

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 : IP22-00023300

Admit Date : 17-Jun-2026

Admit Time : 02:08 PM UHID : HCV-00040852

Patient Details :

Patient Name : Master NIRVAN VARANASI

Age : 3 Y

Guardian : Mr JAGADHEESH

DOB : 14-02-2023

Gender : Male

Religion :

Occupation :

Marital Status :

Address (H) : Gandhi Nagar Koraput Orissa INDIA 765001

Phone No : 9972587650/

E-mail : 9972587650@GMAIL.COM

Admission Details :

Bed Type : SEMI PRIVATE

Bed No : SPVT 105

Ward Name : 1F-FIRST FLOOR

Room No : SPVT 105

Admission Type : First Visit

Contact Details :

Name : Mr JAGADHEESH

Relationship : S/O

Contact Address : Gandhi Nagar Koraput Orissa INDIA 765001

Phone No :

Signature

Doctor Details :

Doctor Name : Dr. Kandula RadhaKrishna / Dr. Raju Kakarlapudi

Specialisation : GENERAL PEDIATRICS

Referral Doctor : FRIENDS

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : VIDAL HEALTH INSURANCE TPA PVT LTD

ACTIVITY RECORD FOR BILLING

Name: _____
UHID No : HCV-00040852 IP22-00023300
Master NIRVAN VARANASI (N)
14-02-2023 3 Y
Date of Admis: Dr. Kandula RadhaKrishna / Dr. Raju
Room / Bed No vvard : Suggested Billable bed type:

..... Consultant : Dept:

..... Date of Discharge: Time:

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
17/6/26	3:10 pm	ER	105	Aruna
19/6/26	1:30 AM	ICU Floor	PICU	Bhanci
19/6/26	10 PM	PICU	105	Rajalaxmi

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Rami Himaja	17/6/26	9239 ✓	Rajalaxmi
2.	Dr. Himaja	18/6/26	9466 ✓	Santhoshi
3.	Dr. Swarna Priya	20/6/26	90167 ✓	Amey
4.	Dr. Satya Prasad	22/6/26	90619 ✓	Manish
5.	Dr. Satya Prasad v.v.r	24/6/26	90752 ✓	Uma
6.	cross consult done			
7.				
8.				
9.				
10.				

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
17/6/26	Infusion pump Syringe pump	4pm 9pm	18/6/26 9pm	9403	Rhes
18/6/26	Infusion pump Syringe pump	4pm 9pm	19/6/26 4pm 9pm	689659	Ravels
19/6/26	Cardiac monitoring	1:30 AM	19/6/26 10pm		
20/6/26	Syringe pump	9pm	20/6/26 9pm	9834	Rhes
20/6/26	Cardiac monitoring	1:30 AM	9pm		Rhes
20/6/26	Syringe pump	9pm	9pm 21/6/26	90115	Rhes
21/6/26	Syringe pump	9pm	9pm 22/6/26	90234	Rhes
<p>cross checked by Rhes</p>					



Nursing General Admission Assessment Form For Pediatrics

Diagnosis:

Arrival Time: 3:10pm Mode of Arrival: walking Admitting From: ER OPD Direct

Allergy / Adverse Reaction: No Body Weight: 11.4 kgs Kg
 Height: cm

Past Medical History: Obtained From Patient Family Member Medical Record Other (specify)

Past Medical History	Past Surgical History	Previous Hospital Admission
NIL	NIL	NIL

Family History: NIL

Has the child or close family member had recent contact with a communicable disease? Yes No

If yes please list,

Was the child's birth normal? Yes No If No, please describe problems:

Are the child's immunization up to date? Yes No

Current Medication: None Yes, If Yes, fill reconciliation form

Observations: Weight: 11.4 kgs Length: Head Circumference (< 2 years):
 Temp.: 96.6 F HR: 98b/m RR: 30b/m BP: 110/64(83)

Pain Score: 0! Specify Site: abdomen (Follow Pain Assessment Sheet & Document)

Fall Risk Assessment: Yes No Score: (Document in the Humpty Dumpty Sheet)

Risk of Pressure Sore (Braden Q Score) (Document in the Braden Q Assessment Sheet)

Pain Screening: Yes No If Yes, Pain Score: Pain Tool Used: N Pass FLACC Wong Baker

Character of Pain Location Frequency Duration

FUNCTIONAL SCREENING: No Abnormalities Detected
 Mobility Problem Walking Problem
 Developmental Delay Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

NUTRITIONAL SCREENING: No Abnormalities Detected
 Underweight Overweight Special Feeding Method
 Feeding Problem Special diet No Abnormality Detected

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With Parents and Grand Parents

Siblings in household Yes No (if yes How Many?)

Information Obtained From Patient Mother Father Other Family Member

Orientation has been given regarding the following aspects:

Call Bell in Reach : Yes No Waste Disposal Explained: Yes No

Infusion Pump : Yes No Hand hygiene Explained: Yes No Others

Patient Rights & Responsibilities: Yes No

Information given to DR. Harika

Nurse's Name: Nepa Date: 17/06/26 Time: 5pm

Nepa
Signature



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

**PEDIATRIC IN-PATIENT
MEDICAL RECORD**

Patient Name : _____

UHID ID : _____

Department : _____

Consultant : _____

HCV-00040852 IP22-00023300
Master NIRVAN VARANASI
14-02-2023 3 Y (M)
Dr. Kandula RadhaKrishna / Dr. Raju





Padiatric Multiorgan History & Physical Examination

Name: NIRVAN VARANASI Age/Sex 3y 4M

Information given by: Jagadeesh kumar Reliability Reliable

Chief Presenting Complaints & Duration (Chronologically):

- . clo. Abdomen pain since 1 month today
- . clo. Swelling of inguinal region x 9 days
- . clo Vomiting (4 episodes) x 4 days.

History of present illness:

child was apparently normal 50 days before then presented with

- . clo Abdomen pain, diffuse, gradually progressive in nature, non-radiatory in nature with vomiting x 50 days
- . clo Swelling of eyes present for 1 day
- . clo Swelling in inguinal region x 9 day
- . clo Vomiting (4 episodes), non-bilious in nature, non-bloody in nature
- . clo constipation since yesterday
- . Reduced urine output

USG Abdomen:

- . mild mesenteric lymphadenopathy
- . WBC - 11.4
- . Hb - 10.9 g/dl
- . platelet - 38.7
- . Malaria - negative
- . Typhoid - negative

Respiratory System:

Inspection (any s/o distress): _____
Air entry & breath sound : _____
Any Addees sounds : _____
Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

BRU AE (+) clear

Cardiovascular System:

Inspection of procordium : _____
Heart Sounds : _____
Any murmur: _____
Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) _____

S1 (S2) (+)

Per Abdomen:

Inspection : _____
Palpation : _____
Ausculation : _____
Spine : _____ External Genitalia : _____
Relevant data from outside (CT.USE.etc.,) _____

soft

diffuse tenderness

swelling in (RT) inguinal region

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: _____
Cranial Nerves : _____

conscious, alert

Motor System:

Nutrition : _____
Tone: _____ Power _____
Co-ordinator : _____
Posture: _____
Involuntary Movements : _____

(N)



Reflexes:

DTR _____ Superficials: _____
Plantars _____

Bladder / Bowel: _____

Clinical Summary & Diagnostic: pain abdomen ↓ evaluation

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____

Desired goals of the of the treatment: _____

Planned Labs:

_____ CBC
_____ CRP
_____ S/GPT
• _____ (LUS) (done)
_____ B-Amylase
_____ USG-Abdomen & scrotum
_____ X-Ray erect abdomen
_____ N.B. Sini

Planned Management:

_____ DMS @ USM/IR.
_____ N.B. Sini

Signature of the Doctor: [Signature]

Name of the Doctor: Dr. Anjana

Date & Time: 17/06/26

Signature of the Consultant: _____

Name of the Consultant: _____

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:

Ditary 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)
17/6/26		SIB Dr. Manika / Dr. Yash
	SPM	
		Pain Abdomen & Evaluation
		- Intermittent Abdominal Pain (+)
		- No vomit, No loose stool
		- No fever, oral intake - Poor
		o/t - Dull
		RIS - Clear
		P/A - soft, Non Distended
		BS (+)
		tenderness over umbilical region
		swelling & in (+) Inguinal Region
		Scrotal Region
		<u>Adx</u>
		- Cont. inj. Ceftriaxone
		- Cont. ZV-F-DNF
		• Mucater test & Salmonella IgM
		• Add inj. Ceftriaxone 600mg @ 12hly
		Dr. Yash
		• inj. metrogly 1000mg @ 8hly

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

N.B. Rhee

18/6/26
RAM

cls/R Dr. RK / Dr. Raju / Dr. Balaji

ASIS: pain abdomen & evaluation

- clo Abdomen pain
- NO clo vomiting
- NO clo constipation

o/p:

- active, alert
- RS + BIL AE ⊕, clear
- CVS + S₁, S₂ ⊕
- PLA + soft, non-tender

Salmonella → negative

Advice:

- cont. Inj. ceftriaxone
- Inj. metronidazole
- Inj. Esomeprazole
- Encourage orally
- Trace Tuberculin test & Salmonella IgM report
- BALAE
- X-ray - erect Abdomen
- ↳ now
- Mometasone ointment.
for local application
- ↳

N.B Santoshis

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040852 IP22-00023300

Master NIRVAN VARANASI

14-02-2023

3 Y

(M)

F

Dr. Kandula RadhaKrishna / Dr. Raju



DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
18/6/26		S/OB Dr Ven / Dr Yash
	5PM	Pain Abdomen Evaluation
		- Intermittent Abdominal Pain (+)
		- Stool Not Passed
		- No vomiting
		G/E - Active
		RIS - Clear
		CVS - S/S 2 (+)
		P/A - Soft, Non Tender
		<u>Adm</u>
		- Cont. by - Ceftriaxone
		Zy. Metrogyl
		Zy. Esomeprazole
		- (+) Tuberculin
		Test. and
		<u>Dr Yash</u>
		M. B. Ober

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

19/6/26
12:30 AM

C/S/B Dr Harika / Dr Sree Vals

Δ = Pain Abdomen ↓ Evaluation

patient Reviewed,

C/O Erythematous rash - multiple with
located ~~swelly~~ around B/L lower limbs of bot.

O/E :=

patient is irritable.
Hemodynamically - stable.
P/A - Agt, No tenderness
urine good - good.
stool - not passed.

U/E of B/L lower leg of bot :=

Erythematous rash - multiple noted.

Plan :=

1) To DO: Cue, ~~EBP~~
Garr
urine PCR
spot

2) To DO @ Garr.
- CBPCPS
- CRP
- ESR
- Urea, Creatinine
- pt, Aptt, INR.
- S. electrolytes

Stop → 3) 5ml PARACETAMOL.
120 mg IV SOS

~~4) BP centres~~
91
105

19/6/26

8 AM

SIB. Dr. RK / Dr. Raju / Dr. Yash

Pain Abdomen & Evaluation

- Erythematous Rash over B/L lower limb with B/L Pedal Edema

- Abdominal Pain (intermittent) (+)

O/E - Active

RIS - Clear

PIA - soft, Non Tender

Stool - Not passed since 2 days

U/O - good

Order

- Cont - Tri. Ceftriaxone
Tri. Metrogyl

- Monitor vitals

- WIF New onset Rash

- Inj. Methylprednisolone
25 mg IV Q24H.

- Sup. LABOUR

4ml B-D

J

Dr. YASH

- Send CUE, Do USG Abdomen

- Send Urine UP: UC Ratio

Complement C₃, C₄ level,

LFT, PT/INR, ApTT, Creatinine, AT, ApTT, ESR, Electrolytes

- CBP, CRP, ESR, Urea,

DAILY ASSESSMENT AND HANDOVER SHEET OF PICU

Narr
Age
IP N



Date of Admission: 17/6/26 Day of Admission: 03 Today's Date & Time: 19/6/26
 PRISM - III Score in first 24hrs. of Admission: 0 Today's SOFA Score: 0

OVERVIEW	Diagnosis: <u>Pain Abdomen ↓ Evaluation</u>	Current Issues: <u>lower limb Rash + Swelling</u>
	VITAL SIGNS Today's Wt. (kg): _____ Temp.: _____ Blood sugar issues: _____	
RESPIRATORY SYSTEM	Respiratory System Findings: (Air entry, breath sounds, s/o distress etc.): <u>Clear</u>	
	CXR: _____	
	SpO ₂ : <u>98% 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.: _____ Chest Physiotherapy Plan: _____ Suctioning Needs: _____ Any Nebs: _____ ICD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - if Yes, details: _____ Plan of care: _____	
CARDIO VASCULAR SYSTEM	Cardio Vascular System Clinical Exam. (Heart sounds, murmur etc.): <u>S1S2 (+)</u>	
	Quality of Pulses <u>wood</u> cap refill Time: <u><3 sec</u> Liver Edge: <u>1</u> cm below Rt costal margin	
	Blood Pressures: NIBP: <u>83/47 mm</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	
	<input type="checkbox"/> Milrinone _____ mcg / kg / min	
	Any Other Infusions: _____	
	Last 2D Echo Findings: _____	
CNS	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>w.r.f B.P.</u>	
	Neuro Exam: <u>Active, alert</u>	
Pupils: <u>B/L Reactive</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 : ml/kg/hr Stools : NG output : PO intake : Feed Formula : Feed Schedule : IV Fluids - Type of IVF : <u>DNS @ 30</u> ml / hr (..... times maintenance) TPN : <input type="checkbox"/> Yes <input 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 K Cl Ca Mg P HCO3 Sr. Amylase : Sr. Lipase : Latest LFT : Abd Exam : <u>S.O.V</u> Any organomegaly ? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, describe : Plan (G.I. & Liver) :				
	INFECTION	<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>Am. Cephalosporin</u> <u>in tot. Metrogyl</u>			
		NEPHROLOGY ISSUES	Sr. Creat : Bld. Urea : 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 (USG, MCUG radioisotope scan etc) : Plan of Care :		
			HEMATOLOGY	Relevant Labs (CBP etc) : <u>hb-10.9 wbc-14.99 P-6.0</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA CA - UTI Bundle Used ? : <input type="checkbox"/> Yes <input checked="" 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 :
	FINAL COMMENTS				<u>- Cont. to ABX</u> <u>- Wt = New onset Rash</u>

Doctor's Name (Handover given) : Dr. ~~for~~ Srevali

Signature : [Signature]

Doctor's Name (Handover taken) : Dr. T.A.M

Signature : [Signature]

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
19/6/20		SIB. On-PV / Dr. Yash
	4PM	Abdominal Pain ↓ Evaluation
		- Erythematous Rash on Both Lower limb
		- Abdominal Pain (Intermittent)
		- NO Fever
		O/E Active
		PIA - soft, Non Tender
		Stool - Not Passed
		U/O - 4-8 ml/kg/day
		<u>Adv</u>
		- USH Abdomen Today
		- Dr. T. Narayana Rao (Permat) consult Today
		- (T) Pending Reports
		- Total Cholesterol from same sample
		- Allow soft diet
		Dr. Yash

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Noted by
Srinatha
14/6/2020
YPR

1916126

SJBS Dr. N. N. J. Dr. Yash

10 PM

Abdominal Pain & Evaluation

- A/D Abdominal Pain as of Now
- Stool - Present
- Urine output - 11.8 ml/kg/hr

OIT - Active

RIS - Clear

OIA - soft, non distended

AD

- Shift to ward
- cont triacetin oxone
Tri-Methyl prednisolone

MRS. Khe



Dr. YASH

20/6/26
spm

CLB Dr. Harsha / Dr. Balaji

Dx: Abdomen & evaluation
? ~~Hep.~~ Henoch Schonlein purpura

- clo rashes over (L) leg & (R) arm.
- NO clo abdomen pain
- NO clo vomiting
- NO clo fever
- oral intake - good

OLE:
active, alert

- PLA soft, non-tender
- R+ BIL AEF, clear

Advice

- cont sup. ceftriaxone
- sup. methyl prednisolone - low
- sup. Alaxan
- cont - run-out powder
- GRBS - OD


Balaji

Noted By Pinky
20/6/26

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient Name: HCV-00040852 IP22-00023300
Master NIRVAN VARANASI (M) M F
14-02-2023 3 Y
Dr. Kandula RadhaKrishna / Dr. Raju

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
20/06/26	11pm	S/B Dr-AD / Dr-AJ
		? Henoch Schonlein purpura.
		No fever
		Mild abd distension (+)
		palpable purpura (+) over B/knees
		(Rt) Elbow pain (+)
		orally taking well
		U/O - good
		plan
		1) cont IV MPS
		2) cont rest all medications
		3) BP monitoring
		4) GRBS - OD
		5) Trace C3, C4 levels
		N.B. Bhaw @ 11pm

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

21/6/26
SAM

CLB Dr. Raju | Dr. Balaji

osis: ? Henoch Schonlein purpura

- clo rashes over BL knee & (RT) elbow legs
- NO clo abdomen pain
- NO clo fever
- NO clo vomiting
- oral intake - good

OLE:

active, alert

- RS -> BLL (RT), clear
- CHE -> & LS₂ (+)
- PLA -> soft, non-tender
bowel sound (+)

C3, C4 (+)

Adm:

- cont. sup. mettyl
prednisolone
- sup. ceftriaxone
- sup. Atarax
- Bp monitoring
- GRBS monitoring (24hr)

Dr. Balaji

noted by CMA
21/6/26

21/6/26

10pm

CLSB Dr. ^{Hanif} ~~Hanif~~ Dr. Balaji

Diagn: ? Henoch Schonlein purpura

- NO clo abdomen pain
- NO clo vomiting

OLE:

active, alert

• PLAY soft, non-tender

• CEC + S1 + S2 ⊕

Advice:

- cont. sup. mettyl prednisolon
- sup. ceftroxim
- sup. Alaxax

Noted By Binay
21/6/26

BALAJI



PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient No: HCV-00040852 IP22-00023300
 Master NIRVAN VARANASI
 14-02-2023 3 Y (M)
 Age : Dr. Kandula RadhaKrishna / Dr. Raju
 I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
22/6/26	8 AM	<p>cl/b Dr. RK / Dr. Raju (Dr. Balaji)</p> <p><u>DS:</u> ? Henoch Schonlein purpura</p> <ul style="list-style-type: none"> • cl/ rather over (R) elbow region • NO cl/ abdomen pain. • NO cl/ vomiting. • NO cl/ fever • oral intake - good <p><u>DL:</u></p> <p>active, alert</p> <p>PLA - Soft, non- tender</p> <p>CLL - S1, S2 (+)</p> <p>• R/S - BILAB (+), clear</p> <p><u>Advice:</u> (CD)</p> <ul style="list-style-type: none"> • cont. sup. mettyl / puchul • sup. ceftriaxone (Solan) • sup. Alavan (CDS) • mu-out powder <p>• Spot urine protein : Creatinine level</p> <p>Dr. Sal</p> <p>Dr. Balaji</p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/06/26

10 AM

S/B Dr. SM

Δ: HSP.

Plan

1) Repeat S/Electrolytes next sample

2) Dr. Satyaprasad
↓
consultation
to decide on
Renal biopsy.


- ANJANA

noted by Uma

C/S/B Dr. Menugopal / Dr. Suresh

Δ = Henoch Schonlein purpura

No Abdominal pain -
palpable purpura ⊕ B/L lower limbs

O/E

Alex, Bp = 82/45 mmHg.

RS - B/A ⊕

P/A - soft, BS ⊕.

limbs - good.

Plan

2) Bp monitoring
⊕ 4th hourly.

1) Cont in ceftriaxone - D6
in methylpredsolon - D4

2) Dr Satya prasad
consultation
MS
Mouli

22/6/26
SPM

23/6/26

C/S/B Dr. RR / Dr. Raju / Dr. Balaji

8 AM

dx: Henoch Schonlein purpura.

- clo purpura on BL lower limbs & soles.
- NO clo abdomen pain
- NO clo vomitings.
- oral intake - good.

OLE:

- active, alert.
- PS -> BL AEC (+) icteric
- WBC -> S₁, S₂ (+)
- PLA -> soft, non-tender

protein: creatinine
ratio -> 2.48

Achore:

- cap: ceftriaxone D5
- inj: mettyl prednisolone D5
- syp: Alavan
- plasm DL -> T/M -

Balaji

Noted by Kalyani
23/6/26 @ RR

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00040852 IP22-00023300
Patient: Master NIRVAN VARANASI
14-02-2023 3 Y (M)
Age: Dr. Kandula RadhaKrishna / Dr. Raju
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
23/6/26		SIB. Duvu / Dr. Yash
	5 PM	Dr. Henoch Schönlein Purpura
		- Purpura on B/L lower limbs and soles.
		- No Abdominal pain
		- No vomit
		- Oral intake good
		o/c - Active
		RS - Clear
		CVS - S1S2
		CIA - sup.
		A/s
		Plan D/C TIM
		- Cont. by Methylprednisolone
		<u>Dr. Yash</u>
		NA Kowal

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

24/6/26

8:18 AM

Discharge

Prednisolone
Started on
19/6/26

hyp

① Syp. OMNACORTIL forte
(15mg/5ml) 7.5ml OD x Thu 2/7/26

fluy

② Syp. OMNACORTIL forte
(15mg/5ml) 5ml OD x ① week
(3/7/26 - 9/7/26)

fluy

Syp. OMNACORTIL forte
(15mg/5ml) 3.5ml OD x ① week
(10/7/26 - 17/7/26)

stop.

② MuOV₇ (238 gm) - (scoop in food water once a day) x ① month

③ Repeat ^(a) CUEE Microscopy } on 3/7/26.
^(b) UP:VC ratio
^(c) CRP, S-albumin, Creatinine, Electrolytes

review
on 3/7/26
in OPP



CONSULTATION FORM

Rainbow Children's Hospital
It takes a lot to treat the little.



BirthRight
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Doctor Name : Dr. Himaja

Date : 17/06/26 Hour :

Hospital :

Type of Referral : Emergency (within one hr.)

Referred for : Opinion Co-Management

Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)

Transfer of care

Date : 17/6/26 Time : By :

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

pain abdomen & evaluation / Inguinal hernia @

Signature: _____ M.D.

Report of Findings and Recommendations :

cf/ abdominal pain on & off : 40-45 days
passed stool yesterday

Last 4 days no vomitings

Urine output ↓ ed

cf/ scrotal swelling for 9 days, reduced spontaneously yesterday

o/e
PIA - soft
BS (+)
Blc testes palpable

- Adv
- ① X-Ray Erect abdomen
 - ② USG-Abdomen & Scrotum

Consultant :

Name : Dr. Himaja Signature : _____ Date & Time : 17/6/26

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

CONSULTATION FORM

Doctor Name : Y. Swapna Priya
Date : 20/6/26 Hour : 6:15pm

Hospital :

Type of Referral : Emergency (within one hr.)
 Urgent (within 6 hrs.) Non Urgent (within 24 hrs.)
Date : 20/6/26 Time : By :

Referred for : Opinion Co-Management
 Transfer of care

Reason for Consultant : If for concurrent care specify the particular need, especially in the absence of a second diagnosis:

Signature: _____ M.D.

Report of Findings and Recommendations :

Multiple purpuric lesions (+) Lower and
Upper limbs.
H/o Abdominal pain (+)
? Henoch Schonlein Purpura

Mantoux test -ve.

Ultrasound Abdomen showed Mesenteric Lymphadenopathy.

Review after 5 days

Continue Inj. Methylprednisolone
- 10mg
iv. x 5 days

DIPROBATE PLUS OINTMENT

+ Moisturiser (AquaSoft Max Lotion)
m - nt 1/2 x 10 - 15 day

Consultant :
Name : Y. Swapna Priya Signature : [Signature] Date & Time : 20/6/26 6:15pm

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



I.P. No.	Sheet No.	Wards	Weight (kg) 48.1kg
----------	-----------	-------	-----------------------

REGULAR PRESCRIPTIONS

DRUG: <u>IV ESOMEPRAZOLE</u>				Date Time	17/6	18/6	19/6	20/6	21/6	22/6	23/6	24/6
Dose	Route	Frequency	Start Dt.									
12mg	IV	24hrly	17/6									
Name & Signature of the Doctor starting the Drugs: A ANJANA												
Additional Instructions:												
Daily Doctor's Endorsement by a Sign.												

DRUG: <u>INO. CEFTRIAZONE</u>				Date Time	17/6	18/6	19/6	20/6	21/6	22/6
Dose	Route	Frequency	Start Dt.							
600mg	I-V	Q12hrly	17/6							
Name & Signature of the Doctor starting the Drugs:										
Additional Instructions: BALAST 50mg/kg/dose										
Daily Doctor's Endorsement by a Sign.										

DRUG: <u>INO. METRONIDAZOLE</u>				Date Time	17/6	18/6	19/6	20/6	21/6	22/6
Dose	Route	Frequency	Start Dt.							
400mg	I-V	Q8hrly	17/6							
Name & Signature of the Doctor starting the Drugs:										
Additional Instructions: BALAST 40mg/kg/dose										
Daily Doctor's Endorsement by a Sign.										

DRUG: <u>INO. METRONIDAZOLE</u>				Date Time	17/6	18/6	19/6	20/6	21/6	22/6
Dose	Route	Frequency	Start Dt.							
100mg	IV	Q8H	17/6							
Name & Signature of the Doctor starting the Drugs: Dr. Heite.										
Additional Instructions:										
Daily Doctor's Endorsement by a Sign.										

Patient Name :	I.P. No. 23300	Sheet No. ①	Wards PICU	Weight (kg) 11.8 kgs
----------------	----------------	-------------	------------	----------------------

REGULAR PRESCRIPTIONS

DRUG <u>Sup- ZBUCAST</u>				Date/Time	<u>19/6 10am</u>	<u>20/6 10am</u>	<u>21/6 10am</u>	<u>22/6 10am</u>	<u>23/6 10am</u>
Dose	Route	Frequency	Start Dt.						
<u>100mg</u>	<u>PO</u>	<u>Q12h</u>	<u>19/6</u>						
Name & Signature of the Doctor starting the Drugs : <u>Dr. YAM</u>				<p><i>100mg</i> <i>10am</i> <i>20/6</i> <i>10am</i> <i>21/6</i> <i>10am</i> <i>22/6</i> <i>10am</i> <i>23/6</i> <i>10am</i></p> <p><i>Stop</i> <i>9/6/26</i> <i>Dr. Raju</i></p>					
Additional Instructions : <u>x2 days</u> <u>5ml / 100mg</u>									
Daily Doctor's Endorsement by a Sign.									

DRUG <u>Tr. MCTHTLPREDNE-SOLUNC</u>				Date/Time	<u>19/6 10am</u>	<u>20/6 10am</u>	<u>21/6 10am</u>	<u>22/6 10am</u>	<u>23/6 10am</u>
Dose	Route	Frequency	Start Dt.						
<u>25mg</u>	<u>IV</u>	<u>Q24h</u>	<u>19/6</u>						
Name & Signature of the Doctor starting the Drugs : <u>Dr. YAM</u>				<p><i>100mg</i> <i>10am</i> <i>20/6</i> <i>10am</i> <i>21/6</i> <i>10am</i> <i>22/6</i> <i>10am</i> <i>23/6</i> <i>10am</i></p>					
Additional Instructions :									
Daily Doctor's Endorsement by a Sign.									

DRUG <u>Mucov7+</u>				Date/Time	<u>20/6 11 AM</u>	<u>21/6 11 AM</u>			
Dose	Route	Frequency	Start Dt.						
<u>1 Scoop</u>	<u>PO</u>	<u>BD</u>	<u>20/6/26</u>						
Name & Signature of the Doctor starting the Drugs : <u>Dr. Raju</u>				<p><i>frequency changed</i></p> <p><i>BACAST</i></p>					
Additional Instructions : <u>Mix in 60ml water</u>									
Daily Doctor's Endorsement by a Sign.									

DRUG <u>SYP ATARAX</u>				Date/Time	<u>20/6 10am</u>	<u>21/6 10am</u>	<u>22/6 10am</u>	<u>23/6 10am</u>	
Dose	Route	Frequency	Start Dt.						
<u>3.5 ml</u>	<u>PO</u>	<u>Q12h</u>	<u>20/6/26</u>						
Name & Signature of the Doctor starting the Drugs : <u>Dr. Sreva</u>				<p><i>100mg</i> <i>10am</i> <i>20/6</i> <i>10am</i> <i>21/6</i> <i>10am</i> <i>22/6</i> <i>10am</i> <i>23/6</i> <i>10am</i></p>					
Additional Instructions : <u>5ml = 100mg</u>									
Daily Doctor's Endorsement by a Sign.									

HCV-00040852 IP22-00023300
Master NIRVAN VARANASI
14-02-2023 3 Y (M)
Dr. Kandula RadhaKrishna / Dr. Raju

Patient Name :

I.P. No.

Sheet No.

Wards

Weight (kg)



GULAR PRESCRIPTIONS

DRUG : MU-OUT POWDER				Date	22/6															
Dose	Route	Frequency	Start Dt.	Time	9 pm															
1 scoop	PO	Q24H	21/6/23																	
Name & Signature of the Doctor starting the Drugs:				 Stop 22/6/23																
Additional Instructions:				BALATE mix in 60ml of water																
Daily Doctor's Endorsement by a Sign.																				

DRUG : MU-OUT POWDER				Date	23/6															
Dose	Route	Frequency	Start Dt.	Time																
1 scoop	PO	Q24H	24/6																	
Name & Signature of the Doctor starting the Drugs:				 Stop 23/6/23																
Additional Instructions:				DYNAM mix in 60ml water																
Daily Doctor's Endorsement by a Sign.																				

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

DRUG :				Date																
Dose	Route	Frequency	Start Dt.	Time																
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 MASER. NIRVAN IP - 23300	Date & Time of Admission 17/6/26 @ 2:09PM	Date & Time of Transfer Order 19/6/26 @ 10PM	
Treating Consultant Dr. Rajha Krishna	Transfer ordered by Dr. Hari Harin	Reason for Transfer Stable.	
From Bed / Ward / Hospital PICU	To Bed / Ward / Hospital 105	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file (34)	Number of Imaging films CXR (3), CROCK ABD - 1 USG abd - 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.	High Pressure - 1		
2.	Cefbact - 1		
3.	Esmoprazole - 1		
4.	20cc - 4		
5.	Mezlogyl		
Shifting Summary / Notes written by Doctor: Dr. Yash.			
Name of Signature of Person filling this part Ravali	Name of person ordering transfer Dr. Hari Harin	Name & Signature of Nurse Supervisor Ravali	Referral note & referral Doctor Name:
Patient & Clinical records received by: Sham			
Signature with Date & Time 20/6/26			


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

HCV-00040852 IP22-00023300 Master NIRVAN VARANASI 14-02-2023 3 Y Dr. Kandula RadhaKrishna / Dr. Raju (M) 		Date & Time of Admission	Date & Time of Transfer Order
		17/6/26 @ 2:08 pm	19/6/26 @ 1:30 am
Transfer ordered by Dr. Radha Krishna Sr		Transfer ordered by Dr. Harika	Reason for Transfer Erythema & swelling legs
From Bed / Ward / Hospital 7 th Floor	To Bed / Ward / Hospital PICU	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 25	Number of Imaging films 15	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.	High pressure	①	
2.	Cefbact	①	
3.	Esmoprazole	①	
4.	20 cc	⑤	
5.	Metronidazole	①	
Shifting Summary / Notes written by Doctor: Dr. Srivalli			
Name of Signature of Person filling this part Bhame	Name of person ordering transfer Dr. Srivalli	Name & Signature of Nurse Supervisor Ganga	Referral note & referral Doctor Name:
Patient & Clinical records received by: Ravi 1:30am 19/6/26			
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-00040852 IP22-00023300 Master NIRVAN VARANASI 14-02-2023 3 Y (M) Dr. Kandula RadhaKrihna / Dr. Raju 		Date & Time of Admission 17/06/2026 @ 2:08 pm		Date & Time of Transfer Order 17/06/26 @ 3:10 pm	
		Transfer ordered by Dr. Anjana		Reason for Transfer Admission	
From Bed / Ward / Hospital ER		To Bed / Ward / Hospital 380 floor		Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file 18		Number of Imaging films 15		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.	DMS	8			
2.	Iv set	1			
3.					
4.					
5.					
Shifting Summary / Notes written by Doctor: Dr. Anjana					
Name and Signature of Person filling this part Sini		Name of person ordering transfer Dr. Anjana		Name & Signature of Nurse Supervisor D. Anales	
Referral note & referral Doctor Name:					
Patient & Clinical records received by: 					
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