





**RADIOLOGY / SCANS**

Date	Service	Signature	Date	Service	Signature
<del>28/5</del>	<del>200000</del>	<del>[Signature]</del>			
<del>29/5</del>	<del>OAE</del>	<del>[Signature]</del>			

**SUPPORT SERVICES**

Date	Physiotherapy	Signature	Date	Others Services	Signature

**BLOOD BANK**

Date	Units	Remarks

**ANY OTHER INFORMATION**

vaccination done

Date: 9.30 AM Time: 9 AM

Prepared By: [Signature]

Staff Nurse / Floor Co-ordinator	Nursing Supervisor  [Signature] 016913	Billing Assistant	Billing Supervisor
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SPB-00025981 IP27-00008765  
Baby B/O POOJA MISHRA  
27-05-2026 0 Y 0 M 1 D (M)  
Dr. NICU TEAM



Ref No. : F/HW/NBS/184

215  
Rainbow Children's Hospital  
It takes a lot to treat the little.

BirthRight  
BY RAINBOW HOSPITALS  
Your Right to a Safe Delivery

## PARENTAL CONSENT FOR NEW BORN SCREENING TEST

Newborn screening is a program that identifies babies at risk for having rare medical condition that can affect normal growth and development.

### WHY IS SCREENING IMPORTANT?

Most affected babies at birth appear normal & screening early identification and helps in effective management plus parental counselling. Newborn screening is quick & safe.

### WHEN IS IT DONE?

Usually between 48-72 hours after birth, but can be done after discharge from hospital.

### HOW IS IT DONE?

A small amount of blood is collected onto a screening card from baby's heel, by a nurse and sent to lab. The card is tested for various chemicals or metabolites. Abnormal level indicate baby has problems with hypocalcaemia.

After birth parents will be requested for a written consent for Newborn screening. Sometimes a repeat sample may be needed.

For more information parents can talk to their pediatrician or ask for parent information brochure about newborn screening.

I have received & understood the information regarding newborn screening. I give consent to my baby for blood collection for newborn screening.

YES

NO

Name of Parent / Legal Guardian: BIPIN SINGH

Signature of Parent / Legal Guardian:

Date: 23/5/2026

Sheesh S, MD, FRC (Ped. Cardiol)  
Pediatric Cardiologist

PEDIATRIC COLOUR DOPPLER  
ECHOCARDIOGRAPHY REPORT

SPB-00025081 IP27-00006765

Name: Baby B/O POOJA MISHRA  
27-05-2026 0 Y 0 M 1 D (M)

ID No. 

Height:

Age: Sex:  
Ref. Dr: *Sonjay Senapati*  
Kg. BSA: m2

Date: *28/05/20*

Cardiac Situs

*Saethors*

Position

*mesocardic*

Major veins

*→ PA*

Minor veins

*→ CA*

Intercardiac connection

*3 connections*

Subaortic connection

*duplex*

Aortic loop

Right atrium

*①*  
*diaphragm*

Left atrium

Tricuspid valve

*①*

Mitral valve

*①*

Aortic valve

Left ventricle

*①*  
*diaphragm*

Right ventricle

Septal connection

*Intact*  
*PFO / small ASD*

Atrial septum

Coronary arteries

*key findings*

Left ventricular valve

*①*

Right ventricular valve

Coronary arteries

*from LV*  
*from RV can form Group A*

Coronary artery

Arch  
RCA  
Coronary Artery  
Doppler Flow  
Mitral  
Aortic  
Tricuspid  
Pulmonary  
Any other  
M-Mode

cert no coarct  
Abent  
unwar  
w  
w  
pulst  
PAA - 90mm

AO	mm	LVIDd:	mm	IVSd:	mm	EDV:	ml
LA	mm	LVIDs	mm	PWD:	mm	ESV:	ml
		LVEF	%	FS	%		

Other Findings

→

Final Diagnosis

Small ASD L to R  
Tricuspid  
NO PAA (coarct  
pulst  
CMV (myo))  
lead 134P

SAT 4/25/24  
Cardiologist

Signature

Pro



# NEWBORN EXAMINATION CASE SHEET

Day of life	Day of birth	1	2	3	4
Examined by		28/5/26	29/5/26		
Hours of life					
Weight	B wt 2.76	2.66kg	2.560		
Weight loss %		↓100g (3.7%)	100g ↓ 7.24%		
Passed meconium	Y/N	Y/N	Y/N	Y/N	Y/N
Urine no of times					
Maintaining Euthermia	Y/N	Y/N	Y/N	Y/N	
Latch score		S			
Activity					
Icterus					
Pallor					
Cephalhematoma					
Anomaly	(N)				
Palate					
Heart	+				
Femoral pulses					
Respiratory system					
Umbilical cord	(M)				
Hips					
Spine	Male gent				
Genitalia	+				
Red reflex					
GRBS	✓				
BCG, OPV, Hep B					
Blood group					
Serum bilirubin					
NBS					
Hearing screen					
SPO2 RUL/ RLL					
Special investigation					
Doctor's orders					
Additional Notes					

ADMISSION SHEET



Registration Details :

Admission No : IP27-00006765

Admit Date : 27-May-2026

Admit Time : 06:53 AM UHID : SPB-00025081

Patient Details :

Patient Name : Baby B/O POOJA MISHRA

Age : 0 D

Guardian : Mr BIPIN KUMAR

DOB : 27-05-2026 06:30 AM

Gender : Male

Religion :

Occupation :

Martial Status :

Address (H) : Carmelaram Bangalore Karnataka INDIA  
560035

Phone No : 8884013306/

E-mail : a@a

Admission Details :

Room Type : BASINET

Bed No : CRDL-PVT-215-1

Ward Name : 2F - PVT

Room No : CRDL-PVT-215-1

Admission Type : First Visit

Contact Details :

Contact Name : Mr BIPIN KUMAR

Relationship : Father

Contact Address :

Phone No : / 8792091794

Signature

Doctor Details :

Doctor Name : Dr. NICU TEAM

Specialisation : NEONATOLOGY

Referral Doctor : SELF

Phone No :

Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY

# PATIENT TRANSFER FORM

25081 IP27-00006765  
D POOJA MISHRA  
26 0Y0M0D1H (M)



	Date & Time of Admission 24/5/26 @ 6.53 AM	Date & Time of Transfer Order 24/5/26 @ 9.20 AM
Treating Consultant Name Dr. NPW Team	Transfer Ordered by Dr. Shashidhar	Reason for Transfer New born
From Unit LDR	To Unit ICU ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 20 pages	Number of Imaging Films no 1	Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	Diaper	
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Malliga 017317	Name of Person Ordered Transfer Dr. Shashidhar
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Patient & Clinical Records Received by :

Date & Time of Patient Received :

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





# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name: Pooja Mishra Age: 33y Father's Name: BIPIN KUMAR Age: .....  
 Date of Birth: 23/12/1992 Date of Admission: 26/6/26 UHID No.: .....  
 U Consultant: TEAM NICU (DR. SREENATH) Referring Consultant: .....  
 Referring Unit:  OT  Labour Room  ER  Ward  
 Transported?  Yes  No - If yes:  Long (> 30 kms)  Short (< 30 kms)

## BIRTH INFORMATION

Name: B/o Pooja Mishra Mother's Blood Group: O +ve  
 Gender:  M  F Blood Group: .....  
 Date of Birth: 27/05/2026 Time of Birth: 6:30:23 AM Birth Weight (gms): 2760g Length (cms): .....  
 Place of Birth: RCH, Saigapuri OFC (cms): .....  
 Estimated Gesth Age: 37 + 3 wk

Parent Obstetric History: (Booked / Unbooked Case) .....  
 Maternal Age: 33 yrs Ht: 160cm Wt: 71.6kg BMI: ..... Married Life: 4 yrs LMP: 6/9/25 EDD: 13/6/26  
 Conception: Spontaneous or with Rx: ..... AN Steroids Drugs / Doses: .....  
 Booked at what GA: .....  
 Ultrasound Scans Details: 2 echogenic foci in @ ventricle - ? chordea 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 Resistance / ADEF / REDF / Redistribution in MCA ) / Ductus Venosus: .....  
 AFI: .....

H/o GDM pre GDM or diet or insulin  
 Controlled or not, recent values, HbA1 values: .....  
 Compliance with Rx: .....  
 Scans: LGA, TIFFA, Fetal Echo: 2 Echogenic foci in @ ventricle - ? chordea  
 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: .....

SPB-00025081 IP27-00006765  
 Baby B/O POOJA MISHRA  
 27-05-2026 0 Y 0 M 0 D 1 H (M)  
 Dr. NICU TEAM



**PAST OBSTETRIC HISTORY**

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

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

**PERINATAL HISTORY**

Treating Obstetrician : ..... Hospital : .....  Inborn

<b>Duration of Labour</b> First stage (> 18 hours sig) Second stage (> 2 hours after dilation) LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication : ..... Specify the reason : ..... Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal	CTG : <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological MSL : ..... Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No Cord ABG : ..... Placenta : (weight, surface, No. of cotyledons, calcifica malformations, clots etc : .....
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**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 Minu
TOTAL	8/10	9/10

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

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

Primigravida at 37+3w POG ↓ LCP & GDM on diet & IACCP.



Hi:

A single live term (37+3) A GA (2.760kg) Male baby  
delivered via NVD on 27/5/26 at 6:30:23 AM

Baby cried at birth

↓

Delayed cord clamped

↓

Resuscitated as per

NRP guidelines

↓

Shift to mother

side

-APGAR <sup>1</sup> : 8/10  
5/10

27/5/26	6:30:23 AM
Male.	2.760kg.

Investigation details in previous Hospital :

Feeding History :

Patient Status

Past History :

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

VITALS : Temperature : 36.8°C ..... HR : 150/m ..... RR : 46 cpm ..... NIBP : ..... CFT : 03

Color of the extremities : Acrocyanosis

Jaundice : - ..... Pallor : - ..... SpO2 : 96

Anthropometry : Birth Weight : 2760 gm ..... Length : ..... HC : ..... Present Weight : .....

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

HEAD TO TOE EXAMINATION

AD : Fontanelles :  
Sutures  
Shape / Moulding : (n)  
Edema / Bruising :  
Size - (H.C.) :

ies : (n)  
y Facial  
smorphism)

CK and  
VICLES : Range of Motion :  
Asymmetry : (n)  
Masses :

ES : Symmetry : (u)  
Red Reflex : (u)  
Discharge :

ARS, NOSE  
OUTH and  
HROAT : Ear set / Shape :  
Periauricular Pits / Tags : (n)  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue :

HORAX and  
REASTS : Shape of Thorax : (n)  
Position of Nipples and Number :

ABDOMEN and  
MBILICUS : Shape :  
Organomegaly :  
Bowel Sounds : (n)  
Umbilical Stump :  
Discharge :

GENITILIA : Labia / Hymen : Male external genitalia  
Testicles/penis :  
Anus :

HERNIAL ORIFICES Intact

TRUNK and SPINE : (n)

SKIN LESIONS : u

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: 40cpm 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 96% Auscultation R/L/S/B/D Breath Sounds: M.V.P. <math>\textcircled{D}</math> Added Sounds :

#### Cardiovascular System :

HR 120/min BP

Femoral Pulses ++

Other Peripheral Pulses +

Precordial Activity:  $\textcircled{N}$

Murmurs: -

Signs of Cardiac Failure :

#### Abdomen :

Shape  $\textcircled{N}$

Palpation: soft

Palpable masses :

Abdominal girth :

Hernia orifice: intact

Anal Patency: patent

Umbilical Cord: 20A IUV

First urine passed: at birth

Meconium passed :

#### Nervous System : Higher intellectual functions (Sensorium) : $\textcircled{N}$

State of wakefulness :

Prechtl Score :

Resident Doctor :

Signature: *[Signature]*

Name: Dr. Smita

Date & Time: 21/5/26

#### Nerves :

$\textcircled{N}$

#### Motor System :

Passive Tone: *YMT Good*

Active Tone :

Neonatal Reflexes :

Grasp:  Palmar  Plantar  Sucking  Rooting  Crossed adductor :

Moro's :

ATNR :

DTR :

Skull and Spine :

Name of the referring Doctor :

Name of the referring Hospital :

Address :

Contact Numbers :

Contact Details of the referring Doctor :

Mobile No. :

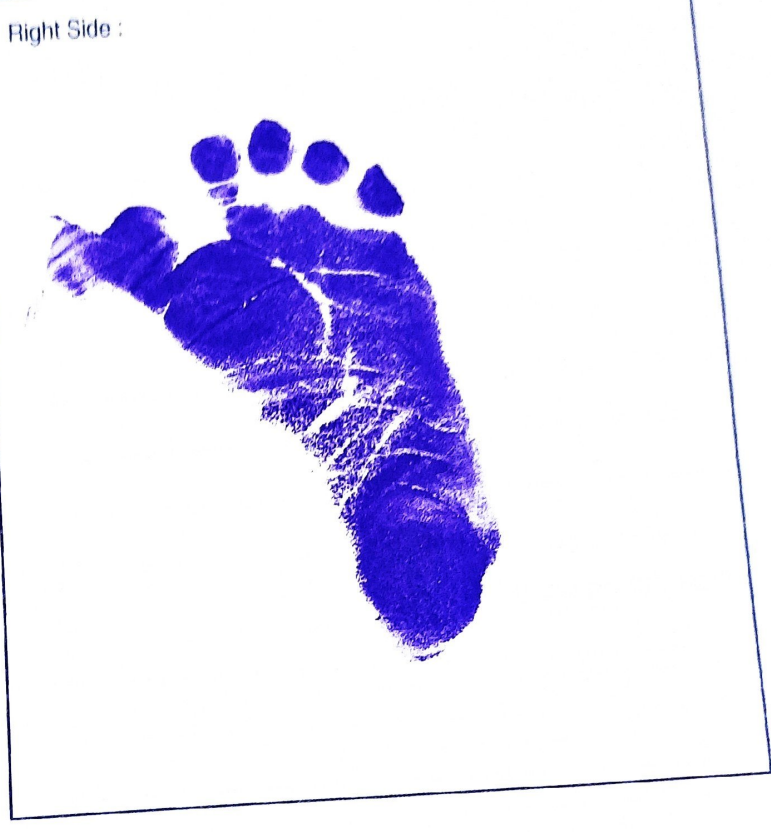
Name of the Doctor in Rainbow Team :



Congenital Anomalies : .....

Diagnosis : Single (Term) 37+13W / 1491 2 760g / Male / NNT / GDM on diet / IMCP  
ANS: Sp 2 calcific foci in Ovaries

**FOOT PRINTS**



Resident Doctor :  
Signature : .....  
Name : Dr. Sridhar \*  
Date & Time : 27/5/26 6:45PM

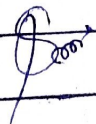

Consultant :  
Signature : .....  
Name : .....  
Date & Time : .....

**PLEASE FILL UP THE FOLLOWING DETAILS**

1. Name of the referring Doctor : .....
2. Name of the referring Hospital : .....  
Address : .....
3. Contact Numbers : .....  
Contact Details of the referring Doctor : .....  
Mobile No. : ..... E-mail ID : .....
4. Name of the Doctor in Rainbow Team : .....  
..... on whose name the patient is being referred.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8am	C/S/B TEAM NICU	
	Single/Term/37+3/AGA/2.760kg/Male/NVD/IGDM on diet/ETCP/ ANS s/o <del>the</del> 2 echogenic foci in $\odot$ ventricle - ? ch/dau.	
	O/E: HR: 140/min RD: 50cpm AF @ Level CRT < 3 sec	S/E: CVS: S2 (A) RS: B/L M (A) CNS: CMT Gwd P/M: Soft
	Advice: - warm care - DBF Qdly - To do vaccination. - GRBS at 0, 1, 3, 6 and qdly	
27/5/26 6pm	C/S/B Dr. Sasidhar	
	Term/37+3/AGA/2.76kg/Male/NVD/IGDM/ETCP/ANS s/o echogenic foci in $\odot$	venmc
	O/E: vitals stable. Cry & activity good	
	Advice: - warm care - DBF Qdly - Plan for 2D Echo.	



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/1/20 8am	C/S/B TCAM NICU	
	Term 37+3   A GA   2.76kg   Male   NVD   IDM on diet   1 HCP   ANS 8/0 @ echogenic foci in (L) ventricle - 2 chordae.	
	O/E: HR: 140/min	REF: CVS: SIS (+)
	RD: 48cpm	RC: B/L M (+)
	AF @ level	CNS: CPAT Good
	CFT < 3sec	P/M: soft
	<p>Advice: - warm care</p> <ul style="list-style-type: none"> <li>- DBF @ mly fib looping</li> <li>- SD Echo to be done</li> <li>- Investigations @ 36 - 48hrs -&gt; JM.</li> </ul>	for
28/1	<p>dsrnat</p> <p>parul Arul / Antudalson</p> <p>slu 7 EOP</p> <p>RS</p>	
29/1	<p>Refo</p> <p>pfo / small ostia</p> <p>pmg</p>	
	<p>no Arul Inu</p>	

*[Handwritten signature]*

# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/05/16	C/I/R team NEW	
8 AM	Term   22+3 wks   A/GA 1.8.76kg   NVD   BDM	
	2HCP   <del>AMS to Schaper</del>	
	- 2D- Echo - No cardiac abnormalities, Flv after 4-6 wks	
	O/E	
	MOM - stable	
	Perphs - warm & pink	
	sk - none	
	<u>Adx</u>	
	- warm core	
	- BBN GA Flv bump	Smaas
	<del>2D Echo</del>	
	TB → 8.7	
	BBG → 0 positive	
	<u>ORE (S/B Audiologist)</u>	
<u>29/05/16</u>	B/L Tests are obtained throughout the speech frequencies s/p	
	during one's functioning	