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 : IP22-00023380 **Admit Date** : 25-Jun-2026 **Admit Time** : 10:00 AM **UHID** : HCV-00041040

Patient Details :

Patient Name	: Baby B/O NAVYA PRIYA	**Age**	: 0 D
Guardian	: Mr BANDARU KESAVADITYA GUPTA	**DOB**	: 25-06-2026 08:46 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Msn colony, vizianagaram Babametta Vizianagaram Andhra Pradesh INDIA 535002	**Phone No**	: 9000346356/ 9000346356
		E-mail	: adityagupta41@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 109 **Ward Name** : 1F-FIRST FLOOR-NICU

Room No : NICU 109 **Admission Type** : First Visit

Contact Details :

Name : Mr BANDARU KESAVADITYA GUPTA **Relationship** : Baby/O

Contact Address : **Phone No** :

B. Kesavaditya
Signature

Doctor Details :

Doctor Name : Dr. TIRUMALASETTY PARAMESH **Specialisation** : GENERAL PEDIATRICS

Referral Doctor : Self **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : SELFPAY

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ACTIVITY RECORD FOR BILLING

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0Y0M0D2H (M)
Dr. TIRUMALASETTY PARAMESH

Name:--------

UHID No :.... .....Consultant :.....Dept.: NICU

Date of Admi .....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/6/26	9:40 Am	OT	NICU	Pavani / Meghana
28/6/26	11:30 Am	NICU	301	Sunitha / Kavya

Cross Consultation Visit

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

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA (M)
25-06-2026 0 Y 0 M 0 D 2 H
Dr. TIRUMALASETTY PARAMESH

...NT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
25/06/26	warmer	1:36pm	9:48 AM		
	cardiac Monitor		26/6/26	690107~~6~~	[signature]
25/6/26	Warmer		27/6/26		
	Cardiac monitor	9:48 AM	12:50 PM	691271	
	Syr. pump - ①				Devi
27/6/26	warmer				
	cardiac Monitor	12:50PM	11PM	691664	[signature]
	Syringe Pump		28/6/26 12:49		
27/6	SSPT	@ 9:30pm	9PM	1778	[signature]
28/6/26	SSPT	9:30 PM	29/6/26 9:30pm	2450	Reeta
28/6/26	syring pump	12:30 pm	30/6/26 12:30 pm	92452	[signature]

cross checked by Gowri

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0Y0M0D2H (M)
Dr. TIRUMALASETTY PARAMESH

INVES

Date	Investigations	Order No.	Signature
25/6/26	BG, TSH, T4.	6012576	Pavni
25/6/26	GRBS - 84mg/dl @ 12:40pm	6013600	Raghu
25/6/26	GRB'S - 96mg/dl @ 7PM	6013619	[illegible] S
26/6	GRBS - 99mg/dl 1Am	6013626	Dhana
26/6	GRBS - 119mg/dl 7AM	6013639	Dhana
26/6	Blood c/s, CBC	6013638	Devi
26/6	GRBS - 102mg/dl 12pm	6013648	Devi
26/6	GRB'S - 78mg/dl 7pm	6013688	Smitha
26/6	2DECHO	7109	Smitha
27/6	GRBS - 87mg/dl - 1Am	26013709	Aparna
27/6	GRBS - 92mg/dl 7Am	6013728	Aparna
27/6	GRBS - 95mg/dl 3PM	6013774	[illegible]
"	TSB, CRP 7PM	6013773	[illegible]
27/6	GRBS 101mg/dl 11PM	137966	[illegible]
28/6	GRBS 95mg/dl 6Am	13797	

PoC Feltsar cross check by [illegible]

[illegible] checked by gowri

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature
26/06/26	I.V placement	(1)	691369	Devi crossed checked by Monica

ANY OTHER INFORMATION

Date: 29/6/26 Time: 10pm Prepared By: Ground

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Bowsi	3rd floor	—	—

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HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0Y0M0D2H (M)
Dr. TIRUMALASETTY PARAMESH

MONITORING CHART

Age/Gender: Male
Diagnosis +T| ACRA| MECH| +TNB

Date:	Time	Value	Informed to	Advice	Remarks
25/6/26	12:39pm	84mg/dl	Dr Sumina	—	—
25/6/26	7:00PM	96mg/dl		NW feeds	—
26/6/26	1AM	99mg/dl	Balaji Dr	Feeds	—
26/6/26	7AM	119mg/dl	Dr. Paramesh	Feeds	—
26/6/26	1PM	102mg/dl	〃	〃	—
26/6/26	7PM	78mg/dl	〃	〃	—
27/6	1AM	87mg/dl	〃	〃	—
27/6	7AM	92mg/dl	〃	〃	—
27/6	3PM	95mg/dl	〃	〃	—
27/6	11PM	101	〃	〃	—
28/6	6AM	95	〃	〃	
		Stop			

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0Y0M0D2H (M)
Dr. TIRUMALASETTY PARAMESH

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NG INITIAL ASSESSMENT FOR NICU

Date of Admission: 25/06/26

Source of Admission: ☐ OPD ☐ Ward ☑ Labor Ward ☐ Other: .....

Reason for Admission: Δ TERM/ LGA/ MCH/ ? TTNB

Admission Diagnosis: Δ TERM/ LGA/ MCH / ? TTNB

Accompanied By: ☑ Parent ☐ Guardian ☐ Other Name: .....

Primary Language: ☑ Telugu ☐ English ☐ Hindi ☐ Other Specify .....

Do you require an interpreter? ☐ Yes ☑ No

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: .....

If yes, identify .....

Source of Information : ☑ Family ☐ Others, Specify .....

Past Medical History	Past Surgical History	Last Hospital Admission
–	–	–

Significant History

Family History: –

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 Medications

Taking Medications? ☐ Yes ☑ No
If yes, Fill the reconciliation form

Medicine brought to the hospital? ☐ Yes ☑ No

Observations:

Birth Weight: 3.989 kgs Head Circumference: ..... cm Length: ..... cm

☑ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: O+ve Baby: O+ve

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both

Maternal Details: Age: ..... years, **PARA:** ..... **Gestation:** 38 Weeks, 4 Days

Risk Factors: ☑ PROM ☐ Fetal Distress ☐ Diabetes Mellitus / Gestational Diabetes
☐ PH / Pre Eclampsia ☐ Others, Specify: .....

Mode of Delivery: ☐ Normal ☑ LSCS - Emergency / Elective ☐ Instrumental ☐ AVD

Indication: Big baby

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. TIRUMALASETTY PARAMESH

Newborn Assessment:

Temp: 36.6 HR 138 /Min RR 65 /Min BP ..... SpO²: 98.1

Pain Score +1 (Follow N Pass and Document)

Fall Risk Intervention Done: ☑ Yes

Risk of Pressure Sore: ☐ Yes ☑ No (Fill Braden Q Sheet)

General Appearance: ☑ Posture ☐ Well-Fixed ☐ Asymmetry

Behavioural Status on Admission :

☑ Sleeping Crying ☐ Calm ☐ Drowsy

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify.....

Functional Screening: If a patient needs assistance with any of the following inform consultant

☑ Developmental Delay ☐ Musculoskeletal Congenital Abnormality ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Nutritional Screening:

☑ Underweight ☐ Overweight ☐ Special Feeding Method

☐ Feeding Problem ☐ Special Diet ☐ No Abnormalities Detected

Inform Consultant for Positive Criteria

Social History: Lives With .....

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

All Information Obtained From ☐ Patient ☐ Mother ☑ Father ☐ Other Family Member

Orientation has been given regarding the following aspects:

☑ ID Band in situ

☑ Bedside safety explained

☑ NICU Routine: Doctor's rounds/Medication time

☑ Visiting policy explained

Orientation given to: ☑ Family ☐ Others

Name of Person Orientation was given to: Gupta.

Orientation not given Reason: .....

DISCHARGE PLAN

Source of Information: ☐ Family ☐ Friend

Will patient require transportation arrangements to go home: ☐ Yes ☐ No

Will Physiotherapy require at home: ☐ Yes ☐ No

Is home medical equipment anticipated: ☐ Yes ☐ No

Is home oxygen therapy anticipated: ☐ Yes ☐ No

Breastfeeding ☐ Yes ☐ No

Formula Feed ☐ Yes ☐ No

Are dressing needs at home anticipated: ☐ Yes ☐ No

Any other needs anticipated: ☐ Yes ☐ No If Yes Specify .....

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. TIRUMALASETTY PARAMESH

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Navya priya. Age : ..... Father's Name : ..... Age : .....

Date of Birth : ..... Date of Admission : ..... UHID No.: .....

NICU Consultant : ..... Referring Consultant : .....

Transferring Unit : ☐ OT ☐ Labour Room ☐ ER ☐ Ward

Transported ? ☐ Yes ☐ No - If yes : ☐ Long (> 30 kms) ☐ Short (< 30 kms)

BIRTH INFORMATION

Name : B/o Navya priya.

Gender : ☑ M ☐ F Blood Group : O+ve

Date of Birth : 25/6/26 Time of Birth : 8:46AM

Place of Birth : RCH Virag.

Mother's Blood Group : 'O' +ve.

Birth Weight (gms) : 3.989kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38wk+4days.

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : 3yr. LMP : 26/9/25 EDD : 5/7/2026

Conception : Spontaneous or with Rx. : Spontaneous Conceptn

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : SIUG, Cephalic, Placenta - Anterior, AFI - 12 CM
EFW - 3.768kg, Doppler - N Immunization and Iron / Folic Acid : 2 TT 2wj. given

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs

Consanguinity : ☐ Yes ☑ No

If yes, degree of consanguinity : ☐ 1 ☐ 2 ☐ 3

H/o PIH (after 20 weeks) / PE

How many Drugs / Doses / Since how long : .....
—

H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : .....
—

IUGR - when detected : .....

Doppler (Increased Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : .....
—

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication?
—

Any other Chronic Medical Problems, when detected drugs ? .....

(Anemia, SLE, Jaundice, CHD, Heart Disease)

Infection : H/O, Fever

(☐ Malaria ☐ UTI ☐ TORCH ☐ TB ☐ HIV ☐ HBV)

UTI : when : ..... Any culture : .....

PPROM : Duration : ..... ☐ Uterine Tenderness ☐ Foul Smelling Liquor ☐ HVS (if taken) - Results : .....

Medication during Pregnancy : PROM → 8hrs. Duration : .....

Patient Sticker

PAST OBSTETRIC HISTORY

G : ..primi.. P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

Treating Obstetrician : ..... Hospital : ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) Elective

Second stage (> 2 hours after dilation) LSCS.

LSCS : ☐ Elective ☐ Emergency Indication : .....

Specify the reason : ..Big baby.....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : ..... Weeks : .....

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

1 Minute	5 Minutes	10 Minutes
1	1	
2	2	
2	2	
2	2	
2	2	
9	9	

TOTAL

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP	✓		
ETT			
Chest Compressions			
Epinephrine			

Snapee II Score

				Score
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)	0
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)	0
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)	< 0.3 (28) 0
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)	0
Multiple Seizures	No (0)	Yes (19)		0
U. Output (ml / kg / hr)	> = 1 (0)	0. 1-0.9 (5)	<0.1 (18)	18
Apgar Score	> = 7 (0)	< 7 (18)		0
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	0
SGA	> 3rd percentile (0)	< 3rd (12)		0
			Total	18

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

Baby delivered through Elective LSCS (Big baby)

↓

Baby cried immediately after birth

↓

Delayed cord clamping done

↓

Inj. Vit-K 1mg I.M given

↓

baby had tachypnea, grunting & desaturation

↓

Started on CPAP support. PEEP → 5cm
. FiO_2 → 21%.
given for 2 Min

↓

Shifted to NICU in view of
persistant tachypnea &
grunting

Investigation details in previous Hospital :

—

Feeding History :

—

Past History :

—

Family History :

—

Socio Economic History :

—

GENERAL EXAMINATION ON ADMISSION

General Description :

cry
tone
activity
} good.

VITALS : Temperature : 36.5°C HR : 142/min RR : 62/min NIBP : ..... CFT : <3 sec

Colour of the extremities : Acrocyanosis

Jaundice : — Pallor : — SpO2 : 96 % on CPAP support.

Anthropometry : Birth Weight : 3.959 Kg Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : (T).

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	AF - 1 open PF - 1 open.
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	→ To be checked
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Preauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	No cleft lip & palate
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N).
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	→ 2 arteries & 1 vein
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	BL testis descended → patent
HERNIAL ORIFICES		→ full
TRUNK and SPINE :		
SKIN LESIONS :		(N)
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☒ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 62/min SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☒ CPAP ☐ Ventilator

Settings : PEEP - 5cm, FiO2 - 30-1.

Spo2 : 96-1. on CPAP Auscultation : BLAE (+) clear Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 140/min BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : ..... NIL

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen :

Hernial orifice : - full

Shape : ..... Anal Patency : + patent

Palpation : ..... Umbilical Cord : → 2A + 1V

Palpable masses : (N). First urine passed : .....

Abdominal girth : ..... Meconium passed : not passed

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Cranial Nerves :

Oculomotor activity + good

Motor System :

Passive Tone : .....

Active Tone : (N)

Neonatal Reflexes : .....

Grasp : ☒ Palmar ☒ Plantar ☐ Sucking ☒ Rooting ☐ Crossed adductor : .....

Moro's : (N) DTR : .....

ATNR : Skull and Spine : .....

Any Congenital Anomalies : .....

.....

.....

Diagnosis : TERM/LGA/ MGH/ ? JJNB.
C 38wk+4day)

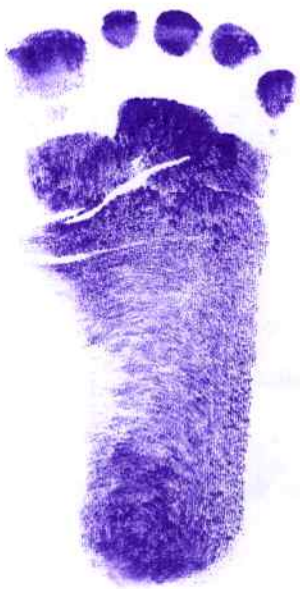
.....

.....

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : Balaji

Date & Time : 25/6/26.

Consultant :

Signature : Paramel

Name : T. Paramel

Date & Time : 25/6/26.

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....

   Address : .....

   Contact Numbers : .....
3. Contact Details of the referring Doctor : .....

   Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....

   ..... on whose name the patients is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

.....

.....

Present Issues : .....

.....

.....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SP02 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

.....

Medications : .....

.....

.....

.....

.....

.....

Plan during ward follow up :

- CPAP < PEEP + 5cm, FiO2 + 30%.
- OG feeds + 20ml/2hrly @ 60ml/kg/day
- GRBC monitoring 6hrly.

Feeding Plan at the time of shifting : .....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : .....

New Born Screening : .....

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

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PROGRESS NOTES

(USE BALL POINT PEN ONLY)

HCV-00041040
Baby B/O NAVYA PRIYA IP22-00023380
25-06-2026 0Y0M0D2H (M)
Dr. TIRUMALASETTY PARAMESH

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
25/6/26		S/B. Dr. Paramesh/Dr [illegible] /
	5PM	Dr Yash
		Term (38+4) / LCA / [illegible] / ?TTNB
		- Baby on Room air
		- No desaturation, No apnea
		- Tolerating feeds
		C/T/A - good
		Vitals HR - 130 BPM
		SPO_2 - 100%
		RR - 50/min
		Adv
		- Cont. spoon
		feeds ~~20 ml~~
		20-25 ml
		- GRBS @ 6 hrly
		Dr YASH
		[illegible] 25/6/26

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/24 ELS/B Dr. Parameeh / Dr. Harika / Dr. Belaji

12 AM

DOL: TERM / CGA / MGA / 2 TINB
(38wk+4day)

- On room air
- No desaturations, No Apnea
- Tolerating feeds
- Cry/vocal activity - good.

Vitals:

- HR - 142/min
- SpO2 - 93% on RA

GRBS - 96 mg/dl

Advice:

- Cont. Spoon feeds 20-25ml
- GRBS 6hrly

BALAJI

Advised by Shanta @ 12 PM

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(USE BALL POINT PEN ONLY)

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Baby B/O NAVYA PRIYA
25-06-2026 0Y0M0D2H (M)
Dr. TIRUMALASETTY PARAMESH
Pa ....
Ag ... F
I.P. No. : .....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/6/26		S/B Paramah
		Δ: Term/LGA/TINB.
		24 Hours of life
		on room air.
		no desaturations.
		Tolerating Spoon feeds well (25-30ml)
		RR - 64-66/min;
		Tone & Activity - good.
		Blood sugars - Normal;
		O/E: CRT < 3sec
		B/L AE Equal
		HR - 140-150/min;
		no icterus;
		Plan
		(1) Continue Spoon feeds (25-30ml Q3HRly)
		(1) NG feeds 25ml Q3HRly.
		(2) Inj DBF.
		(3) GRBS Q6HRly x 1 day.
		(4) plan shift to NICU
		(5) Culture, CBC.
		Paramah (6) IV Antibiotics
		(7) 2DECHO.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

26/6/24 C/S/B Dr. Hariharan / Dr. Suminaa

5PM

Δsis - Term / LGA / TTNB / Mch
(38+4 weeks)

Baby reviewed

Baby self ventilating under room air

No episodes of apnea, desaturations

Tachypnea (+)

RR - 68/min

Hemodynamically stable

colour & perfusion - good

On 25ml 2nd hrly OG feeds

Tolerating well

No vomitings, aspirations

cry / tone / activity - good

urine } passed
stool }

Vitals

HR - 136 bpm

SpO_2 - 93-94%

RR - 68 /min

Temp - 36.4°C

GRBS - 102mg/dl @ 1PM

On Inj. Piptaz
Inj. Amikacin

Adv

1. Cont 25ml 2nd hrly OG feed
2. Try DBF
3. GRBS monitoring 6th hrly
4. Cont IV antibiotics
5. Trace blood culture.
6. change to spoon feeds if baby is taking good direct feed

Suminaa

N/B 26/6/24 S/N [illegible] @ 5pm

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

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0 Y 0 M 1 D (M) ☐ F
Dr. TIRUMALASETTY PARAMESH

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

BirthRight BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26 8AM		C/S/B Dr. Paramesh / Dr. Hariharan / Dr. Sumina
		A/s - Term / LGA / TTNB / MCh (38+4wks)
		Birth weight -
		Current weight -
		Baby is self ventilating under room air
		Tachypnea (+)
		RR - 60-65/min SpO_2 - 99% JKA
		CVS
		Hemodynamically stable
		S_1S_2 (+) HR - 140bpm
		colour & perfusion - good
		urine output -
		Feeds
		On 25ml 2nd hrly feeds - 09
		Tolerating well
		No vomitings, aspirations
		CNS
		cry / tone / activity - good
		P/A 27/6/26
		soft, not distended * 20-30ml Spoon feeds 2nd hourly
		GRBS - 92mg/dl @ 7AM * Try DBF
		* Tomorrow morning TSB & CRP
		* continue antibiotics.
		R. Hariharan * GRBS Q8H

Noted by Chaitanya devi 0202

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

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27/6/26
5PM

CL/B Dr. Paramesh | Dr. Hariharan | Dr. Sumina

A&S - Term | LGA | TTNB |
(38+4 weeks)

Baby reviewed

Tachypnea ①

RR - 60-65 | min

No grunting, mild subcostal retractions ①

colour & perfusion - good

Tolerating feeds well

urine
stool } passed

P/A - soft, not distended

~~Vitals~~ CNS -
cry | tone | activity - good

Vitals

RR - 60 | min

SpO_2 - 97% ↓ RA

HR - 120 bpm

↓ Inj. Piptaz

Inj. Amikacin

Adv

1. TSB, CRP today @ 7PM
2. Try DBF
3. Cont spoon feeds @ 20-30ml
4. Cont antibiotics
5. GRBS monitoring 8th hrly

Sumina

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0Y0M1D (M)
Dr. TIRUMALASETTY PARAMESH

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

/ INPR / 15

I.P. No. : ....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
27/6/26		S/B Dr Praveen / Dr Yash
	11PM	
		- Baby Reviewed
		- Baby on Room air
		- Tachypnea (+)
		- No grunting
		- C/T/A - good.
		Vitals
		HR - 180 BPM
		SpO_2 - 98%.
		RR - 62/min.
		Adv
		~~- TSB, CRP T/M 7PM~~
		- 20-30ml spoon feeds
		- Try DBF
		- cont. Abx
		- GRBS Monitor 8th hrly
		N. By [signature] 27/6/26 11PM
		[signature]
		Dr YASH

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

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28/6/26

C/S/B Dr Haritharan | Dr Jayarenga

8AM

c.wt → 3.980kg
(↑61g)

D3 of life

72hr of life

A - Term / LGA / TTNB

RS → Self ventilating on room air
mild tachypnoea
RR ~ 60-70/min
No retractions

CVS → Color & perfusion - good
Pulse - good

vital

HR → 120/min

SpO_2 → 96%

P/A - soft, no distension
stool passed

CNS - Cry / tone / activity - Good

Advice

→ Cont spoonfeed 25-30ml 2nd hourly
+ DBF on demand

→ Stop GRBS monitoring

→ Cont IV PIPTAZ
AMIKACIN (D3/5) till Tuesday

→ Plan d/c on Tuesday

R. Haritharan → Transfer to ward

NB
S/N Srinithega
02080gen
28/6/26 @ 8AM

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0 Y 0 M 1 D (M)
Age : .
Dr. TIRUMALASETTY PARAMESH
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Counselling by Dr. Paramesh / Dr. Hariharan
26/6/26		Parents & attenders are counselled regarding -
11AM		Baby has tachypnea. If respiratory rate decreases, spoon feeds can be tried.
		Sugars are being monitored and are stable.
		Baby is being started on antibiotics and blood culture is sent. Depending on baby's condition,
		if stable, can be shifted to ward tomorrow.
		Cardiology opinion will be taken today
		(2D Echo)
		R. Hariharan

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26
5PM

CIS/B Dr. Aishwarya / Dr - Suminaa

Baby reviewed

Tachypnea - 60-65/min

feeds ~~DBF~~ - 2nd hrly
(spoon + DBF) - Tolerating well

cry / tone / activity - good

urine } passed
stool }

Adv

1. Cont Adlib feeds (DBF + 2nd hrly
2. cont antibiotics
3. Plan d/c tuesday

Suminaa

N.D Sivanthi

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0 Y 0 M 1 D (M) .....
Dr. TIRUMALASETTY PARAMESH
M ☐ F

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
	29/6/26	CLS/B Dr. parameesh/ Dr. Balaji
	SDM	
		Dx: TERM/ LGA/ TTNB
	Dy of life	(3 wk + 4 day)
		• Baby self ventolatory on room air
		• NO tachypnea, distress
		• Color & perfusion - good
		• usual
		Stool / passed
		• Cry / tone / activity - good
		Advice:
		• cont. Ad lib feed dy
		• cont - Inj. Amikacin
		Inj. Biplaz
		• plan Dc - tomm
		Balaji
		N.P kanaya

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/26

4pm

CL&B Dr. Praveen / Dr Anjana / Dr Balaji

↓ Sepsis

- On room air
  No distress, Tachypnea
- Cry (+) activity + good
- Urine / Stool } passed

Advice:

1. Cont. I.V antibiotics
- Cont. Ad lib feeds
- Cont. Sepsis
- plan D/C + T/m

Balaji

Noted by doctor

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

Rainbow Children's Hospital
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Your Right to a Safe Delivery

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)
	30/6/[illegible] 8AM (DS [illegible])	c/s/B Dr paramesh/Dr. Balaji
		DOS: [illegible] (38wk + 4day)
		· cry/tone/activity → good
		· urine } Stool } passed
		· feeding → DBF
		Advice:
		· plan D/C → today
		· stop I.V antibiotics
		· Birth vaccination & leaflet to be done
		· cont. Ad lib feeds
		Balaji (signature)

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ref. No. : F / HW / DC / INPR / 05

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HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0 Y 0 M 0 D 2 H (M)
Dr. TIRUMALASETTY PARAMESH

Patient N ..... Age : .....

Gender .....

Consulta .....

Date of Admission : .....

DRUG ALLERGIES NIL

FOR THE SAFETY OF THE PATIENT

GENERAL - Ensure that all the 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 in 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 Hospital's Verbal Order Policy.

SOS / PRN (As Required Medication)

DRUG :	Dose	Route	Frequency	Start Dt.	Date / Time
Doctos's Signature	Valid Period	Pharm			
Additional Instructions					

DRUG :	Dose	Route	Frequency	Start Dt.	Date / Time
Doctos's Signature	Valid Period	Pharm			
Additional Instructions					

DRUG :	Dose	Route	Frequency	Start Dt.	Date / Time
Doctos's Signature	Valid Period	Pharm			
Additional Instructions					

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0 Y 0 M 1 D (M)
Dr. TIRUMALASETTY PARAMESH

Patient Name :	IP No.	Sheet No.	Wards	Weight (kg)
				3.9kgs

REGULAR PRESCRIPTIONS

DRUG : INJ. PIPERACILLIN TAZOBACTAM

Dose	Route	Frequency	Start Dt.
390 mg	IV	Q8hrly	26/6

Name & Signature of the Doctor starting the Drugs: Sumina

Additional Instructions

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6
3AM			
MAN			
7PM			

DRUG : INJ. AMIKACIN

Dose	Route	Frequency	Start Dt.
58 mg	IV	Q24hrly	26/6

Name & Signature of the Doctor starting the Drugs: Sumina

Additional Instructions

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6	29/6
MAN				

STOP Balaji

DRUG : INJ. PIPERACILLIN TAZOBACTAM

Dose	Route	Frequency	Start Dt.
400mg	IV	Q12H	28/6

Name & Signature of the Doctor starting the Drugs: DJ AYASURY

Additional Instructions

Daily Doctor's Endorsement by a Sign

Date / Time	28/6	29/6	30/6
3AM			
3pm			

STOP Balaji

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor starting the Drugs:

Additional Instructions

Daily Doctor's Endorsement by a Sign

Date / Time

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG:		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

VARIABLE DOSE	Date / Time		Nurse Sig.		Nurse Sig.		Nurse Sig.		Nurse Sig.
DRUG:		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Route / Start Date		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Name & Signature of the Doctor		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	
Additional Instructions		Dose		Dose		Dose		Dose	
		Dr Sign.		Dr Sign.		Dr Sign.		Dr Sign.	

STAT / ONCE ONLY DRUGS

DATE	TIME	MEDICATION	DOSAGE & OTHER INSTRUCTIONS	ROUTE	SIGNATURE	NURSES

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

I.V. FLUIDS CHART

DATE	TIME	Composition of I.V. FLUID (if infusion, mention ml / hr = Mcg / kg / min etc)	ROUTE	Flow Rate (ml/hr)	Doctor Sign.	Nurse Sign.	Date of Stopping	Doctor Sign.	Nurse Sign.

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Ref. No. : F/HW/PTF/INPR/14

PATIENT TRANSFER FORM

HCV-00041040 IP22-00023380
Baby B/O NAVYA PRIYA
25-06-2026 0Y0M0D2H (M)
Dr. TIRUMALASETTY PARAMESH

	Date & Time of Admission	Date & Time of Transfer Order
	25/6/26 at 10am.	28/06/26 at 11:30Am
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. T. Paramesh	Dr. T. Paramesh	Baby Heamodynamically Stable
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant**
NICU	301	Yes ☑ No ☐
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant**
50	—	Yes ☐ No ☑
		If yes, What ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Feeding bottle	
2.	formula feed.	
3.	Wipes	
4.	Diapers.	
5.		

Shifting Summary / Notes written by Doctor:

Name of Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Sunitha	Dr. T. Paramesh	Chayadevi	

Patient & Clinical records received by:

Signature with Date & Time 28/6/26 . 11:30 Am

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

Ref. No. : F/HW/PTF/INPR/14

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PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
B/o. naniya priya	25/6/26 @	25/6/26 @ 9:40Am
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
DR. Parameshh	DR. Adithya	NEONATAL care, Grant
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☒ No ☐
OT	NICU	
Number of Sheets in clinical file	**Number of Imaging films**	**Personal belongings including clinical documents. If any handed over to attendant** Yes ☐ No ☒ If yes, What ?
4	—	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diapers	01
2.		
3.		
4.		
5.		

Shifting Summary / Notes written by Doctor:

Name and Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Pavani	DR Adithya	Nalini	

Patient & Clinical records received by: Meghana

Signature with Date & Time 25/6/26 at 9:40Am

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