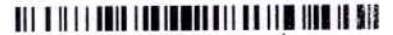


ADMISSION SHEET



Registration Details :

Admission No : IP22-00023426 Admit Date : 29-Jun-2026 Admit Time : 05:53 AM UHID : HCV-00041162

Patient Details :

Patient Name : Baby B/O PRAVALIKA BODDU Age : 0 D
Guardian : Mr PERLA karthik DOB : 29-06-2026 05:09 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Tagrapuvalasa Chitti Valasa Vishakhapatnam Phone No : 8555090209/ 7799499747
Andhra Pradesh INDIA 531162 E-mail : perla.karthik@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL-SPV-316-1 Ward Name : 3F-THIRD FLOOR
Room No : CRDL-SPV-316-1 Admission Type : First Visit

Contact Details :

Name : Mr PERLA karthik Relationship : Father
Contact Address : Phone No : 8555090209

[Handwritten Signature]

Signature

Doctor Details :

Doctor Name : Dr. R HARIHARAN Specialisation : NEONATOLOGY
Referral Doctor : Self Phone No :
Co-Consultant :

Payment Details :

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

*OPR done on - 29/6/26
BCG, Hep-B, Red Reflexes done on 29/6/26.*

ACTIVITY RECORD FOR BILLING

Name: _____ ICV-00041162 IP22-00023426
Baby B/O PRAVALIKA BODDU
UHID No : _____ IP No : 19-06-2026 0 Y 0 M 0 D 1 H (M) Dr. R HARIHARAN Dept.: _____
Date of Admission : _____ Discharge: _____ Time: _____
Room / Bed No : _____ Ward : _____ Suggested Billable bed type: _____



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
29/6/26	9-30pm	LDR	316	Escoer

Cross Consultation Visit

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

MEDICAL EQUIPMENT (WARD & ICU)

[illegible]

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6/26	BCT, T.S.B, TSH, T ₄ Hb, DCT, Reticulocyte Count 8 Am	26013828	Usha
29/6/26	GRBS ^{2m} 53 mg/dl	3861	Kauser
29/6/26	GRBS ^{6m} 61 mg/dl	3862	Kauser
29/6/26	GRBS 67 mg/dl	13928	Sireesha.
30/6/26	GRBS. 59 mg/dl	3983	Lowry.
30/6	TCR 9.9 mg/dl	3981	dy
Cyril Ouseph			

PROCEEDURE

Date	Proceeedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date: 30/6/26

Time: 11:00 AM

Prepared By:

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
			

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Praveelika Mother's Name: B. Praveelika
 Date of Birth: 29/6/26 Time of Birth: 5:09 am Gender: ☒ Male ☐ Female
 Birth Weight: 2.856 Kgs HC: cm Length: cm
 Meconium in Liquor: ☐ Yes ☒ No
 Cried at Birth: ☒ Yes ☐ No
 Term / Pre-term / Post-term: Term
 Resuscitated: ☐ Yes ☒ No Blood Group: Mother: O Negative Baby:
 Feeding: ☒ Breast Feeding ☐ Formula ☐ Both First Feed Time: 6:00 Am

AFFIX MOTHER'S
IDENTIFICATION LABEL

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

Indication:

Physical Assessment of New Born:

Temp: 98.6 °C HR: 146 /Min RR: 34 /Min BP: SpO₂: 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 t.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: Usha

Signature: Usha

Date & Time: 29/6/26 5:42

ICV-00041182 IP22-00023426
 Baby B/O PRAVALIKA BODDU
 19-06-2026 0 Y 0 M 0 D 1 H (M)
 Dr. R. HARIHARAN
 It tak

ght
 PITALS
 Delivery

NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Pravallika Age : Father's Name : Age :
 Date of Birth : Date of Admission : I.P. No. :
 NICU Consultant : Dr. Hariharan 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 Pravallika Mother's Blood Group : O - ve
 Gender : ☒ M ☐ F Blood Group : B - ve Birth Weight (gms) : 2.85 kg Length (cms) :
 Date of Birth : 29/6/26 Time of Birth : 5:09 AM OFC (cms) :
 Place of Birth : RCH Vizag Estimated Gest Age : 38 wks + 3 days

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : EDD :

Conception : Spontaneous or with Rx. :

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

Last Scans Details : Cephalic, 1 post placenta, AFI-11.3, EFW-2532 gms,

Doppler - (N), HC @ 5th centile TT Immunization and Iron / Folic Acid : Immunized

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 ICT - negative

How many Drugs / Doses / Since how long :
Anti D given

H/o value of recent BP recording, proteinuria, edema,

oliguria, any investigations (LFT, platelet count) :

IUGR - when detected :

Doppler (Increased Resistance / ADEF / RDDF /

Redistribution in MCA) / Ductus Venosus :

AFI :

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

Controlled or not, recent values, HbA1 values :

GDM - on Glycomet SR-500
BD

Compliance with Rx :

Scans : LGA, TIFFA, Fetal Echo :

H/o Hypothyroidism : 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 : 2 P : 1 A : L : 1

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

PERINATAL HISTORY

Treating Obstetrician : Dr. Raga Sudha Hospital : RCH Vizag ☒ 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 :

Resuscitation : ☐ Yes ☐ No

Cord ABG :

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

NEONATAL RESUSCITATION 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 Response	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
<u>1</u>	<u>1</u>	
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>2</u>	<u>2</u>	
<u>9</u>	<u>9</u>	

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

HOPI:

A single live male baby is delivered via NVD

↓

Cried immediately after birth

↓

Delayed cord clamping, shift to warmer

↓

Routine newborn care given

↓

Cord clamped, clean cut given

↓

Inj Vit K 1mg IM given

↓

Baby shift to mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Description :

any (hml) activity - good

VITALS : Temperature : 36.5°C HR : 168 bpm RR : 54 /min NIBP : CFT : $<3\text{ sec}$

Colour of the extremities : Acrocyanosis

Jaundice : Pallor : SpO_2 : 98% JKA @ 10 min

Anthropometry : Birth Weight : 2.856 kg Length : HC : Present Weight :

Ponderal Index : AGA : $\checkmark$ SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD :

Fontanelles :

Sutures

Shape / Moulding :

Edema / Bruising :

Size - (H.C.) :

} Af patent α
at level

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 + IV

Discharge :

GENITALIA :

Labia / Hymen :

Testicles/penis :

Anus :

male external genitalia
B/L testis descended

HERNIAL ORIFICES

(N)

TRUNK and SPINE :

(N)

SKIN LESIONS :

(N)

EXTREMITIES :

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 : 54/min SCR / ICR / See - Saw breathing :

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/LAE (1) Added Sounds :

Cardiovascular System :

HR : 160 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 : QA + IV

Palpable masses : First urine passed : passed

Abdominal girth : Meconium passed : not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtl 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 :

(N)

Diagnosis :

Term | Single | NVD | 2.8 kgs | Rh-ne | Mch | well
(38+3 days) | AGA | pregnancy | baby

FOOT PRINTS

Left Side :



Right Side :



marked by ashe

Resident Doctor :

Signature : Suminaa

Name : G. Suminaa

Date & Time : 28/6/16

Consultant :

Signature :

Name :

Date & Time :

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

1. DBF 2nd hly & 1b burping
2. Red reflex & birth vaccination
3. cCHD screening @ 24 hrs to take
4. TEB @ 24 hrs

Feeding Plan at the time of shifting :

5. Cnd blood BGT, TSH, Tg
- TSB, Hb, DCT,

Retic count

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Pulse Oxymetry Screen : Rh-100% Lh-99% RL-100% LL-99%

New Born Screening :

6. warmth core

7. GRBS monitoring 6hr

2, 6, 12, 24, 48 hrs

Noted by nurse

PROGRESS NOTES (USE BALL POINT PEN ONLY)

ICV-00041182 IP22-00023426
Baby B/O PRAVALIKA BODDU
19-08-2026 0 Y 0 M 0 D 1 H (M)
Dr. R HARIHARAN
I.P. NO.

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		clerk Dr. Harisharan / Dr. Balaji
29/6/26	8 AM	DOB: Term / AGA / NVD / Rh-ve / MCH pregnancy
		3rd of life
		Birth wt - 2.856 kg
		• cry/rouse / activity → good
		• urine /
		stool / not passed
		• Feeding → DBF
		Admission:
		• DBF every 2nd hrly
		Flb biopsy
		• Birth Vaccination & Red reflex to be done
		• CCHD screening @ 24 hrs
		GRBs monitoring @ 6hrly, @ 12hrly, @ 24hrly, @ 48hrly
		DBF
		21.15 Kang

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/22

Dr. Praveen / Dr. Balaji

SPM

ASSE: TERM / A&A / NVD / Rh-ve / Mett.
(38w+3day) Pregnancy

- cry (tone) activity → good
- urine / stool } passed
- feeding → DBF

GRBs → 64 mg/dl

Advice:

- DBF every 2nd hly till burping
- CTTD screening @ 24 hr of life
- GRBs monitoring @ 1st hly, @ 24 hly, @ 48 hly

Balaji
R.D. Sivarajah

PROGRESS NOTES

(USE BALL POINT PEN ONLY)

Patient Name :

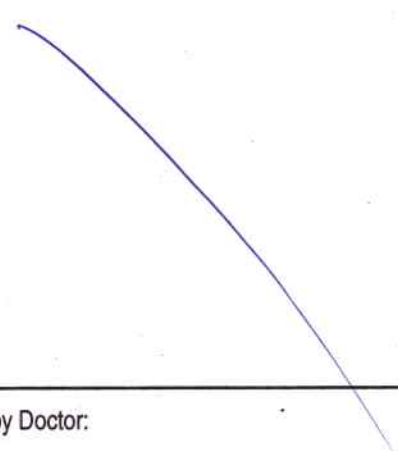
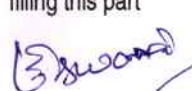
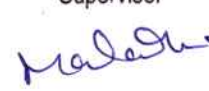
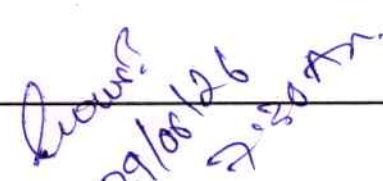
Age : Gender ☐ M ☐ F

I.P. No. :

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
30/6/26	8AM	cls/B Dr. Harisharan / Dr. Balaji
27hr of life		DBS: TERM / AGA / NVD / Rh-Ve / male
		Pregnancy
		Birth wt → 2.856kg, any loose / activity → good
		C. wt → 2.627kg, urine /
		Stool / passed
		wt loss → 8% . Feeding → DBF
		<u>Advice:</u>
		• Ad lib feeds
		• CRBe monitoring
		CRBe thru , CRBe thru
		CRBe thru
		• DCB → now.
		>10 → play photostim
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

HCV-00041162 IP22-00023426 Baby B/O PRAVALIKA BODDU 29-08-2026 0 Y 0 M 0 D 1 H (M) Dr. R HARIHARAN 		Date & Time of Admission 29/6/26 5-53 AM	Date & Time of Transfer Order 29/6/26 7 AM
Treating Consultant Dr. HARIHARAN	Transfer ordered by Dr. HARIHARAN	Reason for Transfer Observation	
From Bed / Ward / Hospital LDR	To Bed / Ward / Hospital 316	Information to attendant Yes ☒ No ☐	
Number of Sheets in clinical file 15	Number of Imaging films —	Personal belongings including clinical documents. If any handed over to attendant Yes ☒ No ☐ If yes, What ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes written by Doctor:			
Name and Signature of Person filling this part 	Name of person ordering transfer Dr. HARIHARAN	Name & Signature of Nurse Supervisor 	Referral note & referral Doctor Name:
Patient & Clinical records received by:			
Signature with Date & Time  29/08/26 7:30 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