

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023383 Admit Date : 25-Jun-2026 Admit Time : 11:18 AM UHID : HCV-00041037

Patient Details :

Patient Name : Baby SHIVA KESAVA BUSI Age : 0 Y 7 M 14 D
Guardian : Mr B BIKRAM DOB : 11-11-2025 01:00 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Ambaguda Naupada Orissa INDIA 764055 Phone No : 8917397290
E-mail : no@gmail.com

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 324 Ward Name : 3F-THIRD FLOOR
Room No : GW 324 Admission Type : First Visit

Contact Details :

Name : Mr B BIKRAM Relationship : S/O
Contact Address : Ambaguda Naupada Orissa INDIA 764055 Phone No :

x B. Bikram
Signature

Doctor Details :

Doctor : Dr. Kandula RadhaKrishna / Dr. Raju Kakarlapudi Specialisation : GENERAL PEDIATRICS
Referrer : FRIENDS Phone No :
Co-Contactant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:-----

UHID No :.....IP No **HCV-00041037 IP22-00023383** Dept:.....
Baby SHIVA KESAVA BUBI
11-11-2025 0 Y 7 M 14 D (M)

Date of Admission :..... **Dr. Kandula RadhaKrihna / Dr. Raju** Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/06/26	11:00 AM	CR	3 rd floor	nounika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	JUTHIRAMU	25/6/26	1047	Kavya
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross consult my job

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature
25/06/2026	IV placement	(01)	691014	Mounilea

*cross checked
op*

ANY OTHER INFORMATION

Date: 27/6/26

Time: 3:20p

Prepared By: *[Signature]*

Staff Nurse <i>[Signature]</i>	Shift / Ward	Billing Assistant	Billing Supervisor
-----------------------------------	--------------	-------------------	--------------------



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____
UHID ID : _____
Department : _____
Consultant : _____

HCV-00041037 IP22-00023383
Baby SHIVA KESAVA BUSI
11-11-2025 0 Y 7 M 14 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju





Padiatric Multiorgan History & Physical Examination

Name: Baby Shiva Kesava busi. Age/Sex 7M 14D
Information given by: Karuna. Reliability Molly

Chief Presenting Complaints & Duration (Chronologically):

- clo growth retardation from 3 months
- clo

History of present illness:

ed Baby was normal till 3 month of ages then

- clo growth retardation from 3 months



went to near by hospital → 20/6/26⁺
blood counts was down

Hb → 3.8 →

1st Blood⁺
transfusion



10 PRBC transfusion was done 20/6/26



Hb → 1.5-9

• platelets → 1,03,000.

↓ 10 PRBC transfusion was done

Hb ↑ 11.8

22/6/26.

platelets → 63,000.

USG Abdomen ÷ 22/6/26

no. mild splenomegaly

S. nat → 12g

• WBC → 25-5

S. ket → 2.38.

• Stealing test → negative

• CRP → 2.5

HCV-00041037 IP22-00023383
 Baby SHIVA KESAVA BUSI
 11-11-2025 0 Y 7 M 14 D (M)
 Dr. Kandula RadhaKishna / Dr. Raju

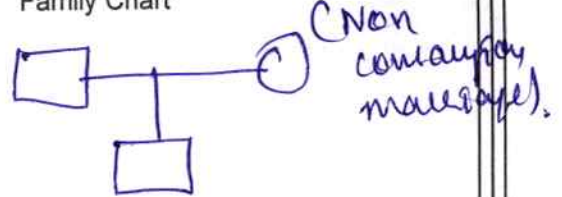


Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

LGA / TERM / cried immediately
after birth (MSAF / Non progression
of labor.

Family Chart



Birth & Socio Economic History:

About Father: _____
 About Mother: _____
 Any additional Information: _____

Developmental History:

recognize mother, sitting & support, NO Stranger
Anxiety

Immunization History:

vaccinated upto date

Anthropometry:

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

Weight (kgs) 4.75kg (Centile _____)

On Examination:

Temperature: 98.6°F Pulse Rate: 130/min B.P. _____ SPO2 96% on RA

Resp. rate and type of breathing : _____

RR -> 36/min

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____

} None

HCV-00041037 IP22-00023383
Baby SHIVA KESAVA BUSI
11-11-2025 0 Y 7 M 14 D (M)
Dr. Kandula RadhaKrishna / Dr. Raju



Respiratory System:

Inspection (any s/o distress): _____
Air entry & breath sound : _____
Any Ades sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

} BU RR ⊕, clear

Cardiovascular System:

Inspection of procordium : _____
Heart Sounds : _____
Any murmur: _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) _____

} S1 S2 ⊕

Per Abdomen:

Inspection : _____
Palpation : _____
Ausculation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT.USE.etc.,) _____

} . Soft, distended
. hepatosplenomegaly.

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: _____
Cranial Nerves : _____

conscious, alert

Motor System:

Nutrition : _____
Tone: _____ Power _____
Co-ordinator : _____
Posture: _____
Involuntary Movements : _____

} ⊕

HCV-00041037 IP22-00023383
 Baby SHIVA KESAVA BUSI
 11-11-2025 0 Y 7 M 14 D (M)
 Dr. Kandula RadhaKrishna / Dr. Raju

Reflexes:

DTR

(N)

Superficials:

(N)

Plantars

(N)

Bladder / Bowel:

(N)

Clinical Summary & Diagnostic:

Anemia ± hepatosplenomegaly,
 (? thalassemia)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBC
- LDH
- Hb electrophoresis
- S. uric acid

N.B. Mounika

Planned Management:

- S/F Dns - 10 ml/hr

- Tab. Folic acid (9 Tab - 5mg)
 $\frac{1}{2}$ - 0 - $\frac{1}{2}$

- S/P. ZINCO VIT
 2.5ml Q24hrly

- Vit-D₃ (1ml - 800IU)
 0.5ml Q24hrly

N.B. Mounika

Signature of the Doctor :

(Signature)

Signature of the Consultant:

Name of the Doctor :

Dr. Balaji

Name of the Consultant :

Date & Time :

25/6/26.

Date & Time :

Patient Sticker

DISCHARGE PLANNING 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

<input type="checkbox"/> Needs Assistance In:		Remarks
<input type="checkbox"/> Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Walking	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> 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 : _____

28/6/14
Barn.

cl/13 Dr. Rk/ Dr. Ragu/ - Dr. Balaji

Diagnosis: Anemia & hepatosplenomegaly

- No cl fever
- No cl vomiting
- No cl Abdomen pain

LAB:

PLA → soft,
hepatosplenomegaly

CVS → S1, S2 (+)

RS → BLL AE (+), clear

Admission:

- OSB / today
Det / for chold
- Sr. triglycerides } today
- cont 2VF DNS 10ml/10
- Tab. folic acid
- syp. zincovit.
- cont vit-D3
drops

Dr. BALAJI

M. S. Kalyan

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient | HCV-00041037 | IP22-00023383
Baby SHIVA KESAVA BUSI
11-11-2025 | 0 Y 7 M 15 D (M)
Age : Dr. Kandula RadhaKrihna / Dr. Raju
I.P. No. : 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26	apm	c/s/B Dr Aditya / Dr Sreedhar S.
		A = Anemia with hepatosplenomegaly
		No fever / vomit
		No Abdominal pain
		<u>o/s</u>
		Alert.
		RS - B/L A/C (+)
		No distress
		P/A - soft.
		urine output - good.
		<u>Plan</u>
		1) To Do - CBP, uric acid - t.m.
		2) Cont IV @ 20ml/hr
		3) Monitor vitals
		N. B. made

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26

el/B Dr. RK / Dr. Raju / Dr. Balaji

8AM

DSIS: Anemia with hepatosplenomegaly

- NO clo fever
- NO clo vomiting/diarr
- NO clo Abdomen pain

OLE:

active, alert

PA → soft, hepatosplenomegaly

CUG → S1, S2 ⊕

RA → BIL AE ⊕ (clear)

Advice

- cont. GVA DNS 20ml/hr
- cont. tab. folic acid
- syp. zincovit
- cont. vit-D3 drops

Balaji

N. By Anand



REGULAR PRESCRIPTIONS


DRUG : Tab. FOLIC ACID				Date Time	25/6/2025	6:00 PM														
Dose	Route	Frequency	Start Dt.																	
1/2 Tab	po	Q12hr	25/6/25																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : VITAMIN - D3 DROPS				Date Time	25/6/2025	6:00 PM															
Dose	Route	Frequency	Start Dt.																		
0.5 ml	po	Q24hr	25/6/25																		
Name & Signature of the Doctor starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

DRUG : DROPS ZINCO VIT.				Date Time	25/6/2025	6:00 PM															
Dose	Route	Frequency	Start Dt.																		
2.5 ml	po	Q24hr	25/6/25																		
Name & Signature of the Doctor starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

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

PATIENT TRANSFER FORM

Baby SHIVA KESAVA BUSI 11-11-2025 0 Y 7 M 14 D (M) Dr. Kandula RadhaKrihna / Dr. Raju 		Date & Time of Admission 25/06/26	Date & Time of Transfer Order 26/06/26 12:00M
Treating Consultant Dr. Radhakrishna Dr. Raju		Transfer ordered by Dr. Aditya	Reason for Transfer Admission.
From Bed / Ward / Hospital ER		To Bed / Ward / Hospital 3rd floor	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in clinical file 18		Number of Imaging films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS	2	
2.	SuSet	1	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor: Dr. Lalaji			
Name and Signature of Person filling this part Alamika	Name of person ordering transfer Dr. Aditya	Name & Signature of Nurse Supervisor Alamika	Referral note & referral Doctor Name:
Patient & Clinical records received by: Kavya 20/6/26 ab.			
Signature with Date & Time			

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