

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023353 Admit Date : 22-Jun-2026 Admit Time : 06:59 PM UHID : HCV-00040988

Patient Details :

Patient Name : Baby JOITHA SREE MEESALA Age : 1 Y 2 M 28 D  
Guardian : M.RAMPRASAD DOB : 25-03-2025 01:00 AM  
Gender : Female Religion :  
Occupation : Martial Status :  
Address (H) : Srikakulam Srikakulam Andhra Pradesh Phone No : 9985235334  
INDIA 532001 E-mail : no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 312 Ward Name : 3F-THIRD FLOOR  
Room No : SPVT 312 Admission Type : First Visit

Contact Details :

Name : M.RAMPRASAD Relationship : Father  
Contact Address : Srikakulam Srikakulam Andhra Pradesh INDIA 532001 Phone No :

  
Signature


Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY Specialisation : GENERAL PEDIATRICS  
Referral Doctor : SELF Phone No :  
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00  
Payor Name : GENERALI CENTRAL INSURANCE COMPANY LIMITED


**ACTIVITY RECORD FOR BILLING**

Name:----- HCV-00040088 IP22-00023353  
 UHID No :... Baby JYITHA SREE MEESALA 25-03-2025 1 Y 2 M 28 D (F) ..... Consultant : ..... Dept.: .....  
 Date of Adr  ..... Date of Discharge: ..... Time: .....  
 Room / Bed No ..... Suggested Billable bed type: .....

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
22/06/2026	8:00pm	ER	3 <sup>rd</sup> floor	Akhil

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	<del>Dr. [Name]</del> Referred by patient			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				









# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : \_\_\_\_\_

UHID ID : \_\_\_\_\_

Department : \_\_\_\_\_

Consultant : \_\_\_\_\_

HCV-00040988 IP22-00023353  
Baby JOITHA SREE MEEBALA  
29-03-2025 1 Y 2 M 26 D (F)  
Dr. SHASHWAT MOHANTY





**Padiatric Multiorgan History & Physical Examination**

Name: Joitha Sri Age/Sex 1y 2m / female  
Information given by: mother Reliability good!

**Chief Presenting Complaints & Duration ( Chronologically):**

- A/H/O accidental ingestion of naphthalene balls  
(? unknown quantity)

**History of present illness:**

1 year old female, with h/o naphthalene balls  
ingestion (? unknown quantity) - approx 1/4 th ball, 1 hour  
back, at residence.

NO H/O cough, Vomiting.  
NO H/O seizures.  
NO H/O retching

HCV-00040988 IP22-00023353  
Baby JOITHA SREE MEEBALA  
25-03-2025 1 Y 2 M 28 D (F)  
Dr. SHASHWAT MOHANTY



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

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**Birth & Neonatal History:**

Term / LSCS / Apgar  
No NIV admission

Family Chart



**Birth & Socio Economic History:**

About Father: \_\_\_\_\_  
About Mother: \_\_\_\_\_  
Any additional Information: \_\_\_\_\_

**Developmental History:**

Ⓝ as per age

**Immunization History:**

Immunized

**Anthropometry:**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms) \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 8.6 kg (Centile \_\_\_\_\_)

On Examination:

Temperature: Ⓝ Pulse Rate: 127/min B.P. 108/77 mmHg SPO2 97% @ d a

Resp. rate and type of breathing: 28/min  
B/L A2 @

Rash \_\_\_\_\_

Lymphadenopathy J ⊕

Oedema: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_



**Respiratory System:**

Inspection (any s/o distress): (N)

Air entry & breath sound: B/L A/C ⊕

Any Addees sounds: -

Relevant data from outside (Chest X-Ray, ABG, etc.,)

**Cardiovascular System:**

Inspection of procordium: (N)

Heart Sounds: S1S2 ⊕

Any murmur: -

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,)

**Per Abdomen:**

Inspection: (N)

Palpation: Soft

Ausculation: B/C ⊕

Spine: (N) External Genitelia: (N)

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

**Central Nervous System:**

Level of Consciousness: AVPU / GCS Score: / (N)

Cranial Nerves: (N)

**Motor System:**

Nutrition: good

Tone: / Power 5/5

Co-ordinator: / ⊕

Posture: /

Involuntary Movements: -

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Dr. SHASHWAT MOHANTY



**Reflexes:**

DTR \_\_\_\_\_

Superficials: \_\_\_\_\_

Plantars \_\_\_\_\_

Bladder / Bowel: \_\_\_\_\_

Clinical Summary & Diagnostic:

Accidental Ingestion of Naphthalene Balls

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment: \_\_\_\_\_

Desired goals of the of the treatment: \_\_\_\_\_

**Planned Labs:**

CBP  
LFT  
Creatinine  
S. electrolytes  
M.B. Debit

**Planned Management:**

- Target SpO<sub>2</sub> 77-78%  
- Inf Esomeprazole  
8mg iv Q24h  
- Monitor HR, BP Q4h  
M.B. Debit

Signature of the Doctor: \_\_\_\_\_

Signature of the Consultant: \_\_\_\_\_

Name of the Doctor: \_\_\_\_\_

Name of the Consultant: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Date & Time: \_\_\_\_\_

22/6/26 6:30pm

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

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 : \_\_\_\_\_

**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

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

HCV-00040988 IP22-00023353  
Patient Baby JOITHA SREE MEEBALA  
25-03-2025 1 Y 2 M 28 D (F)  
Age Dr. SHASHWAT MOHANTY  
I.P. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/25	10pm	C/S/B Dr Aditya / Dr Sujya / Dr Sree
		Δ = Accidental ingestion of Nephthalme Base
		No Vomiting, Resolves fever
		<u>O/E</u>
		Abx:
		pulse - good.
		hemodynamically - stable
		SpO <sub>2</sub> - 98.7 @ R.A
		U.O - good.
		<u>Plan</u>
		- monitor HR, SpO <sub>2</sub>
		- Q <sub>4</sub> h
		<u>NO</u> <u>10/12</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26  
8am

C/S/B Dr Shaswat / Dr Jee  
Dr Aditya /  
Dr Harsh /

D = Accidental ingestion of Naphthalene Balls

No fever / Vomiting

No cough.

oral - fairly well.

O/E

Alert

pulse - good.

Hemodynamically - stable

RS - B/L A/C

P/A - soft

U.O - good.

for  
Dr Jee

Plan

- monitor vitals strict

- plan D/c bag SpO<sub>2</sub>

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N. B. Sandhu  
0A222

23/6/26

9AM



24/6/26

SIB Dr SM / Dr Yash

8 AM

Accidental ingestion of  
Naphthalene Ball.

- No vomit
- No seizures
- No loose stool
- mild Throat Pain (+)

o/t Active

R/S - Clear

P/A - soft

CNS - wcs 15/15

Urine output - good

Stool - Present

Adm

- DIC Today

- Nexmo sachet x 3d



Dr YASH


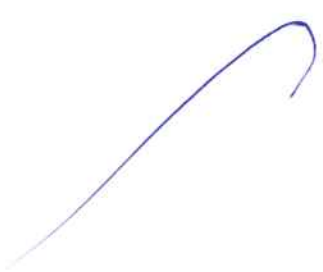








# PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00040988 IP22-00023353 Baby JOITHA SREE MEEBALA 25-03-2025 1 Y 2 M 28 D (F) Dr. SHABHWAT MOHANTY 		Date & Time of Admission 22/06/2026 @	Date & Time of Transfer Order 22/06/2026 @
		Transfer ordered by Dr. Sreewalli	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 3 <sup>rd</sup> 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 type="checkbox"/> No <input type="checkbox"/> 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. Sreewalli			
Name and Signature of Person filling this part Akhil	Name of person ordering transfer Dr. Sreewalli	Name & Signature of Nurse Supervisor Dhanalakshmi	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time Durga 28.11.26			

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