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 : IP22-00023442 **Admit Date** : 30-Jun-2026 **Admit Time** : 11:50 AM **UHID** : HCV-00041202

Patient Details :

Patient Name	: Master AVINASH PANDA	**Age**	: 4 Y
Guardian	: Mr KALU CHARAN PANDA	**DOB**	: 10-12-2021
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Berumphur HO Baleshwar Orissa INDIA 760001	**Phone No**	: 9337094429/
		E-mail	: no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 103 **Ward Name** : 1F-FIRST FLOOR

Room No : SPVT 103 **Admission Type** : First Visit

Contact Details :

Name : Mr KALU CHARAN PANDA **Relationship** : S/O

Contact Address : Berumphur HO Baleshwar Orissa INDIA 760001 **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : FRIENDS **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : NIVA BUPA HEALTH INSURANCE COMPANY LIMITED

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ACTIVITY RECORD FOR BILLING

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

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

UHID No :.....IP No :.....Dept.:.....

Date of Admission :.....Discharge:.....Time:.....

Room / Bed No :.....\.....Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
30/6/26	12:50PM	ER	319	Renuka

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	MOTHERMED	30/6/26	2524	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Orders checked by nurse

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
30/6/20	Infusion pump Syringe pump	1pm	1/7/20 10Am @1pm	2519	
1/7	syringe pump	1pm	2/7 1pm	2741	

Work checked by nurse

INVESTIGATIONS

Date	Investigations	Order No.	Signature
30/6/24	CBP, CRP, ESR, Blood cls, Electrolytes, CUE, urine cls, PLupanel	26013982	Ramya.
	GRBS 91mg/dl	26013984	Ramya.

Cross checked by nurse

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
20/6/16	IV. placement	①	89246	Penny

Cross checked by me

ANY OTHER INFORMATION

Date: 1/7/16 Time: 11pm Prepared By: Mahalakshmi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Mahalakshmi	3rd floor (319)		

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PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

RCHHCV/FRM/GENERAL/065

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : Avinash Age/Sex

Information given by: Reliability

Chief Presenting Complaints & Duration (Chronologically):

- Fever x 7 days
- Oral intake - decreased

History of present illness:

Child was relatively asymptomatic before 7 days then he developed fever, insidious onset, intermittent, Mild grade associated with decreased oral intake.

No any - Vomit, Cough, cold, Chills, Rigors

-> Child taking Antibiotics since 3 day
Syr. Amoxiclav x 3 d
Syr. Fluvir x 1 d
Tab. Doxycycline x 2 d

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

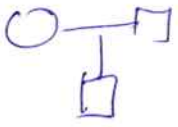
Past History : (Including details of any previous investigation or treatment)

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) 20.7 kg (Centile_____)

On Examination:

Temperature: (N) Pulse Rate : 99 BPM B.P. 116/80 (91) mr 98% RA

Resp. rate and type of breathing :

RR - 28 / min Throat - (N)

Rash

Lymphadenopathy

Oedema:

Allergies (if any):

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

Respiratory System:

Inspection (any s/o distress):

Air entry & breath sound : BIL AE (+), Clear

Any Addes sounds :

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

Cardiovascular System:

Inspection of procordium :

Heart Sounds : S1 S2 (+)

Any murmur:

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

Per Abdomen:

Inspection :

Palpation : Soft

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-00041202 IP22-00023442
Master AVINASH PANDA (M)
10-12-2021 4 Y
Dr. SHASHWAT MOHANTY

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute Febrile illness
(? viral / ? Bacterial)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBP
- LRP
- ESR
- CUE
- Blood C/S
- Urine C/S.
- Sr. Electrolyte
- FLU Panel

N.B
Pans
12PM
30/6/26

Planned Management:

- IVF DNS @ 30 ml/hr.
- Inj. Ceftriaxone 1gm IV B.D
- Syp. P250 SOS.
- Syp. IBUGESIC SOS

Signature of the Doctor :

Name of the Doctor : Dr YASH

Date & Time : 30/6/26

Signature of the Consultant:

Name of the Consultant :

Date & Time :

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

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 I HCV-00041202 IP22-00023442
Master AVINASH PANDA
Age : ... 10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/22	8pm	C/S/B Dr praveen / Dr Sree
		D = Acute febrile Illness { - ? Viral ? bacterial
		No fever spikes today No diarrhoea oral intake - good
		O/E Alert RS - B/L AE (+) P/A - Soft urine output - good. stools - passed.
		CRP - 2.1 ESR - 50.
		L/E: Throat - (N) No joint pain No Rash
		P/A 1) Trace blood cells urine cells pus
		Shared

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

1/7/26
8am

C/S | B Dr Shaswat / Dr Sree

D = Acute febrile illness < ? Viral / ? Bacterial

No fever spikes
No cough / cold.
Oral - good

O/E

Alert
pulse - good,
Haemodynamically stable
RS - B/L AE (+)
P/A - soft.
No HSM.

L/E -
- Throat - Normal
- Rashes (+) - erythematous over trunk.
- No LN enlargement

plan -

1) w/f fever
2) Cont inj ceftriaxone - D2
syp [illegible] - D2
. trace blood c/s

[illegible] at 9 AM

Sree.

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041202 IP22-00023442
Master AVINASH PANDA
Pati 10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY
Age F
I.P. No. ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
11/7/26		S/B Dr SM / Dr Komb
	4PM	
		Acute Febrile illness
		? Viral
		? Bacterial
		- No Fever
		- No cough, No cold
		- Oral intake good
		O/E - Alert
		R/S - Clear
		Throat - Clear
		U/O - good
		- No L.N enlarg.
		Adv
		- (T) Blood C/S
		- (T) FBC Panel.
		- Inj. Ceftriaxone
		Syp. Fluvin
		Dr MAPM
		N. By Coun

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

2/7/26
8am

c/s/o Dr shashwat / Dr Sree

Δ = Acute febrile illness
- ? Viral

No fever
No Vomit | loose stools

O/E

Alert
pulse- good
vitals- stable
RS - AB/L AE (+)
P/A - soft
urine- good
stools- passed

Plan:-
- D/c today

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient Name : .....

Age : ..... Gender ☐ M ☐ F

I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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RESULT SHEET

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

Patient Name : .....
Age : ..... Gen
I.D. No. : .....

outside

Date	29/6/26	30/6/20				
Time	(outside)					
Hb	10	11.5				
PCV	33-2	35.0				
RBC	5.14	5.22				
WBC	5306	6.64				
N/L	70%/25%	25.5/69.6				
Platelets	3.01	3.62				
CRP	5.11 mg/L	2.1				
ESR		50				
PCT MCV	64.6					
RBS MCH	19.1					
Na MCHC	29.4	137				
K		3.88				
Cl		110				
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	29/6/26	30/6/26				
Time	Outside					
CUE - Alb	Nil	Nil				
CUE - Sugar	Nil	Nil				
CUE - Ketones		Negative				
CUE - PUS Cells	1-2	2-3				
CUE - RBC Cells	Nil	Nil				
CUE Sp.	Acidic					
Epithelial		Nil				
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
Thyroid						
TgG, TgM	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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Patient Name : ..... HCV-00041202 IP22-00023442 .. Age : .....
Master AVINASH PANDA
Gender ☐ M ☐ F - Hosp 10-12-2021 4 Y (M) .....
Dr. SHASHWAT MOHANTY
Consultant : ....
Date of Admission : ....

DRUG ALLERGIES : N/A

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.
6 ml	PO	SOS	30/6

Doctor's Signature: ✓ | Valid Period: | Pharm.:

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

Date / Time

DRUG : Syp-Ibuchesz

Dose	Route	Frequency	Start Dt.
10 ml	PO	SOS	30/6

Doctor's Signature: ✓ | Valid Period: | Pharm.:

Additional Instructions: 5ml/100mg Temp >102°F

Date / Time

DRUG :

Dose	Route	Frequency	Start Dt.

Doctor's Signature: | Valid Period: | Pharm.:

Additional Instructions:

Date / Time

HCV-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

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

REGULAR PRESCRIPTIONS

				Date/Time	30/6	1/7
DRUG : Inj CEFTRIAXONE						
Dose	Route	Frequency	Start Dt.			
1 gm	IV	q12H	30/6	11 Am	(1PM)	
Name & Signature of the Doctor starting the Drugs: Dr YASH						
Additional Instructions: Dilute in 20 ml NS over 1 hour.				11 Pm		
Daily Doctor's Endorsement by a Sign.						

				Date/Time	30/6	1/7	2/7
DRUG : SYP OSELTAMIVIR							
Dose	Route	Frequency	Start Dt.				
5 ml	PO	Q12h	30/6/2	6 Am	X	not giving 10AM	
Name & Signature of the Doctor starting the Drugs: Sreeja							
Additional Instructions: 5ml/60 mg.				6 pm			
Daily Doctor's Endorsement by a Sign.							

				Date/Time
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign.				

				Date/Time
DRUG :				
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor starting the Drugs:				
Additional Instructions:				
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-00041202 IP22-00023442
Master AVINASH PANDA
10-12-2021 4 Y (M)
Dr. SHASHWAT MOHANTY

	I.P. No.	Sheet No.	Wards	Weight (kg)
				20.7 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.
3/6	12 pm	DNS	IV	30		Kalyan / Raja	11/7/26		Durga / Kalyani