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 : IP22-00023401 **Admit Date** : 26-Jun-2026 **Admit Time** : 11:38 PM **UHID** : HCV-00041105

Patient Details :

Patient Name	: Baby B/O TULASI BANDARU	**Age**	: 0 D
Guardian	: Mr CHANDRA MOULI	**DOB**	: 26-06-2026 09:28 PM
Gender	: Female	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Visakhapatnam Parvada Vizianagaram Andhra Pradesh INDIA 531021	**Phone No**	: 9591081798/ 7995571115
		E-mail	: tulasibandaru404@gmail.com

Admission Details :

Bed Type : BASINET **Bed No** : CRDL-PVT-101-1 **Ward Name** : 1F-FIRST FLOOR

Room No : CRDL-PVT-101-1 **Admission Type** : First Visit

Contact Details :

Name : Mr CHANDRA MOULI **Relationship** : Father

Contact Address : **Phone No** :

Signature

Doctor Details :

Doctor Name : Dr. R HARIHARAN **Specialisation** : NEONATOLOGY

Referral Doctor : SELF **Phone No** :

Co-Consultant :

Payment Details :

Payment Mode : Cash **Deposit Amount** . 0.00

Payor Name : SELFPAY

OPV done – 27/6/26
Vaccination done – 27/6/26
Red Reflex done – 27/6/26
} DR. Balaji

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ACTIVITY RECORD FOR BILLING

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

HCV-00041105 IP22-00023401
Baby B/O TULASI BANDARU
28-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. R HARIHARAN

UHID No :.....IP ...tant :.....Dept.:.....

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/6/26	9:15A	NICU	101	Pavani

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
28/6/26	SSPT	12:15pm	29/6/26 10 Am	1964 ✓	Uma

INVESTIGATIONS

Date	Investigations	Order No.	Signature
26/6	BGTT, TSH, TY	13699 ✓	Ahen
28/6/26	TCB 11.6 mg/dl	13806 ✓	Uma
29/6/26	TCB	13831 ✓	[illegible]
29/6/26	TEOE	92202 ✓	Kalyani

Cross checked by Uma

PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 28/6/26 Time: 9AM Prepared By: Uma

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Uma			

HCV-00041105 IP22-00023401
Baby B/O TULASI BANDARU
26-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. R HARIHARAN

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

(Select and 'tick mark'[✓] the boxes as applicable)

Baby's Name: B/O Tulasi B Mother's Name: Mrs. Tulasi Bandaru

Date of Birth: 26/6/26 Time of Birth: 9:28 pm Gender: ☐ Male ☑ Female

Birth Weight: 2.934 Kgs HC: ..... cm Lenght: ..... cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: Term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: O+ve Baby: .....

Feeding: ☑ Breast Feeding ☐ Formula ☐ Both First Feed Time: .....

KMV-00014029 IP22-00023386
Mrs TULASI BANDARU
18-05-1992 34 Y 1 M 11 D (F)
Dr. CHUPPANA RAGA SUDHA

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

Indication: primi | 40 weeks | PROM

Physical Assessment of New Born:

Temp: 36.4 °C HR: 158 b/m /Min RR: 48 b/m /Min BP: ..... SpO_2: 100%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☐ **No** **Score:** 11 (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☐ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

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

Nursing Management: (Please strike through If not applicable e.g. Yes /~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Sheri Signature: Sheri Date &Time: 26/6/26 @ 9:30 pm

Ref. No.: F / NICU / IPMR / 03

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Tulasi Bordaru Age : 34 Y Father's Name : .... Age : ......

Date of Birth : 18/5/1992 Date of Admission : .... I.P. 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 Tulasi Bordaru | Mother's Blood Group : O +ve

Gender : ☐ M ☑ F Blood Group : O +ve positive | Birth Weight (gms) : 2.9 Lenght (cms) : ....

Date of Birth : 26/6/26 Time of Birth : 9:28 pm | OFC (cms) : ....

Place of Birth : Rch W2ay | Estimated Gesth Age : 40 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ...... Ht : ...... Wt : ...... BMI : ...... Married Life : 7 years LMP : 18/9/25 EDD : 25/6/26.

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

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

Last Scans Details : SL1UG - 39w / dg, cephalic, placenta - Anterior, AFI = 9.7, EFW - 3.014 kg (26.1%), doppler - Normal

TT Immunization and Iron / Folic Acid : ....

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 / RDDF / 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 : .... Duration : ....

PAST OBSTETRIC HISTORY

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

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Raga Sudha Hospital : Rch nzy ☒ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☐ Elective ☒ Emergency Indication : In Nerv of

Specify the reason : Maternal Vagus

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☒ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitation : ☐ 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 / Minute	> 100 / Minute
REFLEX IRRITABILITY	No Responce	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry: Hypoventilation	Good Crying
TOTAL			

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

Resuscitation			
Minutes	1	5	0
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI :

Baby cried immediately at birth

↓

DCC done after 60 secs

↓

Syrup k o.syrup started given

↓

Baby shifted to mothers side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

Cry / Tone / Activity - Normal.

VITALS : Temperature : (N) HR : 140/min RR : 40/min NIBP : ..... CFT : <3sec

Colour of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 98% @ RA

Anthropometry : Birth Weight : 2.9 Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

HEAD :
Fontanelles : Af - open
Sutures
Shape / Moulding :
Edema / Bruising : (N)
Size - (H.C.) :

Facies : (Any Facial Dysmorphism) -

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

EYES :
Symmetry : (N)
Red Reflex : To be seen
Discharge :

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

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

ABDOMEN and UMBILICUS :
Shape :
Organomegaly :
Bowel Sounds : (N)
Umbilical Stump :
Discharge :

GENITILIA :
Labia / Hymen : female External genitalia
Testicles/penis : - prominent vaginal fold
Anus :

HERNIAL ORIFICES -

TRUNK and SPINE : (N)

SKIN LESIONS : -

EXTREMETIES :
Fingers / Toes :
Arms / Legs : (N)
Deformities :
Mobility :
Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☑ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : 42/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 : 99 % @ R.A Auscultation : B/L Af (+) Breath Sounds : NVBS Added Sounds : -

Cardiovascular System :

HR : 150/min BP : ..... Precordial Activity : .....

Femoral Pulses :] (+) Murmurs : .....

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

Abdomen :

Hernial orifice : .....

Shape : (N) Anal Patency : patet

Palpation : soft Umbilical Cord : 2A+1V

Palpable masses : - First urine passed :] not passed

Abdominal girth : - Meconium passed : (-)

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

State of wakefulness : / (N)

Prechtle Score : .....

Cranial Nerves :

(N)

Motor System :

Passive Tone : /

Active Tone : (N)

Neonatal Reflexes : .....

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

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

ATNR : (N) Skull and Spine : (N)

Any Congenital Anomalies : -

Diagnosis : Term (40 weeks) / AGA / fCH / Good body

FOOT PRINTS

Left Side :

Right Side :

noted by Jhansi

Resident Doctor :

Signature : for

Name : Sree Vani S

Date & Time : 26/6/26 10pm

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 :

1) DBf @2nd h breastfeed by baby

2) TSB, NBS after 48 hours

3) CCHD @ 24 hours

4) Cord blood - BGT, T4, TSH.

5) Birth Vaccines & Nod reflex within 24 hours

.....

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

noted by Thasi

.....

.....

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 Name : .....

HCV-00041105 IP22-00023401
Baby B/O TULASI BANDARU
28-06-2026 0 Y 0 M 0 D 2 H (F)
Dr. R HARIHARAN

☐ M ☐ F
.....

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY)
27/06/26	9AM	S/B Dr-TP/Dr-AJ
		Term/AGA/FCH
	DOL	
		On DBF
		feeding issues (+)
		urine ✓
		stool ✓
		plan
		1) Lactation consultation
		2) cont Ad lib feeds
		3) TSB } @48hrs
		NBS }
		4) vaccine } today.
		Red reflex }
		ANJANA
27/6/26	5PM	Cls/B Dr. Harika/ Dr. Balaji noted by DMC
		DOL: TERM/AGA/FCH.
		(40 weeks)
		· Cry/tone/ activity +good
		· Urine/ passed
		Stool
		· Feeding + DBF
		N.B Nepa

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Advice:

- Cont. Ad lib feeds
- TSB
  NBS } after 48 hrs.
  T 1m @ 9pm.

Balaji

N.B Nepa

28/6/24

CC/B Dr. Hariharan / Dr. Balaji

RAM

35 hr of life

ASSD: TERM / AGA / FCH.
(40 week)

Birth wt → 2.934 kg
C. wt → 2.808 kg

cry / tone / activity → good

wt loss → 4.2%

urine
stool } passed

- Feeding → DBF

Advice:

- Cont. Ad lib feeds
- TCB
  NBS } Today
- TCB < 10, discharge now

Balaji

N.B Urea

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

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

Pa HCV-00041105 IP22-00023401
Baby B/O TULASI BANDARU (F)
Ag 28-06-2026 0 Y 0 M 2 D
Dr. R HARIHARAN
I.P.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
28/6/26 5PM		C/S/B Dr. Aishwarya / Dr. Sumina
		A/n - Term / AGA / Fch
		Cry / tone / activity - good
		Urine / Stool / passed
		↓ SSPT
		Feeding - good
		Adv
		1. Cont. Adlib feeds
		2. TSB @ 7AM tlm
		Sumina
		Noted by [illegible]

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/26

cls/B Dr. Hariharan/Dr. Balaji

8AM

72hr of life

DRS: TERM/ AGA/ FCH

(40 weeks)

Birth wt → 2.934kg
C wt → 2.665kg

wt loss → 9.1%

- ↓ SSPT.
- Cry/tone/ activity → good
- urine / Stool } passed
- Feeding → DBF

ADVICE

- Cont. Adlib feeds
- Trace TSB reports

Balaji

- Stop Phototherapy & discharge

Thursday review

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. Tulasi 23401	26/6/26 @ 11:38 Pm	27/6/26 @ 9:15 AM
Treating Consultant	**Transfer ordered by**	**Reason for Transfer**
DR. Hariharan	DR. Sowvalli	New B/H Case
From Bed / Ward / Hospital	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☑ No ☐
NICU	(O)	
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 ?
B	—	

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diapers (O)	
2.	vaccines (O)	
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. Sowvalli	Malathi	

Patient & Clinical records received by: UMA

Signature with Date & Time 27/6/26 9:20 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