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 : IP22-00023426 **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 Andhra Pradesh INDIA 531162	**Phone No**	: 8555090209/ 7799499747
		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

P. Karthik

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 on- 29/6/26

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

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ACTIVITY RECORD FOR BILLING

Name:---------- ICV-00041162 IP22-00023426 ----------
Baby B/O PRAVALIKA BODDU
UHID No :.....IP No :... 9-05-2026 0Y0M0D1H (M) .....Dept.:.....
Dr. R HARIHARAN
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	9-30a	LDR	316	Discover

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

INVESTIGATIONS

Date	Investigations	Order No.	Signature
29/6/26	B&T. T·S·B, TSH, T4. Hb, DCT, Reticulocyte Count 8 Am	26013828	Usha
29/6/26	GRBS 2hr 53 mg/dl	3861	Kavya
29/6/26	GRBS 6hr 61 mg/dl	3862	Kavya
29/6/26	GRBS 67 mg/dl	13928	Sireesha.
30/6/26	GRBS. 59 mg/dl	3983	Leows.
30/6	TCR 9.9 mg/dl	3981	

PROCEEDURE

Date	Proceedure	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

Patient Sticker

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o pravallika Mother's Name: B. Pravallika

Date of Birth: 29/6/26 Time of Birth: 5:09 pm Gender: ☑ Male ☐ Female

Birth Weight: 2.856 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" 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: ..... 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: Usha Signature: ..... Date &Time: 29/6/26 5:9 Am

ght™
SPITALS
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

Gender : ☑ M ☐ F Blood Group : B-VE

Date of Birth : 29/6/26 Time of Birth : 5:09AM

Place of Birth : RCH Vizag

Mother's Blood Group : O - ve

Birth Weight (gms) : 2.858kg Lenght (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 38wks + 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, post placenta, AFI-11.3, Efw-2532 gms, Doppler-(N), HC @ 5th centile 3/6/26 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

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

Resuscitation			
Minutes	1	5	0
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 new born 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 :

Cry (+ve) activity - good

VITALS : Temperature : 36.5°C HR : 168 bpm RR : 54/min NIBP : ..... CFT : < 3 secs

Colour of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 98% ↓RA @ 10 min

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

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

HEAD TO TOE EXAMINATION

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

GENITILIA :
Labia / Hymen :
Testicles/penis :
Anus :
Male external genitalia
B/L testis descended

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 : 54/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 : 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 : .....

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 : .....

.....

(N)

.....

Diagnosis : .....

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

FOOT PRINTS

Left Side :

Right Side :

waxed by asha

Resident Doctor :

Signature : Suminaa

Name : Dr. 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 hrly-Hb burping

2. Red reflex & birth vaccination

3. CCHD screening @ 24 hrs token

4. ~~TCB @ 24 hrs~~

Feeding Plan at the time of shifting : 5. Cord blood BGT, TSH, T4

TSB, Hb, DCT,

Retic count

6. warmth care

Screenings done during NICU Stay :

7. GRBS monitoring 6/24

NSG : ..... 2, 6, 12, 24, 48 hrs

Hearing Screen : ..... Examined

ROP : .....

TFT : .....

NP2 : .....

Pulse Oxymetry Screen : Rh-100% Ch-99% RL-100% LL-99% Noted by gowri.

New Born Screening : .....

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PROGRESS NOTES
(USE BALL POINT PEN ONLY)

MCV-00041162 IP22-00023426
Baby B/O PRAVALIKA BODDU
DOB 19-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. R HARIHARAN
I.P. No. .....

☐ F

DATE	TIME	(SIGN ALL ENTRIES, DATE & TIME OF EACH ENTRY IS COMPULSORY)
		Cl/B Dr. Hariharan | Dr. Balaji
29/6/26		
	8AM	DHS; Term | AGA | NVD | Rh-Ve | MCH. pregnancy
		3rd of life
		Birthwt - 2.850kg
		· Cry | tone | activity → good
		· urine | stool | not passed
		· Feeding → DBF
		Advice:
		· DBF - every 2nd hrly
		F/b burping.
		· birth vaccination & redreflex to be done
		· CCHD screening @ 24 hrs of life
		DCT → negative
		TSB → 2.3
		· GRBS monitoring @ 6hrly, @ 12hrly, @ 24 hrly, @ weekly
		BHAT
		21.15 Cont

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

29/6/22 — Cl/c/o Dr. praveen/ Dr. Balaji

5pm

Dx: TERM/ AGA/NVD/ Rh-Ve Pregnancy/ 1 Mett.
(38wks+2days)

- Cry/round/ activity → good
- urine / stool } passed
- Feeding → DBF

GRBS → 64 mg/dl

Advise:

- DBF every 2nd hrly Rt/b burping
- CCHD screening @ 24hr of life
- GRBS monitoring @ 1hr, @ 24hrly, @ 4hrly

Balaji
R.D Signature

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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)
	30/6/25 8AM	Cld/B Dr. Harishavan / Dr. Balaji
	27 hr of life	DBBS: TERM / AGA / NND / Rh-Ve / MCH pregnancy
		Birthwt → 2.856kg, c.wt → 2.627kg, cry/tone/activity → good, urine } stool } passed
		wt loss → 8%. . Feeding → DBF
		Advice:
		• Ad lib feeds
		• 6 RBS monitoring ~~6 hrly, 3 hrly~~ 6 hrly
		• TCB → now. >10 → plan phototherapy
		Balaji

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

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

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PATIENT TRANSFER FORM

HCV-00041162 IP22-00023426
Baby B/O PRAVALIKA BODDU
29-06-2026 0 Y 0 M 0 D 1 H (M)
Dr. R HARIHARAN

Treating Consultant	Date & Time of Admission	Date & Time of Transfer Order
Dr. HARIHARAN	29/6/26 5-53 AM	29/6/26 7 AM
From Bed / Ward / Hospital	**Transfer ordered by**	**Reason for Transfer**
LDR	Dr HARIHARAN	Observation
Number of Sheets in clinical file	**To Bed / Ward / Hospital**	**Information to attendant** Yes ☐ No ☐
15	316	
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	Name & Signature of Nurse Supervisor	Referral note & referral Doctor Name:
[illegible]	Dr HARIHARAN	[illegible]	

Patient & Clinical records received by:

Signature with Date & Time: [illegible] 29/06/26 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