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 : IP22-00023416 **Admit Date** : 27-Jun-2026 **Admit Time** : 10:56 PM **UHID** : HCV-00041149

Patient Details :

Patient Name	: Master DAMISETTI VEDANSH	**Age**	: 6 Y 1 M 3 D
Guardian	: MALLESH	**DOB**	: 24-05-2020
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Vizianagaram Vizianagaram Andhra Pradesh INDIA 531202	**Phone No**	: 9916898936
		E-mail	: no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 315 **Ward Name** : 3F-THIRD FLOOR

Room No : SPVT 315 **Admission Type** : First Visit

Contact Details :

Name : MALLESH **Relationship** : Father

Contact Address : Vizianagaram Vizianagaram Andhra Pradesh INDIA 531202 **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 : FAMILY HEALTH PLAN INSURANCE TPA LTD

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ACTIVITY RECORD FOR BILLING

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

UHID No :..... HCV-00041149 IP22-00023416 onsultant :.....Dept.:.....

Master DAMISETTI VEDANSH
Date of Admission :. 24-05-2020 6 Y 1 M 3 D (M) ...Date of Discharge:.....Time:.....
Dr. Kandula RadhaKrishna / Dr. Raju

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6	11PM	ER	3rd floor	Sirisha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Prophylaxis	29/6/26	692264	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
28/6	Syringe pump / Infusion pump	12:15 Am	29/6 12:15 Am	1842	Nowak
29/6	Syringe pump / ~~Infusion pump~~	12:15 Am	30/6 12:15 Am	2081	Mounika
30/6	Syringe pump	12:15 Am	1/7/26 12:15 pm	2621	Nowak
01/7	Syringe pump	12:15 Am	2/7/26 12:15 am		OT

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/6	Throat Swab c/s*	3808	
29/6	Chest - x-ray	7195	
29/6	CRP	3855	
29/6	USG Abdomen & pelvis	007232	
29/6	CUE	13943	
1/7	CRP	14027	

Copy checked by Dr

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6	IV Placement	1	91791	Srishty
1/7	IV placement	1	2727	

ANY OTHER INFORMATION

Date: 1/7/26 Time: 8a Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 3 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Patient Name :_____

UHID ID :_____

Department :_____

Consultant :_____

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 3 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

- Fever x 3 days
- Decreased oral intake x 2 d

History of present illness:

Child was Relatively asymptomatic before ~~3~~ 3 days then he developed Fever, incidious onset, intermittent Mild - Moderate grade associated with decreased oral intake.

N/V/D - Cough, cold, Vomit

LE - Acute Tonsillitis.

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 8 Y 1 M 3 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

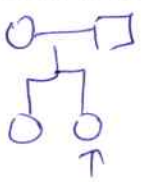
Past History : (Including details of any previous investigation or treatment)

No significant

Birth & Neonatal History:

Preterm/NVD/1.8 kg/NICU admission

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) 14 Kg (Centile_____)

On Examination:

Temperature: (N) Pulse Rate : 100 BPM B.P._____ SPO2 99 % RA

Resp. rate and type of breathing :

RR- 30/min

Rash

Lymphadenopathy NO ~~to~~ palpable

Oedema:

Allergies (if any): -

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 3 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

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 : 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-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 3 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute Tonsillitis / Acute Febrile Illness

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

Planned Management:

- Inj. CEFTRIAXONE 750 mg IV BD
- Inj. CLINDAMYCIN 150 mg TID
- IVF DNS @ 35 ml/hr

Noted by Dr. Vedansh

Signature of the Doctor :

Name of the Doctor : DAMASH

Date & Time : 27/6/20

Signature of the Consultant:

Name of the Consultant :

Date & Time :

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 3 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)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CLS/B Dr. Raju | Dr Balaji
28/6/22	8AM.	DSI: Acute febrile illness ? ~~tonsillitis~~
		• c/o ↑ fever spikes in last 24 hrs • NO c/o cough & cold. • oral intake - good.
		O/E: active, alert • RS → BIL AE (+), clear • CVS → S_1, S_2 (+) • P/A → soft, non-tender
		Adv: • Encourage orally • inj. ceftriaxone • inj. clindamycin • USG Abdomen + Pelvis • CXR: PA → Rpt • throat swab → new culture • Betadine gargling Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/20
5PM

CIS/B Dr. Aishwarya / Dr. Sumina

Δ^{in} - Acute Febrile Illness

c/o fever spikes since morning

no c/o cough

no c/o sore throat

no c/o difficulty in swallowing

O/E

CVS - S_1S_2 (+)

RS - BL AE (+)

Adv

1. USG abdomen +/m

2. CXR +/m

3. Cont betadine gargling

4. Trace throat swab culture

N/B signed on 28/6

To do:-

USG abdomen & Pelvis.

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 4 D (M)
Pati Dr. Kandula RadhaKrishna / Dr. Raju
Age F
I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	8AM	c/s/o Dr. RKL / Dr. Raju / Dr. Balaji
		DOI: Acute febrile illness
		- c/o 3 fever spikes in last 2 days • NO c/o cough • NO c/o difficulty in swallowing, • oral intake + good
		O/E: active, alert
		• RS + BIL AE (+), clear • CVS + S1S2 (+) • P/A → soft, non-tender.
		Advise: • CRP → next prick • USG Abdomen & pelvis → TODay • Cont- betadine gargles • Trace throat culture • Cont. Inj. ceftriaxone Inj. Clindamycin

Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/26 — c/s/B Dr. Praveen | Dr. Balaji

5pm

Dx: Acute febrile illness

- No c/o further fever spikes
- No c/o cough (+)
- No c/o difficulty in swallowing

O/E:

active, alert

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

CRP → 96

To do CUE

c̄ urine microscopy

Advice:

- cont. I.V antibiotics
- trace throat swab culture.
- cont. betadine gargling

Dr Balaji

p/Bopi ... 29/6

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 8 Y 1 M 5 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju
Age
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	30/6/26 8AM	c/o B Dr RK/ Dr. Balaji
		Dx: Acute febrile illness
		• No c/o fever
		• No c/o cough
		• No c/o difficulty in swallowing
		• Oral intake → good
		O/E:
		active, alert
		• RS ↓ BL AE ⊕, clear
		• CVS ↓ S1 S2 ⊕
		• P/A ↓ soft, non-tender
		Advice:
		• Cont. Inj. Ceftriaxone (D3)
		Inj Clindamycin (D3)
		• CRP } Done
		ESR } 2/7/26.
		Balaji
		Noted by Kalyani

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/26
5pm

c/s/B Dr praveen/Dr Sree

D = Acute febrile Illness

No fever/ cough
No Vomiting.

O/E

Alert
RS - B/L AE ⊕
P/A - soft
vitals -> stable

on inj ceftriaxone - D4
inj clindamycin - D4

P/n

- TO D6
CRP] 2/7/26
ESR]

P B monitor

[signature]
Sreeja

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pa HCV-00041149 IP22-00023416 ....
Master DAMISETTI VEDANSH
A(24-05-2020 6 Y 1 M 7 D (M)] F
Dr. Kandula RadhaKrishna / Dr. Raju
I. .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	11/7/26 8AM	c/s/b Dr RK/Dr. Raju/Dr. Balaji
		Dx: Acute febrile illness
		• NO further fever spikes • NO c/o cough • NO c/o difficulty in swallowing • oral intake → good
		O/E: • active, alert. • P/A → BL AE(+), clear • CVS → S1 S2(+) • P/A → soft, non-tender
		A/ Dx: • Cont. Inj. ceftriaxone (Dy1) • Inj. Clindamycin (Dy1) • ~~CRP~~ / ~~ESR~~ @ ~~8/7/26~~ • CRP / ESR → 11/7/26 today. Balaji • Dx → ~~Resp~~ Respiratory • Tab. Amoxy clav 250 mg BD • Cap. Clindamycin

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

11/7/26 — C/U/B Dr. Harika | Dr. Balaji

5pm

DSIL: Acute febrile illness

- No c/o fever
- No c/o burning micturition
- Oral intake - good.

O/E:

- active alert
- RS - BLL AE(+), clear
- CVS - $S_1 S_2$ (+)
- P/A - soft, non-tender

Advice:

- cont Inj. Ceftriaxone
- Inj - Clindamycin
- plan O/C - TLm.

Balaji

N.By Gowri

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH .....
24-05-2020 6 Y 1 M 7 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju ☐ F
.....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	21/7/20 8AM	c/s/B Dr. RK / Dr. Raju / Dr. Balaji
		DBFS: Acute febrile illness (? UTI)
		. NO c/o fever
		. NO c/o pain Abdomen
		. NO c/o burning micturition
		. Oral intake + good.
		O/E:
		afebrile, afeb
		RS → BIL AE (+), clear
		. CVS → S1, S2 (+)
		. P/A → soft, non-tender
		CRP → 75 → 128
		ADVICE:
		. cont. Inj. ceftriaxone (OS)
		Inj. clindamycin (OS)
		. plan d/c → 100 day
		. MCUG → on follow up
		. ~~CRP~~ ~~tom @ 6AM~~
		~~ECR~~
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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RESULT SHEET

Patient Name HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH .....
Age : ..... G 24-05-2020 6 Y 1 M 3 D (M) .....
Dr. Kandula RadhaKrishna / Dr. Raju
I.D. No. : ....

Date	29/6	1/7				
Time						
Hb						
PCV						
RBC						
WBC						
N/L						
Platelets						
CRP	75	28				
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	29/6					
Time						
CUE - Alb	Nil					
CUE - Sugar	Nil					
CUE - Ketones	Negative					
CUE - PUS Cells	2-3					
CUE - RBC Cells	NIL					
CUE Epithelial	1-2.					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
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 : .... Age : ....

Gender ☐ M ☐ F - Hospital No. : ..

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 3 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 / 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. PARACETAMOL				Date / Time: 28/6
Dose	Route	Frequency	Start Dt.	
4ml	p/o	SOS	28/6/22	[signature]
Doctor's Signature		Valid Period	Pharm.	[signature]
[signature]				
Additional Instructions: Belap 5ml = 250mg				

DRUG : SYP. IBUGESIC.				Date / Time: 28/6	29/6
Dose	Route	Frequency	Start Dt.		9pm
7ml	p/o	SOS	28/6/22	12 Am [signature]	[signature]
Doctor's Signature		Valid Period	Pharm.		
[signature]					
Additional Instructions: BALAJI 100mg + 5ml..					

DRUG :				Date / Time
Dose	Route	Frequency	Start Dt.	
Doctor's Signature		Valid Period	Pharm.	
Additional Instructions				

HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 3 D (M)
P Dr. Kandula RadhaKrishna / Dr. Raju

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

REGULAR PRESCRIPTIONS

DRUG : Inj. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
750 mg	IV	BD	27/6

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	27/6	28/6	29/6	30/6	1/7										
Time															
11 AM	X														
11 PM															

DRUG : Tab. CLINDAMYCIN

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

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

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date	27/6	28/6	29/6	30/6	1/7	2/7									
Time															
6 AM	X														
2 PM	X														
10 PM															

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

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

Patie HCV-00041149 IP22-00023416
Master DAMISETTI VEDANSH
24-05-2020 6 Y 1 M 4 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju

I.P. No.	Sheet No.	Wards	Weight (kg)
			15 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.
27/6	11PM	DNS	Iv	35	[illegible]	mouika / [illegible]	28/6		[illegible] / [illegible]