



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 : IP22-00023346 **Admit Date** : 22-Jun-2026 **Admit Time** : 10:21 AM **UHID** : HCV-00040962

Patient Details :

Patient Name : Master S M TAJ MOINUDDIN	Age : 13 Y 6 M 23 D
Guardian : Mr HUSSAIN	DOB : 30-11-2012
Gender : Male	Religion :
Occupation :	Martial Status :
Address (H) : Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048	Phone No : 7702467861
	E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : PICU **Bed No** : PICU 126 **Ward Name** : 1F-FIRST FLOOR-PICU
Room No : PICU 126 **Admission Type** : First Visit

Contact Details :

Name : Mr HUSSAIN **Relationship** : C/O
Contact Address : Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048 **Phone No** : 7799142786


Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.00
Payor Name : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:-----

UHID No :IP N HCV-00040982 IP22-00023346 Master S M TAJ MOINUDDIN 30-11-2012 13 Y 6 M 23 D (M) int :Dept:.....

Date of Admission : Dr. SHASHWAT MOHANTY Date of Discharge:..... Time:.....

Room / Bed No : Requested Billable bed type:.....



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
22/6/26	11:05 am	BR	PICU	Am
23/6/26	01:30 pm	PICU	3 rd floor (329)	Deepika

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	22/6/26	690394 ✓	Deepika
2.	Dr. Leena	22/6/26	690432 ✓	Rasmi
3.	cross checked by Baishakhi 24/6/26 12pm			
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross checked by [Signature]

[Signature] 23/6

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
22/6/26	Cardiac Monitor Syringe pump	11 am	23/6/26 10 AM 23/6/26 11 AM	690350 ✓	Deepika Deepika 23/6
23/6/26	Syringe Pump	11 AM	24/6 2:14 PM	690594 ✓	nilam
cross checked by Beekahle 24/6/26 @ 12 AM					
<p>Checked by <i>[Signature]</i></p>					

INVESTIGATIONS

Date	Investigations	Order No.	Signature
22/06/26	ABG + Calcium + Electrolytes magnesium, phosphorus, LFT, Creatinine, urea, vitamin D, parathyroid. EE	6013404 ✓	Akhil
22/06/26	ECG	6903 ✓	Akhil
22/06/26	GRBS 129 Gngldl.	6013407 ✓	Akhil
22/6/26	Urine ^{ratio} calcium/creatinine	13438 ✓	Murali Checked by Murali 23/6
22/6/26	CME	13439 ✓	
22/6/26	CRP	13440 ✓	
23/6/26	GRBS at 6AM [102 ng/ml]	3453 ✓	Ajay
23/6/26	Sr. Calcium	26013466 ✓	Vijaya
Cross checked by Braisakhi 24/6/26 @ 12AM			
Out Clerk by Aalya			

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
22/10/26	In placement	01	690318	Ali
cross checked by Baibakli 24/6/26 @ 12am				

ANY OTHER INFORMATION

Date: 24/6/26

Time: 12am

Prepared By: Baibakli

Staff Nurse cross checked by Baibakli 24/6/26 12am	Shift / Ward	Billing Assistant	Billing Supervisor
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PRISM SCORE FORM

Variable	Age Restriction				Score Appointed	Score
	Neonate	Infant	Child	Adolescent		
Systolic Blood Pressure (mmHg)	40-55 <40	44-65 <45	55-75 <55	65-85 <65		0
Temperature	All ages <33° C OR > 40° C					0
Mental Status	All ages stupor or coma (GCS <8)					0
Heart Rate	215-225 <225	215-225 <225	185-205 <205	145-155 <155		0
Pupillary reflexes	All ages = One Pupil fixed, pupil > 3mm All ages = Both fixed, pupil > 3mm					0
Acidosis (pH) or total CO ₂ (mmol/L)	All ages = pH 7.0 - 7.28 or total CO ₂ 5 - 16.9 All ages = pH < 7.0 or total CO ₂ < 5					0
pH	All ages = 7.48 - 7.55 All ages > 7.55					0
PCO ₂ (mmHg)	All ages = 50.0 - 0 All ages > 75.0					0
Total CO ₂ (mmol/L)	All ages > 34.0					0
Arterial Pao ₂ (mmHg)	All ages = 42.0 - 49.9 All ages = 42.0					0
Glucose	All ages > 200mg/dl					0
Potassium	All ages > 6.9mmol/L					0
Creatinine (mg/dl)	Neonate >0.84mg/dl	Infant >0.9mg/dl	Child >0.9mg/dl	Adolescent >1.3mg/dl		0
Urea (mg/dl)	Neonate 725.9	All other ages 32.5				0
White blood cells	All ages < 3000 cells/mm ³					0
Prothrombin time (PT) Or Partial thromboplastin time (PTT)	Neonate PT > 22.0 sec or PTT > 85.0 sec	All other ages PT > 22.0 sec or PTT > 57.0 sec				0
Platelets (cells/mm ³)	All ages = 100,000 to 200,000 All ages = 50,000 to 99,999 <50,000					0
Total PRISM III - 24 hours.						0

Name of the Doctor: Dr. Mash

Signature of the Doctor: [Signature]

Date & Time: 23/6/20 11:00 AM



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____ HCV-00040982 IP22-00023346
Master S M TAJ MOINUDDIN
30-11-2012 13 Y 6 M 23 D (M)
Dr. SHASHWAT MOHANTY

UHID ID : _____

Department : _____ *recy*

Consultant : _____ *Dr SM*



Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

History of present illness:

clo fever - 1 day
- high grade
clo 1 episode of loose stool
clo Body pains
- Predominantly in all 4 limbs
- Back on 4 off
- clo - Tightness (Spasms) and tingling
- yesterday night (fingertips)
clo Jaw tightness
↓
Referred hospital
↓
↓ Ca levels - 7.5
CRP (+) - 31.4
CRP - 12.9 > 10.9 < 240,000
35/10
Na⁺ - 138 mEq/L
K⁺ - 4.2 mEq/L
Cl - 9.8 mEq/L

HCV-00040962 IP22-00023346
Master S M TAJ MOINUDDIN
30-11-2012 13 Y 6 M 23 D (M)
Dr. SHASHWAT MOHANTY



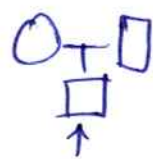
Past History : (Including details of any previous investigation or treatment)

_____ *Nil* _____

Birth & Neonatal History:

T LSA / 4 hrs / decurium hyp

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) *18 kg* (Centile _____)

On Examination:

Temperature: *99.3 F* Pulse Rate: *128/min* B.P. *110/66* SPO2 *100%*

Resp. rate and type of breathing: *22/min (80)*

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____

HCV-00040662 IP22-00023346
Master S M TAJ MOINUDDIN
30-11-2012 13 Y 6 M 23 D (M)
Dr. SHASHWAT MOHANTY



Respiratory System: B/LAE ⊕ Clear

Inspection (any s/o distress): _____

Air entry & breath sound : _____

Any Addes sounds : _____

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

Cardiovascular System: S₁S₂ ⊕.

Inspection of procordium : _____

Heart Sounds : _____

Any murmur: _____

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

Per Abdomen: Soft Non tenderness

Inspection : _____

Palpation : _____

Ausculation : _____

Spine : _____ External Genitelia : _____

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

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: Concious, alert

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture: _____

Involuntary Movements : _____

HCV-00040982 IP22-00023346
Master S M TAJ MOINUDDIN
30-11-2012 13 Y 6 M 23 D (M)
Dr. SHASHWAT MOHANTY



Reflexes:

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

AF1 / Hypocalcemia (↓ eval)

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

VBG + Ionized Ca
Mg, Phosphorus levels
LFT
+ Blood cts with (Hold)
ECG
Ser Creat
Blood Urea
Vit D levels
PPTH
SOS - 20 Euro

Planned Management:

Inj CEFRADIXONE
Inj CALCIUM Gluconate
(20ml + 20ml 5D)
over 1 hour
2 Tab PARACETAMOL (650mg)
Dr Leena Mam Consultation

Signature of the Doctor:

Handwritten signature

Signature of the Consultant:

Name of the Doctor:

Handwritten name

Name of the Consultant:

Date & Time:

22/6/26

Date & Time:

HCV-00040982 IP22-00023346
Master S M TAJ MOINUDDIN
30-11-2012 13 Y 6 M 23 D (M)
Dr. SHASHWAT MOHANTY



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 : _____

22/6/26

SIB Dr Shashwat / Dr Yank

SPM

Acute febrile illness with
hypocalcaemia ↓ Evaluation

- Fever 2 spikes (+)
- 1 episode of loose stool
- Tingling, weakness, tightness of
Finger, Jaw ↓↓

O/E - Active

R/I - Clear

P/A - soft

Vitals HR - 110 BPM

SpO₂ - 98%

RR - 30/min

ECG - QTc - 422 ms (N)

Ad

- cont. tri-oxazolone
- Enterogermium
- Sym. Zimonia
- (+) Vit D₃, PTH
- (-) CRP, CRP.
- Dr. Lena man
consult.

Dr VATH

S. Calcium

Jim Ham

NOE & By
Ravals
ON 22/6/26
@ SPM

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040962 IP22-00023346
Master S M TAJ MOINUDDIN
30-11-2012 13 Y 6 M 23 D (M) F



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	11pm	c/s/B Aditya / Dr Surja / Dr Sreekanth
		Δ - Acute febrile illness with hypocalcaemia ↓ Evaluation
		No fever spikes / loose stools.
		Tingling, weakness, tingling of fingers.
		<u>o/e</u>
		Alert.
		Rs - B/C A/C
		P/A - Soft
		U/O - 0.8 ml/kg/hr over 6 hrs.
		SpO ₂ - 99% @ h.a.
		Hemodynamically stable.
		<u>Plan:</u>
		1) Trace Vit D ₃
		2) Dr Leena VC (Dr)
		t/m:
		3) Cont.
		4) Ceftriaxone 0.1
		4) monitor vitals
		<i>[Signature]</i>
		<i>[Signature]</i>
		NB. <i>[Signature]</i> 22/6/26
		CHP

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

23/6/26 SIB. Dr. Shashwat/Dr. Yash

8AM osis-Acute Febrile illness with Hypocalcemia ↓ Evaluation

→ Issues - Hypocalcemia, No Tingling sensation
No Spasm, No tightness of Jaw, Finger
Fluids - Child on oral feeds

R.S - Child on Room air, No signs of Distress
- RR - 22/min SpO_2 - 98%
- B/LAE ⊕, Clear.

CVS - S1S2 ⊕, Peripheries warm
- CRT < 3 sec.
- ECG - QTc - 422 ms.

Infection - No Fever spikes overnight
- CRP - 35
- inj. Ceftriaxone D2

Haemat - hb - 12.9 wbc - 10.7 P - 240
- $Sr-calc^{2+}$ - 7.5
- $Srpt\ calc^{2+}$ - 1.5

CNS - Active
- ACS 15/15.

Adm

- Sr -Calcium @ 11AM Today
- ⊕ VitD₃, PTH
- cont. inj. Ceftriaxone
VitD₃ sachet
Tab. Shelcal.
- Shift to ward
- Dr. Zeena V.C Today.
- Plan DIC TIM

Dr. Yash
Noted by Deepika

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Date of Admission: 23/6/26 Day of Admission: 22/6/26 (D2) Today's Date & Time: 23/6/26 3pm
PRISM - III Score in first 24hrs. of Admission: 0/24 Today's SOFA Score: _____

OVERVIEW	Diagnosis : <u>- Hypocalcaemia</u> <u>- Acute febrile thro</u>	Current Issues : <u>Hypocalcaemia</u>
	VITAL SIGNS Today's Wt. (kg) : <u>4.8</u> Temp.: <u>(N)</u> Blood sugar issues : _____	
RESPIRATORY SYSTEM	Respiratory System Findings : (Air entry, breath sounds, s/o distress etc.) : <u>B/L ACO</u>	
	CXR : _____	
	SPO ₂ : <u>99% @ RA</u> O ₂ by NC / FM / NRB mask / Oxyhood, at _____ L / min	
	Ventilatory Support : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - Day # of Vent : _____ Nitric Oxide : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If Yes, details : _____	
	Ventilatory Settings : Leak around ETT : _____ Delivered Vt : _____	
	ABG : _____ EtCO ₂ : _____ P/F ratio : _____ O.I. : _____	
CARDIO VASCULAR SYSTEM	Chest Physiotherapy Plan : _____ Suctioning Needs : _____	
	Any Nebs : _____ ICD ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, if Yes, details : _____	
	Plan of care : <u>monitor SpO₂</u>	
	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.) : <u>S1, S2</u>	
	Quality of Pulses : <u>good</u> cap refill Time : <u>2 sec</u> Liver Edge : <u>< 2</u> cm below Rt costal margin	
	Blood Pressures : NIBP : <u>90/60 mmHg</u> IBP : _____ CVP : _____	
	Infusion of : <input type="checkbox"/> Dopamine _____ mcg / kg / min - <input type="checkbox"/> Dobutamine _____ mcg / kg / min	
	<input type="checkbox"/> Epinephrine _____ mcg / kg / min - <input type="checkbox"/> Nor Epinephrine _____ mcg / kg / min	
CNS	<input type="checkbox"/> Milrinone _____ mcg / kg / min	
	Any Other Infusions : _____	
	Last 2D Echo Findings : _____	
	Size of the heart and lung fields in latest CXR : _____	
	Arterial line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of art, line & its condition : _____	
	Central line in situ : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Place of central line & its condition : _____	
Day of arterial line : _____ Day of Central line : _____		
Plan of Care : <u>monitor HR & BP</u>		
CNS	Neuro Exam : <u>GCS - 15/15</u>	
	Pupils : <u>B/L 2 mm R/L</u> Sedation Used ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any paralysis ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Types of Sedation : _____ Types of Paralysis : _____	
	Relevant CT Scan, MRI EEG, Neurosonogram etc. : _____	
	Plan of Care : _____ Ramsay Sedation Score : _____	

FLUIDS STATUS NUTRITION AND G.I	<input type="checkbox"/> NPO <input checked="" type="checkbox"/> PO feeds <input type="checkbox"/> NG Feeds <input type="checkbox"/> NJ Feeds <input type="checkbox"/> GT Feeds I/O / Balance : / (+/-) Input : ml/k/d UO : <u>0.8</u> ml/kg/hr Stools : <u>normal</u> NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS</u> @ ml/hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : % of Dext, Glu Inf Rate (mg/kg/min) Amino Acids (gm/kg/day) Lipids (gm/kg/day) Cal/kg/d Nitrogen Trace elements & MVI Labs : Na <u>13.8</u> K <u>4.2</u> Cl <u>9.8</u> Ca <u>7.5</u> Mg <u>1.4</u> P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>soft</u> Any organomegaly ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :	
	<input type="checkbox"/> Febrile <input checked="" type="checkbox"/> Afebrile Current Antibiotics Details (antibiotic name and day #) : Cultures Sent ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Describe c/s Reports : Other Labs (Latex, Serology, etc) : Ongoing Antibiotics : <u>Ceftriaxone - D1</u>	
	Sr. Creat : <u>0.5</u> Bld. Urea : <u>22.5</u> Other Relevant Labs : P.D. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Diuretics : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, details : Catheterized : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - If yes, then day of Catheter : Relevant Radiology (USC, MCUG radioisotope scan etc) : Plan of Care : <u>Monitor I/O</u>	
	Relevant Labs (CBP etc) : Any Coagulopathy : Relevant Transfusion History : Plan of Care :	
	CARE PROTOCOLS	VAP Bundle Used ? : <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CRBSI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Patient Managed as per Relevant Protocols : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If yes, then details :
		Pending Lab Results : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>vit D</u> Pending Consultations : <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, then details : <u>Dr. Leana</u>
	FINAL COMMENTS	<u>Trace Vit D level</u> <u>Do Leana Video Consultation tomorrow</u>

Doctor's Name (Handover given) : Sreenivas
 Signature : [Signature]

Doctor's Name (Handover taken) : Dr. Yash
 Signature : [Signature]

24/6/26

SIB M-SM / Dr Yank

8 AM

Dis- Acute febrile illness
Hypocalcemia with vit D deficiency
with 2° hyperparathyroidism

- No Fever
- No Tingling sensation in fingers
- No Jaw Tightness
- No Tightness of fingers.

o/t - Active

R/S - clear

P/A - s-lt

Pulx - good.

v/u - good.

oral intake - good.

Adv

- D/L Today

- D/L Adv -

Tab Calcimax Plus (500)

2 Tab 6th July till
Friday then TID

- Cap. Rocaltrol 0.25mcg

1 cap. BD x 1 week

- D3 sacket 60k once a
week for 4 week

- Repeat Sp. Calc after

5 days.

Dr YANK

CONSULTATION FORM

Doctor Name : Dr. Leena
Date : 22/6/26 Hour : 11am

Hospital : RCH Vtzg
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 : 22.6.26 Time : By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:
c/o spasms & tingling sensation since yesterday night, on distal part of limbs. Ca = 7.5.
Signature: [Signature] M.D.

Report of Findings and Recommendations : online consultation

Case Reviewed,

- H/O spasm & tingling over all 4 limbs
- H/O paraesthesia
- Ca = 7.5 → Acute Ca correction given.

Advice

- In Vit D 60,000 IU once/week x 1 month
- Calimax 200mg/kg/day plus (250-Ca)
- procalcitonin 1 cap Q12 x 1 week
- To Do: Vit D level Co-25 mcg trace.

Consultant :
Name : Dr. Leena Signature : [Signature] Date & Time : 22/6/26 6:30pm

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

23/6/20

DIC Adh

- Tab Calcimax Plus (500mg)
2 tab 6th July till Friday
then decrease to 500mg
TPO.
- Cap. Rocaltrol 0.25 mcg
1 cap. twice daily x 1 wk
- D3 60K once week for
4 weeks
- Repeat Sr. Ca²⁺ after
4 days.



RESULT SHEET

Def No : F / HW / DC / INPR / 17
 HCV-00040962 IP22-023346
 Master S M TAJ MOINUDDIN
 30-11-2012 13:46 M 23 D (M)
 Dr. SHASHWAT MOHANTY

Patient Name


Age :

I.D. No. :



outside.

Date	22/06/26	22/6/26	22/6/26	23/6/26		
Time		11Am	4PM	10:17am		
Hb	12.9					
PCV	39					
RBC	5.2					
WBC	10.7					
N/L	85/10					
Platelets	240.					
CRP	31.4		35			
ESR						
PCT						
RBS						
Na	138					
K	4.2					
Cl	98.					
Ca/Mg	7.5	mg - 1.4		Ca - 7.6		
Phosphate		4.0				
Urea		22.5				
Creatinine		0.5				
ALP		552				
SGPT		23				
SGOT		26				
T.Bill/Conj		0.7 < 0.6				
T.Protein		7.4				
S.Albumin		4.8				
S.Globulin		2.6				
A/G Ratio		1.8				
Uric Acid		GGF 17				
S.Amylase						
Sr.Lipase						
Blood Lactate						
S.Cholesterol						
PT/INR						
APTT						
CSF Protein/Sugar						
Cells						
N/L						
Doctor's Signature						

Date	22/6/26	23/6				
Time	4:07					
CUE - Alb PROTEIN	19000					
CUE - Sugar	NILL					
CUE - Ketones	NEGATIVE					
CUE - PUS Cells	2-4					
CUE - RBC Cells	NILL					
CUE epithelia cells	1-2					
PH	6.0					
specific Gravity	1.015					
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
spot cat	1-5					
spot creatinine	1325					
ratio	0.01					
PTH		250				
Doctor's Signature						

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc.):

Sm/62517

Ra HCV-00040982 IP22-00023346
 Ct Master S M TAJ MOINUDDIN
 Hi 30-11-2012 13 Y 6 M 23 D (M)
 It tak Dr. SHASHWAT MOHANTY
 P



	I.P. No.	Sheet No.	Wards <i>plw</i>	Weight (kg) <i>48 kg</i>
--	----------	-----------	---------------------	-----------------------------

REGULAR PRESCRIPTIONS


DRUG : <i>CALCI MAX PLUS</i>				Date																
				Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : <i>Vit D sachet</i>				Date																
				Time	<i>23/6</i>	<i>30/6</i>														
Dose	Route	Frequency	Start Dt.																	
<i>1 sachet</i>	<i>P.O</i>	<i>once per week</i>	<i>22/6/26</i>																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
<i>1 sachet = 60,000IU</i>																				
Daily Doctor's Endorsement by a Sign.																				

DRUG : <i>TAB. SHELLAL</i>				Date																
				Time	<i>23/6</i>	<i>24/6</i>														
Dose	Route	Frequency	Start Dt.																	
<i>2 tabs</i>	<i>PO</i>	<i>Q6H</i>	<i>23/6</i>																	
Name & Signature of the Doctor starting the Drugs:																				
Additional Instructions:																				
<i>1 tab = 500mg Calcium</i>																				
Daily Doctor's Endorsement by a Sign.																				

DRUG :				Date																	
				Time																	
Dose	Route	Frequency	Start Dt.																		
Name & Signature of the Doctor starting the Drugs:																					
Additional Instructions:																					
Daily Doctor's Endorsement by a Sign.																					

PATIENT TRANSFER FORM

HCV-00040962 Master S M TAJ MOINUDDIN (M) 30-11-2012 13 Y 6 M 23 D Dr. SHASHWAT MOHANTY 		Date & Time of Admission <i>22/6/26 at 10:21 am</i>	Date & Time of Transfer Order <i>23/6/26 at 10 am</i>
Treating Consultant <i>Dr. SM</i>	Transfer ordered by <i>Dr. Aditya</i>	Reason for Transfer <i>stable</i>	
From Bed / Ward / Hospital <i>PICU</i>	To Bed / Ward / Hospital <i>ward</i>	Information to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Number of Sheets in clinical file <i>30</i>	Number of Imaging films <i>lab reports - 3</i> <i>ECG - 1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>NS - 100 ml - 3</i>	<i>Tab. shelcal.</i>	
2.	<i>50 cc - 7</i>	<i>Syp. zinc acetate.</i>	
3.	<i>10 cc - 6</i>	<i>SD - 1</i>	
4.	<i>5 cc - 3</i>	<i>High pressure - 1</i>	
5.	<i>2 cc - 2</i>	<i>under pad - 1</i>	
Shifting Summary / Notes written by Doctor: <i>Vijaya</i>			
Name of Signature of Person filling this part <i>Vijaya</i>	Name of person ordering transfer <i>Dr. Aditya</i>	Name & Signature of Nurse Supervisor <i>Ranjana</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>Sandhya 23/6/26 at 1:40 pm</i>			
Signature with Date & Time			

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below:


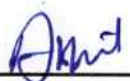

Unavailable bed

Nurse not available

Available bed not ready



PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00040982 IP22-00023346 Master S M TAJ MOINUDDIN 30-11-2012 13 Y 6 M 23 D (M) Dr. SHASHWAT MOHANTY		Date & Time of Admission 22/6/26 @ 10:21 Am	Date & Time of Transfer Order 22/6/26 @ 11:00 Am.
		Transfer ordered by Dr. Shashwat	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital PICU	Information to attendant Yes <input type="checkbox"/> No <input checked="" 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"/> <i>outside op file & reports</i> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	ECG - report	1	
2.	VBG - 2 ionized cal report	1	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part 	Name of person ordering transfer Dr. Shashwat	Name & Signature of Nurse Supervisor 	Referral note & referral Doctor Name:
Patient & Clinical records received by: Deepika 22/6/26 @ 11:25 am			
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