

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023351 Admit Date : 22-Jun-2026 Admit Time : 02:50 PM UHID : HCV-00030372

Patient Details :

Patient Name : Baby A NAYRA B/O JAYA SHREE Age : 1 Y 3 M 2 D
Guardian : Mr A PRAVEEN KUMAR DOB : 20-03-2025 07:50 PM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : 5-13-19 white building Autonagar Phone No : 9986457579/ 9347662442
Vishakhapatnam Andhra Pradesh INDIA E-mail : praveen.annabattula24@gmail.com
530012

Admission Details :

Bed Type : SEMI PRIVATE Bed No : SPVT 311 Ward Name : 3F-THIRD FLOOR
Room No : SPVT 311 Admission Type : First Visit

Contact Details :

Name : Mr A PRAVEEN KUMAR Relationship : Baby/O
Contact Address : Phone No : 9347662442


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 : VIDAL HEALTH INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name:----- HCV-00030372 IP22-00023351 -----
 UHID No :----- IP No :... Baby A NAYRA B/O JAYA SHREE
 20-03-2025 1 Y 3 M 2 D (F) ----- Dept.:-----
 Date of Admission :----- Dr. SHASHWAT MOHANTY ----- Discharge:----- Time:-----
 Room / Bed No :----- Ward :----- Suggested Billable bed type:-----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/06/2026	4:35pm	ER.	3 rd floor.	Arhil.

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyoti M M M G	22/6/26	0440	Jyoti
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Diagnosis collected by sandhya

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	Syringe pump Infusion pump	5pm	23/6 5pm	690428	<i>[Signature]</i>
23/6	Syringe pump	5pm	24/6/26 11am	906814	<i>[Signature]</i>
<p>CT700\$ checked by sandwich</p>					



**Rainbow[®]
Children's
Hospital**

It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____ HCV-00030372 IP22-00023351 _____
Baby A NAYRA B/O JAYA SHREE
UHID ID : _____ 20-03-2025 1 Y 3 M 2 D (F) _____
Dr. SHASHWAT MOHANTY
Department : _____
Consultant : _____



HCV-00030372

IP22-00023351

Baby A NAYRA B/O JAYA SHREE

20-03-2025 1 Y 3 M 2 D (F)

Dr. SHASHWAT MOHANTY



Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

cf. fever : yesterday
Loose stools morning
Decreased activity since morning

History of present illness:

Fever. Sudden onset high grade
intermittent
not associated with chills
Loose watery stools
3-4 episodes/day
associated with blood & mucus

Decreased oral Intake
Decreased activity since yesterday
Decreased urine output

No c/o Vomiting Bump micturide
No c/o Cough Cold

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Baby A NAYRA B/O JAYA SHREE
20-03-2025 1 Y 3 M 2 D (F)
Dr. SHASHWAT MOHANTY



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

the new admission / up / NIN 5 for 1 days

Birth & Neonatal History: Temp - 36.4 / 2.8 kg

Family Chart

Birth & Socio Economic History:

About Father: _____

About Mother: _____

Any additional Information: _____

Developmental History:

(N)

Immunization History:

upto date

Anthropometry:

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

Weight (kgs) 10.2 kg (Centile _____)

On Examination:

Temperature: _____ Pulse Rate: 148/min B.P. _____ SPO2 _____

Resp. rate and type of breathing: 36 l

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____

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Baby A NAYRA B/O JAYA SHREE

20-03-2025 1 Y 3 M 2 D (F)

Dr. BHASHWAT MOHANTY



Respiratory System:

R.A.A. (M)

Inspection (any s/o distress): _____

Air entry & breath sound : _____

Any Addes sounds : _____

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

Cardiovascular System:

S.L. (M)

Inspection of procordium : _____

Heart Sounds : _____

Any murmur: _____

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

Per Abdomen:

Soft

Inspection : _____

Palpation : _____

Ausculation : _____

Spine : _____ External Genitelia : _____

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

Central Nervous System:

N/A

Level of Consciousness : AVPU / GCS Score: _____

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture: _____

Involuntary Movements : _____

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Baby A NAYRA B/O JAYA SHREE
20-03-2025 1 Y 3 M 2 D (F)
Dr. SHASHWAT MOHANTY



Reflexes:

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

Acute Gastroenteritis

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- CRP
- CRP
- CVT - due
- Blood c/s
- WBC - Abdomen
- Stool c/s - due
- P.B
- Alchit.

Planned Management:

- 2
- 1. ZNF - DNS @ 30ml/hr
- 2. I.P. CEFTRIAXONE 500mg IV q8h
- 3. ZnP. Zn 20 Sml U9
- 4. FOLIC ACID 5mg
- P.B
- Alchit

Signature of the Doctor: *[Signature]*
Name of the Doctor: *Dr. Venk Cop Reddy*
Date & Time: *22/06/26 @ 2:55pm*

Signature of the Consultant: *[Signature]*
Name of the Consultant: *Dhananjay*
Date & Time: *22/6/26 8pm*



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

Medication Yes No

Bathing Yes No

Eating Yes No

Walking Yes No

Dressing Yes No

Toileting Yes 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-00030372 IP22-00023351

Patient Baby A NAYRA B/O JAYA SHREE

20-03-2025 1 Y 3 M 2 D (F)

Age : .

Dr. SHASHWAT MOHANTY

I.P. No



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	5pm	c/s/B. Dr. Shashwat / Dr. Sreenivas
		Δ - Acute Gastroenteritis with some Dehydration
		No loose stools since admission
		No fever
		feed - poor
		<u>O/E</u> CRP-48 (↑)
		Alert
		pulset good
		CRT < 3 sec.
		Hemodynamically stable
		P/A - soft
		BS (+)
		urine output - passed - greenish
		usg = CBD - mild prominent - 3.9 mm, no calculus
		<i>[Signature]</i>
		Plan
		- Cont IV Dns @ 30ml/hr
		- Cont ceftriaxone (1)
		- Trace blood c/s
		- To send Cx
		<i>[Signature]</i>
		22/6

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26
8am

c/s/B Dr Shaswat / Dr Dasa
Dr Aditya / Dr Haritha

Δ = Acute Gastro Enteritis with Some Dehydration

No loose stools since admission
NO fever / vomit

Q/E!

CRP - 48

Alert

pulse - good

CRT < 3sec

Hemodynamic - stable

P/A - soft B5+

urine - good.

msg - CBD - mild prominent
3.9mm

Paved stool - (D) Consistency

(*) No blood in stool

for
base

pls

1) Cont sig upmarrow - D2

2) Trace blood ctst stool ctst > ---

3) Cont IVFONS moderate

↳ 570f

Shaswat
Dasa

N.B Sandhya
DA 222
23/6/26
9AM.

24/6/26

SIB. Dr. SM / Dr. Mark

8AM

Diis - Acute gastroenteritis
with some dehydration.

~~No Fever~~

- No Fever
- No Further loose stools, stool passed (N) consistency
- No vomit
- O/E - Active
- R/E Clear
- P/A - soft
- Pulse - good.

→ Blood c/s - No growth Present

→ Stool c/s - UNB

→ No signs of dehydration

→ Urine output - good

Adm

- Cont. Zidovudine 03
- syn. Zinona
- Enterogermina.


- Trace stool c/s

~~From
Dum~~

Dr. YASIN

NB sandhya
04-22-2
24/6/26
que

PATIENT TRANSFER FORM

Patient Name / I D No. HCV-00030372 IP22-00023351 Baby A NAYRA B/O JAYA SHREE 20-03-2025 1 Y 3 M 2 D (F) Dr. SHASHWAT MOHANTY 		Date & Time of Admission 22/06/2026 @ 2:50pm	Date & Time of Transfer Order 22/06/2026 @ 4:35pm
		Transfer ordered by Dr. Venu gopal.	Reason for Transfer Admission
From Bed / Ward / Hospital GR	To Bed / Ward / Hospital 3 rd 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.	DNS	0	
2.	IV set	1	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor: Dr. Venu gopal			
Name and Signature of Person filling this part Akhi	Name of person ordering transfer Dr. Venu gopal.	Name & Signature of Nurse Supervisor Ahanalakshmi	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time 22/06/26 4:00pm			

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