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 : IP22-00023389 **Admit Date** : 26-Jun-2026 **Admit Time** : 01:35 AM **UHID** : HCV-00041061

Patient Details :

Patient Name	: Baby B/O G HARITHA	**Age**	: 0 D
Guardian	: Mr G UPPENDRA KUMAR	**DOB**	: 26-06-2026 12:44 AM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Kailasapuram Vishakhapatnam Andhra Pradesh INDIA 530024	**Phone No**	: 9390134049/ 7893826445
		E-mail	: no@gmail.com

Admission Details :

Bed Type : NICU **Bed No** : NICU 111 **Ward Name** : 1F-FIRST FLOOR-NICU

Room No : NICU 111 **Admission Type** : First Visit

Contact Details :

Name : Mr G UPPENDRA KUMAR **Relationship** : Father

Contact Address : Kailasapuram Vishakhapatnam Andhra Pradesh INDIA 530024 **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. TIRUMALASETTY PARAMESH **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Deposit Amount : 0.00

Payment Mode : Cash **Payor Name** : AP POLICE AROGYA BHADRATHA

OPV done on - 29/6/26
Red Reflexes, BCG, HepB done on 29/6/26.

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ACTIVITY RECORD FOR BILLING

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

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
28-06-2026 0Y0M0D1H (F)
Dr. TIRUMALASETTY PARAMESH

UHID No :..... onsultant :.....Dept:...NICU.....

Date of Admission : ....Date of Discharge:.....Time:.....

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/6/26	1:35 Am	MICU	NICU	Aparna
28/6/26	12Pm	NICU	322	Smitha

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
26/6/26	Warmar	1:58 AM	26/6/26	691212	Aparna
	Cardiac Monitor		12:58PM		
27/6/26	warmer	12:58PM	12pm 28/6/26	G91668	dhanya
	cardiac monitor				
	SSPT				
29/6/26	SSPT	12:00pm	30/6 12pm	222	Kavya

Hours declared by nurse

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6/26	BGT, T4, TSH	26013623	Aparna
26/6/26	VBG & lactate - ①	26013624	Aparna
26/6/26	GRBS - 98mg/dl 2 AM	26013625	Aparna
26/6/26	VBG & lactate - ② NICU	6013634	Chaya devi
26/6/26	GRBS - 99mg/dL 10 AM	6013635	
26/6	GRBS - 102mg/dL 4PM	6013684	Mrudula.
26/6	GRBS - 86mg/dl 10PM	26013697	Aparna
27/6	GRBS - 107mg/dl 4AM	26013711	Aparna
27/6	GRBS - 81mg/dL 12PM	26013760	Chaya devi
27/6/26	TCB - 15.2 12PM	26013760	Chaya
27/6/26	GRBS - 99mg/dl 8PM	6013780	Rhana
28/6/26	GRBS - 92mg/dl 4AM	6013790	Rhana
28/6/26	TSB, CBC, N^+, K^+, Creatinine	6013791	Rhana
29/6	TCB 15.2	3860	Kavya
30/6	TSB.	13958.	Cord clamped by me

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 29/6/26 Time: 2pm Prepared By: Mahadeshi

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Mahadeshi	3rd floor (221)		

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
28-06-2026 0 Y 0 M 1 D (F)
Dr. TIRUMALASETTY PARAMESH

MONITORING CHART

Name of the patient: Age/Gender:
UHID/IP NO: Diagnosis

Date:	Time	Value	Informed to	Advice	Remarks
26/6/26	2AM	98MgHL	Dr T.P.M	Continue feeds	
26/6/26	10AM	99Mgdl	"	"	
26/6/26	4PM	102Mgldl	"	"	
26/6/26	10PM	86mgDL	"	"	
27/6/26	4AM	107MGldL	"	"	
27/6/26	12PM	81mgldL	"	"	
27/6/26	8PM	99mgdl	"	"	
28/6/26	4AM	92mg/dl	"	"	
		Stop			

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GRBS MONITORING CHART

Name of the patient:

UHID/IP NO:

Age/Gender:

Diagnosis

Date:	Time	Value	Informed to	Advice	Remarks

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
28-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. TIRUMALASETTY PARAMESH

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NURSING INITIAL ASSESSMENT FOR NICU

Date of Admission: 26/6/26

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

Reason for Admission: Term IAGIA ITTNB

Admission Diagnosis: Term IAGIA ITTNB

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: Mother c Primi c 39wks; AFI-13.7cm

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: 3.6 kgs Head Circumference: ..... cm Length: ..... cm

☑ Term ☐ Pre-Term ☐ Post-Term

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

Feeding: ☐ Breast Feeding ☐ Formula ☑ Both

Maternal Details: Age: ..... years, **PARA:** G1..... **Gestation:** 39 Weeks, 1 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: .....

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
28-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. TIRUMALASETTY PARAMESH

Newborn Assessment:

Temp: 36.5 HR 143 /Min RR 45 /Min BP 72/52(60) SpO²: 98.0

Pain Score 0 (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: Aparna

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 .....

Patient Sticker

Discharge Medications: ☐ Yes ☐ No

Details:

Final Diagnosis: .....

.....

.....

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

Discharge Details: (To be completed by discharging Nurse)

Neonatal Condition at Discharge:

.....

.....

Feeding: ☐ Breastfeeding Exclusively ☐ Breastfeeding and Formula Feeding ☐ Formula Feeding

Vitamin K given: ☐ Yes ☐ No

Vaccinations given ☐ BCG ☐ Hepatitis B ☐ Others: .....

Neonatal Screen Taken: ☐ Yes ☐ No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test: ☐ Yes ☐ No

Jaundice: ☐ NIL ☐ Slight ☐ Moderate

Passed Urine: ☐ Yes ☐ No

Passed Meconium: ☐ Yes ☐ No

Weight at discharge: .....

Appointment was given for follow-up at OPD: ☐ Yes ☐ No

Date of Discharge: ...../...../.....

Discharge to ☐ Home ☐ Other: .....

Against Medical Advice: ☐ Yes ☐ No

Referred to another hospital: ☐ Yes ☐ No

Nurse Signature: .....

Nurse Name: .....

Date & Time: .....

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
26-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. TIRUMALASETTY PARAMESH

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Haritha Age : 25 yrs Father's Name : ..... Age : .....

Date of Birth : 11/07/2000 Date of Admission : 26/6/26 UHID No.: .....

NICU Consultant : ↓ Dr. Paramesh 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 Haritha

Gender : ☐ M ☑ F Blood Group : O+ve

Date of Birth : 26/6/26 Time of Birth : 12:44 Am

Place of Birth : RCH, Vizag

Mother's Blood Group : .....

Birth Weight (gms) : 3.60 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 39 wk + 1 day

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 18/9/25 EDD : 25/6/26

Conception : Spontaneous or with Rx. : Spontaneous conception

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

Last Scans Details : SLIUG, Cephalic, AFI - 13.7 cm, EFW → 3.165 kg

Dopplers → (N) TT Immunization and Iron / Folic Acid : 2 T.T Inj' 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 Resistance / ADEF / REDF, Redistribution 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 & age ? —

(Anemia, SLE, Lupus etc, 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 : .....

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
28-06-2026 0 Y 0 M 0 D 1 H (F)
Dr. TIRUMALASETTY PARAMESH

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) Vaccum assisted delivery

Second stage (> 2 hours after dilation)

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

Specify the reason : .....

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 RESUSCITATION DETAILS

APGAR SCORE

Gestational Age : 39 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	
1	2	
1	2	
1	2	
TOTAL 6	9	

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 (16)		
Apgar Score	> = 7 (0)	< 7 (18)			
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)		
SSA					

Total

Chief Complaints :

HOPI :

Baby delivered through vaccum assisted delivery.

↓

Baby didn't cry after birth

↓

~~Initial steps of resuscitation given~~

tactile stimulation given.

↓

Baby cry improved, tone improved

↓

~~Baby~~ Early cord clamping done

↓

Inj. Vit-K 1mg I.M given

↓

Baby had tachypnea, grunting

↓

Started on CPAP support given for 2hrs

↓

In view of persistant tachypnea, baby was shifted to NICU

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 : 140/min RR : 54/min NIBP : ..... CFT : <3sec

Colour of the extremities : Acrocyanosis.

Jaundice : — Pallor : — SpO2 : 96% on RA

Anthropometry : Birth Weight : 3.6kg Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles :
Sutures
Shape / Moulding :
Edema / Bruising :
Size - (H.C.) :
→ AF → open
PF → open.
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 :
→ 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 :
→ Female external genitalia
→ palpat

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 : 46/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 : 96% on RA Auscultation : BIL AE (+), clear Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 124 /min BP : ..... Precordial Activity : .....

Femoral Pulses : felt Murmurs : ..... NAD

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

Abdomen :

Hernial orifice : + felt

Shape : N Anal Patency : + patent

Palpation : N Umbilical Cord : + 2A + 1V

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

Abdominal girth : N Meconium passed : not passed

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

State of wakefulness : .....

Prechtle Score : .....

Cranial Nerves :

Cry tonal activity + good.

Motor System :

Passive Tone : N

Active Tone : N

Neonatal Reflexes : N

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

Moro's : N DTR : .....

ATNR : N Skull and Spine : .....

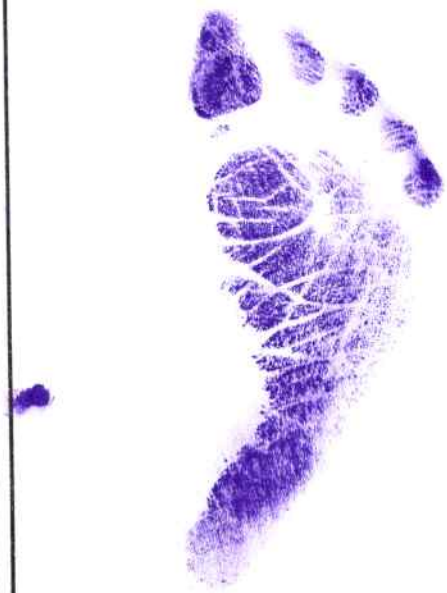
Any Congenital Anomalies : .....

Diagnosis : TERM | AGA | FCH | 1 DNB (C 39 wk + 1 day)

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : BALAJI

Date & Time : 26/6/26.

Consultant :

Signature : Paramel

Name : T. Paramel

Date & Time : 26/6/26.

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 :

.....

.....

.....

.....

.....

.....

- OG feeds 18ml/2hrly. 60ml/kg
- Syp. paracetamol 35mg Q6hrly

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

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : .....

New Born Screening : .....

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient: HCV-00041081 IP22-00023389
Baby B/O G HARITHA
Age: 28-06-2026 0Y0M0D1H (F)
I.P. N: Dr. TIRUMALASETTY PARAMESH

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		CLS | B Dr. Paramesh | Dr. Hariharan | Dr. Sumirna
26/6/26		
		Ari - Term | AGA | AVD | Fch | TTN B
		(39wk + 1 day)
		Birth weight - 3.60 kgs
		8 hrs of life Current weight -
		Baby is self ventilating on room air
		No tachypnea, retractions
		No grunting
		RR - 48/ min , SpO_2 - 90-92 %.
		CVS
		Hemodynamically stable
		colour & perfusion - good
		$S_1 S_2$ (+), HR - 133 bpm
		Urine - not passed
		F & F
		OG feeds - 18 ml 2nd hrly
		Tolerating well
		No vomitings, aspirations
		P/A
		soft, no distension
		Stool - passed
		CNS
		cry [tone] activity - good

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Adv

1. cont (15-20ml) spoon feed 2nd hrly feed
2. Plan to shift to ward in the evening.
3. Continue Syp Paracetomol (Drops) Q6Hly x 1day
4. GRBS Q6Hly.
5. Monitor urine output
6. Try DBF if mother comes.
7. CBG with lactate.

Paramesh

Noted by
S/N Jayadevi
d 20245
26/6/26
@ 9AM

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
26-06-2026 0 Y 0 M 0 D 17 H (F)
Dr. TIRUMALASETTY PARAMESH

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		C/S/B Dr. Hariharan / Dr. Sumina
26/6/26 5PM		Dio Term / AGA / AVD / TTNB / Fch
		(39wk+1 day)
		Baby reviewed
		Baby self ventilating on room air
		No episodes of apnea
		Tachypnea (+) - not present
		No desaturations
		Sub galeal hemorrhage (+)
		Hemodynamically stable
		colour & perfusion - good
		On 15-20ml spoon feeds
		1 episode of vomitings
		Otherwise tolerating well
		cry / tone / activity - good
		GRBS - 102 mg/dL
		Vitals / Adv
		HR - 130 bpm / 1. Cont 20ml 2nd
		SpO2 - 94% @ RA / hrly spoon feeds
		RR - 48/min / 2. GRBS monitoring
		6th hrly for today
	On	Paracetamol drops for pain / 3. Cont paracetamol
		Lactate - 4.1

N.134 Mounika 02/6/26 5PM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

27/6/26
8AM

CL&B Dr-Paramesh | Dr. Hariharan | Dr. Srinivasa

Adm - Term (39wk+1day) | AGA | NVD | TTNB | Subgaleal hemorrage | Fch

Baby 32 hrs of life

Birth weight - 3.6 kgs
current weight - 3.491 kg

Baby is self ventilating in room air
No tachypnea
No retractions, grunting
colour & perfusion - good
pulse - good
On 20ml spoon feeds
Tolerating well
No vomitings, aspirations

CNS
cry | tone | activity - good

P/A
soft, not distended

Head - soft, boggy swelling (+)

Begin Paracetamol drops - 6th July

Vitals
RR - 50/min
SpO_2 - 99% RA
HR - 150 bpm

Advice

* TCB today
* TSB, CBC tomorrow morning 6 am
* 20-30ml 2nd July Spoon feeds
* Syp. Paracetamol SOS
* GRBS 8th
* urine output q/f { NaF, KF, Creat } if urine output < 1ml/kg/hr

R. Hariharan

Rainbow® Children's Hospital
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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Re... / RCN / INPR / 15
HCV-00041081 IP22-00023389
Patien Baby B/O G HARITHA
26-06-2026 0 Y 0 M 0 D 17 H (F)
Dr. TIRUMALASETTY PARAMESH
Age :
I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		C/S/B Dr. Paramesh | Dr. Hariharan | Dr. Sumana
27/6/26 5PM		Adm - Team | AGA | NVD | TTNB | Sub galeal hemorrhage | Fdg
		(39wk 1day)
		Baby reviewed
		No tachypnea, grunting
		No retractions
		Colour & perfusion good
		Tolerating feeds well
		cry | tone | activity - good
		Abdomen is soft, not distended
		Head - soft, boggy swelling (+)
		Vitals
		RR - 52/min
		SpO_2 - 98% J & A
		HR - 149 bpm
		TCB - 15.2 mg/dl
		Started phototherapy

Adv
1. TSB, CBC 1m @ 6AM
2. 20-30ml 2nd hrly spoon feeds
3. Cnt paracetmol drops
4. GRBS 8th hrly
5. Sf urine output
<1 ml/kg/hr - Na^+, k^+, creatinine

Noted by
G. Kavyasri
021094

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

27/6/26 SIB Dr. Praveen / Dr Yash

10PM

- Baby Reviewed
- currently on Nasal air
- No Distress

CITIA - good

Vitals HR - 150 BPM
SPO_2 - 98%
RR - 50/min

Adv

- TSB, CBC, Na+, K+, Creatinine T/M
  GRBM
- 20-30ml 2hr
  Spoon feeds
- Inj. Paracetamol drip

Dr YASIN

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

Patient: HCV-00041061 IP22-00023389
Baby B/O G HARITHA
28-06-2026 0 Y 0 M 1 D (F)
Age: Dr. TIRUMALASETTY PARAMESH
I.P. No.:

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/26		C/d/B Dr. Harihran / Dr Jayanya
	8AM	A - Term / AGA / NVD / TTNB
		Sub galeal hemorrhage / NNJ
	56 hr of life	↓ SSPT
		RS → self ventilating on room air
	Cwt → 3.485 (↓kg)	No tachypnea / retraction
		CVS → color & perfusion - good
	U/O → 0.9ml/kg/h	Pulse - good
		P/A - soft, no distension
	vital	stool passed
	HR → 130/m	Cry / Tone / activity - Good
	SpO₂ → 96%	
		Advice
		→ Stop Phototherapy
		→ Cont spoon feed 25-30ml 2nd hourly & (or) DBF
		→ Paracetamol sos
		→ Collect Hb report
		Shift to ward today
		→ Monitor urine output (ml/kg/hr) every 12 hours
	R. Harihran	→ Plan D/C Tomorrow
		if U/O - N

Noted by Sharma @ 8am

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

28/6/26
5PM

cls/B Dr. Aishwarya/Dr. Sumina

Dx - Term | AGA | NVD | TTNB | Subgaleal hemorrhage

Cry | Tone | activity - good

colour & perfusion - good

stool
urine } passed

feeding - good

Adv

1. Cont Adlib feeds

2. Plan d/c tomorrow

S
sumina

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

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

HCV-00041061 IP22-00023389
Baby B/O G HARITHA .....
28-06-2026 0 Y 0 M 0 D 17 H (F)
Dr. TIRUMALASETTY PARAMESH ☐ F
.....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
29/6/26		c/o B Dr. paramesh / Dr. Balaji
6AM		D HW: Term / AGA / NVD / TINB / Subgaleal hemorrhyle / NAD
	Birthwt ↓	• Baby self ventilatory on room air NO lactypnea / retraction • color & perfusion → good. • cry / tone / activity → good. • urine / stool / passed • urine output → good
		Advice:
		• Cont. Adlib feed
		• Monitor urine output
		• plan D/C today.
		• Birth vaccination & reshape
		• Review on friday to be d
		• Lactation consultation / Balaji
		• TCB → now. >14, start sept.
		M. D Young

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

CIN : U85110 TG1998 PTC029914

29/6/26

7pm

Cls/B Dr. Vinay / Dr. Balaji

Dx: TERM / AGA / NVD / TTNB / subgaleal bleed / NNT

- ↓ SSPS
- Baby on room air,
  no tachypnea distress
- color & perfusion - good
- Issue & Foot } passed

TCB → 15-8

Advice:

- Cont. Ad lib feed
- Cont. SSPS
- TSB + Tlm after 6 hrs

Balaji

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
26-06-2026 0 Y 0 M 4 D (F)
Dr. TIRUMALASETTY PARAMESH

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26	8am	c/s/B Dr paramesh / Dr sree
		Δ = Term / AGA / NVD / TTNB / Subgaleal Hemorrhage / NNJ.
		#8SPT
		On Room air.
		No tachypnea, distress — BW - 3.600
		colour / perfusion - good — CW - 3.405
		urine / stool passed — 4.1 ut los
		Adv
		- Ad lib feeds
		- Trace TSB
		for Sree — N. B sandhya CA222 30/6/26 9AM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

O+ve

Ref. No. : F / HW / RS / INPR / 17

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RESULT SHEET

Patient Nam .....

Age : .....

I.D. No. : .....

HCV-00041061 IP22-00023389

Baby B/O G HARITHA .....

28-06-2026 0 Y 0 M 0 D 1 H (F)

Dr. TIRUMALASETTY PARAMESH .....

.....

Date	28/6/26	~~26/6/26~~	30/6/26			
Time	6Am		5pm			
Hb	14.7					
PCV	43.3					
RBC	4.32					
WBC	13.22					
N/L	48/35					
Platelets	213					
CRP						
ESR						
PCT						
RBS						
Na	136					
K	5.91					
Cl						
Ca/Mg						
Phosphate						
Urea						
Creatinine	0.6					
ALP						
SGPT						
SGOT						
T.Bill/Conj	10.2 < 0.1 / 10.1		8.0 > 0.3 / 7.7			
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						

Date		27/06/26				
Time						
CUE - Alb						
CUE - Sugar						
CUE - Ketones						
CUE - PUS Cells						
CUE - RBC Cells						
CUE						
Stool Pus Cell						
OVA / Cyst						
Occult Blood						
T4	8.96					
TSH	4.54					
BGT	O+ve					
TCB		15.2				
Doctor's Signature						

Culture and Sensitivities : .....

.....

.....

.....

Radiology : USG : .....

X-Ray : .....

ECHO : .....

CT : .....

MRI .....

Others (ECG, Contrast Studies etc.,) : .....

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00041061 IP22-00023389
Baby B/O G HARITHA
26-06-2026 0 Y 0 M 1 D (F)
Dr. TIRUMALASETTY PARAMESH
Age : ..
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Counselling by Dr. Paramesh / Dr. Hariharan
27/6/26		Parents & attenders were counselled as -
11AM		Baby is stable, no fast breathing. Baby
		is taking feeds well. Baby is still having
		head swelling due to accumulation of blood
		and is in pain for which paracetamol is given.
		Can be shifted to ward tomorrow. Handle
		carefully.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Patient HCV-00041061 IP22-00023389
Baby B/O G HARITHA
Age : .. 28-08-2026 0Y0M0D6H (F)
Dr. TIRUMALASETTY PARAMESH
I.P. No.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
26/8/26 11 AM		Counselling by Dr. Paramesh / Dr. Hariharan. Parents & attendars are counselled regarding – Baby didn't cry immediately after birth. Cried after stimulus. Baby has fast breathing. Blood got collected at the site of vaccuum, so paracetomol is being given. Tachypnea decreased but still present. Baby can have jaundice after 48hrs. If fast breathing settles, baby can be shifted to ward. R. Hariharan

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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Patient Name : ..... HCV-00041061 IP22-00023389 ..... Age : .....
Baby B/O G HARITHA
Gender ☐ M ☐ F - H 28-06-2026 0 Y 0 M 0 D 6 H (F) .....
Dr. TIRUMALASETTY PARAMESH
Consultant : ....
Date of Admission : .....

DRUG ALLERGIES NKDA

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.	Doctos's Signature	Valid Period	Pharm	Additional Instructions	Date / Time

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

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

HCV-00041061 IP22-00023389
Baby B/O G HARITHA
28-06-2026 0 Y 0 M 0 D 6 H (F)
Dr. TIRUMALASETTY PARAMESH

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

REGULAR PRESCRIPTIONS

DRUG : SYP. PARACETAMOL

Dose	Route	Frequency	Start Dt.
35 mg	P/O	Q6th hrly	26/6/26

Name & Signature of the Doctor starting the Drugs: Sumina 26/6/26

Additional Instructions: BALAJI

Daily Doctor's Endorsement by a Sign

Date / Time	26/6
6AM	AP Dhara
12PM	
6PM	
12AM	

DRUG : PARACETAMOL DROPS

Dose	Route	Frequency	Start Dt.
0.35 ml	P/O	Q6th hrly	26/6

Name & Signature of the Doctor starting the Drugs: Sumina

Additional Instructions: 1ml | 100mg

Daily Doctor's Endorsement by a Sign

Date / Time	26/6	27/6	28/6
6AM	AP Dhara	MP	
12PM			
6PM			
12AM	X		

28/6/26

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

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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BirthRigh
BY RAINBOW HOSPITAL
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Ref. No. : F/HW/PTF/INPR/14

PATIENT TRANSFER FORM

Patient Name / I.P. No	Date & Time of Admission	Date & Time of Transfer Order
B/o Haritha ID: 23389	26/6/26 at 1:35 Am	28/6/26 at 12pm
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
Dr. T. Paramesh	Dr. T. Paramesh	Baby was stable
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☒ No ☐
NICU	322	
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 ?
52	–	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Baby wipes	
2.	Baby diapers	
3.	Feeding bottle	-(1)
4.	Formula feed	-(1)
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:
Smitha	Dr. T. Paramesh	Chayadevi	

Patient & Clinical records received by:

Signature with Date & Time: Kavya 28/6/26 at 12pm.

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