

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023313 Admit Date : 18-Jun-2026 Admit Time : 06:31 PM UHID : HCV-00040897

Patient Details :

Patient Name : Baby B YERRNI CHOBIKA Age : 6 Y 3 M 21 D
Guardian : Mr A NAGA TEJA DOB : 28-02-2020
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Pendurthi Vishakhapatnam Andhra Pradesh Phone No : 6309094008/ 8686862449
INDIA 531173 E-mail : NO@GMAIL.COM

Admission Details :

Bed Type : GENERAL WARD Bed No : GW 324 Ward Name : 3F-THIRD FLOOR
Room No : GW 324 Admission Type : First Visit

Contact Details :

Name : Mr A NAGA TEJA Relationship : Brother
Contact Address : Pendurthi Vishakhapatnam Andhra Pradesh Phone No :
INDIA 531173


Signature

Doctor Details :

Doctor Name : Dr. SHASHWAT MOHANTY Specialisation : GENERAL PEDIATRICS
Referral Doctor : Dr G Chinna Rao peds Sujatha nagar Phone No : 9052227772
Co-Consultant :

Payment Details :

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

ACTIVITY RECORD FOR BILLING

Name:----- HCV-00040897 IP22-00023313 -----
 UHID No :----- IP 1 Baby B YERRNI CHOSIKA 28-02-2020 8 Y 3 M 21 D (F) ant :----- Dept:-----
 Date of Admission :----- Dr. SHASHWAT MOHANTY ----- Date of Discharge:----- Time:-----
 Room / Bed No :----- Ward :----- Suggested Billable bed type:-----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
18/06/26	7.20pm	ER	3 rd Floor	Akhil

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Jyothirmayee	18/6/26	9749	sandhya
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross consulted by sandhya

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
18/6	syringe pump infusion pump	9:30pm	19/6/26 7:30pm 7:30pm	9558	[Signature]
19/6	syringe pump	7:30pm	20/6/26 11:50am 11:00am	9821	moul
<p>Group checked by Sandhya</p>					




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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____
UHID ID : _____
Department : _____
Consultant : _____

HCV-00040897 IP22-00023313
Baby B YERRN CHOSIKA
28-02-2020 6 Y 3 M 21 D (F)
Dr. SHASHWAT MOHANTY



HCV-00040897 IP22-00023313

Baby B YERRI CHOBKA

28-02-2020 6 Y 3 M 21 D (F)

Dr. SHASHWAT MOHANTY



Padiatric Multiorgan History & Physical Examination

Name: Yerri Chobka Age/Sex 7y / female
Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Abdominal pain since 7 days

History of present illness:

7 year old female with H/O abdominal pain in Rt Hypochondrial since 10 days, moderate intensity, initiated wet to outside clinic, where was given oral - d/loxan + metronidazole.
H/O passage of hard stools - today
? H/O fall - (Trauma) + long back.
No H/O Vomiting, loose stools
No H/O reduced urine output

HCV-00040897 IP22-00023313
Baby B YERRI CHOBKA
28-02-2020 6 Y 3 M 21 D (F)
Dr. SHASHWAT MOHANTY

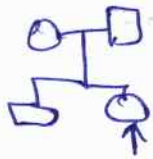


Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Term/AGA
no New admission

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) 18.3 kg (Centile _____)

On Examination:

Temperature: (N) Pulse Rate: 88/min B.P. _____ SPO2 98% @ r.a.
Resp. rate and type of breathing: 28/min
B/L Ac ⊕

Rash _____
Lymphadenopathy ⊕
Oedema: _____
Allergies (if any): _____

HCV-00040897 IP22-00023313
Baby B YERRNI CHOBKA
28-02-2020 8 Y 3 M 21 D (F)
Dr. SHASHWAT MOHANTY



Respiratory System:

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

Air entry & breath sound: B/L FL ⊕

Any Addees sounds: -

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

Cardiovascular System:

Inspection of precordium: (N)

Heart Sounds: S1S2 ⊕

Any murmur: -

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

Per Abdomen:

Inspection: (N)

Palpation: soft, mild tenderness ⊕ at hypochondrium

Auscultation: BS ⊕

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: 5/5

HCV-00040897

IP22-00023313

Baby B YERRI CHOBKA

28-02-2020

6 Y 3 M 21 D

(F)

Dr. SHASHWAT MOHANTY



Reflexes:

DTR ⊕

Superficials:

Plantars B/L Flexor

Bladder / Bowel: Normal

Clinical Summary & Diagnostic:

Abdominal pain Under Evaluation

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment:

Desired goals of the of the treatment:

Planned Labs:

- usg Abdomen + pelvis
- CBC
- CRP

Planned Management:

Iv ceftriaxone 900mg IV Q12h

Iv Esomeprazole 15mg IV Q24h

~~SPT~~ IBUPROFEN - 1 tab Q8h
1 tab = (200mg)

Mucous 1 scoop in 60ml water

IVF D5 @ 25ml/hr

Signature of the Doctor:

Signature of the Consultant:

Name of the Doctor:

Dr. Jeeva Valli-S

Name of the Consultant:

Date & Time:

18/6/26 4:30 pm

Date & Time:



DISCHARGE PLAINING 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)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
19/6/26	8am	C/S/B Dr Shaswat / Dr Jorjani
		D = Abdominal pain Under Evolution
		C/O mild intermittent abdominal pain WBC-11.5 feed. - taking well. CRP-1 <u>O/E</u>
		Alex.
		P/A- soft
		BS (+)
		Hemodynamic- stable.
		Other systemic examination- Normal.
		Stools- passed.
		<u>Plan:</u>
		1) Cont inj ceftriaxone - D1
		2) monitor vcs
		<u>Dr Jorjani</u>
		N. B sandhu CA 222 19/6/26 10am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26

SIB Dr. PV / Dr. York

SPM

Pain Abdomen ↓ Evaluation

- No Abdominal Pain on of Now

- No Fever, No vomit,

O/E - Active

R/C - Clear

P/A - soft

- BS (+)

- Stool - Normal

Adm

- Cont tri-levonorgestrel

Tri-Gestone

Tak-Thyphen

Mout Powder

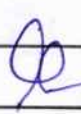


Dr. York

N. B. Mout


PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Ref. No. : F / HW / PDM / INC / 15
IP22-00023313
HCV-00040897
Baby B YERRI CHOBKA
28-02-2020 8 Y 3 M 22 D (F)
Dr. SHASHWAT MOHANTY

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/02/20	8 AM	<p>ele lb Dr. Shashwat / Dr. Balaji</p> <p><u>OSPE:</u> pain abdomen, evaluate</p> <p>clo Abdomen pain in (R) subcostal region</p> <ul style="list-style-type: none"> No clo vomiting No clo fever <p>oral intake - good.</p> <p><u>OLR:</u></p> <ul style="list-style-type: none"> active, alert RS + BIL AEF, clear. PIA - soft, non-tender Bowel sounds Stools - passed <p><u>Adm:</u></p> <ul style="list-style-type: none"> 200mg. ceftriaxone (D3) 200mg. famoprazole 1 tab ibuprofen mu-out powder <p><u>D/C Adm -</u></p> <ul style="list-style-type: none"> - Muout x 1 (m) - Flup Dr. Chinarao - Syn. Zephic x 2d - Syn. Glixime x 3d. <p style="text-align: right;">  Noted by Santhya. </p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

Patient Name / ID No. HCV-00040897 IP22-00023313 Baby B YERRNI CHOBIKA 28-02-2020 6 Y 3 M 21 D (F) Dr. SHASHWAT MOHANTY 	Date & Time of Admission 18/06/2026 @ 6:31 pm	Date & Time of Transfer Order 18/06/2026 @ 6	
	Transfer ordered by Dr. Sreevali	Reason for Transfer Admission	
From Bed / Ward / Hospital ER	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.	DIU set	1	
2.	DNS	1	
3.	Inj cef 1000mg	1	
4.	100ml -NS	1	
5.	High pressure.	1	
Shifting Summary / Notes written by Doctor: Dr. Sreevali			
Name and Signature of Person filling this part Akhil,	Name of person ordering transfer Dr. Sreevali	Name & Signature of Nurse Supervisor Akhil	Referral note & referral Doctor Name:
Patient & Clinical records received by: Akhil			
Signature with Date & Time Akhil			

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