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 : IP22-00023219 **Admit Date** : 11-Jun-2026 **Admit Time** : 09:54 AM **UHID** : HCV-00040663

Patient Details :

Patient Name	: Baby S.SRI MOKSHAGNA	**Age**	: 1 Y 4 M 24 D
Guardian	: Mr S.VASUDEVA RAO	**DOB**	: 18-01-2025 01:00 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 16-7-30/a3, icds office, main road lane, near trinadha temple, fozulbez peta, srikakulam Gujratipeta Srikakulam Andhra Pradesh INDIA 532005	**Phone No**	: 9493576389
		E-mail	: no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 107 **Ward Name** : 1F-FIRST FLOOR

Room No : SPVT 107 **Admission Type** : First Visit

Contact Details :

Name	: Mr S.VASUDEVA RAO	**Relationship**	: Father
Contact Address	: 16-7-30/a3, icds office, main road lane, near trinadha temple, fozulbez peta, srikakulam Gujratipeta Srikakulam Andhra Pradesh INDIA 532005	**Phone No**	:

S Vasudeva Rao

Signature

Doctor Details :

Doctor Name	: Dr. SHASHWAT MOHANTY	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	: DR N VIJAY KUMAR	**Phone No**	:
Co-Consultant	:		

Payment Details :

		Deposit Amount	: 10000.00
Payment Mode	: DC/CC Card	**Payor Name**	: MEDI ASSIST INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name:------------------ HCV-00040663 IP22-00023219 Baby S.SRI MOKSHAGNA ---

UHID No :............... 18-01-2025 1 Y 4 M 24 D (M) Dr. SHASHWAT MOHANTY ...onsultant :............................Dept.:.....................

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
11/6/26	11:30AM	ER	107	Ravi
13/6/26	12:30pm	107	PICU	Uma
14/6/26	8AM.	PICU	107	Chi.
16/6/26	12:30pm	107	PICU	Uma
16/6/26	5:10pm	PICU	107	Mounika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	P.Jyothyrmyee	11/6/26	87421	
2.	Dr. Chandrikas Bhat	12/6/26	7680	Uma
3.	Dr. sandhya	17/6/26	9154	Uma
4.	Dr. Sandhya	20/06/26	9957	Uma.
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by Bhee

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
11/6/26	Infusion Pump	11.30 PM	11/6/26 3:30pm	7376	Baisakhi
11/6/26	Syringe Pump	1.30PM	12/6/26 1630pm	67401	Baisakhi
12/6/26	syringe pump	1.30 pm	13/6/26 1:3pm	7791	Uma
13/6/26	Cardiac monitor, Syringe pump.	1.30 pm	14/6/26 1.30pm	880959	[illegible]
14/6/26	Syringe Pump	1.30pm	15/6/26 1.30pm	683550	Baisakhi
15/6/26	Syringe Pump	1:30pm	16/6/26 1:30pm	8682	Uma
16/6/26	Cardiac monitor, Infusion pump, Syringe pump	16/6/26 1pm, 1230pm	17/6/26 1pm	688972, 688973	[illegible]
17/6/26	Syringe Pump	17/6/26 1pm	18/6/26 1pm	9400	Uma
18/6/26	Syringe pump	1pm	19/6/26 1pm	9590	Bh
19/6/26	Syringe pump	1pm	20/6/26 1pm	898670	Bh

Cross checked by
Bhe

INVESTIGATIONS

Date	Investigations	Order No.	Signature
OP Roc 11/6	CBP, CRP, PCT, ESR, Electrolytes, LFT, creatinine, Blood c/s, widal, ferritin.	12664	Penny
11/6	Urine c/s, CUE	12690	Baisakhi
11/6	Ultrasound Abdomen	6544	Nipa
11/6	Brucella IGM Leptospira IGM.	2711 add (In extra sample)	Nipa
13/6/26	CBP, CRP, ESR PID-2 panel; EBV-Quantitative PCR	12817	Pallavi
13/6/26	Ferritin	12824	Uma.
13/6/26	PCT	2859.	Rajeevi
13/6/26	ANA profile	2867	Rajeevi
13/6/26	2d. Echo	6639.	[illegible]
14/6/26	GRBS @ 7am (90 mg/dl)	12890	[illegible]
		~~12980~~	Uma
15/6/26	TB gamma Interferon Quantiferon CBP, CRP, Ferritin, IFT, ESR Triglycerides, Fibrinogen Estimation - Plasma	2981/2982/2980	Uma
16/6/26	Bonemarrow c/s Bone marrow biopsy/ Aspiration	6013050	Aleena
17/6/26	HIV (Anti HIV I & II antibodies)	3107	Uma
18/6/26	CBP, CRP, ESR, Iron profile, HPLC	13214	Bhess

Cross checked by Chandrika 14/6/26 @ 11pm

Cross checked by Bhess

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
11/6/26	IV. placement	1	7378	Ramy
13/6/26	IV placement	1	7983	[illegible]
13/6/26	IVIG Infusion	1	88097	[illegible]
15/6/26	IV placement	1	8603	[illegible]
16/6/26	Bonemarrow Aspiration/ Biopsy	1	6013050	[illegible]

Cross checked by [illegible]

ANY OTHER INFORMATION

Date: 19/6/26 Time: 4pm Prepared By: Bhanu

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
[signature]	8th floor		

? ALLERGY to LEVOFLOXACIN

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

UHID ID :

Department :

Consultant :

RCHHCV/FRM/GENERAL/065

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

Padiatric Multiorgan History & Physical Examination

Name : Sri Mokshgna. Age/Sex 16 months Male

Information given by: Ac Asritha. Reliability Mother

Chief Presenting Complaints & Duration (Chronologically):

c/o rashes over axilla. x 22 days

c/o. fever x 22 days.

History of present illness:

patient was apparently normal 22 days back, then present c̄

- c/o rash over axilla., sudden in onset, non-progressive in nature relet.
- c/o fever, high grade, intermittent in nature not ass c̄ chills & rigors relieved by syp. Mefanemic acid 25mg.

↓

went to near by hospital 27/5/26,

- treated with Inj. levofloxacin } given
  Inj. ceftriaxone. } x for 2 days

Blood culture + E.coli

- Antibiotics is changed to
  Inj. Meropenem } x 5 days.
  Inj. Vancomycin }

↓

child was refered for further management

outside reports:

CRP → 108 → 73. → 91 → 9.5 → 110

- Scrub typhus → negative
- QBC → negative.

USG Abdomen → altered echotexture of liver, 2DECHO → Normal

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

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

No similar complaints in past

Birth & Neonatal History:

NVD | TERM | cried immediately after birth | 2.45kg

Family Chart

Birth & Socio Economic History:

About Father: —

About Mother: —

Any additional Information: —

Developmental History:

attained upto the age

Immunization History:

vaccinated upto the age

Anthropometry:

Head Circum (cms)____(Centile____) Height (cms)____ (Centile)____)

Weight (kgs) 7.8kg (Centile____)

On Examination:

Temperature: 97.1'F Pulse Rate : 102/min B.P.____ SPO2 100% on RA.

Resp. rate and type of breathing :

RR→ 24/min

Rash — No rashes present

Lymphadenopathy — Nil

Oedema: — Nil

Allergies (if any): — Nil

HCV-00040863 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

Respiratory System:

Inspection (any s/o distress):

Air entry & breath sound :

Any Addes sounds : B/L AE (+), clear

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 :

Ausculation : soft, non-tender

Spine : External Genitelia :

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

Central Nervous System:

Level of Consciousness : AVPU / GCS Score:

Cranial Nerves : conscious, alert

Motor System:

Nutrition :

Tone: Power (N)

Co-ordinator : (N)

Posture:

Involuntary Movements :

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

Reflexes:

DTR (N)

Superficials: (N)

Plantars (N)

Bladder / Bowel: (N).

Clinical Summary & Diagnostic:

PUO → ? Enteric fever
→ Occult sepsis
→ Inflammatory / IDLH 2°

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CBP
- CRP
- PCT, S. Electrolytes
- ESR
- LFT, Creatinine
- Blood C/S
- CUE
- Urine C/S
- WIDAL
- Ferritin - N/B Pleus 12:40pm

1 extra sample plain

Planned Management:

1) Inj CEFTRIAXONE
2) Inj. ESOMEPERAZOLE
3) IVF - DNS - 15ml/hr
4. SYP. AZITHROMYCIN

Signature of the Doctor: [signature]

Name of the Doctor: Dr. Adithya

Date & Time: 11/6/26.

Signature of the Consultant: [signature]

Name of the Consultant: [illegible]

Date & Time: 11/6/26, 12pm

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (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

			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 :____________________

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

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
11/6/26		S/B Dr. SM
	4pm	
		plan
		1) USG-Abdomen today
		2) Brucella IgM } same sample /
		Leptospira IgM } Next prick.
		NG aspirate for genexpert → w/H
		N.B Nipa
		3) Dr chandrika
		(Pediatric Rheumatologist) ANJANA
		consult T/M

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

12/6/26
8am

C/S/B Dr SM / Dr SV

D = PUO - ? 2° HLH
? occult sepsis

D24 of illness

1 low grade fever spike yesterday
oral - improved.

O/E

Active
RS - B/L AE (+)
P/A - soft.
U.O - good.
pulse - good
Hemodynamically - stable

11/6
CRP - 150 (↑)
PCT - 33.5
ESR - 130
ferritin = 2340 (↑)

On Ab

Inj ceftriaxone
Syp Azithromycin
{D2}

Plan

1) (Trace) blood c/S
urine c/S

2) Trace Leptospira
Brucella.

3) w/f fever spike

4) Dr Chandrika mam
(pediatric Rheumatology consult)

4) CBP, CRP
ESR, PID -2 panels
EBV
} J/m

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

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient N: HCV-00040883 IP22-00023219 Baby S.SRI MOKSHAGNA
Age : 18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/06/26	12pm	c/o/w Dr. Chandrika
		? Infectious - ? Brucella / ? EBV
		? Systemic JIA plan :-
		1) PID panel to send.
		2) Start IVIG - 1gm/kg ~ 10gm. T/m.
		3) EBV - Quantitative PCR.
		4) If no response to IVIG start steroids.
		ANJANA
		5) can wait for Bone marrow.
		plan :-
		→ T/m :
		CBP, CRP, ESR, PID-2 panel,
		EBV - Quantitative PCR.
		→ IVIG 10gm over 12hrs - T/m
		→ Trace Brucella report. IgM
		ANJANA Noted by vmc

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

1st born / NCM, NVD, No perinatal H/o, 2.45kg.

Rash → On May 19, Red rashes - axilla, chest
↓ 4pm
9pm fever (high grade) (a/w Rash)
↓
- No Itching.
(Rash → subsided after 10 days gradually)

got admitted on 27 May → c/s: Ecoli (+)
↓
till 10 June (1st week → spikes (+); 2nd week → subsided)
↓
Night again high grade spike (+)
7, 8, 9, 10 → used steroid. (i/v/o high CRP, ferritin)
↓ Dexa 2mg OD.
No fever.

wt loss :- Oct 2025 : 6.8 kg
Feb 2026 : 7.56 kg ↑ (+).

Ht : April : 72cms.

6/6/26 Ferritin → 597

Noted By Uma

BM ‹ BB / G

1mg/kg/day OD

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

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY
Age :
I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
12/5/26	1pm	C/c/B Dr. Aditya / Dr. Balaji
D25		Diag: pyrexia of ? ADA unknown origin
		· No c/o fever
		· oral intake → improved
		O/E:
		active, alert
		· RS → B/L AE (+), clear
		· P/A → soft, non-tender
		· CVS → S1 S2 (+)
		Advice:
		· cont · Inj · Ceftriaxone
		Syp. Azithromycin
		· Trace blood c/s & urine c/s
		· Trace Leptospira & Brucella
		· CBP, CRP, ESR, PSD-2
		EBV → Quantitative panel PCR
		· I.V IG 10gm over 12 hrs → H/M
		BALAJI

NOTE : DO NOT WRITE OUTSIDE THE MARGINS Noted By [illegible]

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

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

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

Patie
Age
I.P. I

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
13/6/26	8am	c/s/B. Dr SM/Dr SV.
		Δ - pyrexia of unknown origin - ?HLA
		2 fever spikes over 12 hrs oral improved.
		O/E
		Alert.
		On Room air — urine → sterile c/s
		RS - B/L AE ⊕
		P/A - soft. — blood → sterile c/s
		urine output - good
		stool - passed.
		Plan
		1) To Do - • ANA profile • PCT — 1) Trace - blood c/s & CBP, ESR, ptl & panel leptospira, Brucella
		2) plan IVIg 10gm over 12 hrs - today.
		Change to Meropenem 3 ~~Continue~~ 4 ~~ceftriaxone~~ Syp Azithromycin
[signature]		[signature] [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

13/6/2016
10:30am

Counselling notes

— Dr. SM / Dr AD

History and course of illness & treatment given outside recapped.
Explained that child is having either some occult infection or inflammatory condition.
CRP, ESR are high, Ferritin is decreasing.
Blood c/s & urine c/s are sterile.
Somewhat - PCT levels are quite high.
Sterile - previously. Will repeat again today. Antibiotics will be hiked up today. Need to give IVIG to augment immune response.
Will repeat 2D Echo today again.
In v/o presence of rash at the onset of fever, Autoimmune process should also be considered although signs are not much.
Remote possibility of malignancy may also be present. But cell lines seem to be normal.
May need to do bone marrow examination after discussing smear with pathologist.
Need some time to establish diagnosis.

[signature]
Anoop

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

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

HCV-00040663 IP22-00023219
Pat Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 26 D (M)
Age Dr. SHASHWAT MOHANTY
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
13/6/26		S/B Dr Shaswat / Dr. Yash
	5PM	Pyrexia of unknown origin
		- 1 Fever spike Today
		- IVIG transfusion going on
		- Shivering (+)
		O/E : sleeping
		R/S - Clear
		CVS - S1S2 (+)
		P/A - soft
		Vitals - HR - 150BPM
		SpO2 - 100%
		RR - 40/min
		- No Itch, No Rash,
		No Hypotension Adv
		- (T) PCD2, leptospirosis,
		Brucella
		- Cont. IVIG Transfusion
		- Cont Antibiotics
		- (T) ANA Profile
		Dr. Yash

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

13/6/21
9pm

C/o/b Dr. Pratyusha / Dr. Vinay / Dr. Balaji

Patient seen
② temp spikes : Morning

on IVIG transfusion

PR 135/min
RR-26/min
Temp 97.6°F
SpO2 93% @RA

CVS - S1 S2 (+)
RS - B/L NVBS (+)

Adv
- Cont IVIG
- Cont iv antibiotics
- (F) PID panel, lepto, Brucellosis report
ANA profile
- monitor vitals

[illegible]

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA 1 Y 4 M 26 D (M)
18-01-2025
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
14/6/26	8AM	S/B Dr Aditya / Dr Yash
		Pyrexia of unknown origin
		- 4 fever spikes in last 24 hrs.
		- Child on Room air
		- No signs of Distress.
		- Feeding - good
		O/E - Active.
		R/S - B/L AE (+), clear
		CVS - No Murmur
		CNS - GCS 15/15
		Vitals - HR - 140BPM
		SpO2 - 99%
		RR - 36/min
		→ IVIG Transfusion done
		→ UO - 3.8 ml/kg/h.
		Adv
		- (T) Brucella Report
		~~(T) ... Panel~~
		- (T) PID Panel
		- (T) ANA Profile
		- Cont. Inj. Meropenem
		Syp. Azithromycin
		[signature] Dr YASH

noted by ...

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

14/6/26
5pm

C/S/B Dr SM/Dr SV.

D= Pyrexia of Unknown Origin

↑ fever spike
Rash (+) over back region.

O/E:

RS - B/L AE (+)
P/A - soft.
Urine - good.
Vitals - stable

P/a

- Trace Reports
  - PID
  - ~~Brucella~~
  - ANA profile
- cont inj meropenem
- w/f fever

Noted By [illegible]

Dr. [illegible]

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
15-01-2025 1 Y 4 M 26 D (M)
Patient Dr. SHASHWAT MOHANTY
Age : ..
I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
15/6/26	8am	c/s/B Dr SM / Dr SV
		Δ - Pyrexia of Unknown Origin
		→ 3 fever spikes (low grade) in past 24 hours.
		→ orally taking well.
		O/E
		Alert
		Hemodynamically stable.
		RS - B/L AE ⊕.
		P/A - soft
		BS ⊕
	Brucella, Leptospira } -ve	Urine output - good.
	CBU → report awaited	
	IG8 → (N)	Plan
		1) Trace PID, ANA profile reports
		2) Cont Inj Meropenem - D3. Syp Azithro - D4.
		Send - CBP, CRP, Triglycerides, Fibrinogen, ESR, LFT, Ferritin. 3) w/f fever spikes
		TB Gold Quantiferon.

(signatures) Sreea, Dr...
Noted by CMO

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

15/6/26 c/s/B Dr. Sna/ Dr. Balaji
5pm

A/s: Pyrexia of unknown origin

- 2 fever spikes < 100.5 @ 8Am / 100.8 @ 12:30 pm
- oral intake - good

O/E:
active, alert

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

Advice:

- Cont. Inj. ceftriaxone
- Inj. meropenem D_3
- Syp. Azithromycin
- Trace Interferon-gamma Assay. report.
- Trace ANA reports

BALAJI

15/6/2026
5 pm

c/d/w Dr. Chandrika

ANA - negative
PID - (N)

Plan

1) To do BMA, Bx and BM c/s

2) To start MPS @ 1mg/kg/day OD after Bone Marrow

N/B Nepr

BirthRight BY RAINBOW HOSPITALS Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 28 D (M)
Dr. SHASHWAT MOHANTY

☐M ☐F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/6/26	8am	c/s/B Dr SM / Dr S V.
		D = pyrexia of Unknown Origin
		4 fever spikes in past 24 hours - low grade.
		Oral - good.
		O/E
		Alert.
		P/A - soft.
		RS - B/L AE ⊕.
		urine passed.
		S100c
		Plan :-
		1) On Ab. Inj meropenem - D1, Syp Azithro - D5
		2) Trace IgRA report
		3) plan - BMA, B.m. biopsy, B.m Culture / s. today.
	[signature]	[signature]
		Noted by UMS 16/6/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

16/6/2020
1:20 pm

Bone Marrow procedure note

— Dr Aditya

After taking written consent, under strict aseptic precautions, Bone Marrow Aspiration & Bone Marrow Biopsy was done under Short Sedation with Midazolam & Ketamine. Child stable throughout procedure

Before procedure	During procedure	After procedure
HR - 120/m	HR - 140/m	HR - 130/m
SpO2 - 99%	SpO2 - 94%	SpO2 - 96%
RR - 24/m	RR - 26/m	RR - 36/m

Plan

1) Send samples for Bone Marrow Aspiration & Biopsy

2) Give Inj Paracetamol 100mg IV

3) Monitor vitals

4) Break NPO when awake

N.B. Mounika

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
15-01-2025 1 Y 4 M 29 D (M)
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
16/6/26		Cls/B Dr. SM / Dr. Balaji
	5pm	D/s: pyrexia of unknown origin
		• 2 fever spikes < @ 8.30 AM 100.4°F, @ 12 pm 100.4°F
		• ~~oral intake - good~~
		• Oral intake - good.
		O/E:
		active, alert
		RS → B/L AE (+), clear
		P/A → soft, non-tender
		Advice:
		• Inj. Meropenem D#
		Syp. Azithromycin D5
		• Trace Interferon gamma Assay report.
		• Trace blood culture &
		• trace bone marrow culture & biopsy report
		[signature] [signature] N.B. Hope BDCH

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

16/6/16 10PM

C1S1B Dr. Aditya | Dr. Vinay | Dr. Sunminaa

A/s - Pyrexia of unknown origin

& fever spikes < 100.4 / 100.4 since morning

oral intake - good

O/E

Child is sleeping

RS - B/L AE (+)

P/A - soft

Plan

1. cont antibiotics

2. Trace interferon gamma

Bone marrow biopsy

Bone marrow culture

Sunminaa

N.B. Bhau

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

BirthRight BY RAINBOW HOSPITALS — Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 29 D (M)
Dr. SHASHWAT MOHANTY

Pat... Age... F ... I.P. ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26	8AM	C/S/B Dr. SM / Dr. Balaji
		DSRS: pyrexia of unknown origin
		· 3 fever spikes ← 100.4°C → @ 8:30AM. / 100.4°C → 12:30pm / 100.4°C → 12@AM
		· Oral intake - good.
		O/E:
		active, alert.
		RS - B/L AE ⊕, clear
		P/A - soft, non-tender
		Advice:
		· cont. Inj. Meropenem D5
		Syp. Azithromycin D6.
		- CBP, CRP, ESR, PCT T/m or if cannula out
		· Trace interferon gamma Assay.
		To start Methyl prednisolone @ 8mg OD after Bone Marrow report.
		· Trace bone marrow culture & biopsy report
		- HIV same sample - Dr. SANDHYA [signature] 17/6/26
		[signature] Consult today.

Noted by Uma

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

17/6/26 S/B Dr-Shaywat / Dr Yash

5PM Pyrexia of unknown origin

- 1 Fever spike (100.4 F) Today 11:30 AM
- Oral intake : good

O/E Active
R/S - Clear
P/A - soft, Non Tender
- HIV - Non Reactive

Adv

- Cont. Inj. Meropenem
  Inj. Azithromycin
- (T) Interferon gamma Assay
- (T) Bone Marrow Reports
- CBC, CRP, ESR, PCT → 19/6/26
- IV cannula out
- whole exome sequencing
  ↳ now

Interferon-γ Assay → negative

Dr YASH

N/B Nipa

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PGN / INPR / 15
HCV-00040683 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 29 D (M)
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
18/6/26		c/s/B Dr. Sra/ Dr. Balaji
8AM		
		Diss: pyrexia of unknown origin
		Hemophagocytic lymphohistiocytosis
		· 1 fever spike in last 24hrs.
		· Oral intake - good
		O/E:
		active, alert.
		RS+ B/L AE(+), clear.
		P/A + soft, non-tender
		Advice:
		· cont. Inj. meropenem (D6)
		Inj. Azithromycin
		· Inj methyl prednisolone (D8)
		8mg q12th hrly
		· CBP, CRP, ESR,
		PCT + Jlm @ 6AM
		S. Iron + HPLC
		Dr. BALAJI.
		N.B Santhoshi

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26 S/B. Dr. Shawat / Dr Yash

SPM

Pyrexia of unknown origin
Haemophagocytosis Lymphohistiocytosis

- No Fever in last 24 hrs
- Oral intake - good

O/E - Active, alert

R/S - Clear

P/A - soft, Non Tender

Adv

- Cont. Inj. Meropenem
- cont. Inj. Methylprednisolone
- Cont. Tab. Naproxen

~~- CBP, CRP, ESR,~~
~~- PET, Sr. Iron, HPLC~~
↓
~~T/M 6AM~~

- To DO :- T/m @ 6am.
  - CBP
  - CRP
  - ESR
  - Iron profile
  - HPLC
- plan D/C T/m

Dr YAM

M.B. Bhave
c copy

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

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 30 D (M)
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	19/6/26 8AM	C/S/B Dr. Shashwat / Dr. Balaji
		D/S: Pyrexia of unknown origin.
		haemophagocytosis lymphocytosis.
		· No fever in last 24hrs.
		· Oral intake - good
		CRP-28 (↓)
		O/E: ESR-68 ↓.
		active, alert
		RS - B/L AE(+), clear.
		CVS - S1, S2 (+)
		P/A - soft, non-tender
		Advice:
		· Cont. Inj. Meropenem (D7)
		Inj. Methyl prednisolone
		~~parents~~ ~~[illegible]~~ Tab. Naproxen (D3)
	[signature]	[struck-out text]
		- Trace S. Iron profile & HPLC.
		- Dr. Sandhya mam review
		- plan d/c T/m T/m
		NIB - [signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26 C/C/B Dr. SM / Dr. Balaji

8pm

Diss: Pyrexia of unknown origin
hemophagocytosis of lymphocytosis

- No c/o fever
- oral intake - good
- u/o - good.

O/E:

active alert

- RS - BL AE (+), clear
- CVS - S1, S2 (+)
- P/A: soft, non tender

Advice:

- Inj. meropenem
- Syp. Omacortol forte
- Syp. Azithromycin
- Trace HPLC, S. Iron studies report

BALAJI

Noted by [illegible] 19/6/25 at 6pm

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

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00040863 IP22-00023219
Baby S.SRI MOKSHAGNA
Age 18-01-2025 1 Y 5 M 2 D (M)
Dr. SHASHWAT MOHANTY
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26	8am	C/S/B. Dr Shaswat / Dr Sravani.
		Δ = pyrexia of Unknown Origin
		– Haemophagocytic Histiocytosis
		– Iron Deficiency Anemia.
		No fever spikes.
		Oral intake - good
		O/E :- BM c/s – sterile.
		Alert
		RS - B/L AE (+)
		P/A - soft
		BS (+)
		urine output - good
		P/a
		1) Cont. inj meropenem - D8
	[signature] Sravani	2) On Syp Ormoxenh(?) fo-to-2.
		3) Trace HPLC & Iron profile
		4) Dr. Sandhya Mam D/c adv.
		5) S. C-pinkdrops 1 ml OD x 2(m)
		6) F/up Dr. Vijay Kumar
		7) Zincovia, Enterogermina x 5d

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

~~14/6/~~

~~5pm~~

~~d/c~~

- ~~Syp~~ Zincovit x5d
- ~~Syp~~ Enterogermina x5d

CONSULTATION FORM

Rainbow® Children's Hospital — It takes a lot to treat the little.
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Doctor Name : Dr Sandhya V
Date : 17/6/26 Hour : ....

Hospital : RCH, HOSPITAL

Referred for : ☑ Opinion ☐ Co-Management
☐ Transfer of care

Type of Referral : ☐ Emergency (within one hr.)
☐ Urgent (within 6 hrs.) ☑ Non Urgent (within 24 hrs.)
Date : .... Time : .... By : ....

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Pyrexia of Unknown Origin

Signature: [signature] M.D.

Report of Findings and Recommendations :

NCM

fever w/o - neg
ANA -ve
Ig - (N)
Lymph subset (N) (low CD19)
DHR -ve
USG abd (N) 2DECHO
BMA - awaited
ferritin 2000 → 900 ↓
CBP - Hb ↓ MCV - (N)

c/o fever since 25 days
no bone pain / jt pain
- faint rash (+)
no localising signs (P)

ISOJIA
o/E pt I° EAP°
BCG scar (+)
CVS / RS / P/A (N)

→ trace BMA
start Naproxen syp TID.
Inj Methyl pred 2mg/kg IV OD
→ to do STAD / HPLC } next blood
SOS genetics if symptoms persistent

Consultant :
Name : Dr Sandhya V Signature [signature] Date & Time : 17/6/26.

NOTE : If more space is required use another consultation sheet as continuation

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

Patient Name : HCV-00040663 Baby S.SRI MOKSHAGNA IP22-00023219

Gender ☐ M ☐ F - Hospital No. 18-01-2025 1 Y 4 M 24 D (M)

Consultant : Dr. SHASHWAT MOHANTY

Date of Admission : ....

DRUG ALLERGIES : Allergic to Levofloxacin.

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

Dose	Route	Frequency	Start Dt.
2ml	P/O	SOS	11/6/2[illegible]

Doctor's Signature	Valid Period	Pharm.
[signature]		

Additional Instructions: BALAJI. 5ml = 250mg.

Date ▶ / Time ▼	11/6	12/6	13/6	13/6	14/6	15/6	16/6
		3PM	5AM	[illegible]	6PM	1AM	9AM
		[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
6pm	Stop		moni	6PM		8:30	
	Gauri		12:45 pm			[illegible]	
					3pm	Stop	
						Jyothi	

DRUG : SYP [illegible]

Dose	Route	Frequency	Start Dt.

Doctor's Signature	Valid Period	Pharm.

Additional Instructions

DRUG : Syp. IBUGESIC

Dose	Route	Frequency	Start Dt.
4ml	P/O	SOS	13/6

Doctor's Signature	Valid Period	Pharm.
[signature]		

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

Date ▶ / Time ▼	13/6	15/6	16/6	17/6
	[illegible]	1PM	12AM	11:50 AM
	[illegible]	[illegible]	[illegible]	4ml
	9pm	[illegible]	[illegible]	[illegible]

HCV-00040863 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

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

REGULAR PRESCRIPTIONS

DRUG : INJ. CEFTRIAXONE

Dose	Route	Frequency	Start Dt.
400mg	I.V	Q12hrly	11/6/26

Date: 11/6, 12/6
Time: 10 AM, 10 PM

Name & Signature of the Doctor starting the Drugs: BALAJI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : INJ. ESMOPRAZOLE

Dose	Route	Frequency	Start Dt.
8mg	I.V	Q24hrly	11/6/26

Date: 11/6, 12/6, 13/6, 14/6, 15/6
Time: 6 AM

Name & Signature of the Doctor starting the Drugs: BALAJI

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : SYP. AZITHROMYCIN

Dose	Route	Frequency	Start Dt.
4ml	P/O	Q24hrly	11/6/26

Date: 11/6, 12/6, 13/6, 14/6, 15/6, 16/6, 17/6
Time: 2 PM

Name & Signature of the Doctor starting the Drugs: BALAJI

Additional Instructions:
100mg = 5ml.

Daily Doctor's Endorsement by a Sign.

13/6/26

DRUG : ECONORM SACHET

Dose	Route	Frequency	Start Dt.
1 sachet	P/O	12hrly	12/6

Date: 12/6, 13/6, 14/6, 15/6, 16/6, 17/6
Time: 6 AM, 6 PM

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

ANJANA 17/6/26

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

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 25 D (M)
Dr. SHASHWAT MOHANTY

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

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
				7.8 Kg

REGULAR PRESCRIPTIONS

DRUG : SYP ZINCONIA

Dose	Route	Frequency	Start Dt.
5ml	P/O	24hly	12/6

Date	12/6	13/6	14/6	15/6	16/6	17/6	18/6	19/6
Time: 2 PM	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

DRUG : Inj. MEROPENEM

Dose	Route	Frequency	Start Dt.
300mg	IV	Q8H	13/6

Date	13/6	14/6	15/6	16/6	17/6	18/6 (D6)	19/6 (D7)	20/6
6 AM	X	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
2 pm	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
10 pm	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

Name & Signature of the Doctor starting the Drugs: [illegible]

Additional Instructions:
in 20ml NS
over 2 hour.

Daily Doctor's Endorsement by a Sign.

DRUG : SYP NAPROXEN

Dose	Route	Frequency	Start Dt.
	P/O	8 hly	17/6

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:
5ml

Daily Doctor's Endorsement by a Sign.

DRUG : TAB NAPROXEN

Dose	Route	Frequency	Start Dt.
40mg (1.5ml)	P/O	8 hly	17/6

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions:
1 tab/250mg,
Dil in 10ml, give 1.5ml

Daily Doctor's Endorsement by a Sign.

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

HCV-00040863 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 5 M 0 D (M)
Dr. SHASHWAT MOHANTY

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

Patient Name	I.P. No.	Sheet No.	Wards	Weight (kg)
	23219	2	18th flor	7.8 kgs

REGULAR PRESCRIPTIONS

DRUG : SYP NAPROXEN

Dose	Route	Frequency	Start Dt.
1 ml	P/o	8 hrly	17/6.

Name & Signature of the Doctor starting the Drugs : ANJANA

Additional Instructions : 5ml/125mg

Daily Doctor's Endorsement by a Sign.

DRUG : TAB JR LANZOL

Dose	Route	Frequency	Start Dt.
1/2 tab	p/o	24 hly	17/6

Name & Signature of the Doctor starting the Drugs : ANJANA

Additional Instructions : 1tab/15mg

Daily Doctor's Endorsement by a Sign.

Date / Time	17/6	18/6	19/6	20/6
6 AM	2pm Usha Gowri	Bhe malar	Bhe	Bhe B E

DRUG : TAB · NAPROXEN

Dose	Route	Frequency	Start Dt.
(1ml) 40mg	p/o	8th hrly	17/6

Name & Signature of the Doctor starting the Drugs : 28

Additional Instructions : BALAJI 1 Tab / 200mg Dilute in 10ml give 1ml

Daily Doctor's Endorsement by a Sign.

Date / Time	17/6	18/6	19/6	20/6
6 AM	X	Bhe malar	Bhe	Bhe E
2 PM	Usha Gowri	Cather Raja		
10 PM	Bhe malar	Bhe E	Bhe	

DRUG : INJ. METHYLPREDNISOLONE

Dose	Route	Frequency	Start Dt.
8mg	I.V	Q12th hly	17/6/28

Name & Signature of the Doctor starting the Drugs :

Additional Instructions : BALAJI 1mg/kg/dose.

change to oral steroid

Daily Doctor's Endorsement by a Sign.

Date / Time	17/6	18/6	19/6
6 am	X	Bhe malar	Bhe
6pm	Swathi	Bhe E	

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HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 5 M 0 D (M)
Dr. SHASHWAT MOHANTY

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

I.P. No.	Sheet No.	Wards	Weight (kg)
22-000-23219	3	1st floor	7.8 kg

REGULAR PRESCRIPTIONS

DRUG : SYP OMNACORTI FORTE

Dose	Route	Frequency	Start Dt.
2.5 ml	P/O	12 hrly	19/06

Date	19/6	20/6
Time 6 AM	X	[signature]
6 PM	[signature]	
Daily Doctor's Endorsement by a Sign.	[signature]	[signature]

Name & Signature of the Doctor starting the Drugs: ANJANA

Additional Instructions: 5ml / 15mg

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.

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign.

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 28 D (M)
Dr. SHASHWAT MOHANTY

DRUG :			Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
		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
13/6/26	1pm	IVIG	10gm (100ml)	IV over 12 hrs	[signature]	[signature]
13/6/26	2:30 pm		5ml/hr —	30min		[signature]
13/6/26	3pm		7ml/hr —	1 hr		[signature]
13/6/26	4pm		10ml/hr —	1hr		[signature]
13/6/26	5pm		to continue	@ 10ml/hr.		[signature]
13/6/26	4:30pm	Inj. AVIL	4mg	IV	[signature]	[signature]
~~14/6/26~~		~~Inj AVIL~~	~~4mg~~	~~IV~~	[signature]	[signature]
16/6/26	1:40pm	Inj PARACETAMOL	100mg	IV	[signature]	Deepika, Murali
16/6/26 9pm	12am	Syp. IBUPROFEN	4ml (80mg)	PO	[signature]	[signature]
16/6/26	1:40pm	INJ. PARACETAMOL	100mg	IV	[signature]	Vijaya, Manika

Pa HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 24 D (M)
Dr. SHASHWAT MOHANTY

	I.P. No.	Sheet No.	Wards	Weight (kg)
				7.08 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.
11/6/26	11:30 AM	DNS	I.V	15ml/hr	[signature]	[signature]	11/6/26 3.30 PM		[signature] [signature]

RESTRICTED ANTIICROBIAL USE JUSTIFICATION FORM

Patient Name	Sr mokshagna	I.P.No	08040663	Dept.	paediatrics	DOA	11/6/26.

Diagnosis: pyrexia of Unknown Origin

Brief Clinical History : H/o fever x 22 days

Clinical Features & Relevant Investigations suggestive of Infection

DATE/DOA	11/6/26				
Fever	22 days				
Other C/F					
HB	8.6				
TLC	24.				
N,L,E	71/26				
PLT	350				
CRP	61				
PCT/ESR	9.97/110.				
WIDAL	-ve				
MP Optimal	-ve.				
WEIL-FELIX					
CUE	Normal				
BODY FLUID CYTOLOGY					
LATEX					

Restricted Antimicrobial Used

Antimicrobial	DATE	DOA	Justification	Antimicrobial	DATE	DOA	Justification
1. meropenem	12/6/26	11/6/26	Continuous fever spikes x 22 days	5.			
2.				6.			
3.				7.			
4.				8.			

Any Other comment :

Culture Tracker			1			2			3		
			DATE	DOA	RESULT	DATE	DOA	RESULT	DATE	DOA	RESULT
A	Blood		11/6/26	11/6/24	Sterile						
B	Urine		11/6/26	11/6/26	Sterile						
C	CSF										
D	ET	Secretion	-								
E	ET	BAL	-								
F	ET	Mini BAL									
G	Body Fluids										
H	PCR										

Elaboration:

At 72 hours, based on culture report de-escalation done : YES/NO

If no please justify

At Day 7 De-escalation done : YES/NO

If not please justify

Justification

I	Risk factor for ESBL	I	Risk factor for MDR Infection
11	Prior antibiotic use (within 90 days)	11	Prior antibiotic use (within 90 days)
12	Recent hospitalization ion(>2d, within90d)	12	Recent hospitalization(>2d, within 90d)
13	durrent hospitalization of (>5days)	13	Current hospitalization of (>5days)
14	Immunosuppression	14	Chronic/Nursing home care
15	Prolonged mechanical ventilation(>3 days)	15	Dialysis
16	Suspected septic shock-hit first hit hard policy	16	Immunosuppression
17	Other	18	Suspected septic shock-hit first hit hard policy
		19	Others
K	**Risk factors for invasive candidacies/candidemia:**	L	**Risk factors for MRSA**
K1	Immunosuppression	L1	Immunosuppression
K2	Dialysis	L2	Dialysis
K3	Prolonged hospitalization(>5 days)	L3	Exposure to MRSA
K4	Previous Broad spectrum antibiotic Use	L4	Central lines, ICD, PD, Cathter, ET tubes
K5	CVP/HD Catheter / PA catheter	L5	Chronic/Nursing home care
K6	Total Parenteral Nutrition	L6	Multi Focal Candida coloniation
K7	Others	L7	Suspected septic shock hit first hit hard policy
		L8	Others

Signature of Consultant **Signature of infection control nurse**

PROCEDURE / SEDATION MONITORING FORM

Ref. No. : F / HW / PSMF / 09

Doctor Performing Procedure : DR. ADITYA
Doctor Giving Sedation : DR. SHASHWAT
Assiting Nurse : S/S. MOUNIKA

Patient Name : SRI MOKSHAGNA Age : .... Gender : MALE
IP No. : 23219 Procedure Name : BONE MARROW
Date : 16/6/2024 In-time : 1 pm Out-time : 1:30 pm

SIGN IN

	Yes	No
NPO Status Checked from Patient/ Patient Attendant	☑	☐
Consent Checked	☐	☑
Any need for blood products	☐	☑
If Yes Comment:		
Any risk of difficult airway	☐	☑
If Yes, comment:		
Any risk of hemodynamic compromise	☐	☑
If Yes, comment:		
Any drug or food allergy	☑	☐
If Yes, comment: levofloxacin		
Correct site of procedure marked	☑	☐

Sign: [signature]

Doctor performing sedation
(To be filled by Doctor)

TIME OUT

	Yes	No
Patient identity confirmed	☑	☐
Any risk during procedure discussed	☐	☑
All the team members introduced	☑	☐

Sign: P.S. Mounika

Assisting Nurse
(To be filled by Nurse)

SIGN OUT

	Yes	No
Patient monitored after the procedure	☑	☐
Labelling of the specimen	☑	☐
Any special instruction by doctor	☐	☑

Sign [signature]

Doctor Performing Procedure
(To be filled by Doctor)

Any Adverse / Unexpected Events

....

....

....

PROCEDURE MONITORING FORM

Time (in min)	HR	SPO_2	BP	Intervention Required
0 - 5	153 b/m	97%	90/62 (73)	-
5 - 10	152 b/m	99%	98/63 (72)	-
10 - 15	165 b/m	95%	94/64 (75)	-
15 - 20	165 b/m	96%	97/62 (73)	-
20 - 25				
25 - 30				
30 - 35				
35 - 40				
40 - 45				

Post Procedure Monitoring Notes : Stable

Signature of the Doctor

Signature of the Nurse

Ref. No. : F / HW / CON / SP / 06

CONSENT FOR SPECIAL PROCEDURES AND SEDATION

Patient Name : Baby Mokshagna.

Gender : M ☑ F ☐ IP No. : ....

Age : .... Department : ....

Date : ....

I. Vasudeva Rao. S/D/W/O..

hereby consent for the procedure of...

BONE MARROW ASPIRATION AND BIOPSY.

For my patient / myself named Baby Sri Mokshagna. UHID NO...................

The doctos have clearly explained to me in language known to me about the following possible complications of the procedure : Bleeding.

....

The doctor have explained to me about the alternative to the procedures as : ....

—

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : ....

....

I have been explained about possible complication of sedation such as : fall in blood pressure ✓

Fall in heart rate ✓, suppression of spontaneous breathing . Others ✓..........

I have been explained about the alternative to the sedatives as : ....

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : Dr. Animish

Name of the Doctor administering the sedation : Dr. Shashwat

Patient Attendant :

Signature : S Vasud Rao

Name : S. Vasudeva Rao

Relationship with Patient : Father

Date & Time : 16/6/2026, 1 pm.

Witness :

Signature : [signature]

Name : Murali

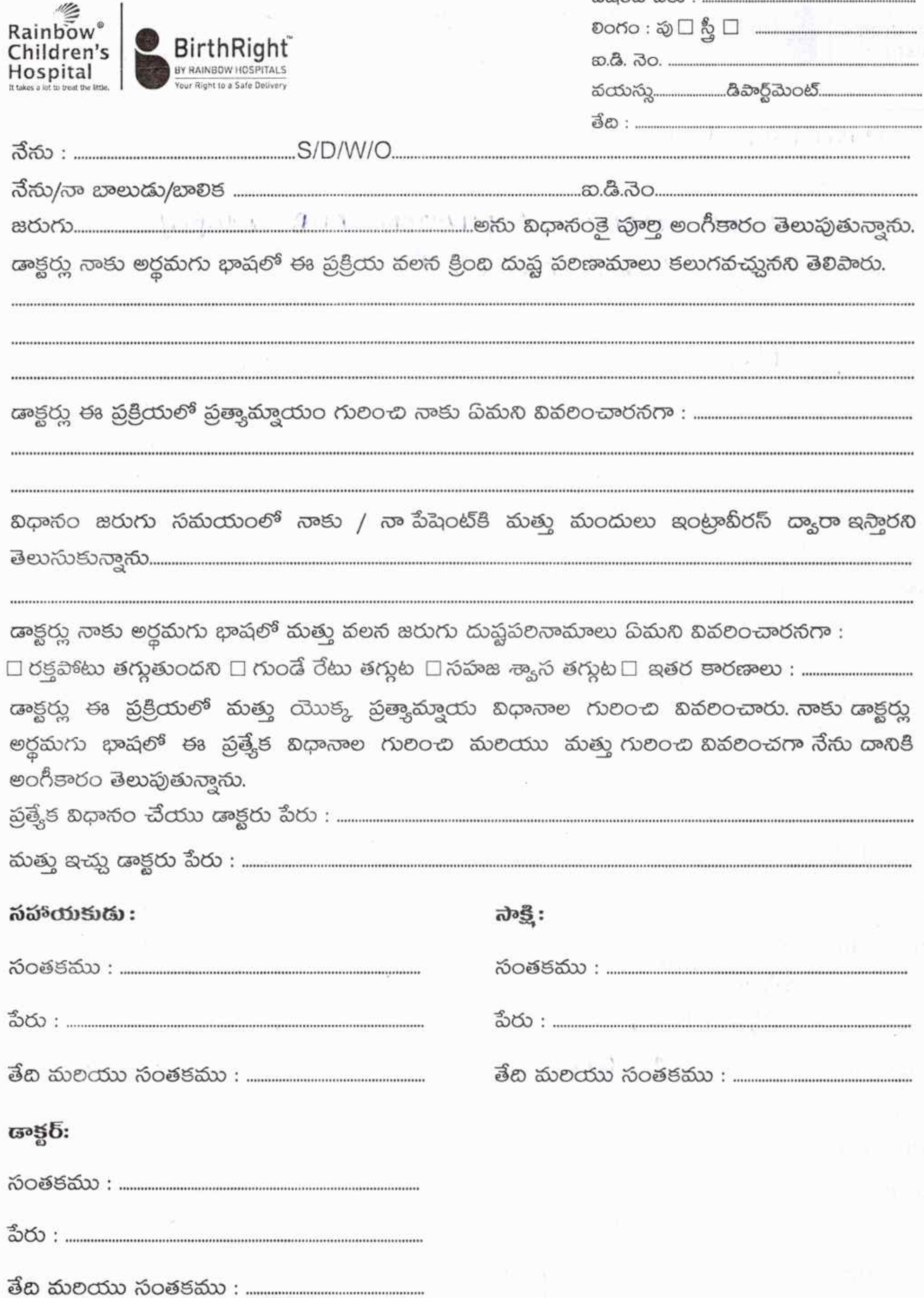
Date & Time : 16/6/26 @ 1PM

Doctor (who is taking the consent) :

Signature : [signature]

Name : Dr Animish

Date & Time : 16/6/2026 1pm.



ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం

పెషెంట్ పేరు : ....

లింగం : పు ☐ స్త్రీ ☐ ....

ఐ.డి. నెం. ....

వయస్సు.................డిపార్ట్‌మెంట్.................

తేది : ....

నేను : ....S/D/W/O........................

నేను/నా బాలుడు/బాలిక ....ఐ.డి.నెం........................

జరుగు........................అను విధానంకై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

....

....

....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా : ....

....

....

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను........................

....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరినామాలు ఏమని వివరించారనగా :

☐ రక్తపోటు తగ్గుతుందని ☐ గుండే రేటు తగ్గుట ☐ సహజ శ్వాస తగ్గుట ☐ ఇతర కారణాలు : ....

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు : ....

మత్తు ఇచ్చు డాక్టరు పేరు : ....

సహాయకుడు :

సంతకము : ....

పేరు : ....

తేది మరియు సంతకము : ....

సాక్షి :

సంతకము : ....

పేరు : ....

తేది మరియు సంతకము : ....

డాక్టర్:

సంతకము : ....

పేరు : ....

తేది మరియు సంతకము : ....

JVIG

Ref. No. : F / HW / BTM / NSG / 03

~~BLOOD~~ PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : Baby Sri Mokshagna UHID : 4D663 I.P. No. : 22219

Age : 4y Gender : M Department : P/Co Ward : PIC

Blood group of the patient : — Blood group on the Blood bag : —

Blood bank issue no : — Date of collection : — Date of expiry :

Date & Time of starting transfusion : 13/6/2023 2Am Planned duration of transfusion : Over 12 hrs

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO_2	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
2Am	124/m	98.9°F	—	—	—	—	—	—
3Am	110b/m	98.6°F	—	—	—	—	—	—
4Am	120/m	97.9°F	89/64(72)	—	—	—	—	—

Comments : No allergic reaction during IVIG transfusion.

Nurse Name : Chandrika Rani Nurse Signature : Chandrika

Iv Ig

Ref. No. : F / HW / BTM / NSG / 0.

BLOOD PRODUCTS TRANSFUSION MONITORING FORM

Name of the patient : Baby. S.SREEMOKSHAGNA UHID : 40663 I.P. No. : 23219

Age : 1Y Gender : M Department : PICU Ward : PICU

Blood group of the patient : - Blood group on the Blood bag : -

Blood bank issue no : - Date of collection : - Date of expiry : -

Date & Time of starting transfusion : 13/6/26 @ 2:30PM Planned duration of transfusion : over 12 Hrs.

PLEASE MONITOR THE FOLLOWING EVERY 30 MINUTES

Time	HR	Temperature	Blood pressure	SpO₂	Any Rash	Any Rigors	Any Breathlessness	Any Other Problem
2:30pm	141	100.4°F	86/58(69)	100%	-	-	-	-
3pm	130	98.8°F	-	100%	-	-	-	-
4pm	141	99.3°F	-	100%	-	-	-	-
5pm	141	103.3°F	90/61(71)	100%	-	-	-	-
6pm	140	101.1°F		100%	-	-	-	-
7pm	131	100.5°F		100%	-	-	-	-
8pm	141	99.5°F	100/60(72).	100%	-	-	-	-
9pm	119/m	98.9°F.		100%	-	-	-	-
10pm	107/m	97.9°F	92/48(61)	96%	-	-	-	-
11pm	100/m	97.9°F		99%	-	-	-	-
12AM	124	98.4°F		99%	-	-	-	-
1AM	120	97.9°F	100/60(4)	99%		-	-	-

Comments : NO Reaction during IP. FOYU IG transfusion

Nurse Name : Chandreka Rani Nurse Signature : [signature]

CIN : U85110 TG1998 PTC029914

www.rainbowhospitals.in

IvIG Ref. No. F/HW/CON/BT/03

CONSENT FOR ~~BLOOD~~ TRANSFUSION

Patient Name: S. Sri Mallayya Age: 14

Gender: ☑ M ☐ F - IP No.: 23219

Ward / Bed NO.: PICU Date: 13/6/26

Type of Blood Product: IvIG

I S. Vasudeva Rao hereby give my consent for whole blood transfusion or the blood components as part of treatment of myself / my patient while being admitted at Rainbow Hospital. I have been explained all the known risks of transfusion reactions. I have also been explained that the donor blood has been screened for HIV antibodies, Hepatitis B surface antigen, Hepatitis C antibodies, Malaria and Syphilis. I have also been explained that transfusion transmitted infections can very rarely occur even with screened blood, especially if it is in. the "window period" and also due to various other infections which have not been screened for. I also understand that any blood component transfusions carries risk of transfusion associated reactions, fluid overload etc. which are generally rare. The same risks apply for multiple transfusions too.

The doctor have explained to me about he alternative for this procedure that

Nil.

All the above-mentioned risks have been explained to me by the doctor treating me / my patient in the language that I fully understand and I accept the same and give my consent for all transfusions (the whole blood /or blood components (PRBC, Platelets, FFP, Cryoprecepitate etc) to me /my Patient during he present hospital stay and treatment.

Patient(Or Patient relative./ Guardian):

Signature: SVasudevRao

Name: S. Vasudeva Rao

Date & Time: 13/6/26, 1 pm

Witness:

Signature: P. Satya Mounika

Name: P. S. Mounika

Address: Vizag

Contact No.:

Date & Time: 13/6/26, 1 pm

Doctor(Who is taking the consent):

Signature: Haritha

Name: Haritha

Date & Time: 13/6/26, 1pm

రక్త మార్పిడి కొరకు అంగీకార పత్రము

రోగిపేరు .... వయస్సు.............పు ☐ స్త్రీ ☐

ఐ.పి. నెంబరు .... వార్డు/ బెడ్ నెం ....

రక్త మార్పిడి రకం ....

నేను .... ఇందు మూలముగా రెయిన్‌బో ఆసుపత్రిలో అడ్మిట్ అయి ఉన్నపుడు పూర్తి చికిత్సలో భాగంగా (నాకు గాని/ నా రోగికి గాని రక్తమార్పిడికై/ రక్త భాగాల మార్పిడికి అంగీకారం తెలుపుతున్నాను. దాత రక్తాన్ని హెచ్ ఐ వి యాంటీ బడీస్, హైపటైటీస్ బి సర్ఫేస్ యాంటిజన్, హైపటైటీస్ యాంటిబడీస్, మలేరియా మరియు సిఫ్లిస్ లక్షణాలు లేవని పరీక్షించబడినదనియు వివరించడమైనది. రక్త పరీక్ష విండో పీరియడ్ లో జరిగినప్పటికి మరియు పరీక్షలో కనబడని అనేక ఇతర ఇన్‌ఫెక్షన్ ద్వారా అతి అరుదుగా రక్తమారిపడి చేసినప్పడు మార్పిడి ఇన్‌ఫెక్షన్‌లు సోకి వచ్చునని కూడా తెలియపరచడమైనది. ఏదైన రక్త భాగ మార్పిడికి సంబంధించిన రియాక్షన్‌లు సోకే ప్రమాదం వుందని, ద్రవం ఓవర్ లోడ్ మొదలగు సాధారణంగా అరుదైనది అని నేను అర్థం చేసుకున్నాను.

....

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు/ నా రోగికి ఏమని వివరించారనగా పైన పేర్కొన్న అన్ని రకాల సమస్యలను నా రోగికి చికిత్స చేసే డాక్టరు నాకు / మాకు పూర్తిగా అర్థమయ్యే బాషలో వివరించినారు, దానికి నేను అంగీకరిస్తూ, నా రోగికి పూర్తి రక్తమార్పిడికి (మొత్తం రక్తం) / రక్త భాగాల మార్పిడికి (పి.ఆర్.బి.సి., ప్లేట్‌లెట్స్, ఎఫ్.ఎఫ్.పి.,) క్రయోప్రెస్పిటెట్ మొదలగునవి. మా సమ్మతిని ఇస్తున్నాను.

సహాయకుడు(అటెండెంట్)

సంతకము ....

పేరు...

తేది మరియు సమయము ....

సాక్షి

సంతకము ....

పేరు...

తేది మరియు సమయము ....

డాక్టర్

సంతకము ....

పేరు...

తేది మరియు సమయము ....

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

PATIENT TRANSFER FORM

HCV-00040663 IP22-00023219
Baby S.SRI MOKSHAGNA
18-01-2025 1 Y 4 M 29 D (M)
Dr. SHASHWAT MOHANTY

	Date & Time of Admission	Date & Time of Transfer Order
	11/06/26. @ 9:54 Am	16/06/26 @ 5pm
Treating Consultant	Transfer ordered by	Reason for Transfer
Dr. Shashwat	Dr. Shashwat	Bone marrow Done
From Bed / Ward / Hospital	To Bed / Ward / Hospital	Information to attendant
PICU	1st Floor 107	Yes ☑ No ☐
Number of Sheets in clinical file	Number of Imaging films	Personal belongings including clinical documents. If any handed over to attendant
35	→ Blood Reports	Yes ☑ No ☐ If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	→ Inj. Cefbact – ①	
2.	→ Inj. PCM	
3.	→ Bone marrow Needles	
4.	→ NS – ① 100ml	
5.	→ Syp. P – 250.	

Shifting Summary / Notes written by Doctor:

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

Patient & Clinical records received by:

[signature] 020358 16/06/26 5:10pm

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

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

PATIENT TRANSFER FORM

HCV-00040663 IP22-00023219 Baby S.SRI MOKSHAGNA 18-01-2025 1 Y 4 M 29 D (M) Dr. SHASHWAT MOHANTY	Date & Time of Admission 11/6/26 9:54-AM	Date & Time of Transfer Order 16/6/26
Treating Consultant Dr:- Shashwat mohanty	Transfer ordered by Dr:- Haritha	Reason for Transfer plan for Bone marrow procedure
From Bed / Ward / Hospital 107	To Bed / Ward / Hospital PICU	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 25	Number of Imaging films day-1	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:
Uma	Dr:- Haritha	Ganga	-

Patient & Clinical records received by: Deepika 12:45pm 16/6/26

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

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

PATIENT TRANSFER FORM

HCV-00040663 IP22-00023219 Baby S.SRI MOKSHAGNA 18-01-2025 1 Y 4 M 26 D (M) Dr. SHASHWAT MOHANTY	Date & Time of Admission 11/6/26 9:54 AM	Date & Time of Transfer Order 13/6/26 12:30 pm
Treating Consultant Dr.- shashwat mohanty	Transfer ordered by Dr.- Adithya SIR	Reason for Transfer IVIG Transfusion
From Bed / Ward / Hospital 107	To Bed / Ward / Hospital PICU	Information to attendant Yes ☑ No ☐
Number of Sheets in clinical file 25	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.	IVIG 10 gm → ①	E.C.G leads - ①
2.	50 cc - 02	Inj:- meropenem - ①
3.	NS - 1	
4.	High pressure - 1	
5.	needle - 18 - 2	

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:
Uma.	Dr.- Adithya.	Ganga	-

Patient & Clinical records received by:

Signature with Date & Time [signature] 13/6/26 [illegible]

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

PATIENT TRANSFER FORM

Treating Consultant	Date & Time of Admission	Date & Time of Transfer Order
	11/6/26 9:54AM	11/6/26 11:30Am
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
	Dr. Balaji	Admission.
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
ER	107	
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 ? Outside file.
18	—	

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:
Pavani	Dr. Balaji	Srilekha	Self.

Patient & Clinical records received by:

Signature with Date & Time: Balaji 02088 11/6/26 @ 11:30Am

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