

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023285

Admit Date : 16-Jun-2026

Admit Time : 08:52 AM UHID : HCV-00040823

Patient Details :

Patient Name : Baby G.MOKSHADA

Age : 2 Y 3 M 22 D

Guardian : NARASIMHA RAJU

DOB : 25-02-2024

Gender : Female

Religion :

Occupation :

Marital Status :

Address (H) : Pendurthi Vishakhapatnam Andhra Pradesh
INDIA 531173

Phone No : 9515126288

E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 314

Ward Name : 3F-THIRD FLOOR

Room No : SPVT 314

Admission Type : First Visit

Contact Details :

Name : NARASIMHA RAJU

Relationship : Father

Contact Address : Pendurthi Vishakhapatnam Andhra Pradesh
INDIA 531173

Phone No :

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 : SELFPAY

ACTIVITY RECORD FOR BILLING

Name:

UHID No :..... 0040823 IP22-00023285
G.MOKSHADA Consultant : Dept:.....
2024 2 Y 3 M 22 D (F)

Date of Admi Indula RadhaKrishna / Dr. Raju Date of Discharge: Time:.....

Room / Bed I Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/6/26	9:45AM	ER	314	Ramy

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	P. Jyothirmayee	16/6/26	8961	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cases checked by me

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
15/6/16	W. placement	①	68888	Don
17/6	Nebulization	①	9160	Crown
18/6	Nebulization	② + 3	9394	Momild
18/6	Nebulization	① + 2	9565	any
18/6	Nebulization	②	9573	male
19/6	Neb	① + ②	9878	Oby
20/6	Nebulization	⑥	9822	male

②

used by male

ANY OTHER INFORMATION

Date: 18/6/16

Time: 9pm

Prepared By: maheshi

Staff Nurse 3rd floor maheshi	Shift / Ward maheshi 3rd floor	Billing Assistant	Billing Supervisor
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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 : _____

00040823 IP22-00023285
G.MOKSHADA
-2024 2 Y 3 M 22 D (F)
Indula RadhaKrishna / Dr. Raju





Padiatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Fever x 6 days
 Cough, cold x 6 days
 Paroxysmal event x 6 days back

History of present illness:

Child was ^{relatively} asymptomatic before before 6 days then she developed fever, intermittent, mild - Moderate grade associated with paroxysmal event on Day 1 in form of Jerking movements of all 4 limbs and staring look of eyes before this child was ~~was~~ doing normal activities then she had Paroxysmal event for 5 minutes. Then child was apalemic for 3 days then again she got fever associated with cough and cold.

Outside Reports:- 12/6/26

Hb-10.3 WBC- 7700 CRP- 9.46 mg/dl

qBC, Dengue - Negative

Widal- O-1:80 H-1:20

CVE - Pw cell-6-8

10040823 IP22-00023285
G. MOKSHADA
2024 2 Y 3 M 22 D (F)
Indula RadhaKrihna / Dr. Raju



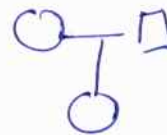
Past History : (Including details of any previous investigation or treatment)

_____ *No Significant* _____

Birth & Neonatal History:

Term / LSCS / 3kg / well Baby

Family Chart



Birth & Socio Economic History:

About Father: _____

About Mother: _____

Any additional Information: _____

Developmental History:

_____ *Normal* _____

Immunization History:

_____ *Done acc. to UCP* _____

Anthropometry:

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

Weight (kgs) *10.2kg* (Centile _____)

On Examination:

Temperature: *102.12* Pulse Rate: *100 BPM* B.P. _____ SPO2 *98% RA*

Resp. rate and type of breathing: _____

_____ *RR- 30/min, Throat - (W)*

Rash _____ *B/L Ear - Clear*

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____

10040823 IP22-00023285

G. MOKSHADA

2024 2 Y 3 M 22 D (F)

Indula Radha Krishna / Dr. Raju



Respiratory System:

Inspection (any s/o distress): _____

Air entry & breath sound : BILAC (+), clear

Any Addees sounds : _____

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

Cardiovascular System:

Inspection of procordium : _____

Heart Sounds : S1S2 (+)

Any murmur: _____

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

Per Abdomen:

Inspection : _____

Palpation : SOFT

Ausculation : _____

Spine : _____ External Genitelia : _____

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

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: Active

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture: _____

Involuntary Movements : _____



Reflexes:

DTR _____ Superficials: _____
 Plantars _____

Bladder / Bowel: _____
 Clinical Summary & Diagnostic: Acute febrile illness ↓ evaluation.
- Upper Respiratory Tract Infection

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____
 Desired goals of the of the treatment: _____

Planned Labs:

- Throat Swab for Influenza A, B
 - CBP
 - CRP
 - Chest X-ray
- n.B
fast.

Planned Management:

- Inj. CEFTRIAZONE 500mg IV BD
- Symp. FLURIN 2.5ml B.D
- Inj. ONDEMSETRON 0.5ml IV stat
- ↓ FIB
- B.D for fever
- Symp. CETIRIZINE 2.5ml OD
- IVF @ DNS @ 2/3rd 30ml/hr.

Signature of the Doctor: [Signature]
 Name of the Doctor: Dr. VASHN
 Date & Time: 16/6/26

Signature of the Consultant: [Signature]
 Name of the Consultant: Dr. Heike
 Date & Time: 16/6/26, 7 PM

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

Patient

30040823

IP22-00023285

G. MOKSHADA

-2024 2 Y 3 M 22 D (F)

Age : ...

Indula Radha Krishna / Dr. Raju

I.P. No.



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		cls by Dr. Harshika / Dr. Balaji
16/6/26	5pm	Acute febrile illness ↓ evaluation. Obs: upper respiratory tract infection.
		• clo 2 fever spikes • NO clo cough • 4 episodes of stools today
		ole: active, alert
		Rst+ BLAE (+). Admission: • IVF DNS @ 30ml/hr • sup. ceftriaxone • sup. fever. • sup. cetirizine • sup. ondansetron.
		<i>[Signature]</i> BALAJI
16/6	8PM	N.B. Moul Review the child @ 10 PM by Duty Pediatrician
		<i>[Signature]</i>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

16/6/26
10 PM

cls/B Dr. Aditya / Dr. Vinay / Dr. Sumin

Acute Febrile Illness

3 fever spikes since morning

no clo cough

oral intake - better

clo loose stools - watery

4 episodes

O/E

child is active

AS - B/L AE ⊕

P/A - soft

Adv

1. Cont IV ceftriaxone
2. cont fluvix
3. cont ondansetron, cetirizine
4. Add Z & D drops
Econorm cachet

1
Sumin

M.B. Mehta

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

F HCV-00040823 / INPR / 15
Baby G. MOKSHADA IP22-00023285
25-02-2024 2 Y 3 M 23 D (F)
Patir Dr. Kandula RadhaKrishna / Dr. Raju
Age 
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
17/6/26	8 AM	<p>cll B Dr. RK / Dr. Raju / Dr. Balaji</p> <hr/> <p><u>DSR:</u> Acute febrile illness. ↓ upper respiratory evaluation tract infection</p> <ul style="list-style-type: none"> • clo 3 fever spikes since morning • clo cough ⊕ • clo 4 episodes of loose stool (sewn solid) <p><u>OLE:</u></p> <p>active, alert.</p> <p>Rt + BLL AF ⊕, clear.</p> <p>PLA → soft, non-tender</p> <p><u>Advice:</u></p> <ul style="list-style-type: none"> • cont. sup. ceftioxone • cont sup. flutic (D2) • cont. sup. ondansetron (D2) • Add. sup. zinc oxide → stop • Asthalin q4hrly ⊕ <p>q4hrly BALB</p> <p>WIBY down</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

17/6/26
SPM

CLB Dr. Hansika / Dr. Balaji

Prs: Acute febrile illness

upper respiratory tract infection

- do 4 episodes of loose stool
- no do fever
- oral intake - good

DIR:

active, alert

- P/A soft, non-tender
- RL + RLL AB(+) clear

Advice!

- cont. sup. ceftriaxone
- sup. fever
- Neb. Asthalin Q4hrly
- cont. sup. zincwada


N. B. Moul

N. B. Moul

1816126

SIB. Dr. VA / Dr. Turk

58M

Acute febrile illness
Upper Respiratory Tract infection

- No fever
- Cough, cold ↓↓
- Oral intake - good

O/T Active

RIS - Clear

PIA - soft

Act

- Cont. tri. Ceftriaxone
1yr Fluvin
Neb. Althalin

- cont. zinnin
Syn-Ceterizin

- To DO - EBP, CRP t/m
6am

Dr. VA

Noted by Kalyani

19/6/26

CLB Dr. Praveen / Dr. Balaji

SPM

DSH: Acute febrile illness

upper respiratory tract infection

- NO clt fever
- NO clt loose stool
- NO clt cough

OE:

, active, alert

- PIA - soft, non-tender
- AE - BIL AE (A) clear
- cus - S₁ S₂ (A)

Advice:

- cont. sup. ceftriaxone
- sup. fever.
- Neb. Asthalin

• cont. sup. zinc

BALAJI

BALAJI

NB Durgam
25/1/26



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient Name :

Age : Gender M F

I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/6/26	8 AM	<p>CLUB Dr. RK / Dr. Raju / Dr. Balaji</p> <p><u>DSI:</u> Acute febrile illness upper respiratory tract infection</p> <ul style="list-style-type: none"> • NO clo fever. • NO clo lower stool. • NO cough <p>Oral intake - good</p> <p><u>OP:</u> active, alert</p> <ul style="list-style-type: none"> • Rt + BILAF @, clear • CRT + S1 S2 @ • PLA - soft, non-tender <p><u>Advice:</u></p> <ul style="list-style-type: none"> • cont. sup. ceftioxone (CDs) • Syp. flavox. (CDs) • Neb. Asthalin • cont. syp. zincona 9 <p>• CRT → 7m @ 6 AM</p> <p>• plan BLE → 1m today</p>
		<p><u>P70</u></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

20/6/26

Srb Raju

Discharge.

Rx:

(Start on 21/6/26) → ① - Syp. Novamox 250 - 5ml BD x ③ days.

② - Syp. Lufcil Expecterant 2.5ml BD ③ days

③ Syp. Cetirizine 2.5ml OD ③ days

Rev on 24/6/26 & repeat CRP.



Patie

Indula RadhaKriehna / Dr. Raju



I.P. No.

Sheet No.

Wards

Weight (kg)

10.2kg

REGULAR PRESCRIPTIONS

DRUG : Inj. CEFTRAXONE				Date Time	16/6	17/6	18/6												
Dose	Route	Frequency	Start Dt.																
500 mg	ZV	Q12H	16/6																
Name & Signature of the Doctor starting the Drugs: Dr. VASH				11 Ceftriaxone 1000mg Q12H 11 make make make															
Additional Instructions: Dilute in 20ml NS over 1 hour				11 make make make															
Daily Doctor's Endorsement by a Sign.				[Signature]															

DRUG SYN. FLUVER				Date Time	16/6	17/6	18/6												
Dose	Route	Frequency	Start Dt.																
25 mg	PIO	Q12H	16/6																
Name & Signature of the Doctor starting the Drugs: Dr. VASH				11 Ceftriaxone 1000mg Q12H 11 make make make															
Additional Instructions: 5ml / 60 mg				11 make make make															
Daily Doctor's Endorsement by a Sign.				[Signature]															

DRUG : Inj. ONDEMSETRON				Date Time	16/6														
Dose	Route	Frequency	Start Dt.																
1.5 mg	ZV	Q12H	16/6																
Name & Signature of the Doctor starting the Drugs: Dr. VASH				11 make make make STOP [Signature] BALATD.															
Additional Instructions: x 1 day				11 make make make															
Daily Doctor's Endorsement by a Sign.				[Signature]															

DRUG : SYN. CEFTRAZONE				Date Time	16/6	17/6	18/6												
Dose	Route	Frequency	Start Dt.																
2.5 mg	PIO	Q12H	16/6																
Name & Signature of the Doctor starting the Drugs: Dr. VASH				11 make make make															
Additional Instructions: 5ml / 15mg				11 make make make															
Daily Doctor's Endorsement by a Sign.				[Signature]															



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

REGULAR PRESCRIPTIONS

DRUG : SYP. ZINCONDA				Date	17/6	18/6	19/6	20/6						
				Time										
Dose	Route	Frequency	Start Dt.											
5ml	PO	Q24HR	17/6/20											
Name & Signature of the Doctor starting the Drugs:				12pm (12pm) SYP. ZINCONDA										
Additional Instructions:				20mg + 5ml BALANCE										
Daily Doctor's Endorsement by a Sign.				[Signature]										

DRUG : NEB. ASTHALIN				Date	17/6									
				Time										
Dose	Route	Frequency	Start Dt.											
1ml	NEB.	Q4HR	17/6/20	11 hours										
Name & Signature of the Doctor starting the Drugs:				see the Neb chart.										
Additional Instructions:				BALANCE										
Daily Doctor's Endorsement by a Sign.				[Signature]										

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.														

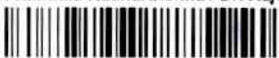
DRUG :				Date										
				Time										
Dose	Route	Frequency	Start Dt.											
Name & Signature of the Doctor starting the Drugs:														
Additional Instructions:														
Daily Doctor's Endorsement by a Sign.														



NEBULISATION CHART

Date	Time	Drug	Nurse	Parents Signature
19/6	00.00	Neb c Levolin 11Am	Coover	
	1.00	Neb c Levolin 3pm	J. Mounika	
	2.00	Neb c Levolin 7pm		
	3.00	neb c levolin 11pm		
19/6	4.00	neb c levolin 3am	J. Mounika	
	5.00	neb c levolin 7am		
	6.00	neb c levolin 12pm	J. Coover	
	7.00	Neb c Asthalin 4pm	J. Balaji	
	8.00	Neb c Asthalin 8pm		
19/6	9.00	neb c Asthalin 1am	J. Mounika	
	10.00	in 5am		
19/6	11.00	Neb - Alu	J. Mounika	
19/6	12.00	Neb - Alu		
19/6	13.00	Neb - Alu	J. Mounika	
19/6	14.00	Neb - Asthalin 11Am		
	15.00	neb c asthalin 3pm	J. Mounika	
	16.00	neb c asthalin 7pm		
	17.00	neb c Asthalin 11pm		
20/6	18.00	neb c Asthalin 3am	J. Mounika	
	19.00	neb c Asthalin 7am		
	20.00		J. Mounika	
	21.00			
	22.00			
	23.00			

PATIENT TRANSFER FORM

Patient Name / I.P. No HCV-00040823 IP22-00023285 Baby G.MOKSHADA 25-02-2024 2 Y 3 M 22 D (F) Dr. Kandula RadhaKrishna / Dr. Raju 		Date & Time of Admission 16/6/20 8:52 AM	Date & Time of Transfer Order 16/6/20 9:45 AM
		Transfer ordered by Dr. Yash	Reason for Transfer Admission
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 314	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 18	Number of Imaging films 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	DNS wound — ⊕		
2.			
3.	W set — ⊕		
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part Ramu	Name of person ordering transfer Dr. Yash	Name & Signature of Nurse Supervisor Sheela	Referral note & referral Doctor Name: Self.
Patient & Clinical records received by: Ramu			
Signature with Date & Time 16/6/20 10:10			

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