

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 : IP22-00023328

Admit Date : 20-Jun-2026

Admit Time : 10:58 AM UHID : HCV-00040348

Patient Details :

Patient Name : Baby MOKSHITA D

Guardian : Mr MINU RAO

Gender : Female

Occupation :

Address (H) : Old iti junction Industrial Estate
Vishakhapatnam Andhra Pradesh INDIA
530007

Age : 0 Y 6 M 9 D

DOB : 11-12-2025 05:30 AM

Religion :

Marital Status :

Phone No : 9916836186/ 9916836186

E-mail : bhano090391@gmail.com

Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 310

Ward Name : 3F-THIRD FLOOR

Room No : SPVT 310

Admission Type : First Visit

Contact Details :

Name : Mr MINU RAO

Relationship : MOTHER

Contact Address :

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 : SELFPAY



ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040348 IP22-00023328 -----
 Baby MOKSHITA D
 UHID No :..... 11-12-2028 0 Y 6 M 9 D (F) ... Consultant :..... Dept:.....
 Dr. SHASHWAT MOHANTY
 Date of Admiss  Date of Discharge:..... Time:.....
 Room / Bed No :..... vvaru Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
20/6/26	11:00pm	BR	310	<i>[Signature]</i>
20/6/26	11:30pm	310	1st	<i>[Signature]</i>

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<i>Dr. Leena</i>	20/6/26	90016	<i>[Signature]</i>
2.	<i>Dr. Mohanrajee</i>	22/6/26	90319	<i>[Signature]</i>
3.	<i>Dr. Leena</i>	22/6/26	0624	<i>[Signature]</i>
4.				
5.	<i>cross checked by Pinky</i>			
6.				
7.				
8.				
9.				
10.				

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
20/6/26	IV placement	01	689972	AKW
23/6/26	IV placement	01	90545	AKW

cross checked by Rinky

ANY OTHER INFORMATION

Date: 25/6/26

Time: 6AM

Prepared By: Rinky

<p>Staff Nurse</p> <p>Rinky</p>	<p>Shift / Ward</p>	<p>Billing Assistant</p>	<p>Billing Supervisor</p>
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Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

HCV-00040348 IP22-00023328

Baby MOKSHITA D

11-12-2025 0 Y 6 M 9 D (F)

Dr. SHASHWAT MOHANTY





Padiatric Multiorgan History & Physical Examination

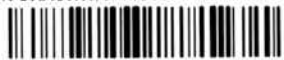
Name : mokshita D Age/Sex 6m/Amal
Information given by: mother Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

fever x 2 days - high grade
Decreased activity x 3 days

History of present illness:

6 months old baby brought to ER with
h/o fever since 3 days, high grade, intermittent.
not responding with medications; not associated with chills/rigors
H/O 1 episode of vomiting - food material
yesterday.
H/O decreased activity since 3 days
K/C/O hypothalamic homeostasis, decreased
since 1 month of age.
NO H/O cold, loose stools,
NO H/O reduced urine output, rashes.



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

l/c/o Hypothalamic Hematoma, dl-9x11.9x10.9 mm
 presented with Intractable myoclonic jerks since
 1 month of age (r/o episode/dy), currently reduced
 to 2 episode in 3 dgs.
 on medication: Syp. prednisolone (topony dose),
 Syp Valproate

Birth & Neonatal History:

Term / AUA
 No NICU admission

Family Chart



Birth & Socio Economic History:

About Father: _____
 About Mother: _____
 Any additional Information: _____

Developmental History:

sits with support, Holds objects, Social smile (+)

Immunization History:

Immunized as per age.

Anthropometry:

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

Weight (kgs) 8.4 kg (Centile _____)

On Examination:

Temperature: 99°f Pulse Rate: 90/min B.P. _____ SPO2 97% @ R9

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

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____



Respiratory System:

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

Air entry & breath sound: B/L AC ⊕

Any Addes sounds: -

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

Cardiovascular System:

Inspection of procordium: (N)

Heart Sounds: d, s, ⊕

Any murmur: -

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

Per Abdomen:

Inspection: (N)

Palpation: d, s

Ausculation: BSE ⊕

Spine: (N) External Genitelia: no

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

Central Nervous System:

Level of Consciousness: AVPU / GCS Score: 1 / (N)

Cranial Nerves: (N)

Motor System:

Nutrition: good

Tone: 1 Power: 5/5

Co-ordinator: (N)

Posture: -

Involuntary Movements: -

HCV-00040348 IP22-00023328
Baby MOKSHITA D
11-12-2025 0 Y 6 M 8 D (F)
Dr. BHASHWAT MOHANTY

Reflexes:

DTR _____ Superficials: _____
Plantars (N) _____

Bladder / Bowel: (N) _____

Clinical Summary & Diagnostic:
Acute febrile illness
klclo hypothalamic hamartoma

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the of the treatment: _____

Planned Labs:

CBC
CRP
ESR
uric (one)
S.S Electrolytes
Blood c/s
urine c/s. (one)

By - Shant

Planned Management:

→ 5y ~~eight~~ CEFTRIAZONE
400 mg IV Q12 h

→ Dr Deena Consultation

Signature of the Doctor: [Signature]

Name of the Doctor: Shree Valli S

Date & Time: 20/6/26 11am

Signature of the Consultant: _____

Name of the Consultant: _____

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

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-00040348 IP22-00023328
Patient Baby MOKSHITA D
11-12-2025 0 Y 6 M 0 D (F)
Age : ... Dr. SHASHWAT MOHANTY
I.P. No. 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CLLB Dr. Shashwat / Dr. Balaji
20/6/26	5PM	<p>Diagnosis: Acute febrile illness Klebsiella hypotalamic haemorrhage</p> <ul style="list-style-type: none"> • NO cl fever • NO cl cough & cold • NO cl vomitings <p>O/E: active alert</p> <p>RT BIL AEA, clear CLL & RL (H) PLAX soft, non-tender</p> <p>Admission: cont. Inj. piperaz w/ fever spikes</p> <p>→ USG abd } Hm/Sos CKUB</p> <p>→ Trace urine c/s</p> <p>→ Test, LH, FSH, Estradiol } TFT f/m 6am. } BAEAD</p> <p>→ Continue VIGABATRIN } VALPARIN }</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by Pinky
20/6/26
AM

20/6/20
10PM

CS/B Dr. Aditya / Dr. Brijana / Dr. Suminaa

Dis - Acute febrile illness
w/c/o hypothalamic haematoma

no clo fever
no clo ungh/cold
no clo jerks
do decreased oral intake

O/E

child is sleeping
RS - B/LAE ⊕, clear
PIA - soft

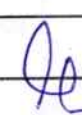
S
Suminaa

Plan:

1. USG abdomen c/w B
Hm
2. Trace urine Us
3. TFT, LH, FSH, Estradiol
Hm 6AM
4. cont IV fluids

N.B. Bhar

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	21/6/26	CLB Dr. Shashwat / Dr. Baraja
	8AM	<p>DSID: Acute febrile illness Klebsiella hypothalamic hamartoma</p> <p>• No clc 2 fever spikes ← 102.4°C @ 12:30 AM 103.3°C @ 2 AM</p> <p>• NO clc cough/cold</p> <p>• NO clc jerky movements</p> <p>• oral intake - good.</p>
		<p>OLA: active, alert</p> <p>Pus cells - pleats RBC - 8-10 Estradiol - 27.2 FSH - 0.136</p> <p>- <u>RET</u> BIL <u>NEG</u>, clear</p> <p>• <u>PLA</u> soft, non-tender</p> <p>• CNS - S/L <u>+</u></p> <p>• cont. sig. pip-lag</p> <p>• trace urine cl</p> <p>• cont. 2-4 flurks</p> <p>• plan USG Abdomen c TM RUB → <u>OKAY</u>.</p> <p>• trace TFT, LH, FSH, estradiol.</p>
		<p> BREAT</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

~~Noted by UVA
aloha~~

2/16/26
10pm

cls/B Dr. Hanika) Dr. Balaji

Ass: Acute febrile illness

Klilo hypothalamik namatong

- clo 2 fever spikes
- no clo cough/cold
- Feeding + DBP

Obs:

child sleeping.

Re → BU AP ⊕ clear

Blood clt → sterile
 urine clt → Gram negative
 bacteria +ve
 (oref).

Orders

- 2V fluids
 - cont. inj. APTaz
 - trace urine clt, blood clt, UA
 - plan usg Abdomene ^{F&S} (KOB + H/M)
- BALAJI St

Noted by Finley

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient HCV-00040348 IP22-00023328
Baby MOKSHITA D
11-12-2025 0 Y 6 M 10 D (F)
Dr. SHASHWAT MOHANTY
I.P. No



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	2am	c/s/B Dr shashwat / Dr Sreen.
		Δ = Acute febrile illness. Urinary Tract Infection k/c/o Hypothalamic Hormonal
		urine w/s - klebsiella oxytoca (>10 ⁵) (sensitive to piperac)
		1 fever spikes - 101° over night (2 spikes last 24hrs) puddy - DBT. No cough. <u>o/e</u>
		Duv., pube-growth. Rs - B/c AE @ clear P/A - Sgt urine w/s - asty. skool - normal.
		<u>Plan</u>
		1) cont of pntaz - D ₃ /5 2) plan usg abdomen kub-bog 3) ⊕ LH, FSH 4) MCOG on follow up. 5) planned on 25/06/26 cont ABx

[Handwritten signature]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

6) CBC / CRP / ESR - t/m
Next consultation

[Handwritten signature]

22/6/26.
5pm.

c/o/B Dr Shaswat / Dr Sreenivas

D = - Urinary Tract Infection
- Hypothalamic Haemorrhage

1) fever spike since morning
order DBT

O/E

Alert
pulse - good
Rs - B/EAE (+)
P/A - soft
urine - good.

Plan

1) Cont of piperac-₂-₃

2) Do leena
consultation today

3) w/f fever

4) CBP, CRP T/M
ESR

with
Cannulidin

NB knowle

5) Check GRBS now

6) TO DO -

Left hand xray AP view
- EFM

NB knowle

for
Dr Sreenivas

for

23/6/26

SIB, Dr. Shashwat / Dr. VA / Dr. Yanh

SSM

Urinary Tract Infection

(Klebsiella +)

Hypothalamic neurotoma

- No Fever spike
- No Excessive cry during micturition
- Oral intake - good

O/T - Active

Pulse - good

RII - Clear

S/A - soft

Ach

- Cont. Tri-Pinaz

Syn. En waste

Vignest Satchet

Tab. Pyridoxine

~~TFT~~ ↓ after 2 weeks

- TFT

- To do CRP, CVA 25/6/26

J
Dr. MASH

N. D. Moulton

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040348 IP22-00023328

Baby MOKSHITA D

Patient 11-12-2025 0 Y 6 M 10 D (F)

Dr. SHASHWAT MOHANTY

Age : ..



I.P. No

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/12/25	8AM	SIB. Dr. SM / Dr. Yash / Dr. Ashika
		Urinary Tract Infection (CR leucocyturia +)
		Hypothalamic Hamartoma
		- No Fever spikes
		- No Excitability during Micturition
		- No any Seizures or Ab(N) Movement
		- Feeding - well
		- O/E - Active
		- (C/T) Tone / Activity - good.
		R/I - Clean
		P/A - soft
		Pulse - good
		Urine output - good
		Stool - formed
		Adv
		- Cont. Triptaz DS
		Sup. Entonox
		Vigamox Sachet
		Tab. Dynidoxin
		- TFT after 2 weeks
		- CRP, LUC TIM 7AM
		Dr. YAM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/26

5pm

clerk Dr. SM | Dr. Balaji

NSIC: urinary tract infection
(Klebsiella)
hypothalamic hamartoma

- NO clo fever
- NO clo burning micturition
- oral intake

ole:

active, alert

• PLA → soft, non-tender

• CVR + SILS ⊕

• RT + BLAD ⊕, clear

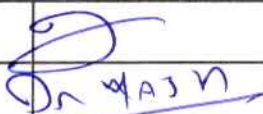
Advice:

- cont. by diptas
- syp. Encoralé
- sachet Vigamot
- tab - pyridoxine
- CRP + CVR ↓ in @ 7AM
- FFS after 2wks

BALAJI

NS Number

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26	8 AM	SIB Diarrhea / Diarrhea
		Urinary Tract Infection (Klebsiella) Hypothalamic Hamantoma.
		- No Fever
		- NO Excessive cry during Micturition
		- Feeding well
		- No any Ab ^(N) Movement, No kink
		o/c - Active
		M/S - Clear
		P/A - soft, Non Tenders
		CIT/A - good
		Pulx - good
		Urine output - good
		Stool - Passed
		Adm
		- Cont. Zyr-Pintaz
		Syr. Erwate
		Sacket Vigantax
		Tab. Pyridoxine
		- TFT G 2 weeks
		- (+) CRP, CUE
		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

DIC Adm

- Nitroprusside x 7d
- Syp. Enwate
- Viganerx Sachet
- Tab-Pyridoxine
- Ask Dr. Ananth for steroids
- TFT after 2 weeks
- Review July with Dr. Iena



Dr. ANANTH

CONSULTATION FORM



Doctor Name : Dr. Laina

Date : 20/6/26 Hour :

Hospital : Rich Way

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 : 20/6/26 Time : 4pm By : Dr. Shreevada

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis: t/o Hypothalamic Hamartoma, diagnosed at 1 month of age with presentation - myoclonic jerk - 1 episode / 3 days

Signature: [Signature] M.D.

Report of Findings and Recommendations :

Online Consultation

6 month old baby with t/o hypothalamic hamartoma diagnosed at 1 month of age.
- myoclonic jerks - 1 episode in 2-3 days

Plan:

- 1) To Do - TFT
LH, FSH,
Estradiol.
- 2) Review with reports

Consultant :

Name : Dr. Laina Signature : Date & Time : 20/6/26 4pm

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

22/6/26
6:30 pm

Case Renewed,

E2 = 27.2

FSH = 2.94

LH = 0.122

T3 = 88

T4 = 7.82

TSH = 0.136

↳ k/c/o Hypothalamic haematom.

o/e - child alert.

No gelastic seizures.

plan

To Evaluate for Bone ag

ToDo

- Left Hand xray
AP View

23/6/26

2:30 pm

K/c/o Hypothalamic haematom.

NO cl seizures.

o/e:

active, alert

E2 → 27.2

FSH → 2.94

LH → 0.122

T3 → 88

T4 → 7.82

TSH → 0.136

Advice:

- TFT after 2 weeks
- Review on July 13th


BARR

RESULT SHEET

HCV-00040348 Def No. F / HW / RS / INPR / 17
IP22-00023328
Baby MOKSHITA D
11-12-2025 0 Y 6 M 10 D (F)
Dr. SHASHWAT MOHANTY
- Sheet No. :



Date	20/6/26	23/6/26	25/6/26			
Time	2pm	8Am	8AM			
Hb	10.1	9.6				
PCV	30.1	28.5				
RBC	3.60	3.48				
WBC	28.65	11.62				
N/L	70/12	39/49				
Platelets	172	2.65				
CRP	120	83 83	22			
ESR	135	120				
PCT						
RBS						
Na	133					
K	4.74					
Cl	98					
Ca/Mg						
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						

Date	20/6/26	21/6/26	25/6/26			
Time	4 pm	9 AM	8:30 AM			
CUE - Alb protein	present ++		NIL			
CUE - Sugar	Nil		NIL			
CUE - Ketones	negative		NEGATIVE			
CUE - PUS Cells	PLANTY		2-4			
CUE - RBC Cells	8-10		NIL			
gHE NITRITE	NEGATIVE		NEGATIVE			
epithelial cells	3-4		2-4			
Blood	present +		ABSENT			
Leucocytes	positive		NEGATIVE			
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
E₂ ESTRADIOL		27.2				
FSH / LH		2.94 / 0.122				
T₃		88				
T₄		7.82				
TSH		0.136				
Doctor's Signature						

Culture and Sensitivities : Blood culture - sterile.

Radiology : USG :

X-Ray :

ECHO :

CT :

MRI :

Others (ECG, Contrast Studies etc.):



I.P. No.	Sheet No.	Wards	Weight (kg) 8.4 kg
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REGULAR PRESCRIPTIONS

DRUG : <u>300 CEFTRIAXONE</u>				Date	20/6																	
Dose	Route	Frequency	Start Dt.	Time																		
400 mg	IV	Q12h	20/6/20																			
Name & Signature of the Doctor starting the Drugs: <u>[Signature]</u>				3pm		20/6/20		Stop p.														
Additional Instructions:				<u>[Signature]</u>																		
Daily Doctor's Endorsement by a Sign.																						

DRUG : <u>300 PIPERACILLIN TAZOBACTAM</u>				Date	20/6	21/6	22/6	23/6	24/6	25/6											
Dose	Route	Frequency	Start Dt.	Time																	
1g	IV	Q8h	20/6/20																		
Name & Signature of the Doctor starting the Drugs: <u>[Signature]</u>				3pm		11am		11am		11am		11am		11am		11am		11am		11am	
Additional Instructions:				<u>[Signature]</u>																	
Daily Doctor's Endorsement by a Sign.																					

DRUG : <u>SYP. ENCORATE</u>				Date	21/6	22/6	23/6	24/6	25/6												
Dose	Route	Frequency	Start Dt.	Time																	
2.5ml	PO	Q12h	21/6/20																		
Name & Signature of the Doctor starting the Drugs: <u>[Signature]</u>				10am		11am		11am		11am		11am		11am		11am		11am		11am	
Additional Instructions: BALAJI 5ml = 200mg				<u>[Signature]</u>																	
Daily Doctor's Endorsement by a Sign.																					

DRUG : <u>VEGANEXT SACHET</u>				Date	21/6	22/6	23/6	24/6	25/6												
Dose	Route	Frequency	Start Dt.	Time																	
1 sachet	PO	Q12h	21/6/20																		
Name & Signature of the Doctor starting the Drugs: <u>[Signature]</u>				11pm		11am		11am		11am		11am		11am		11am		11am		11am	
Additional Instructions: 1 sachet dilute in 100ml give 4ml (1sachet/500mg)				<u>[Signature]</u>																	
Daily Doctor's Endorsement by a Sign.																					

Patient Name :	I.P. No.	Sheet No.	Wards	Weight (kg)
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DIETETIC PRESCRIPTIONS


DRUG :				Date	Time
T. PYRIDOXINE				21/6	21/6
Dose	Route	Frequency	Start Dt.		
1 Tab	PO	Q12hr	21/6	10am	10am
Name & Signature of the Doctor starting the Drugs:					
Additional Instructions:					
1 Tab → 40mg 10am Dilute in 10ml → give					
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.					

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.					

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

Patient Name / I.P. No HCV-00040348 IP22-00023328 Baby MOKSHITA D 11-12-2025 0 Y 6 M 8 D (F) Dr. SHASHWAT MOHANTY 		Date & Time of Admission 20/06/20 @ 10:30 AM	Date & Time of Transfer Order 20/06/20 @ 11:30 AM
		Transfer ordered by Dr. Sreeralli	Reason for Transfer Admission
From Bed / Ward / Hospital BR	To Bed / Ward / Hospital 310	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"/> <i>op file</i> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>AK</i>	Name of person ordering transfer Dr. Sreeralli	Name & Signature of Nurse Supervisor <i>K. Dharamabalan</i>	Referral note & referral Doctor Name:
Patient & Clinical records received by: <i>cms</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

* Baby mother is not willing for the ~~advised~~ sample
for CUG, & urine cl/s.

Principles