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 : IP22-00023407 **Admit Date** : 27-Jun-2026 **Admit Time** : 05:56 AM **UHID** : HCV-00036023

Patient Details :

Patient Name	: Baby LALITH AGASTHYA	**Age**	: 0 Y 5 M 29 D
Guardian	: Mr PRUDVI	**DOB**	: 30-12-2025 10:29 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Resapupalem Vishakhapatnam Andhra Pradesh INDIA 530013	**Phone No**	: 7995193613
		E-mail	: no@gmail.com

Admission Details :

Bed Type : SUITE **Bed No** : SUITE 202 **Ward Name** : 2F-SECOND FLOOR

Room No : SUITE 202 **Admission Type** : First Visit

Contact Details :

Name : Mr PRUDVI **Relationship** : Father

Contact Address : Resapupalem Vishakhapatnam Andhra Pradesh INDIA 530013 **Phone No** :

Signature

Doctor Details :

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

Referral Doctor : Self **Phone No** :

Co-Consultant : Dr. RAJNI MUKHERJEE

Payment Details :

Payment Mode : DC/CC Card **Deposit Amount** : 20000.00

Payor Name : SELFPAY

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ACTIVITY RECORD FOR BILLING

HCV-00036023 IP22-00023407
Name Baby LALITH AGASTHYA
30-12-2025 0 Y 5 M 28 D (M)
Dr. SHASHWAT MOHANTY
UHID

.....Consultant :.....Dept.:.....

Date c .Time:.....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	6:50 Am	ER	PICU	Sneha
27/6/26	8:30 pm	PICU	2nd floor [201]	Deepika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
27/6/26	Cardiac monitor	7AM	7am 28/6/26	1574 ✓	[illegible]
27/6/26	Syringe pump	8 AM	8:30pm 27/6/26	1586 ✓	[illegible]
27/6/26	Infusion pump	11 Am	6:30pm.	~~[illegible]~~ 91711	Monika

Cross checked by Deepika

Cross checked by Pavani 28/6/26 @ 10pm

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6	X-ray chest	7128 ✓	[illegible] (183177)
	CBP, CRP, Electrolytes	13717 ✓	
27/6	RBS [90 mg/dl]	13722 ✓	[illegible]
27/6	Blood culture.	13726 ✓	[illegible]

Cross checked by Deepika 27/6/26

Cross checked by Pavani 28/6/26 @ 1/10pm.

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	Iv placement	9	91571 ✓	Sy
27/6/26	Nebculisation	2	1576 ✓	Rajesh
27/6/26	Nebulization	2	91682 ✓	Mounika
27/6/26	Nebulisation	4	69176 ✓	M
28/6/26	Nebulization	7	91871 ✓	Deepika 8
28/6/26	Nebulisation	2	91957 ✓	M
28/6/26	Nebulization	1	92008 ✓	Mad
28/6/26	Nebulisation	1	92012 ✓	pallavi
29/6/26	Nebulisation	4	92124	pallavi

Cross checked by pallavi 29/6/26 @ 10pm

ANY OTHER INFORMATION

Date: 28/6/26 Time: 10pm Prepared By: pallavi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
pallavi			

Ref. No. : F/PICU / ADMR / 08

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PEDIATRIC INTENSIVE CARE ADMISSION RECORD

Name: Baby LALITHA AGASTHYA Age: 6 months Gender: male

I.P. No: 23407 - UHID No.: HCV-36023

Father's / Mother's Name: Pruvi Age: 32y

Address: Resapupalem Visakhapatnam
Andhra pradesh India 530013

Tel: 7995193613 E-mail: no@gmail.com

Date of PICU admission: 27/6/26 Time 8 AM ☑ am ☐ pm

Reffered Patient ☐- Self Referral ☑ - Rainbow Patient ☐

Transferring Unit : ☐ Ward ☐ OT - Transported ? ☐ Yes ☑ No - If yes : ☐ Long (> 30 kms) ☐ Short (<30 kms)

Referring Consultant: —

Admitting Consultant: Dr. Shaswat

Indication for PICU referral: fast Breathing, fever.

Prism III score at 24 hors of admission: Worse SOFA Score:

Date of : Discharge: Transfer: Death:

Duration of ICU Stay:

Final Diagnosis:

Presenting Complaints / Chief Complaints : 6 month old female child was brought to ER with fever, moderate grade intermittent since 2 day. H/o cough - brassy type / cold since 2 days. H/o decreased food intake since 1 dy, 1 day with dull activity.

c/o Difficulty in breathing since 2 days, ord. was treated with back to back nebulisation in OP. came to ER. for further management.

Past History (Including Previous treatment and investigations) : -

Birth and Developmental History : LSCS / Term / AGA

NO NICU admission

H / O Allergy : -

Family History : Nil

immunization History :

INITIAL ASSESSMENT

RBS: 90mg/dl Temperature : 100'1 Weight (kg) : 8.5kg

RESPIRATORY SYSTEM FINDINGS :

Air Way : ☑ Open ☐ Maintainable ☐ Not Maintainable ☐ Intubated, If Intubated, Size & position of ETT :

Respiratory Examination Finding : (Air entry, breath sounds, S/o distress etc.) : Respiratory Rate : 65/min B/L AE (+) , B/L wheeze (+) with respiratory distress with subcostal retractions

SPO_2 : 97% @ RA O_2 by NC / FM / NRB mask / Oxyhood, at L / min

Ventilatory Support : ☐ Yes ☑ No - Day # of Vent : Respiratory Efforts :

Ventilatory Setting : Leak around ETT : – Delivered Vt :

ABG : – $EtcO_2$ – P/F ratio: O.I :

Any Nebs : Neb Adx + Levolin ICD ? ☐ Yes ☐ No, if Yes details :

CXR :

CARDIO VASCULAR SYSTEM CLINICAL EXAM : Heart Rate : 138/min Cardiac Rhytho :

(Heart sounds, murmur etc.) :

Quality of Pulses : good cap refill Time : < 3 sec Liver Edge : < 2 cm below Rt costal Margin

Blood Pressures : NIBP : IBP : CVP :

Infusion of any Inotropes? : ☐ Yes ☑ No - If yes, then details :

Any Other Infusions : –

Last 2D Echo Findings : –

Size of the heart and lung fields in latest CXR : –

Arterial line in Situ : ☐ Yes ☑ No Place of art, line & its condition:

Central line in Situ : ☐ Yes ☑ No Place of central line & its condition :

INFECTION and ANTIBIOTICS :

☑ Febrile ☐ Afebrile Current Antibiotics Details (Antibiotic name and day #):

Cultures Done outside ? ☐ Yes ☑ No - If Yes, details :

Describe c/s Reports :

Other Labs (Latex, Serology, etc):

Ongoing Antibiotics :

Adbominal Exam: P/A - Soft
BS (+).

ENT Exam :

Central Nervous System:

Level of Consciousness : AVPU / GCS score : Nor md.

Neurological Findings :
Alert.

Relevant data from outside (Neuro imaging any ongoing medications etc) : –

Clinical Summary and Provisional Diagnosis: Croup with LRTI (Acute Laryngo Tracheo Bronchiolitis) Lower Respiratory tract Infection

PLAN OF CARE

Preventive aspects of the treatment:

Desired goals of the treatment:

PLANNED INVESTIGATIONS

CBP
CRP
CXray.
S. electrolytes

N. BSCU

PLANNED MANAGEMENT

1. NEB Budecort 1/2 respule stat ↓ Q12h
2. NEB Adrenaline 4ml Q8th h
3) NEB LEVOSALBUTAMOL 0.31 y Q3rd h
4) LFNC, [illegible] @ 1 Litre

Doctor's Signature: [signature]
Name: Sravan

Consultant's Signature: [signature]
Name: [signature]

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor:
2. Name of the referring Hospital:
   Address:
   Contact Numbers:
3. Contact Details of the referring Doctor:
   Mobile No : E-mail ID :
4. Name of the Doctor in Rainbow Team: Dr. Shashwat Mohanty.
   on whose name the patient is being referred.

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Na HCV-00036023 IP22-00023407
Baby LALITH AGASTHYA
Age : ..... 30-12-2025 0 Y 5 M 28 D (M)
Dr. SHASHWAT MOHANTY
I.P. No. : .

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
2/7/2026	0910hrs	S/B. Dr. Rajni Mukherjee.
		A case of Ac. CROUP c LRTI Admitted early morning At present, Cheerful / Playful / Had feed. Afebrile · No vomitings Vitals - HR 115/min No cyanosis RR - 26/min SPaO2 99%. Lungs - Mild chest retractions Conducted sounds + Abds - NAD - R/ O2 + . 1 · Nebulization Budecort Respule ½ — 12hly Levolin 0.31 4hrly CRP - 10 LFNC - O2 Inj. Ceftriaxone 400mg IV stat dose in view of LRTI. To deescalate doses later after D/W Dr. Shashwat Keep Hydrated MD Paeds

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/01/26   SIB Dr Shashwat / Dr Yash

10 PM   Croup with ~~Acute~~ Lower Respiratory Tract infection

- Currently child on Room air
- Subcostal Retraction (+)
- No Fever, ~~Abd~~
- Cough (+)

O/E - Active

R/S - B/L Wheeze (+), Inspiratory Stridor (+).
- SCR (+), CXR - Steeple Sign (+)
- Increased work of breathing (-)
- RR - 44/min.
- SpO_2 - 98%.

CVS - S1S2 (+)

P/A - soft.

Feeding well.

Adv

- Cont. Neb. Budecort
  Neb. Levolin
  Neb. Adrenaline
- Cont. Inj. Ceftriaxone
- Cont DNS @ 25 ml/hr.
- (T) Blood C/S

⇒ Dr Tapas

Noted by Mounika

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name : HCV-00036023 IP22-00023407
Baby LALITH AGASTHYA
30-12-2025 0 Y 5 M 28 D (M)
Dr. SHASHWAT MOHANTY
Age : .....
I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26	1	Counselling Notes Dr. Shaswat
		The patients were counselled about the child's current clinical condition. - Need for PICU support is explained. Regular Nebulisation & O_2 support is needed for 24-48 hours. - On examination - Wheeze present. - If patient is improving well, can be shifted to ward

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26 S/B Dr. Shashwat / Dr Yash
5PM

Croup with Lower Respiratory Tract Infection

- Currently child on Room air
- No Signs of Distress
- No Fever

O/E - Sleeping
R/S - B/L AE (+)
- Inspiratory Stridor (+)
- No wheeze
- RR - 36/min
- SpO_2 - 98%.

P/A - soft

Adv

- Cont. IVF DNS @ 25ml/hr
- encourage orally
→ Cont. Neb. Levolin
Neb. Budecort
Neb. Adrenaline
Inj. Ceftriaxone

Noted by
Merali
0268804
27/6/26
8PM

Dr YASH

HCV-00036023 IP22-00023407 15
Baby LALITH AGASTHYA
30-12-2025 0 Y 5 M 28 D (M)
Dr. SHASHWAT MOHANTY

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

P:
A
I.P. No. :
□ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	28/6/26 8AM	C/B Dr. Shashwat / Dr. Balaji
		Dx: croup with lower respiratory tract infection
		· currently on room air no distress · no c/o fever · Feeding + well.
		O/E: active, alert. RS → B/L AE (+), inspiratory stridor (+) P/A → soft, non-tender
		Advice: · Encourage orally · cont. Neb. levolin · Neb. bude cont. · Syp. fluvir · Neb. Adrenaline stop · plan D/c → 10/m - Add Nasoclear drops Balaji
		Noted by [illegible] 02/3/26 8AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/Jun/2026
1130hrs

S/B Dr. Rajni Mukherjee
- Improvement maintained.
- Lungs - Clear

R
As per chart

Rmukherjee
Dr. RAJNI

28/6/26
6PM

C/S/B Dr. Aishwarya | Dr. Suminaa

Δ - croup c̄ lower respiratory tract infection

Child in room air
NO ehe signs of distress
cough reduced
feeding - good

O/E
child is active
RS - B/L AE ⊕, conducted sounds
P/A - soft
nose block - ⊕

Adv
1. Cont neb. levolin
Budecort
2. Cont Syp. Fluvir
3. Plan D/c Hpm

Suminaa

noted by
MO
6PM

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient Name: HCV-00036023 IP22-00023407
Baby LALITH AGASTHYA
30-12-2025 0 Y 5 M 28 D (M)
Dr. SHASHWAT MOHANTY

Age : ....

I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	8am	
		blood
		c/s sent

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient Name :	HCV-00036023 IP22-00023407 Baby LALITH AGASTHYA 30-12-2025 0 Y 5 M 28 D (M) Dr. SHASHWAT MOHANTY .... Age : ....
Gender ☐ M	....
Consultant :	....
Date of Admission :	....
DRUG ALLERGIES :	Not Known

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

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

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

HCV-00036023 IP22-00023407
Baby LALITH AGASTHYA
30-12-2025 0 Y 5 M 28 D (M)
Dr. SHASHWAT MOHANTY

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

GULAR PRESCRIPTIONS

DRUG : NEB LEVOSALBUTAMOL

Dose	Route	Frequency	Start Dt.
0.31mg	Neb	@3H	27/06

Name & Signature of the Doctor starting the Drugs: D. JAYASURYA

Additional Instructions: + 3ml NS

Daily Doctor's Endorsement by a Sign.

Date / Time

DRUG : NEB BUDECORT

Dose	Route	Frequency	Start Dt.
½ respul	Neb	@12H	27/06

Name & Signature of the Doctor starting the Drugs: D. JAYASURYA

Additional Instructions: 1 respul : 0.5mg

Daily Doctor's Endorsement by a Sign.

Date / Time 27/6 28/6 29/6

DRUG : NEB ADRENALINE

Dose	Route	Frequency	Start Dt.
4ml	Neb	@8H	27/06

Name & Signature of the Doctor starting the Drugs: D. JAYASURYA

Additional Instructions: + 4ml saline

Daily Doctor's Endorsement by a Sign.

Date / Time 27/6 28/6

DRUG : Inj CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
400mg	IV	@12H	27/06

Name & Signature of the Doctor starting the Drugs: D. JAYASURYA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

Date / Time 27/6

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

HCV-00036023 IP22-00023407
Baby LALITH AGASTHYA (M)
30-12-2025 0 Y 5 M 28 D
Dr. SHASHWAT MOHANTY

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

REGULAR PRESCRIPTIONS

DRUG

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs :

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

DRUG : REFRESH EYE DROPS

Dose	Route	Frequency	Start Dt.
2°	Eye	Q4H	27/6.

Name & Signature of the Doctor starting the Drugs : Dr. Harika.

Additional Instructions :

Daily Doctor's Endorsement by a Sign.

Date / Time	27/6	28/6	29/6
1am	X	[signature]	X
5am	X	[signature]	[signature]
9am	X	[signature]	
1pm	X	[signature]	
5pm	[signature]	[signature]	
9pm	[signature]	[signature]	

DRUG : Syp. FLUVIR

Dose	Route	Frequency	Start Dt.
2ml	P/O	Q12H	27/6

Name & Signature of the Doctor starting the Drugs : Dr. YASIN

Additional Instructions : 5ml | 60mg

Daily Doctor's Endorsement by a Sign.

Date / Time	27/6	28/6
9 Am	X	[signature]
9 pm	[signature]	[signature]
Endorsement	W	W

DRUG : Neb. LEVOLIN

Dose	Route	Frequency	Start Dt.
0.31ml	Neb	Q4H	28/6

Name & Signature of the Doctor starting the Drugs : Dr. YASIN

Additional Instructions : +3ml NS

Daily Doctor's Endorsement by a Sign.

Date: 28/6 — SEE THE CHART

HCV-00036023 IP22-00023407
Baby LALITH AGASTHYA
30-12-2025 0 Y 5 M 29 D (M)
Dr. SHASHWAT MOHANTY

	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
27/6/26	6:30 AM	Inj DEXAMETHASONE	4mg	IV		

Patient Name :	HCV-00036023 IP22-00023407 Baby LALITH AGASTHYA 30-12-2025 0 Y 5 M 28 D (M) Dr. SHASHWAT MOHANTY	I.P. No.	Sheet No.	Wards	Weight (kg)
					8.5 kgs

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.
27/6/26	10:30 Am.	IV+ DNS	IV	25 ml/hr	[signature]	Mounika Chandrika	27/6/26 6:30pm	[signature]	Himali Srikh

Ref. No. F/INPR/12

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Patient Name: HCV-00036023 IP22-00023407 Baby LALITH AGASTHYA 30-12-2025 0 Y 5 M 28 D (M) Dr. SHASHWAT MOHANTY

Registration No

NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
27/6	00.00			
	1.00 (2)	Nebulation 7Am (2)	Rajeev	
	2.00 (3)	9Am Neb levolin 0.31mg.	Mounika	
	3.00 (4)	12pm Neb levolin 0.31mg.		
	4.00 (5)	3pm Neb Adrenaline	Murali	
	5.00 (6)	3pm Neb levolin 0.31mg.		
	6.00 (7)	5pm Neb Budecort		
	7.00 (8)	6pm Neb levolin 0.31mg.		
	8.00 (9)	9pm Neb levolin 0.31mg.	Deepika	
	9.00 (10)	12pm Neb Adrenalin 4ml+4ml saline		
28/6	10.00 (11)	12am neb levolin 0.31mg.		
	11.00 (12)	3am neb levalin 0.31mg.		
	12.00 (13)	5am neb Budecort 1/2 respule		
	13.00 (14)	6am neb levolin 0.31mg.		
	14.00 (15)	7am neb Adrenalin 4ml+4ml saline		
	15.00 (16)	10am Neb levolin 0.31mg.	(M)	
	16.00 (17)	2PM Neb levolin 0.31mg.		
	17.00 (18)	6PM Neb - levolin (0.63/2resp) 0.31mg	Revathi	
	18.00 (19)	8pm Neb - Budecort 1/2 resp.		
	19.00 (20)	10pm Neb - levolin 0.31mg (0.63/2Resp)	Pallavi.	
29/6/26	20.00 (21)	3Am Neb. levolin 0.31mg.		
	21.00 (22)	7Am Neb. levolin 0.31mg		
	22.00 (23)	8Am Neb. Budecort 1/2 respule.		
	23.00			

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
Baby : Lalitha Ajasthya IP : 23407	27/6/26 5:56 am	27/6/26 8:30pm
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. SM	Dr. SM	Stable
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
PICU	2nd floor [202]	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☑ If yes, What ?
(20)	X-ray film - (1)	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Adrenaline (9)	5cc - (2)
2.	Neb : levolin - 2 packs	NS 100ml - (1)
3.	Neb : Budecort - 4	Neb chamber - (1)
4.	Eye drops	
5.	Syp : Fluvir	

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:
Deepika	Dr. SM	Monnika	

Patient & Clinical records received by: Deepika 020784

Signature with Date & Time 8:30pm 27/6/26

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

Ref. No. : F/HW/PTF/INPR/14

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
HCV-00036023 IP22-00023407 Baby LALITH AGASTHYA 30-12-2025 0 Y 5 M 28 D (M) Dr. SHASHWAT MOHANTY	27/6/2025 5:56AM	27/6/2025 6:50 AM
	Transfer ordered by Dr Jaysurya	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital PICU	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	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
	Dr Jaysurya	veeralaxm	

Patient & Clinical records received by:

Signature with Date & Time 27/6/25

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