAN
12-08-2025 1 Y 0 M 14 D (M)

Age

Dr. SHASHWAT MOHANTY

I.P. M



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26	10pm	C/S/B. Dr Aditya / Dr Sreenivas
		D - Acute Gastro Enteritis with some Dehydration
		2 loose stools - small amount <u>O/E</u>
		Alopec., CRT < 3cm
		Hemodynamically - stable
		P/A - SGT
		B5 ⊕.
		<u>Plan</u>
		1) Cont IVF @ 10mm/h
		2) Cont S/GT
		NB Stage +10:

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26

8AM

cls/B Dr. Shadawat / Dr. Greuselli

Diis: Acute gastroenteritis & some dehydration

do 2 episodes of loose stool.

no do fever

no do vomiting

no do Abdomen pain

OLE:

active, alert

p/A soft, non-tender

CVS - S1S2 (+)

RS - B/L AE (+), clear

Shamir
Denny

- Plan
- 1) Send for panel
 - 2) Envy oray.
 - 3) Trau blood cts
/ stool
cts
 - 4) Distura
consultation
 - 5) Add ops in
200 ml g
water.

Noted By Baishali

27/6/22

SPM

clerk Dr. Shachwat / Dr. Balaji

dx: Acute gastroenteritis & some dehydration

- 3 episodes of loose stools (watery + semisolid)
- 1 fever spike
- NO vomiting
- NO abdominal pain
- oral intake - poor.

dx:

acute, irritable

- pl - soft, non-lumpy
- cr - 1/2 (+)
- RT - BLAE (+), clear

Advice:

- Encourage orally
- Trace blood cl, stool cl, flu panel
- Cont. sup. Ceftriaxone
Syp. Levocetirizine

Dr.
Balaji

Noted By Balaji

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

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

HCV-00041101

IP22-00023400

Baby JINNALA BALVIKISHAN

12-08-2025

1 Y 0 M 15 D

(M)

Dr. SHASHWAT MOHANTY



1 ☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/25	8AM	DOB Dr. Shashwat / Dr. Balaji His! Acute gastroenteritis & some dehydration - do 3 episodes of loose stool (watery + scanty) - do 2 fever spikes in last 24 hrs. - No do vomiting - No do Abdomen pain - urine + not passed. OLE: active, alert. PIA → soft, non- tender • CUS → 4/12 (+) • R → BIL AEA (+), clear Advice: - Encourage orally - cont. sup. ceftriaxone - sup. cefixime - Trace blood cl, stool cl, flu-panel - plan OLE → 7th Blood cl → sterile Stool cl → growth (+) (oral). Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/20
SPM

CIS/B Dr. Aishwarya / Dr. Suminaa

No fever spikes since morning

no chills

1 episode of loose stool

oral intake - good

urine output - good

O/E

Child is sleeping

RS-B/L AE (+), clear

PIA - soft

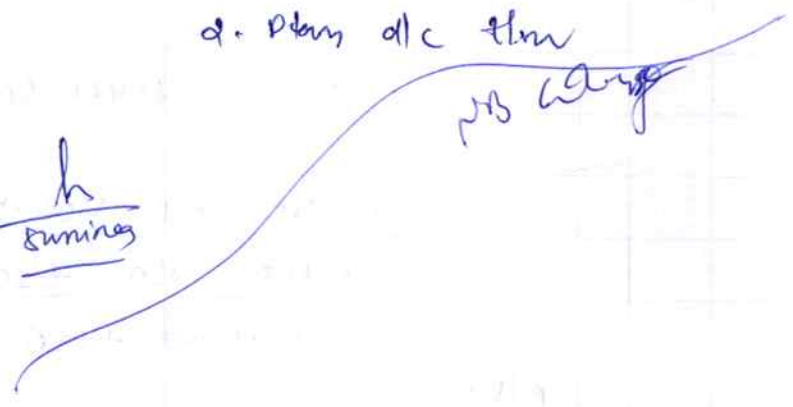
Adv

1. Trace ~~the~~ stool culture
flu panel.

2. Plan d/c then

pb *Wang*

h
Suminaa



PROGRESS NOTES

(USE BALL POINT PEN ONLY)

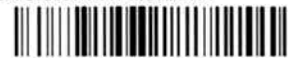
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HCV-00041101 IP22-00023400
Baby JNNALA BALVIKISHAN
12-06-2025 1 Y 0 M 17 D (M)
Dr. SHASHWAT MOHANTY

Patient

Age :

I.P. No



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	8am	c/o / B Dr Shashwat / Dr Anya / Dr Sree
		Δ = Acute Gastro Enteritis with some 1 episode of stools - semisolid Day 1
		No Vomiting
		No fever
		<u>o/e</u>
		AlexA.
		pulse - good.
		Hemodynamically - stable.
		oral - good.
		P/A - soft
		urine - output good
		<u>Plan</u>
		1) Cont 4th afternoon
		2) Plan 1/2 bowl
		Noted by Dr. Sree

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

HCV-00041101 IP22-00023400

Baby JINNALA BALVIKISHAN

12-06-2025 1 Y 0 M 14 D

Dr. SHASHWAT MOHANTY

(M)

Age :



Patient Name :

Gender ☐ M

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)

[illegible][illegible]

DRUG :			
Dose 1mg	Route IR	Frequency SOS	Start Dt. 26/6/20
Doctor's Signature <i>[Signature]</i>		Valid Period	Pharm.
Additional Instructions In case of Vomiting.			

DRUG:	SIN CETRIMAXONE	Date	26/6/2018																
Dose	500 mg	Route	IV	Frequency	Q12h	Start Dt.	26/6/2018	Time	11 AM	X	Pain relief Wound dressing								
Name & Signature of the Doctor starting the Drugs:	Dr. France																		
Additional Instructions:	Dilute in 20ml NS give over 1 hour.									11 PM	An	Handwritten signature							
Daily Doctor's Endorsement by a Sign.										d	t								

[illegible][illegible][illegible]



HCV-00041101
Baby JINNALA BALVIKISHAN
12-06-2025 **1 Y 0 M 14 D**
Dr. SHASHWAT MOHANTY

IP22-00023400

ight
SPITALS
e Delivery



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

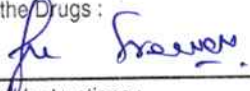
I.P. No.	Sheet No.	Wards	Weight (kg)
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REGULAR PRESCRIPTIONS

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
<u>1 Sachet</u>	<u>P.O</u>	<u>Q24h</u>	<u>29/6/25</u>

Date
Time

Name & Signature of the Doctor starting the Drugs :


Additional Instructions :

Daily Doctor's Endorsement by a Sign.

DRUG : SYP ZINCORNA

Dose	Route	Frequency	Start Dt.
<u>5</u>			

Date
Time

Name & Signature of the Doctor starting the Drugs :

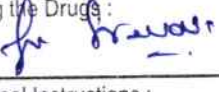
Additional Instructions :

Daily Doctor's Endorsement by a Sign.

DRUG : 2 + D drops

Dose	Route	Frequency	Start Dt.
<u>1 ml</u>	<u>P.O</u>	<u>Q24h</u>	<u>29/6/25</u>

Date
Time

Name & Signature of the Doctor starting the Drugs :


Additional Instructions :
1ml = 20mg

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.

Patient Name :

HCV-00041101
Baby JINNALA BALVIKISHAN
12-06-2025 1 Y 0 M 14 D (M)
Dr. SHASHWAT MOHANTY

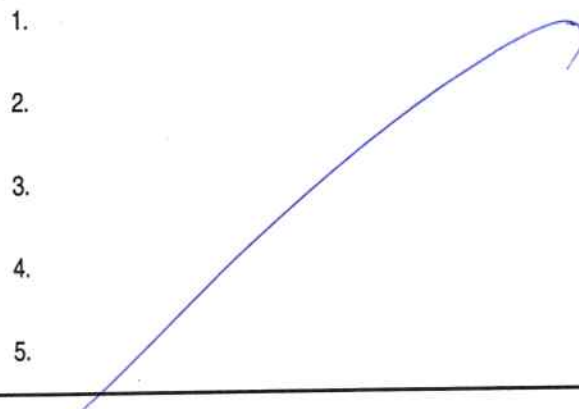
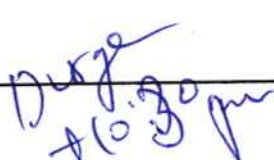
Sheet No.

Weight (kg)

8.5 kg

[illegible]

PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00041101 IP22-00023400 Baby JNNALA BALVIKISHAN 12-06-2025 1 Y 0 M 14 D (M) Dr. SHASHWAT MOHANTY 	Date & Time of Admission 26/6/26 @ 9:00 PM	Date & Time of Transfer Order 26/6/26 @ 10:20 PM
	Transfer ordered by Dr. Sreeralli	Reason for Transfer Admission
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 Sreele	Name of person ordering transfer Dr. Sreeralli	Name & Signature of Nurse Supervisor veeralakshmi
Referral note & referral Doctor Name:		
Patient & Clinical records received by:		
Signature with Date & Time  26/6/26		

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