

ADMISSION SHEET

Registration Details :



Admission No : IP22-00023394 Admit Date : 26-Jun-2026 Admit Time : 10:32 AM UHID : HCV-00024720

Patient Details :

Patient Name : Master S PUNEET Age : 9 Y 8 M 25 D
Guardian : Mr DHARMA RAO DOB : 01-10-2016
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : D.NO: 57-28-1/8 Industrial Estate Phone No : 9491817035
Vishakhapatnam Andhra Pradesh INDIA E-mail : NO@GMAIL.COM
530007

Admission Details :

Bed Type : DAY CARE Bed No : DC 212 Ward Name : 2F-SECOND FLOOR
Room No : DC 212 Admission Type : First Visit

Contact Details :

Name : Mr DHARMA RAO Relationship : S/O
Contact Address : D.NO: 57-28-1/8 Industrial Estate Phone No :
Vishakhapatnam Andhra Pradesh INDIA 530007


Signature

Doctor Details :

Doctor Name : Dr. RAVI HIMAJA Specialisation : PEDIATRIC SURGERY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

Payment Mode : Cash Deposit Amount : 0.00
Payor Name : EASTERN NAVAL COMMAND



ACTIVITY RECORD FOR BILLING

Name:----- HCV-00024720 IP22-00023394 -----

UHID No :..... Master S PUNEET 01-10-2016 9 Y 8 M 25 D (M) sultant :.....Dept.:.....



Date of Admission :... Dr. RAVI HIMAJA Date of Discharge:.....Time:.....

Room / Bed No :..... Suggested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/16	11:10 AM	ER	MICU	Lenny
26/6/26	11:40 AM	MICU	LDR-I	Usha

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Cross Checked by Usha

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
26/6/26	Infusion Pump	26/6/26 at:			

Cross checked by us

INVESTIGATIONS

Date	Investigations	Order No.	Signature

Cross Checked
by
Uche

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
25/8/16	W. placement	①	691300	Kenny
26/6/26	I8 D Done by			
	Dr. Himaja			
	Under v Sealation			
	in LDR - I			

Cross checked by [Signature]

ANY OTHER INFORMATION

Cross checked by [Signature]

Date: 26/6/26

Time:

Prepared By: [Signature]

Staff Nurse [Signature]	Shift / Ward MICU	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 : _____

HCV-00024720 IP22-00023394
Master S PUNEET
01-10-2016 9 Y 8 M 25 D (M)
Dr. RAVI HIMAJA

Department : _____



Consultant : _____



Padiatric Multiorgan History & Physical Examination

Name: S. Puneet. Age/Sex _____

Information given by: _____ Reliability _____

Chief Presenting Complaints & Duration (Chronologically):

Pus discharge from
Post-op site x 15 days

History of present illness:

→ Child was operated for
Laprosopy stage 2 - ~~left~~ left
orchiopexy on 8/5/26

↓
Child developed pus discharge
whitish color from Post op
site (umbilicus) → came for incision and
drainage.

- N/N/O - No Fever, cough, cold, N/vit

HCV-00024720

IP22-00023394

Master S PUNEET

01-10-2016

9 Y 8 M 25 D

(M)

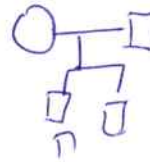
Dr. RAVI HIMAJA



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

Birth & Neonatal History:

Family Chart



Birth & Socio Economic History:

About Father: _____

About Mother: _____

Any additional Information: _____

Developmental History:

_____ *Normal*

Immunization History:

_____ *Done acc. to VZP*

Anthropometry:

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

Weight (kgs) *18 kg* (Centile _____)

On Examination:

Temperature: *(N)* Pulse Rate: *90 bpm* B.P. _____ SPO2 *98% RA*

Resp. rate and type of breathing : _____

_____ *RR-30/min*

Rash _____

Lymphadenopathy _____

Oedema: _____

Allergies (if any): _____



Respiratory System:

Inspection (any s/o distress): _____

Air entry & breath sound : 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 Genitalia : B/L Testis Not Palpable

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

Central Nervous System:

Level of Consciousness : AVPU / GCS Score: Active

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture: _____

Involuntary Movements : _____

HCV-00024720 IP22-00023394
Master S PUNEET
01-10-2016 9 Y 8 M 25 D (M)
Dr. RAVI HIMAJA



Reflexes:

DTR

Superficials:

Plantars _____

Bladder / Bowel: _____

Clinical Summary & Diagnostic:

S/P - Stage I Laproscopic Orchiopexy
w/ B/L undescended Testis

Pediatric Multiorgan History & Physical Examination

Post op - Surgical site
infection

Preventive aspects of the treatment: _____

Desired goals of the of the treatment: _____

Planned Labs:

Planned Management:

- Inj - CEFTRIAZAXONE
900 mg IV before
surgery
- NPO till further
order
- DNE @ 60 ml/hr

Signature of the Doctor :

Signature of the Consultant: _____

Name of the Doctor : RAVI HIMAJA

Name of the Consultant : _____

Date & Time : 26/6/20

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 : _____

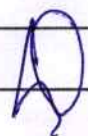
Date & Time : _____

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00024720 IP22-00023394

Patient No: Master S PUNEET
01-10-2016 0 Y 8 M 28 D (M)
Dr. RAVI HIMAJA
I.P. No. : 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/8/26		<u>A</u> : Post site abscess
		IG D done ↓ SGA
		2cc pus drained.
		<u>R</u>
		1) NPO till 2pm & allow feeds
		2) IUF - ANS @ 5cm/4cm
		3) Inj - Monocet 900mg iv stat
		<u>Discharge</u>
		1) <u>Megacel ointment for CIA</u>
		X 10 days
		R/A 10 days.
		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

RESULT SHEET

outside on 8/6/26

Patient Name :

Master S PUNEET

Age : Ger

01-10-2016

9 Y 8 M 25 D (M)

Dr. RAVI HIMAJA



I.D. No. :

Date	28/8/26				
Time	11Am				
Hb	13.9				
PCV	37.3				
RBC	4.91				
WBC	7200				
N/L	65/30				
Platelets	190000				
CRP	0.4 mg/L				
ESR	04				
PCT					
RBS					
Na					
K					
Cl					
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					

outside on 8/6/14

Date	26/6/14				
Time					
CUE - Alb	Trace				
CUE - Sugar	nil				
CUE - Ketones	-ve				
CUE - PUS Cells	3-4				
CUE - RBC Cells	nil				
CUE					
Stool Pus Cell					
OVA / Cyst					
Occult Blood					
Doctor's Signature					

Culture and Sensitivities :

.....

.....

.....

Radiology : USG :

 X-Ray :

 ECHO :

 CT :

 MRI :

 Others (ECG, Contrast Studies etc..) :



**CONSENT FOR
SPECIAL PROCEDURES
AND SEDATION**

Patient Name : Master S. Puneet
 Gender : M F IP No. : 00023394
 Age : 9y Department : MICU
 Date : 26/6/20

I, Master - S. Puneet S/D/W/O.....

hereby consent for the procedure of.....

For my patient / myself named..... UHID NO. IP - 23394

The doctos have clearly explained to me in language known to me about the following possible complications of the procedure :

The doctor have explained to me about the alternative to the procedures as : ↓ Sedation

During the procedure myself / my patient will receive intravenous medications for sedation using the following medications : 1uj. midazolam - 0.5mg + 1uj. Ketamine - 30mg

I have been explained about possible complication of sedation such as : fall in blood pressure
 Fall in heart rate , suppression of spontaneous breathing . Others.....

I have been explained about the alternative to the sedatives as :

I have understood the matter mentioned above and give consent for the procedures as well as sedation.

Name of the Doctor performing the procedure : Dr. Himaja

Name of the Doctor administering the sedation : Dr. Praveen

Patient Attendant :

Signature : [Signature]

Name : S. Dharmaraj

Relationship with Patient : Father

Date & Time : 26/6/20 at 11:40Am

Witness :

Signature :

Name :

Date & Time :

Doctor (who is taking the consent) :

Signature : [Signature]

Name : Dr. Praveen

Date & Time : 26/6/20 11:40Am

ప్రత్యేక విధానాలకు మరియు మత్తు ఇచ్చుటకు అంగీకార పత్రం



పేషెంట్ పేరు :
 లింగం : పు స్త్రీ
 ఐ.డి. నెం.
 వయస్సుడిపార్ట్‌మెంట్.....
 తేది :

నేను :S/D/W/O.....

నేను/నా బాలుడు/బాలిక ఐ.డి.నెం.....

జరుగు.....అను విధానంపై పూర్తి అంగీకారం తెలుపుతున్నాను.

డాక్టర్లు నాకు అర్థమగు భాషలో ఈ ప్రక్రియ వలన క్రింది దుష్ట పరిణామాలు కలుగవచ్చునని తెలిపారు.

డాక్టర్లు ఈ ప్రక్రియలో ప్రత్యామ్నాయం గురించి నాకు ఏమని వివరించారనగా :

విధానం జరుగు సమయంలో నాకు / నా పేషెంట్‌కి మత్తు మందులు ఇంట్రావీరస్ ద్వారా ఇస్తారని తెలుసుకున్నాను.....

డాక్టర్లు నాకు అర్థమగు భాషలో మత్తు వలన జరుగు దుష్టపరిణామాలు ఏమని వివరించారనగా :

రక్తపోటు తగ్గుతుందని గుండె రేటు తగ్గుట సహజ శ్వాస తగ్గుట ఇతర కారణాలు :

డాక్టర్లు ఈ ప్రక్రియలో మత్తు యొక్క ప్రత్యామ్నాయ విధానాల గురించి వివరించారు. నాకు డాక్టర్లు అర్థమగు భాషలో ఈ ప్రత్యేక విధానాల గురించి మరియు మత్తు గురించి వివరించగా నేను దానికి అంగీకారం తెలుపుతున్నాను.

ప్రత్యేక విధానం చేయు డాక్టరు పేరు :

మత్తు ఇచ్చు డాక్టరు పేరు :

సహాయకుడు :

సాక్షి :

సంతకము :

సంతకము :

పేరు :

పేరు :

తేది మరియు సంతకము :

తేది మరియు సంతకము :

డాక్టర్:

సంతకము :

పేరు :

తేది మరియు సంతకము :

CLEARANCE FOR SURGERIES / PROCEDURE

DATE: 26/01/20

DEPARTMENT: Pediatric surgery

NAME: Mr. Puneet

UHID / I.P.NO.: HCV-00024720

WARD / BED NO.: ER

EMERGENCY / NON EMERGENCY

TYPE OF SURGERY / PROCEDURE: D&D

ESTIMATION OF THE COST OF THE SURGERY

ADVANCE AMOUNT PAID: DATE:

RECEIPT NO:

CLEARANCE GIVEN BY:
NAME OF THE BILLING EXECUTIVE:


SIGNATURE