

ADMISSION SHEET



Registration Details :

Admission No : IP22-00023330

Admit Date : 20-Jun-2026

Admit Time : 11:31 AM UHID : HCV-00015810

Patient Details :

Patient Name : Baby GANTLA PRANAMYA

Age : 2 Y 11 M 26 D

Guardian : Mr GANTLA SATISH

DOB : 25-06-2023

Gender : Female

Religion :

Occupation :

Martial Status : Single

Address (H) : 0 Simhachalam Vishakhapatnam Andhra Pradesh INDIA 530028

Phone No : 9908945769

E-mail : akulasirisha12@gmail.com

Admission Details :

Bed Type : GENERAL WARD

Bed No : GW 334

Ward Name : 3F-THIRD FLOOR

Room No : GW 334

Admission Type : First Visit

Contact Details :

Name : Mr GANTLA SATISH

Relationship : D/O

Contact Address : 0 Simhachalam Vishakhapatnam Andhra Pradesh INDIA 530028

Phone No :

*K. L. Satish*  
Signature

Doctor Details :

Doctor Name : Dr. Kandula RadhaKrishna / Dr. Raju Kakarlapudi

Specialisation : GENERAL PEDIATRICS

Referral Doctor : Self

Phone No :

Co-Consultant :


Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash

Payor Name : EASTERN NAVAL COMMAND

**ACTIVITY RECORD FOR BILLING**

Name:----- HCV-00015810 IP22-00023330  
 Baby GANTLA PRANAMYA  
 UHID No :..... 25-06-2023 2 Y 11 M 26 D (F) ..... Consultant : ..... Dept:.....  
 Date of Admis:  ..... Date of Discharge:..... Time:.....  
 Room / Bed No :..... Ward :..... Suggested Billable bed type:.....

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
19/06/26	12:30	ER	3 <sup>rd</sup> Floor	Atehil

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	<del>Dr. Anant</del> <i>Refused by Patient</i>	<del>20/6/26</del>		
2.	DR ANANTH	21/06/26	90168	sandhya
3.	<i>Checks checked</i>	<i>By Baisakhi</i>	<i>23/6/26</i>	<i>2AM</i>
4.				
5.				
6.				
7.				
8.				
9.				
10.				





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
20/6/26	iv placement	1	889961	Asw
21/6/26	Nebulization	3	90126	Bairachli
21/6/26	Net	①	90157	Same
21/6/26	nebulization	②	90214	Same
22/6/26	Nebulization	3	90270	Bairachli
22/6	Nebulization	④	0418	Same
22/6/26	Nebulization	4	90550	Bairachli
<del>Cross checked by Bairachli 23/6/26 @ 1:30 AM</del>				

**ANY OTHER INFORMATION**

-----  
 -----  
 -----  
 -----  
 -----  
 -----

Date: 23/6/26

Time: 8AM

Prepared By: Bairachli

Staff Nurse Bairachli 23/6/26 @ 2AM	Shift / Ward	Billing Assistant	Billing Supervisor
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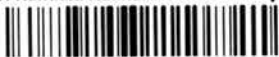


**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name : \_\_\_\_\_  
UHID ID : \_\_\_\_\_  
Department : \_\_\_\_\_  
Consultant : \_\_\_\_\_

HCV-00015810 IP22-00023330  
Baby GANTLA PRANAMYA  
25-08-2023 2 Y 11 M 26 D (F)  
Dr. Kandula RadhaKrihna / Dr. Raju





Padiatric Multiorgan History & Physical Examination

Name: Gantla Pranomya Age/Sex 2y/female  
Information given by: mother Reliability good

Chief Presenting Complaints & Duration ( Chronologically):

- fever x 4 days - moderate grade.  
- H/o cough x 4 days

History of present illness:

2 year old female with h/o fever, moderate grade since 4 days, not associated with chest signs, relieved on medications.  
H/o cough of cold since 3 days  
H/o vomiting ~ 2 episodes/day x 3 days  
H/o reduced food intake x 3 days  
~~H/o~~ H/o abdominal pain. intermittent, diffuse.  
No H/o rashes.

H/o recurrent fever since 3 months, once/month  
H/o ~~pro~~ seizures? febrile, on may/2023. 1 episode.  
Constant look of bone clavicle movements

19/6/23

CRP- 38

Dengue serology - Negative

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Baby GANTLA PRANAMYA  
25-08-2023 2 Y 11 M 26 D (F)  
Dr. Kandula RadhaKrishna / Dr. Raju



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

No H/o Hospital Admissions in the past.

**Birth & Neonatal History:**

Term / AGA / No New admission

**Family Chart**



**Birth & Socio Economic History:**

About Father: \_\_\_\_\_

About Mother: \_\_\_\_\_

Any additional Information: \_\_\_\_\_

**Developmental History:**

Ⓝ as per age

**Immunization History:**

Immunized as per age.

**Anthropometry:**

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

Weight (kgs) 10.09 (Centile \_\_\_\_\_)

On Examination:

Temperature: 99.1°f Pulse Rate: 98/min B.P. \_\_\_\_\_ SPO2 99% @ R.C.

Resp. rate and type of breathing: B/L AC(+)

NAB)

Rash \_\_\_\_\_

Lymphadenopathy \_\_\_\_\_

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

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

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Baby GANTLA PRANAMYA  
25-06-2023 2 Y 11 M 26 D (F)  
Dr. Kandula RadhaKrihna / Dr. Raju



**Respiratory System:**

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

Air entry & breath sound : B/L AEC

Any Addes 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 : BS

Spine : (N) External Genitelia : NG

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

**Central Nervous System:**

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

Cranial Nerves : \_\_\_\_\_

**Motor System:**

Nutrition : good

Tone: \_\_\_\_\_ Power 5/5

Co-ordinator : (N)

Posture: \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

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Baby GANTLA PRANAMYA  
25-06-2023 2 Y 11 M 26 D (F)  
Dr. Kandula RadhaKrishna / Dr. Raju



**Reflexes:**

DTR

Superficials:

Plantars \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Clinical Summary & Diagnostic:

Acute febrile illness

**Pediatric Multiorgan History & Physical Examination**

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

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

**Planned Labs:**

Done in OP hours

**Planned Management:**

- IVF DNS @ 40 ml/hr

- Sy CEFTRIAXONE 500mg  
IV Q12h.

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor: Dr. Raju

Name of the Consultant: Dr. Heerika

Date & Time: 20/6/26 11 AM

Date & Time: 20/6/26, 8 PM

HCV-00015810

IP22-00023330

Baby GANTLA PRANAMYA

25-06-2023 2 Y 11 M 26 D (F)

Dr. Kandula RadhaKrishna / Dr. Raju



# DISCHARGE PLANNING 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

<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 : \_\_\_\_\_

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

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

HCV-00015810 IP22-00023330

Patient No: Baby GANTLA PRANAMYA  
25-06-2023 2 Y 11 M 28 D (F)

Age : .....

Dr. Kendula RadhaKrishna / Dr. Raju



I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/23	apm	Harika c/s/B Do <del>provision</del> / Dr Sree Varu
		1 fever spike - high grade, NO Seizures oral intake - good
		<u>o/e</u> CRP-38*
		Alert
		RS - B/L A&E ⊕
		PIA - soft
		urine output good
		Hemodynamics - stable.
		Plan
		1) cont Inj ceftriaxone - D,
		2) w/f fever
		3) Trace All. mites report
		4) Ped Neurologist (Dr. Ananth) Consultation.
		<del>N-B Mander</del>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/6/26  
10PM

CLB Dr. Aditya / Dr. Sumina / Dr. Anjana

A1 - AFI

child reviewed

fever spikes (+)

no cough (+)

oral intake - poor

ole

child is "looking dull"

RS-B/L AE (+)

PIA soft

Adv

1-TO send O/E

2. cont ceftriaxone

Asthalin Neb

↓  
Sumina

Noted By Balraj

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



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>cls B on Aditya / Dr. Balaji</u>
	<u>21/6/23</u> <u>8AM</u>	<u>SSIS</u> , Acute febrile illness
		• clo 4 fever spikes
		• <del>no</del> clo cough ⊕
		• oral intake → poor.
		<u>DIR:</u>
		could be unstable, dull
		• <u>RT</u> → ALL AEP ⊕, clear
		• <u>CLS</u> → S/S ⊕
		• <u>PLAN</u> soft, non-tender
		<u>A check!</u>
		• plan to send
		Plu panel
		• <del>check</del> Influenza A/B (S/S)
		• Cont. sup ceftriaxone
		Neb. Asthalin
		<u>Dr. Balaji</u> <u>N.B. Sancheti</u> <u>CA 222</u> <u>21/6/23</u> <u>9AM</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

2/1/26

cls/Dr. Venul/Dr. Balaji

Bpm.

Obs: Acute febrile illness

- clo 1 fever spikes
- ~~no~~ clo cough
- NO clo vomiting
- oral intake - good

PE:

active, alert

Rf → B/LAF ⊕,  
wheezes ⊕

Admits

- cont. sup left-naxon  
neb. Asthalin


• DO send flu panel →

(Influenza A & B) → ~~Flu~~ after result  
now.

• Add sup Fluor: BALASA

By \_\_\_\_\_  
w. By \_\_\_\_\_

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

ICV-00015810 IP22-00023330  
Baby GANTLA PRANAMY  
Pat: 5-08-2023 2 Y 11 M 28 D (F)  
Dr. Kandula RadhaKrihna / Dr. Raju  
Ag:   
I.P. ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	8 AM	<p>clsb Dr. PK / Dr. Raju / Dr. Balaji</p> <p><u>DSSE:</u> Acute febrile illness</p> <ul style="list-style-type: none"> <li>• clsb fever spikes in last 24 hr.</li> <li>• clsb cough</li> <li>• NO clsb vomiting</li> <li>• oral intake - good.</li> </ul> <p><u>DIA:</u></p> <p>active, alert</p> <p>RR + BIL AEC(+)</p> <p>wheeze reduced.</p> <p><u>Advice:</u></p> <ul style="list-style-type: none"> <li>• cont. Syp. Ceftriaxone</li> <li>• Neb. Asthalin</li> <li>• cont. Syp. flucisx</li> <li>• D/E at request → today</li> </ul> <p>Prep sign (+)</p> <p>22/6/26 } To do           } CRP,           } CRP           } ESR</p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p> <p><i>[Signature]</i></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

~~22/6/26~~

~~SIB - Dr. VCA / Dr. Mark~~

~~SPM~~

~~AFI~~

22/6/26  
SPM

C/S/B Dr Venugopal / Dr SreeVeni

D = Acute pharyngitis

No fever  
No seizures  
oral - good  
O/E

Alert  
puli - good  
vitals - stable  
RS - R/L AEF  
P/A - soft

*[Signature]*

Plan  
- Contd of ceftriaxone  
- D3

- 23/6/26

To Do:

- CRP }  
- ESR } c/ray  
PT, INR } hold

N.B. note

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

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26	8AM	<p>CL/B Dr. RK / Dr. Raju / Dr. Balaji</p> <p><u>DSH:</u> Acute febrile illness.</p> <p>. no fever . no cough (+) . oral intake - good.</p> <p><u>BLE:</u> active, alert. . pulses + good. <u>RI</u> + <u>BL</u> AR (+), wheeze (+) <u>PLA</u> soft, non-tender</p> <p><u>CRP + 13</u> <u>ESR + 40</u></p> <p><u>Advice!</u> . cont. sup. Ceftriaxone D4. . Neb. Asthalin . Syp. flurix . review on Saturday</p> <p>① - MDN. Asthalin 100µg - ① x 3day → 3/day 5days ② - Tramadol-vm ① 7/day ③ - Syp. CETIRIZINE 3ml OD x ⑤ days ④ - Cefmetazole 1000 to maintain BID ⑤ days (0.025%)</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

# CONSULTATION FORM

Doctor Name : Dr. P. Ananth

Date : 21/6/26 Hour : .....

Hospital : Pvt. Vizag

Type of Referral :  Emergency (within one hr.)

Urgent (within 6 hrs.)  Non Urgent (within 24 hrs.)

Referred for :  Opinion  Co-Management

Date : ..... Time : ..... By : .....

Transfer of care

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

Signature: \_\_\_\_\_

M.D.

## Report of Findings and Recommendations :

Case seen by Dr. Ananth

H/o 1 episode of simple febrile seizure @ 1yr of age.

no episode of seizure currently

development - (NI)

child active

NO neurocutaneous markers

Adv

1. Explained clobazam prophylaxis

2. Review SOS if further episode of seizure

## Consultant :

Name : DR. ANANTH Signature : ..... Date & Time : 21/6/26

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





I.P. No.	Sheet No.	Wards	Weight (kg)
			10.09kg

REGULAR PRESCRIPTIONS

**DRUG:** Syr CEFTRIAXONE

Date: 20/6/2023  
 Time: AM

Dose	Route	Frequency	Start Dt.
<u>500 mg</u>	<u>IV</u>	<u>Q12h</u>	<u>20/6/20</u>

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

Additional Instructions: 5 AM to 5 PM  
AM to 5 PM

Dilute in 20ml NS, give over 1 hr.

Daily Doctor's Endorsement by a Sign. [Signature]

**DRUG:** Syr CLOBAZAM

Date: 20/6  
 Time: AM

Dose	Route	Frequency	Start Dt.
<u>2 ml</u>	<u>P.O</u>	<u>Q12h</u>	<u>20/6/20</u>

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

Additional Instructions: 1ml = 2.5 mg

STOP

Daily Doctor's Endorsement by a Sign. [Signature]

**DRUG:** ASTHALIN NEBS

Date: 20/6/20  
 Time: AM

Dose	Route	Frequency	Start Dt.
<u>1 ml</u>	<u>Neb</u>	<u>Q4H</u>	<u>20/6/20</u>

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

Additional Instructions: see the chart.

Daily Doctor's Endorsement by a Sign. [Signature]

**DRUG:** Syr. OSELTAMIVIR

Date: 21/6/2023  
 Time: AM

Dose	Route	Frequency	Start Dt.
<u>2.5ml</u>	<u>PO</u>	<u>Q12hr</u>	<u>21/6/2023</u>

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

Additional Instructions: BALASP  
5ml → 60mg

Daily Doctor's Endorsement by a Sign. [Signature]





Patient Name:

ICV-00015810 IP22-00023330  
Baby GANTLA PRANAMYA  
5-06-2023 2 Y 11 M 26 D (F)  
Dr. Kandula RadhaKrishna / Dr. Raju


Registration No.



**NEBULISATION CHART**

Date	Time	Drug	Nurse	Parents Signature
20/6	10PM 00.00	Asthalin Neb <sup>n</sup> 10PM		}
21/6	1.00	Asthalin Neb <sup>n</sup> 2AM		
	2.00	Asthalin Neb <sup>n</sup> 6AM		
	3.00	Asthalin Neb. 11AM	Sandhya	
	4.00	Neb c Asthalin upg	Coorun	
	5.00	Neb c Asthalin 8pm	Coorun	
22/6	6.00	Asthalin Neb <sup>n</sup> 12AM		
	7.00	Asthalin Neb <sup>n</sup> 4AM		
	8.00	Asthalin Neb <sup>n</sup> 8AM		
	9.00	Neb c Asthalin 1pm	Coorun	
	10.00	Neb c Asthalin 7.30PM	Maha	
	11.00	Neb c Asthalin 11.30PM		
23/6	12.00	Neb c Asthalin 3.30PM		
	13.00	Neb c Asthalin 7.30AM		
	14.00	(14)		
	15.00			
	16.00			
	17.00			
	18.00			
	19.00			
	20.00			
	21.00			
	22.00			
	23.00			

# PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00015810 IP22-00023330 Baby GANTLA PRANAMYA 25-06-2023 2 Y 11 M 26 D (F) Dr. Kandula RadhaKrishna / Dr. Raju		Date & Time of Admission 20/6/26 @ 11:31 PM	Date & Time of Transfer Order 20/6/26 @ 12:00 PM
		Transfer ordered by Dr. Seerali	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 334	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 18	Number of Imaging films 0	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ? office reports	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	Dns	1	
2.	IV set	1	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Dr. Raju	Name of person ordering transfer Dr. Seerali	Name & Signature of Nurse Supervisor K. Chandrababu	Referral note & referral Doctor Name:
Patient & Clinical records received by: Sandhya 20/6/26 at 12:30 PM			
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