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 : IP22-00023418 **Admit Date** : 27-Jun-2026 **Admit Time** : 11:34 PM **UHID** : HCV-00026678

Patient Details :

Patient Name	: Baby MAARGYA CHILUKURI	**Age**	: 1 Y 9 M 25 D
Guardian	: Mr SIVA LOKESH CHILUKURI	**DOB**	: 02-09-2024 01:00 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 2-199/16, FALT NO#208, TSR NRI COUNTY -2 Yendada Visakhapatnam Andhra Pradesh INDIA 530045	**Phone No**	: 7066436889/ 9581075151
		E-mail	: dummy@rainbowhospital.in

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 318 **Ward Name** : 3F-THIRD FLOOR

Room No : SPVT 318 **Admission Type** : First Visit

Contact Details :

Name : Mr SIVA LOKESH CHILUKURI **Relationship** : Father

Contact Address : 2-199/16, FALT NO#208, TSR NRI COUNTY -2 Yendada Visakhapatnam Andhra Pradesh INDIA 530045 **Phone No** :

Ch. Lokesh.
Signature

Doctor Details :

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

Referral Doctor : Rainbow Website **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00

Payor Name : MEDI ASSIST INSURANCE TPA PVT LTD

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ACTIVITY RECORD FOR BILLING

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

UHID No :..... HCV-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 25 D (F)
Dr. SHASHWAT MOHANTY

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

Date of Admissi .....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/6/26	12 AM	ER	3rd floor	hirashg

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	Infusion pump	11pm	28/6 hr 11pm	1857 ✓	moul

Cross checked for monitor

INVESTIGATIONS

Date	Investigations	Order No.	Signature
27/6	CBP CRP electrolytes	13784	Sirisha
28/6	CUE	3817	Jyothi

Over checked by prowleth

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
27/6/26	Iv Placement	1	91502	Brushy

cross checked by nurse

ANY OTHER INFORMATION

Date: 29/6/26 Time: 6pm Prepared By: nurse

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
nurse	staff nurse	✓	✓

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Children's
Hospital

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PEDIATRIC IN-PATIENT MEDICAL RECORD

HCV-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 25 D (F)
Dr. SHASHWAT MOHANTY

Patient Name :_____

UHID ID :_____

Department :_____

Consultant :_____

HCV-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 25 D (F)
Dr. SHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

c/o Vomitings x 10 episodes
in last 1 hour. since morning
c/o decreased oral intake / urine output

History of present illness: c/o dull activity since morning

Child was relatively asymptomatic
before 1 hour Today, then
after having food SLE developed
Vomitings, 10 episodes, Food contents
initially then watery content.

No any Fever, Loose stool, Blood in
vomit

HCV-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 25 D (F)
Dr. SHASHWAT MOHANTY

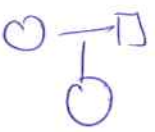
Past History : (Including details of any previous investigation or treatment)

No Significant

Birth & Neonatal History:

Term / NVD / 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) 10.5 kg (Centile_____)

On Examination:

Temperature: (N) Pulse Rate : 110 BPM B.P._____ SPO2 98% RA

Resp. rate and type of breathing :

RR- 36/min

Rash

Lymphadenopathy

Oedema:

Allergies (if any):

HCV-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 25 D (F)
Dr. SHASHWAT MOHANTY

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, Non Tender

Ausculation :

Spine : External Genitelia :

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

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: Active/Dull looking

Cranial Nerves :

Motor System:

Nutrition :

Tone: Power

Co-ordinator :

Posture:

Involuntary Movements :

HCV-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 25 D (F)
Dr. SHASHWAT MOHANTY

Reflexes:

DTR Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute Gastroenteritis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBP
- CRP
- Electrolytes

N.B
Sent
27/6/26
12AM

Planned Management:

- IVF DNS @ 40 ml/hr
- Inj. ONDANSETRON 1.5 mg IV TID
- Inj. PANTOPRAZOLE 10 mg IV OD

Signature of the Doctor :

Name of the Doctor : Dr YASH

Date & Time : 27/6/26

Signature of the Consultant:

Name of the Consultant : Dr

Date & Time : 28/6/26 10AM

HCV-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 25 D (F)
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)

P: HCV-00026878 IP22-00023418
Baby MAARGYA CHILUKURI
A 02-09-2024 1 Y 9 M 25 D (F) ☐ F
Dr. SHASHWAT MOHANTY
I

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		c/o/B Dr. Shashwat / Dr. Balaji
	28/6/26 8AM	DSI: Acute gastroenteritis.
		. c/o 8 episodes of vomiting / non-bilious
		. NO c/o fever.
		. NO c/o vomiting
		. oral intake - good
		O/E:
		actively alert
		P/A: Soft, non-tender
		RS: BIL AE (+), clear
		CVS: S1, S2 (+)
		Advice:
		. Encourage orally.
		. Inj. Esmoprazole.
		stop ← Inj. ondansetron
		. CUE today
		. Stop I.V fluids + @ afternoon
		Dr Balaji
		Nursing Care

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26
6PM

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

Ac/s - Acute Gastroenteritis

no c/o vomitings
no c/o loose stools
Child is accepting orally well

O/E
Child is active
RS - B/L AE ⊕, clear
P/A - soft

Adv
1. Cont Esomeprazole
2. Encourage orally

Suminaa

29/6/26
8am

C/S/B Dr Shareek / Dr Sijora / Dr Srea

Δ = Acute Gastroenteritis with Some Dehydration

No loose stools
No Vomiting.
oral intake - good
urine - good

O/E
Alert
pulse - good
CRT < 3 sec
P/A - soft
passed - stools

Plan
1) monitor vitals
2) Enoy orally

Srea

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

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Patient Name : .... Age : ....

Gender ☐ M ☐ F - Hospital No. : .. HCV-00026678 IP22-00023418

Baby MAARGYA CHILUKURI

Consultant : .... 02-09-2024 1 Y 9 M 25 D (F)

Dr. SHASHWAT MOHANTY

Date of Admission : ....

DRUG ALLERGIES : Nil

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-00026678 IP22-00023418
Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 26 D (F)
Patient Name : Dr. SHASHWAT MOHANTY

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

REGULAR PRESCRIPTIONS

DRUG : Inj. ONDEMSETRON

Dose	Route	Frequency	Start Dt.
1.5 mg	IV	Q8H	27/6

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

Additional Instructions: 0.15 mg/kg/dose

Date	27/6	28/6															
Time																	
6AM																	
2PM																	
10PM																	

Daily Doctor's Endorsement by a Sign.

DRUG : Inj. PANTOPRAZOLE

Dose	Route	Frequency	Start Dt.
10 mg	IV	Q24H	27/6

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

Additional Instructions:

Date	28/6	29/6															
Time																	
6AM																	

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-00026678 IP22-00023418

Patient Name : Baby MAARGYA CHILUKURI
02-09-2024 1 Y 9 M 26 D (F)
Dr. SHASHWAT MOHANTY

	I.P. No.	Sheet No.	Wards	Weight (kg)
				10.5 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	11 pm	DNS	IV	40	[signature]	[signature] / [signature]	28/6 1pm		[signature] Baisali

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
HCV-00026678 IP22-00023418 Baby MAARGYA CHILUKURI 02-09-2024 1 Y 9 M 25 D (F) Dr. SHASHWAT MOHANTY	29/6/26 at 1.34pm	28/6/26 28/6/26 at 12 AM
	Transfer ordered by Dr. Praveen	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 3rd floor	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 10	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:

Dr. Praveen

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
	Dr. Praveen		

Patient & Clinical records received by:

Signature with Date & Time

28/6/26 12 AM

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