Rainbow Children's Hospital | BirthRight

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 : IP22-00023424 **Admit Date** : 28-Jun-2026 **Admit Time** : 03:42 PM **UHID** : HCV-00041157

Patient Details :

Patient Name	: Baby B/O MOULIKA B	**Age**	: 0 D
Guardian	: Mr SATYA NARAYANA SINGH	**DOB**	: 28-06-2026 01:49 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: SSV Vihar, Kommadi, Visakhapatnam Gayatri Engg college Visakhapatnam Andhra Pradesh INDIA 530048	**Phone No**	: 7675015363/ 7675015363
		E-mail	: moulika.buddha145@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 SATYA NARAYANA SINGH	**Relationship**	: Baby/O
Contact Address	:	**Phone No**	:

Signature

Doctor Details :

Doctor Name	: Dr. TIRUMALASETTY PARAMESH	**Specialisation**	: NEONATOLOGY
Referral Doctor	: SELF	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

opv done on - 29/6/26

BCG, Hepatitis B done } 29/6/26
Red reflex done } Dr. Balaji.sm

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ACTIVITY RECORD FOR BILLING

Name:----------

UHID No :.....IP No

HCV-00041157 IP22-00023424
Baby B/O MOULIKA B
28-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. TIRUMALASETTY PARAMESH

t :.....Dept.:.....

Date of Admission :.....

of Discharge:.....Time:.....

Room / Bed No :.....

ested Billable bed type:.....

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/6/26	2:50pm	LDR-I	NICU	
29/6/26	3pm	NICU	LDR-I	

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/6/26	warmer	2 11.26	29/6/26.	69976	
	cardiac monitor	pm	2 PM.		[illegible]
	cross checked	by Gayathri 29/6/26			
30/6/26	SSPT	6pm	1/7/26 2pm	2542	[illegible]

cross checked by oma

INVESTIGATIONS

Date	Investigations	Order No.	Signature
28/6/26	BGT, TSH, T4	6013819 ✓	
28/6/26	NBGT ko	6013823 ✓	Gayathri
28/6/26	GRBS 70 mg/dl 3 PM	6013825 ✓	
28/6/26	GRBS 80 mg/dl 11 Pm	6013849 ✓	
29/6/26	GRBS 89 mg/dl 7 Am	6013850 ✓	Shana
29/6/26	GRBS 85 mg/dl 1 PM	6013872 ✓	Gayathri
	Cross checked by Gayathri 29/6/26		
29/6/26	GRBS 72 mg/dL 7 PM	13930 ✓	Sandhya
30/6	GRBS 66 mg/dl 1 Am	13950 ✓	[illegible]
30/6	GRBS 58 mg/dl 7 Am	13964 ✓	[illegible]
30/6	GRBS 71 mg/dl 1 pm	13991 ✓	Uma
	Cross checked done		
30/6	TSB 8.4	3993 ✓	Uma
30/6	GRBS - 84 mg/dl 7 pm	4006 ✓	Alpa
1/7	GRBS - 77 mg/dl 1 Am	14021 ✓	[illegible]
1/7	GRBS - 86 mg/dl 7 Am	14022 ✓	
	Cross checked by Uma		

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 1/7/26 Time: 9AM Prepared By: UMA

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
UMA			

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GRBS MONITORING CHART

Name of the patient: Age/Gender:

UHID/IP NO: Diagnosis

Date:	Time	Value	Informed to	Advice	Remarks
28/6/2	3 pm.	75 mg	Dr-Suma	—	—
28/6	11 PM	80 mg	Dr. Suma	feeds	—
29/6	7 AM	89 mg	Dr. Suma	feeds	—
29/6	1 PM	85 mg	Dr. Suma	feeds	—
29/6.	7 PM	89 %	DR. Baby	—	—
30/6	1 AM	66-1.	Dr. Baby	feeds	—
30/6	1 pm	71 mg/dl	Dr. Baby	—	—
1/7	7 AM	86 mg/dl	Dr. suma	—	—

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GRBS MONITORING CHART

Name of the patient: Age/Gender:

UHID/IP NO: Diagnosis

Date:	Time	Value	Informed to	Advice	Remarks

HCV-00041157 IP22-00023424
Baby B/O MOULIKA B
28-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. TIRUMALASETTY PARAMESH

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NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 28/6/26

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

Reason for Admission: observ

Admission Diagnosis: Term / 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: 2.436 kgs Head Circumference: ..... cm Length: ..... cm

☑ Term ☐ Pre-Term ☐ Post-Term

Blood Group: Mother: ..... Baby: .....

Feeding: ☐ Breast Feeding ☑ Formula ☐ Both

Maternal Details: Age: ..... years, **PARA:** ..... **Gestation:** 37 Weeks, 2 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: .....

Patient Sticker

Newborn Assessment:

Temp: 36.4 HR 128 / Min RR 55 / Min BP ..... SpO²: 99 %

Pain Score ..... (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: ..... Fathe Satyanarayan .....

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 .....

:V-00041157 IP22-00023424
by B/O MOULIKA B
·06-2026 0Y0M0D5H (F)
. TIRUMALASETTY PARAMESH

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Moulika B Age : 31yrs Father's Name : ..... Age : .....

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

NICU Consultant : ..... Referring Consultant : Dr. Raga Sudha

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

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

BIRTH INFORMATION

Name : B/O Moulika

Gender : ☐ M ☑ F Blood Group : A+VE

Date of Birth : 28/6/26 Time of Birth : 1:49pm

Place of Birth : Rch, Vizag

Mother's Blood Group : A+VE

Birth Weight (gms) : 2.426 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 37 weeks + 2 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31yrs Ht : ..... Wt : ..... BMI : ..... Married Life : 2yrs LMP : 10/10/25 EDD : 17/7/26

Conception : Spontaneous or with Rx. : .....

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

Last Scans Details : 25/6/26 – cephalic, post – placent / AFI – 10.7 cm, EFW, 2.609 g single loop of cord neck present TT Immunization and Iron / Folic Acid : Given and Taken

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 : .....

Late onset preeclampsia

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

T. labetalol 200mg stat

IUGR - when detected : 148/101 mm Hg

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

AFI : 7.7 100 ml in 24 hrs

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?

H/o hypothyroidism – 6th month

Any other Chronic Medical Problems, when detected drugs ? T. Thyronorm 50 mcg

(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 : ..... Duration : .....

Patient Sticker

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Rekha Sudha ..... Hospital : Rch, Vitro ..... ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig) NVD

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : NO

Resuscitaion : ☐ Yes ☐ No

Cord ABG : Not done

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	
1	2	
1	2	
0	2	
1	2	
TOTAL 4|10	9|10	

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

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

A single live female baby is delivered via NVD

↓

Baby didn't cry after birth

↓

Cried after stimulation

↓

Shift to warmer

↓

Baby had limp, HR <100

↓

Started PPV @ FiO_2 30%, PEEP-5, PIP-20

↓

Heart rate <100, SpO_2 - 50%.

↓

Increased FiO_2 - 40%.

↓

HR-rate - 110 bpm, SpO_2 - 85%.

↓

continued delivery room CPAP for 10 min

↓

Investigation details in previous Hospital : HR-135 bpm, SpO_2 - 96% → with support

↓

HR - 140 bpm, SpO_2 - 97% on room air

↓

Cord clamped, clean cut given

↓

Inj. vit k 1mg IM given

↓

Feeding History : Tachypnea (+) RR - 80-85/min

mild grunting (+)

↓

Shift to NICU

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

VITALS : Temperature : 36.5°C HR : 130bpm RR : 80/min NIBP : ..... CFT : <3 secs

Colour of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 97% @ RA

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

Ponderal Index : ..... AGA : ✓ SGA : ..... LGA : .....

18.7% percentile

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :
→ AF - patent & at level
caput (+)

Facies : (Any Facial Dysmorphism) → (N)

NECK and CLAVICLES :
Range of Motion :
Asymmetry :
Masses :
→ (N)

EYES :
Symmetry :
Red Reflex : → To be checked
Discharge :

EARS, NOSE MOUTH and THROAT :
Ear set / Shape :
Preauricular Pits / Tags :
Nasal shape / Patency :
Palate :
Gums :
Lips :
Tongue :
→ (N)

THORAX and BREASTS :
Shape of Thorax :
Position of Nipples and Number :
→ (N)

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump : → 2A + 1V
Discharge :

GENITILIA :
Labia / Hymen :
~~Testicles/penis~~ :
Anus :
Female external genitalia

HERNIAL ORIFICES → (N)

TRUNK and SPINE : → (N)

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 : 85/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 :

Spo2 : Auscultation : Breath Sounds : B/L AE (+) Added Sounds :

Cardiovascular System :

HR : 136 bpm BP : Precordial Activity : -

Femoral Pulses : felt Murmurs : -

Other Peripheral Pulses : Signs of Cardiac Failure : -

Abdomen :

Hernial orifice :

Shape : Anal Patency : patent

Palpation : soft Umbilical Cord : 2A+1V

Palpable masses : First urine passed : not passed

Abdominal girth : Meconium passed : not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score : (N)

Cranial Nerves :

(N)

Motor System :

Passive Tone :

Active Tone : (N)

Neonatal Reflexes :

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

Moro's : DTR :

ATNR : Skull and Spine :

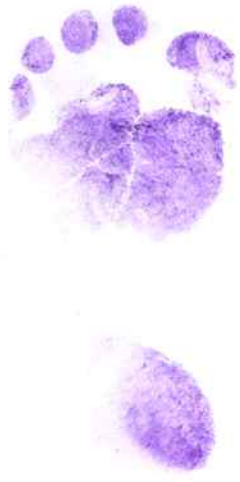
Any Congenital Anomalies : .....

-

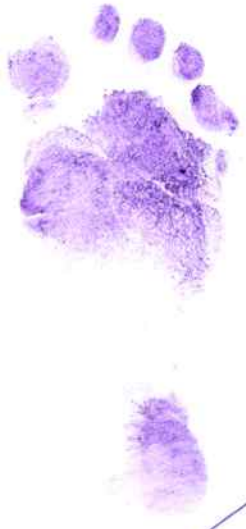
Diagnosis : Term (37+2 days) | AGA | NVD assisted | LBW (2.4kg) | Delayed transitim | TTNB | Fch

FOOT PRINTS

Left Side :



Right Side :



Noted by Rani

Resident Doctor :

Signature : Sumi

Name : G. Sumirana

Date & Time : 28/6/26

Consultant :

Signature : R. Hariharan

Name : R. Hariharan

Date & Time : 28/06/26

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 :

Adv

.....

.....

~~CBC and Bilye PLb~~

.....

Adv

.....

1. OG feeds 18ml 2nd hrly

.....

2. Blood gas after 1 hr

Feeding Plan at the time of shifting : 3. Cord blood T_4, TSH, BGT

.....

4. GRBS monitoring 8th hrly

.....

5. Birth vaccination & ret referr to ped

Screenings done during NICU Stay :

6. CCHD screening @ 24 hrs

NSG : 7. Monitor RR, ~~temperature~~ tone & activity.

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : RH - 100% RL - 100% ~~RH - 100%~~ LL - 99%

New Born Screening : .....

noted by Jaswani

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

CV-00041157 IP22-00023424
Baby B/O MOULIKA B
Patie-06-2026 0Y0M0D5H (F)
: TIRUMALASETTY PARAMESH
Age
I.P. N

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/26 5PM		CS/B Dr. Aishwarya / Dr. Sumana
		Asis - Term / AGA / AVD / LBW / Delayed / TTNB / Fch (37+2days) transition
		Baby self ventilating @ room air
		No tachypnea
		No grunting, retractions
		RR - 55/min SpO_2 - 99%.
		Hemodynamically stable
		colour & perfusion - good
		S_1S_2 (+) HR - 148 bpm
		urine - didn't pass
		P/A - soft, not distended
		meconium passed
		on OG feeds 12 ml 2nd hrly
		Tolerating well
		No vomitings, aspirations
		cry / tone / activity - good
		GRBS - 70 mg/dl Adv
		1. Cont OG feeds 12 ml 2nd hrly
		2. Can try spoon feeds
		3. GRBS 8th hrly - if OGH
		4.

29/6/26

C/S/B Dr Parameshi | Dr. Harihar | Dr. Jayasey / Dr. Suman

8AM

Dx - Term | AGA | AVD | LBW | Delayed transition | TTNB/R0

18hr of life

Baby is self ventilating under room air
No tachypnea, no retractions, no grunting
RR - 55/min, SpO_2 - 98%
Hemodynamically stable
colour & perfusion - good
$S_1 S_2$ (+), HR - 130 bpm
urine output -
P/A - soft, not distended
CNS - cry / tone / activity - good
On 12ml 2nd hrly spoon feeds, tolerating well
No vomitings, aspirations
GRBS monitoring - 89 @ 7Am

Plan

- → Cont ~~adlib~~ spoon feed + DBF on demand (20ml 2nd hourly)
- → shift to ward Today
- → GRBS Q6H
- → Birth vaccine & red reflex today
- → NIPE before shift
- → TSB, Adv NBS T/m 2 pm
- → CCHD screening at 24hr of life

noted [signature] 02/6/26

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patie
Age
I.P. No. ...

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26	5pm	c/s/B Dr praveen/ Dr. Balaji
		DOL: TERM/ AGA/ NVD/ CBW/ Delayed Transition
		JTNB/ FCH.
		· Baby self Ventilatory on RA.
		· No tachypnea, retraction
		· Hemodynamically Stable
		· color & perfusion - good.
		·
		Advise:
		· Cont. Spoon feed + DBF.
		· CCHD screening @ 24hr
		· GRBS 8 hrly or Urg.
		· TSB adv. NBS } T/m @ 2pm
		Balaji
		N.B sd/-
		UA-222
		29/6/26
		5PM.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

30/6/26 cls/B Dr. parameeh/ Dr. Balaji

8AM

43 hr of life

DSIS: TERM/ AGA/ AVD/ LBW/ JJ NB/ delayed transitio

Birth wt - 2.436kg
C wt - 2.254kg

- Baby self ventilatory on room air
- No tachypnea, distress
- Hemodynamically stable
- color & perfusion - good
- urine / stool } passed
- Cry/tone/activity - good.

Advice

- Cont. Spoon feed + DBF
- TSB, Adv. NBS } @2pm
- GRBS @6hrly

Balaji

noted by UMO

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00041157 IP22-00023424
Baby B/O MOULIKA B
28-06-2026 0 Y 0 M 2 D (F)
Dr. TIRUMALASETTY PARAMESH
Age
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26		S/B Dr PV / Dr. Yash
	5PM	
		Term / AGA / AVD / LBW / TTNB
		- Self ventilating on R.A
		- No Distress
		- C/T/A - good
		- ↓ SSPT
		Urine } passed
		Stool }
		Adv
		- GRBS Q6th hrly
		- Cont spoon feed
		+ DBF
		Dr YASH
		N.O Nepo

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

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1/7/26

8AM

c/c/B Dr. Parameeh / Dr. Balaji

67hr of life

Birth wt - 2.436 kg

C. wt - 2.234 kg

wt loss - 8.2%

Dx: TERM / AGA / AVD / LBW / JONB / delayed transition

- ↓ Sept
- Baby self ventilatory on room
- NO Tachypnea, dyspnea
- Color & perfusion - good
- Cry / tone / activity - good
- Voiding / stool / passed

TSB - 13.4

Advice:

- Cont spoon feeding DBF
- GRBS monitoring 6thly after sound TSB - ⊕ w/ h. Balaji

Adv

* Phototherapy till 24hrs
* duchje

R. Hakim

noted by cmo

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

PATIENT TRANSFER FORM

	Date & Time of Admission	Date & Time of Transfer Order
V-00041157 IP22-00023424 by B/O MOULIKA B -06-2026 0Y0M0D5H (F) . TIRUMALASETTY PARAMESH	28/6/26	29/6/26
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. paramesh	Dr. hari haran	objections
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes [✓] No [ ]
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 ?
35	—	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	feeding bottle — 1	
2.	captain gold — 1	
3.	wipes packet — 1	
4.	diaper — 2	
5.	cot bed — 1	

Shifting Summary / Notes written by Doctor:

Dr. hari haran

Name of Signature of Person filling this part	Name of person ordering transfer	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
Gowthami	Dr. paramesh	Soniya	

Patient & Clinical records received by:

Sandhya OT+222 29/6/26

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

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

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It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
B/o. moulika	28/6/26 @	28/6/26 @
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
DR. parameeh	DR Aishwarya	Tachypnea
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
2DR I	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	1
2.	Dress	1
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. Aishwarya	Satya	

Patient & Clinical records received by:

Signature with Date & Time 28/6/26

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