

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 : IP22-00023303 **Admit Date** : 18-Jun-2026 **Admit Time** : 01:04 AM **UHID** : HCV-00040869

Patient Details :

Patient Name : Master DUKKA RIYANSH **Age** : 2 Y 3 M 7 D
Guardian : KIRAN KUMAR **DOB** : 11-03-2024
Gender : Male **Religion** :
Occupation : **Martial Status** :
Address (H) : Vizianagaram Vizianagaram Andhra Pradesh **Phone No** : 8688455880
INDIA 531202 **E-mail** : no@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE **Bed No** : SPVT 307 **Ward Name** : 3F-THIRD FLOOR
Room No : SPVT 307 **Admission Type** : First Visit

Contact Details :

Name : KIRAN KUMAR **Relationship** : Father
Contact Address : Vizianagaram Vizianagaram Andhra Pradesh **Phone No** :
INDIA 531202

Kiran Kumar
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 : BAJAJ ALLIANZ GENERAL INSURANCE CO LTD

ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040889 IP22-00023303 -----
 UHID No :----- Master DUKKA RIYANSH -----
 Date of Admissio: 11-03-2024 2 Y 3 M 7 D (N) Dr. SHASHWAT MOHANTY
 Room / Bed No :----- Ward :----- Suggested Billable bed type:-----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/6/26	2:10 AM	ER	307	Ramesh

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	MOTHIRMYCE	18/6/26	9588	AA
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by nurse

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6/26	Syringe pump	3AM	19/6	} 9417	} Darya
18/6/26	Infusion pump	3AM	3AM		
19/6	Syringe pump	} 3AM	20/6	9089	nals
	Infusion pump				

boxes checked by nals

INVESTIGATIONS

Date	Investigations	Order No.	Signature
18/10/16	RSC - 108 mg/dl	13149	Pam
18/10/16	Calcium, Magnesium, Electrolytes, Blood c/s	13148	
19/10	CRP, CPP	2215	
<p>Cross checked by med</p>			




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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

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

HCV-00040869 IP22-00023303
Master DUKKA RIYANSH
11-03-2024 2 Y 3 M 7 D (N)
Dr. SHASHWAT MOHANTY





Padiatric Multiorgan History & Physical Examination

Name: Riyansh Age/Sex 2yrs / M
 Information given by: Laxanya Reliability Mother

Chief Presenting Complaints & Duration (Chronologically):

• clo fever x 1 day
 • 1 episode of paroxysmal event of stiffness
 of upper limbs & staring look x 2 min

History of present illness:

child was apparently normal 1 day back then
 presented c

clo fever, high grade, continuous in nature
 not ab c chill & rigors not relieved by
 P250 + 5ml glvs

• 1 episode of paroxysmal event of stiffness
 of both upper limbs & staring of look lasting
 for 2 min

- NO clo cough & cold
- NO clo Parache
- NO clo loose stools.

Syp. Amoxyclav → 4ml given once.

outside:

• WBC + ~~10.8~~ 4.3 ESR →

• Hb → 10.7

• platelet → 1.7

• CRP → 2.4

HCV-00040860 IP22-00023303
Master DUKKA RIYANBH
11-03-2024 2 Y 3 M 7 D (M
Dr. SHASHWAT MOHANTY



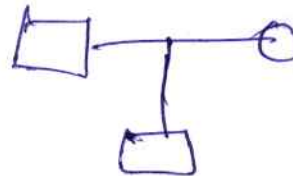
Past History : (Including details of any previous investigation or treatment)

NO similar complaints in past

Birth & Neonatal History:

1 Sec / TERM / cried immediately
after birth

Family Chart



Birth & Socio Economic History:

About Father: _____

About Mother: _____

Any additional Information: _____

Developmental History:

attained upto the age

Immunization History:

Vaccinated upto age.

Anthropometry:

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

Weight (kgs) 13.34 (Centile _____)

On Examination:

Temperature: 98.6°F Pulse Rate: 96/min B.P. _____ SPO2 98.1 ON RA

Resp. rate and type of breathing : _____

RR + 24/min

Rash _____

Lymphadenopathy } Nil

Oedema: _____

Allergies (if any): _____

HCV-00040889 IP22-00023303

Master DUKKA RIYANSH

11-03-2024 2 Y 3 M 7 D (M)

Dr. SHASHWAT MOHANTY



Respiratory System:

Inspection (any s/o distress): _____

Air entry & breath sound : _____

Any Added sounds : _____

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

} BLL ARE (4) clear

Cardiovascular System:

Inspection of precordium : _____

Heart Sounds : _____

Any murmur: _____

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

} S1 S2 (4)

Per Abdomen:

Inspection : _____

Palpation : _____

Auscultation : _____

Spine : _____ External Genitalia : _____

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

} Soft, non-tender

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: _____

Cranial Nerves : _____

conscious, alert

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture: _____

Involuntary Movements : _____

} (4)

HCV-00040889 IP22-00023303
Master DUKKA RIYANBH
11-03-2024 2 Y 3 M 7 D (M)
Dr. SHABHWAT MOHANTY

Reflexes:

DTR

(N)

Superficials:

(N)

Plantars

(N)

Bladder / Bowel:

(N)

Clinical Summary & Diagnostic:

Feeble response

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- Blood cl
 - S. electrolyte
 - S. Ca⁺⁺, C-mg⁺⁺
- N-B
J
12/1/24

Planned Management:

- IVF⁺ DNS 20ml/hr
- Oral Ceftriaxone 800mg
I-V @ 12hrly
- Tab. clobazam
1/2 Tab @ 12hrly

Signature of the Doctor :

Signature of the Consultant:

Name of the Doctor :

BALAK

Name of the Consultant :

Date & Time :

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 : _____



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patie HCV-00040869 IP22-00023303
 Master DUKKA RIYANSH
 11-03-2024 2 Y 3 M 7 D (M)
 Age Dr. BHASHWAT MOHANTY
 I.P. ↑ 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		<u>cls/B Dr. SM / Dr. Balaji</u>
	<u>18/6/26</u>	
	<u>8 AM</u>	<u>DS's: febrile seizure</u>
		<ul style="list-style-type: none"> • 1 fever spikes @ 5:30 AM • NO clo further seizure • oral intake - good
		<u>OLP:</u>
		active, alert
		• <u>PH</u> + <u>BIL</u> AE ⊕, clear
		• <u>CLS</u> + <u>S11 S2</u> ⊕
		• <u>PLA</u> + soft, non-tender
		<u>Advice:</u>
		• <u>Duj</u> ceftriaxone
		• <u>Tab</u> clobazam (DI)
		• <u>PP</u> Encourage orally
		• <u>Tran</u> blood c/s
		• <u>TO</u> 100- CBP, CRP <u>l/m</u> .
		<u>BALAJI</u>
		<u>N. By</u> <u>Am</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

18/6/26

SIB On VOM / An Yank

SIM

Asis - Feline seizure
(Simple)

- No further Ab(N) movements
- 2 fever spikes today
- oral intake - good

O/E - Active, alert

RIS - clear

P/A - soft

Asis

- (T) Blood LIS
- Cont. tri-oxtriazone
Tab. Clonazepam
Sym. Levocet.

- CRP, CRP TIM

Noted by Stalyni

On 1 AM



PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient HCV-00040889 IP22-00023303
 Master DUKKA RIYANSH
 11-03-2024 2 Y 3 M 8 D (M)
 Age : .. Dr. SHASHWAT MOHANTY
 I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
14/6/26	8am	c/s/B Dr sm/Dr SV
		D = febrile seizures (simple)
		fever & spikes yesterday - 24 hours
		2 episodes of convulsions - passed.
		No seizures
		oral - good.
		<u>O/E</u>
		CRP - 3.
		culture - sterile.
		Alert
		RS - B/L AEF
		P/A - soft
		vitals - stable.
		<u>Plan</u>
		1) (T) blood c/s
		2) Trau CRP, CRP levels
		3) To Do - Dengue Serology
		4) plan O/E today
		if no fever spikes

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26

SIB Dr. PV / Dr. Yank

SPM

Simple Febrile Seizures

- No Fever since Today
- No Further Seizures
- Oral intake - good

O/E - Active

RII - Clear

EVS - Normal

CNS - MCS 15/15

AD

(+) Blood C/S

- Cont. Tab. Cloxacillin
- bi. Ceftriaxone
- 5yr. Levocat

- Plan DIC T1M

no signs
of
19/6/26

Dr. Yank

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040869 IP22-00023303

Master DUKKA RIYANSH

Pat 11-03-2024 2 Y 3 M 8 D (M)

Dr. SHASHWAT MOHANTY

Age

I.P.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26		S/B. On-Sm / On Man
	8AM	Simple Febrile Seizures
		- No Fever Spike
		- No further Seizures
		- No Ab(N) Movements.
		- Oral intake - good.
		O/E - Active
		RIS - Clear
		CVS - No Murmur
		CNS - MCS 15/15
		- Tone - (N)
		- Posture
		- Power 5/5.
		Blood CR - Sterile. <u>Ad</u>
		Urine output - good
		Stools - Passed
		- Plan O/L Today
		- Cont. Tab. Cloxam
		Tri. Ophthalmic - D3
		Syr. Levocet.
		- O/L Adv: SOS Midaz Spray
		SOS PCM
		SOS Zegeric
		<u>D. MASH</u>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



RESULT SHEET

outid

Patient Name

HCV-00040869 IP22-00023303

Master DUKKA RIYANSH

11-03-2024 2 Y 3 M 7 D (M)

Dr. SHASHWAT MOHANTY

Age :

I.D. No. :



Date	<i>18/6/26</i>	<i>18/6/26</i>	<i>19/6/26</i>		
Time					
Hb	<i>10.7</i>		<i>11.3</i>		
PCV			<i>34.3</i>		
RBC			<i>4.42</i>		
WBC	<i>4.3</i>		<i>6.02</i>		
N/L			<i>28.2/58.9</i>		
Platelets	<i>1.7</i>		<i>1.60</i>		
CRP	<i>2.4</i>		<i>3</i>		
ESR					
PCT					
RBS					
Na	<i>13</i>	<i>134</i>			
K		<i>3.93</i>			
Cl		<i>105</i>			
Ca/Mg		<i>9.4/1.9</i>			
Phosphate					
Urea					
Creatinine					
ALP					
SGPT					
SGOT					
T.Bill/Conj					
T.Protein					
S.Albumin					
S.Globulin					
A/G Ratio					
Uric Acid					
S.Amylase					
Sr.Lipase					
Blood Lactate					
S.Cholesterol					
PT/INR					
APTT					
CSF Protein/Sugar					
Cells					
N/L					
Doctor's Signature					

