

**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 : IP22-00023336      Admit Date : 21-Jun-2026      Admit Time : 03:25 AM      UHID : HCV-00040953

**Patient Details :**

Patient Name : Baby P.NUVAN      Age : 0 Y 7 M 28 D  
Guardian : Mr P.GOPALA KRISHNA      DOB : 24-10-2025 01:00 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : 58-15-9, s-4, sri sai soudh appt, shanthy  
nagar, nad kotharoad Depot Vishakhapatnam  
Andhra Pradesh INDIA 530009      Phone No : 9377031234  
E-mail : no@gmail.com

**Admission Details :**

Bed Type : GENERAL WARD      Bed No : GW 336      Ward Name : 3F-THIRD FLOOR  
Room No : GW 336      Admission Type : First Visit

**Contact Details :**

Name : Mr P.GOPALA KRISHNA      Relationship : Father  
Contact Address : 58-15-9, s-4, sri sai soudh appt, shanthy nagar,  
nad kotharoad Depot Vishakhapatnam Andhra Pradesh INDIA 530009      Phone No :

*Mr P.G.K.*  
Signature

**Doctor Details :**

Doctor Name : Dr. Kandula RadhaKrishna / Dr. Raju Kakarlapudi      Specialisation : GENERAL PEDIATRICS  
Referral Doctor : SELF      Phone No :  
Co-Consultant :

**Payment Details :**

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

**ACTIVITY RECORD FOR BILLING**

Name:-----

UHID No :..... HCV-00040953 IP22-00023336 ..Consultant :.....Dept:.....  
Baby P.NUVAN

Date of Admissic 24-10-2025 0 Y 7 M 28 D (M) .....Date of Discharge:.....Time:.....  
Dr. Kandula RadhaKrishna / Dr. Raju

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

**WARD TRANSFERS**

Date	Time	From	To	Signature of Nurse
21/6/26	4:15AM	ER	3rd floor	Ramya

**Cross Consultation Visit**

	Doctors Name	Date	Order No.	Signature
1.	Jyothiramee	22/6/26	90391	Crown
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*Handwritten notes:*  
✓  
Crown  
CDDA  
ad by





**PROCEDURE**

Date	Procedure	Quantity	Order No.	Signature
21/6/16	N. placement	(1)	690120	Renu
23/6/20	IV placement	(1)	690513	Babakli
2				
				Gaus

*crossed by*

**ANY OTHER INFORMATION**

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 -----  
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Date: 23/6

Time: 10am

Prepared By: Gaus

Staff Nurse  Gaus	Shift / Ward ✓	Billing Assistant	Billing Supervisor
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**Rainbow<sup>®</sup>  
Children's  
Hospital**  
It takes a lot to treat the little.

**PEDIATRIC IN-PATIENT  
MEDICAL RECORD**

Patient Name : \_\_\_\_\_  
UHID ID : \_\_\_\_\_  
Department : \_\_\_\_\_  
Consultant : \_\_\_\_\_

HCV-00040953      IP22-00023336  
Baby P.NUVAN  
24-10-2025      0 Y 7 M 28 D (M)  
Dr. Kandula RadhaKrihna / Dr. Raju



Baby P.NUVAN  
24-10-2025 0 Y 7 M 26 D (M)  
Dr. Kandula RedhaKrishna / Dr. Raju



**Padiatric Multiorgan History & Physical Examination**

Name : \_\_\_\_\_ Age/Sex \_\_\_\_\_

Information given by: \_\_\_\_\_ Reliability \_\_\_\_\_

**Chief Presenting Complaints & Duration ( Chronologically):**

Cl/ loose stools x 15-17 episodes /day (x2)  
vomifings x 3-4 episodes /day (x2)  
↓ed oral intake }  
↓ed urine output } x 1 day .

**History of present illness:**

loose stools → watery in consistency  
multiple episodes /day  
perianal rash (+)

Vomifings → Non bilious.  
after food intake .

urine output decreased .

HCV-00040953 IP22-00023336  
Baby P. NUVAN  
24-10-2025 0 Y 7 M 28 D (M)  
Dr. Kandula RadhaKrishna / Dr. Raju



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

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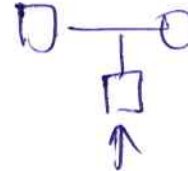
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**Birth & Neonatal History:**

Term / urg / No NICU stay

**Family Chart**



**Birth & Socio Economic History:**

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

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

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

**Developmental History:**

as per age

**Immunization History:**

as per NIP

**Anthropometry:**

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

Weight (kgs) 8 kg (Centile \_\_\_\_\_)

On Examination:

Temperature: (N) Pulse Rate: 115/min B.P. 98/71 SPO2 98%

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

Rash \_\_\_\_\_ sign of dehydration (+)

Lymphadenopathy \_\_\_\_\_

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

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

HCV-00040953 IP22-00023336  
Baby P. NUVAN  
24-10-2025 0 Y 7 M 28 D (M)  
Dr. Kandula RadhaKrishna / Dr. Raju



**Respiratory System:**

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

Air entry & breath sound: B/C AS (+)

Any Addes sounds: \_\_\_\_\_

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

**Cardiovascular System:**

Inspection of procordium: (N)

Heart Sounds: S1S2 (+)

Any murmur: \_\_\_\_\_

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

**Per Abdomen:**

Inspection: (N)

Palpation: soft

Ausculation: \_\_\_\_\_

Spine: \_\_\_\_\_ External Genitalia: \_\_\_\_\_

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

**Central Nervous System: alert**

Level of Consciousness : AVPU / GCS Score: \_\_\_\_\_

Cranial Nerves : \_\_\_\_\_

**Motor System: (N)**

Nutrition : \_\_\_\_\_

Tone: \_\_\_\_\_ Power \_\_\_\_\_

Co-ordinator : \_\_\_\_\_

Posture: \_\_\_\_\_

Involuntary Movements : \_\_\_\_\_

HCV-00040953 IP22-00023336  
Baby P. NUVAN  
24-10-2025 0 Y 7 M 28 D (M)  
Dr. Kandula RadhaKrishna / Dr. Raju



**Reflexes:**

DTR

Superficials:

Plantars

Bladder / Bowel:

Clinical Summary & Diagnostic:

AGE  $\pm$  some dehydration

**Pediatric Multiorgan History & Physical Examination**

Preventive aspects of the treatment:

Desired goals of the of the treatment:

**Planned Labs:**

CBC  
CRP  
CUE - Dve  
S-Electrolytes  
S-creat  
N.S  
Pam  
2/6/26  
4M

**Planned Management:**

DNS @ 20 ml/m.  
Rashfree + COX 4A.  
Z E D drops  
Iuj ONDANSETRON  
Stool for Rotavirus

Signature of the Doctor

*[Signature]*

Signature of the Consultant:

Name of the Doctor :

C. Anjan

Name of the Consultant :

Date & Time :

Date & Time :





# PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient HCV-00040953 IP22-00023336  
 Baby P. NUVAN  
 24-10-2025 0 Y 7 M 28 D (M)  
 Age : .. Dr. Kandula RadhaKrishna / Dr. Raju  
 I.P. No 

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		clerk Dr. <del>Asp</del> Raju / Dr. Balaji
21/6/25	8AM	<p>Assess: AGE <math>\bar{c}</math> some dehydration</p> <ul style="list-style-type: none"> <li>• 1 episode of loose stool</li> <li>non-bloody, non-mucous</li> <li>• No clv vomiting</li> <li>• No clv fever</li> <li>• oral intake <math>\rightarrow</math> poor.</li> <li>• Rash over perineum</li> </ul> <p>LAB: urine <math>\rightarrow</math> poor</p> <ul style="list-style-type: none"> <li>• dull, irritability</li> <li>• RFT BILAE <math>\oplus</math>, clear</li> <li>• CLC <math>\rightarrow</math> S1 S2 <math>\oplus</math></li> </ul> <p>Advice:</p> <ul style="list-style-type: none"> <li>• LVA Dns @ 20 ml/hr</li> <li>• cont. sup. on onset</li> <li>• Z &amp; D drops</li> <li>• Rash free cont. meet for local applicall</li> <li>• Start Zesolac <math>\rightarrow</math> formula feeds</li> <li>• Nestle's milk</li> </ul> <p style="text-align: right;">BAKATH</p> <p style="text-align: right;"><u>N. B Sandhya</u></p>

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

DA 222  
21/6/25  
8AM

2/16/26  
SPM

CLUB Dr. Nenu / Dr. Balaji

ASX: AGE  $\bar{c}$  some dehydrated

- 8 episodes of loose stool (semisolid)
- No clots vomiting  
• No clots fever
- Urine  $\rightarrow$  good

OP:

• active, alert

PIA  $\rightarrow$  soft, non-tender

Adx:

- IVF DWS 20ml/hr
- Syp. ZED drops
- cont. sup. endometron
- Rehydration

BA

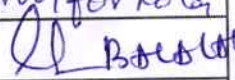
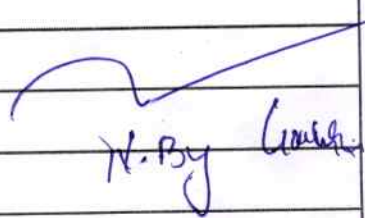
N. By Nenu

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

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

ICV-00040953 IP22-00023336

Pa baby P. NUVAN  
4-10-2025 0 Y 7 M 28 D (M) ...  
Ag Jr. Kandula RadhaKrishna / Dr. Raju 1 F  
I.F.  ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	22/6/25	do/B Dr. RK / Dr. Raju / Dr. Balaji
	8 AM	Diets: AGE + some dehydrate
		do a episode of loose stool in last 24 hr (semi solid + watery)
		NO do vomiting
		NO do fever
		urine output - good
		o/p:
		active, alert.
		PLA - soft, non-tender
		CNS - S1 S2 (+)
		peripheral pulses (+)
		Advice:
		IVF - 40 ml/hr.
		Suj. ondansetron.
		Syp. Z & D drops
		Rash free ointment
		Trace for stool/for RBS
		
		

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

22/6/22

Srs Ragu

No no dehydration.

Continue ICF. Hm: good

wat on ceftriaxone today

↓  
Evening decide.

Continue rice based diet

1/5  
1/2

CP/S Dr. Aditya / Dr. Jayaraman / Dr. Sree Vall.

22/6/22

10pm

Baby examined

loose stool

(~ 10-15 episodes

water to  
semi solid)

No signs of dehydration  
active, alert

O/E

Stool for c/s - Negative

Advice

→ Cont IV fluids

→ Continue rice based diet

→ w/F dehydration

Dr. Jayaraman

~~Noted per sealer~~



**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)
23/6/26	8AM	<p>cls LB Dr. Radhakrishna / Dr. Raju / Dr. Balaji</p> <hr/> <p><u>DSIS</u>: AGE <math>\bar{c}</math> some dehydration</p> <ul style="list-style-type: none"> <li>• do 4 episodes of loose stool.</li> <li>• No clv vomiting</li> <li>• No clv fever</li> <li>• urine output - good.</li> </ul> <p><u>OLE</u>:</p> <ul style="list-style-type: none"> <li>• active, alert</li> <li>• pulses + present</li> <li>• <u>PLA</u> soft, non-tender</li> <li>• <u>CVS</u> + S1(S2) (A).</li> </ul> <p style="text-align: right;"><u>Advised</u>:</p> <ul style="list-style-type: none"> <li>• <del>to</del> IVF DNS 40ml/hr.</li> <li>• Syp. Z &amp; D chaps</li> <li>• Rakh free 10ml may</li> </ul> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;"> <p>Stool for +negative ROTA</p> </div> <p style="text-align: right; margin-top: 20px;">  BALAJI                 </p>
23/6/26		<p>Discharge -</p> <ul style="list-style-type: none"> <li>• Continue Zinc</li> <li>• No fever <math>\textcircled{3}</math> day</li> </ul>

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**





Patient Name :



I.P. No.

Sheet No.

Wards

Weight (kg)

**AR PRESCRIPTIONS**

<b>DRUG :</b> REDOTIL sachets				Date Time	21/6																	
Dose	Route	Frequency	Start Dt.																			
1/2 sach	PO	Q12H	21/6																			
Name & Signature of the Doctor starting the Drugs :																						
Dr. Hrik																						
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**

HCV-00040953      IP22-00023336 <b>Baby P. NUVAN</b> 24-10-2025      0 Y 7 M 28 D (M) Dr. Kandula RadhaKrishna / Dr. Raju 	Date & Time of Admission <i>21/6/25 3:25 AM</i>	Date & Time of Transfer Order <i>21/6/25 4:15 AM</i>	
	Transfer ordered by <i>Dr. Anjan</i>	Reason for Transfer <i>Admission</i>	
From Bed / Ward / Hospital <i>EF</i>	To Bed / Ward / Hospital <i>336</i>	Information to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in clinical file <i>18</i>	Number of Imaging films <i>—</i>	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.	<i>DNS room</i>	<i>1</i>	
2.	<i>to seat</i>	<i>1</i>	
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part <i>Lance</i>	Name of person ordering transfer <i>Dr. Anjan</i>	Name & Signature of Nurse Supervisor <i>Swisha</i>	Referral note & referral Doctor Name: <i>Self</i>
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