

**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** : IP22-00023397      **Admit Date** : 26-Jun-2026      **Admit Time** : 01:45 PM      **UHID** : HCV-00017822

**Patient Details :**

**Patient Name** : Baby NEHALI MAVURU      **Age** : 2 Y 4 M 21 D  
**Guardian** : Mr M SAI SUDHEER      **DOB** : 05-02-2024  
**Gender** : Female      **Religion** :  
**Occupation** :      **Martial Status** :  
**Address (H)** : D NO 3-66, PURUSTHOTLAPURAM Pendurthi      **Phone No** : 7032492309/ 8317526475  
Visakhapatnam Andhra Pradesh INDIA      **E-mail** : vineelaranivy@gmail.com  
530051

**Admission Details :**

**Bed Type** : SEMI PRIVATE      **Bed No** : SPVT 103      **Ward Name** : 1F-FIRST FLOOR  
**Room No** : SPVT 103      **Admission Type** : First Visit

**Contact Details :**

**Name** : Mr M SAI SUDHEER      **Relationship** : D/O  
**Contact Address** : D NO 3-66, PURUSTHOTLAPURAM Pendurthi      **Phone No** :  
Visakhapatnam Andhra Pradesh INDIA 530051

**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** : Aditya Birla Health Insurance Co Ltd

**ACTIVITY RECORD FOR BILLING**

Name:-----  
 UHID No :.....IP No .....  
 Date of Admission :.....  
 Room / Bed No :.....

HCV-00017822 IP22-00023397  
 Baby NEHALI MAVURU  
 05-02-2024 2 Y 4 M 21 D (F)  
 Dr. SHASHWAT MOHANTY

Dept:.....  
 Time of Discharge:.....  
 Billable bed type:.....



**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
26/06/26	3:20pm	ER	1st Floor (ICB)	Pam

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyoti Remya	27/6/26	916621	Uma
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Cross checked by Uma*









# Rainbow<sup>®</sup> Children's Hospital

It takes a lot to treat the little.

## PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name : \_\_\_\_\_

HCV-00017822 IP22-00023397

UHID ID : \_\_\_\_\_

Baby NEHALI MAVURU  
05-02-2024 2 Y 4 M 21 D (F)  
Dr. SHASHWAT MOHANTY

Department : \_\_\_\_\_

Consultant : \_\_\_\_\_



Padiatric Multiorgan History & Physical Examination

Name : \_\_\_\_\_ Age/Sex 2y  
Information given by: mother Reliability good.

Chief Presenting Complaints & Duration ( Chronologically):

fever x 2 days  
Vomiting x 2 days  
loose stools

History of present illness:

2 year old girl child. with H/O fevers  
moderate grade intermittent, not associated with  
chills & rigors since 2 days.  
H/O loose stools - watery in consistency, non  
mucoid, not blood stained since 1 day.  
H/O Vomiting - 2 episodes since 1 day,  
non-bile stained.  
H/O Reduced oral intake of dull consistency  
since 1 day.  
H/O outside food intake (F).

HCV-00017822 IP22-00023397  
Baby NEHALI MAVURU  
05-02-2024 2 Y 4 M 21 D (F)  
Dr. SHASHWAT MOHANTY



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

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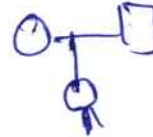
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**Birth & Neonatal History:**

Term / AUA

Family Chart



**Birth & Socio Economic History:**

About Father: \_\_\_\_\_

About Mother: \_\_\_\_\_

Any additional Information: \_\_\_\_\_

**Developmental History:**

(N) as per age

**Immunization History:**

Immunized.

**Anthropometry:**

Head Circum (cms) \_\_\_\_\_ (Centile \_\_\_\_\_) Height (cms) \_\_\_\_\_ (Centile \_\_\_\_\_)

Weight (kgs) 10 kgs (Centile \_\_\_\_\_)

On Examination:

Temperature: 100°f Pulse Rate: 100/min B.P. \_\_\_\_\_ SPO2 99% @ r/o

Resp. rate and type of breathing : \_\_\_\_\_

B/L A2 (+) NVR

Rash \_\_\_\_\_

Lymphadenopathy (+)

Oedema: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

HCV-00017822 IP22-00023397

Baby NEHALI MAVURU

05-02-2024 2 Y 4 M 21 D (F)

Dr. SHASHWAT MOHANTY



**Respiratory System:**

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

Air entry & breath sound: B/C A/E (E)

Any Addees sounds: -

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

**Cardiovascular System:**

Inspection of procordium: (N)

Heart Sounds: S<sub>1</sub>S<sub>2</sub> (E)

Any murmur: -

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

**Per Abdomen:**

Inspection: (N)

Palpation: soft

Ausculation: BS (E)

Spine: - External Genitalia: (N)

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

**Central Nervous System:**

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

Cranial Nerves : -

**Motor System:**

Nutrition: good.

Tone: - Power 5/5

Co-ordinator: (N)

Posture: -

Involuntary Movements: -

HCV-00017822 IP22-00023397  
Baby NEHALI MAVURU  
05-02-2024 2 Y 4 M 21 D (F)  
Dr. SHASHWAT MOHANTY



**Reflexes:**

DTR  $\oplus$   
Plantars  $\oplus$

Superficials:

Bladder / Bowel: Normal.

Clinical Summary & Diagnostic:  
Acute febrile illness / Acute Gastro Enteritis with Dehydration

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment:

Desired goals of the of the treatment:

**Planned Labs:**

CBC  
CRP  
S. electrolytes  
Creatinine  
Cue.  $\rightarrow$  done  
N.B. Ram  
26/06/26

**Planned Management:**

- IVf DNS @ 200ml/hr  
- Sy CEFTRIAXONE 500mg  
IV @ 12h.  
- Syp Zincum 20mg Q24h  
- ENITROUCERMINA 1 capsule  
Q12h.  
N.B. Ram  
26/06/26

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Shashwat S

Date & Time: 26/6/26 1:30 pm.

Signature of the Consultant:

Name of the Consultant:

Date & Time:



# DISCHARGE PLANNING FORM

**Note: \* To be completed by a Doctor within (24) hours of admission**

1 Anticipated Date of Discharge : \_\_\_\_\_

2. Destnation 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-00017822 IP22-00023397

Patient Name Baby NEHALI MAVURU  
05-02-2024 2 Y 4 M 21 D (F)

Age : .....

Dr. SHASHWAT MOHANTY



I.P. No. : ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/24	5pm	c/o/B Dr Shaxwat / Dr Sreevali
		D = Acute febrile illness / Acute Gastro Enteritis with some Dehydration
		Episode of loose stools
		Oral intake - poor
		<u>o/s</u>
		Aloof
		Hemodynamically stable
		pu - good
		CRT < 3 sec
		P/A - SGA
		BS ⊕
		<u>Plan</u>
		1) Cont IVF Dns maintenance
		2) Cont Hydration - 10l
		N.B Nipa

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/2006  
10:20pm

Op by Dr. Aditya

Chick asleep

Small nose stuck @

Int. mated spermatic  
pen @

Ulin ✓

one mated ↓

1) CT VRF

4 Seal stuck @

3) CT W Bar

P2

Worked by Dr. Aditya P. Aditya



**PROGRESS NOTES**  
(USE BALL POINT PEN ONLY)

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

Pat HCV-00017822 IP22-00023397 ...  
Baby NEHALI MAVURU ...  
Ag 05-02-2024 2 Y 4 M 21 D (F) F  
Dr. SHASHWAT MOHANTY ...  
I.P.  ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/24	8AM	<p>cl/bs Dr. Shashwat / Dr. Balaji</p> <p>dx: Acute febrile illness / Acute gastro enteritis with some dehydration</p> <p>c/o 5 episodes of loose stool (semisolid + watery)</p> <p>c/o Abdominal pain (+)</p> <p><u>o/c</u></p> <p>Alert</p> <p>oral intake - poor.</p> <p>pu - good</p> <p>P/A - soft.</p> <p>urine + good.</p> <p><u>Plan</u></p> <ol style="list-style-type: none"> <li>1) Cont 4g ceftriaxone - D2</li> <li>2) w/f fever</li> <li>3) Trace stool c/s.</li> <li>4) <u>Adol</u> Syp Cyclopam 2.5 ml 1 B.D.</li> <li>5) Continue IV + DMS.</li> </ol>

*[Signature]*

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

*Handwritten note:* ... by LMS



Patient Name : ..... Age : .....  
 Gender  M  F - Hospital No .....  
 Consultant : .....  
 Date of Admission : .....  
 HCV-00017822 IP22-00023397  
 Baby NEHALI MAVURU  
 05-02-2024 2 Y 4 M 21 D (F)  
 Dr. SHASHWAT MOHANTY



**DRUG ALLERGIES :**

**FOR THE SAFETY OF THE PATIENT**

- GENERAL** - Ensure that all patient details are entered above. **ONLY A DOCTOR SHALL WRITE MEDICATION ORDERS.**
- DOCTOR** - Please use only approved abbreviations (refer to Hospital's approved list of abbreviations).  
 - Use approved pharmaceutical names, **BLOCK LETTERS**, metric dosage. English instructions.  
 - Any changes in drug therapy must be ordered by a **NEW PRESCRIPTION**. Do not alter existing instructions.  
 - Discontinue a drug by drawing a line **I** through it and a similar line through subsequent recording panels.  
 - The date and time of stopping the drug along with the doctors name and sign must be mentioned.  
 - Only one chart should be in use at any one time. When the chart is full, a new supplement can be kept within this drug sheet folder.
- NURSES** - Nurses must follow strictly the **FIVE RIGHTS** before administration of medication.  
 1) Right Patient 2) Right Drug 3) Right Dosage 4) Right Route 5) Right Time  
 - **AVOID TAKING VERBAL ORDERS. NO VERBAL ORDERS FOR HIGH RISK/HIGH ALERT MEDICINES (EXCEPT FIRST DOSE OF EPINEPHRINE DURING CPR).** Follow Hospitals's Verbal Order Policy.

**SOS / PRN (As Required Medication)**

<b>DRUG : SYP PARACETAMOL</b>				Date/Time																	
Dose	Route	Frequency	Start Dt.																		
325	PO	SOS	26/6/26																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions																					
It temp > 100 f.																					
<b>DRUG : SYP IBUGESIC</b>				Date/Time	26/6																
Dose	Route	Frequency	Start Dt.																		
5	PO	SOS	26/6/26																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions																					
It temp > 102 f.																					
<b>DRUG :</b>				Date/Time																	
Dose	Route	Frequency	Start Dt.																		
Doctor's Signature		Valid Period	Pharm.																		
Additional Instructions																					



I.P. No.

Sheet No.

Wards

Weight (kg)

10.8kg

REGULAR PRESCRIPTIONS

<b>DRUG : ENTROGERMINA</b>				Date Time	26/6	24/6														
Dose	Route	Frequency	Start Dt.																	
respsul	P.O.	Q12h	26/6/26																	
Name & Signature of the Doctor starting the Drugs: <i>for Braava</i>				<del>Ham</del> <i>Ham</i>																
Additional Instructions:				<i>5pm</i> <del>7pm</del> <i>7pm</i>																
Daily Doctor's Endorsement by a Sign.				<i>✓</i>																

<b>DRUG : SYRUP ZINCONIA</b>				Date Time	26/6															
Dose	Route	Frequency	Start Dt.																	
5ml	P.O.	Q24h	26/6/26																	
Name & Signature of the Doctor starting the Drugs: <i>for Braava</i>				<del>Ham</del>																
Additional Instructions: 5ml = 20mg zinc				<i>5pm</i> <del>7pm</del> <i>7pm</i>																
Daily Doctor's Endorsement by a Sign.				<i>✓</i>																

<b>DRUG : Inj CEFTRIAZONE</b>				Date Time	26/6	24/6														
Dose	Route	Frequency	Start Dt.																	
500mg	IV	Q12h	26/6/26																	
Name & Signature of the Doctor starting the Drugs: <i>for Braava</i>				<del>Ham</del> <i>Ham</i>																
Additional Instructions:				<i>11:30</i> <del>7pm</del> <i>7pm</i>																
Daily Doctor's Endorsement by a Sign.				<i>✓</i>																

<b>DRUG : Inj ESOMEPRAZOLE</b>				Date Time	26/6	24/6														
Dose	Route	Frequency	Start Dt.																	
10mg	IV	Q24h	26/6/26																	
Name & Signature of the Doctor starting the Drugs: <i>for Braava</i>				<del>Ham</del> <i>Ham</i>																
Additional Instructions:				<i>9pm</i>																
Daily Doctor's Endorsement by a Sign.				<i>✓</i>																

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

<b>DRUG :</b> SYP CYCLOPAM				Date																
				Time	11 AM															
Dose	Route	Frequency	Start Dt.																	
2.5 ml	P.O	Q12h	27/6/25																	
Name & Signature of the Doctor starting the Drugs :																				
Additional Instructions :																				
Daily Doctor's Endorsement by a Sign.																				

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



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

<b>DRUG :</b>				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 / ID No. HCV-00017822 IP22-00023397 Baby NEHALI MAVURU (F) 09-02-2024 2 Y 4 M 21 D Dr. SHASHWAT MOHANTY 	Date & Time of Admission 26/06/2026 @ 1:45pm	Date & Time of Transfer Order 26/06/2026 @ 3:20 pm	
	Transfer ordered by Dr. Sreevalli	Reason for Transfer Admission	
From Bed / Ward / Hospital ER	To Bed / Ward / Hospital 3 <sup>rd</sup> 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	1	
2.	Inj set	1	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor: Dr. Sreevalli			
Name and Signature of Person filling this part Pan	Name of person ordering transfer Dr. Sreevalli	Name & Signature of Nurse Supervisor Shanalaishmi	Referral note & referral Doctor Name:
Patient & Clinical records received by:  26/6/26 8:25pm			
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