







**RADIOLOGY / SCANS**

Date	Service	Signature	Date	Service	Signature

**SUPPORT SERVICES**

Date	Physiotherapy	Signature	Date	Others Services	Signature

**BLOOD BANK**

Date	Units	Remarks							

**ANY OTHER INFORMATION**

\_\_\_\_\_

\_\_\_\_\_ *vaccination done*

\_\_\_\_\_

Date : *29/5/2026* Time : *AM* Prepared By : *Rupe*

Staff Nurse / Floor Co-ordinator	Nursing Supervisor	Billing Assistant	Billing Supervisor
	<i>Rupe</i>		



Ref No. : F/HW/NBS/184

## 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.

### THIS SCREENING IS IMPORTANT?

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

### THIS IS 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. Sample is tested for various chemicals or metabolites. Abnormal level indicate baby has problems with metabolism.

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

If 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: G. HARIKA

Signature of Parent / Legal Guardian: G. HARIKA

Date: 29-05-22

# NEWBORN EXAMINATION CASE SHEET

	Day of birth			
	1	2	3	4
Examined by				
Hours of life				
Weight	B wt	3.180kg	3.060	
Weight loss %	2.420kg	2.240g (T1)	100g 10%	
Passed meconium	Y/N	Y/N	Y/N	Y/N
Urine no of times				
Maintaining Euthermia	Y/N	Y/N	Y/N	
atch score		5		
Activity				
Stertus				
allor				
Cephalhematoma				
Anomaly	iml			
Palate				
Heart				
Femoral pulses	+			
Respiratory system				
Umbilical cord	(N)			
Hips				
Spine	Justus +			
Genitalia	+			
Red reflex				
GRBS	✓			
BCG, OPV, Hep B				
Blood group				
Serum bilirubin				
NBS				
Hearing screen	99/98			
SPO2 RUL/ RLL				
Special investigation				
Doctor's orders				
Additional Notes				





# NEONATAL IN-PATIENT MEDICAL RECORD

## ADMISSION INFORMATION

Mother's Name: G. Hasita Age: 34y Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of Birth: 10-06-1991 Date of Admission: 26/05/26  
 Referring Consultant: TEAM NICU (Dr. Sreenath) UHID No.: \_\_\_\_\_  
 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 G. Hasita Mother's Blood Group: B+ve  
 Gender:  M  F Blood Group: \_\_\_\_\_  
 Date of Birth: 27/5/26 Time of Birth: 6:14:33AM Birth Weight (gms): 3420kg Length (cms): \_\_\_\_\_  
 Place of Birth: KCH, Sanyapur OFC (cms): \_\_\_\_\_  
 Estimated Gestin Age: 38 + 2 weeks

Current Obstetric History: (Booked / Unbooked Case) \_\_\_\_\_  
 Maternal Age: 34y Ht: 158cm Wt: 76.3kg BMI: \_\_\_\_\_ LMP: 20/5/25 EDD: 7/6/26  
 Conception: Spontaneous or with Rx: \_\_\_\_\_ Married Life: \_\_\_\_\_  
 Booked at what GA: \_\_\_\_\_ AN Steroids Drugs / Doses: \_\_\_\_\_  
 Last Scans Details: (M) 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/ on diet or insulin \_\_\_\_\_  
 Controlled or not, recent values, HbA1 values: \_\_\_\_\_  
 Compliance with Rx: \_\_\_\_\_  
 Scans: LGA, TIFFA, Fetal Echo: (N)  
 H/o Hypothyroidism: when diagnosed? Medication? T. Thyroxin 150mcg  
 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

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

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

### PERINATAL HISTORY

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

CTG:  Normal  Suspicious  Pathological  Incon

MSL: .....

Resuscitation:  Yes  No

Cord ABG: .....

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS:  Elective  Emergency Indication: .....

Specify the reason: .....

Augmentation of Labour:  Induced  Assisted Vaginal

### NEONATAL RESUSCITATION DETAILS

APGAR SCORE

SIGN	Gestational Age : ..... Weeks :		
	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
<b>TOTAL</b>			

1 Minute: 8/10      5 Minutes: 9/10      10 Minutes: 10/10

Comments:

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

### POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :  
 G2P1L1 at 38w + 2wks ↓ CP in previous US & by postnatalism.  
 for elective US.

IP27-00006766  
SPB-00025082  
Baby BJO GADIKOTA HARIKA  
0 Y 0 M 0 D 1 H (M)  
27-05-2026  
Dr. NICU TEAM



history  
A single live term (36+2) AGA (3400g) Male, baby delivered via LSCS on 21/06/26 at

Baby cried at birth

↓

Delayed cord clamped

↓

Baby resuscitated as

per latest NRP guidelines,

↓

shift to mother

side

21/06/26	G: 14: 23:00
Misc	34:20:15

APGAR 1: 8/10  
5: 9/10.

Investigation details in previous Hospital:

Feeding History:

SPB-00025082 IP27-00008766  
Baby B/D GADIKOTA HARIKA  
27-05-2026 0 Y 0 M 0 D 1 H (M)  
Dr. NICU TEAM



Family History :

Socio Economic History :

### GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5°C HR : 130/m' RR : 49cpm NIBP : CFT : 23.5°C

Color of the extremities : Acrocyanosis

Jaundice : - Pallor : - SpO2 : 97%

Anthropometry : Birth Weight : 3.420kg Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :



### HEAD TO TOE EXAMINATION

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

**Facies :**  
any Facial (morphism) : (n)

**NECK and JAW Joints :**  
Range of Motion :  
Asymmetry : (n)  
Masses :

**EYES :**  
Symmetry : (n)  
Red Reflex :  
Discharge :

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

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

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

**GENITALIA :**  
Labia / Hymen :  
Testicles/penis : Male genitalia.  
Anus : BL Testes in scrotum.

**EXTERNAL ORIFICES** intact

**TRUNK and SPINE :** (n)

**SKIN LESIONS :** (n)

**LIMB EXTREMITIES :**  
Fingers / Toes : (n)  
Arms / Legs :  
Deformities :  
Mobility :  
Hip Joint Examination :



### SYSTEMIC EXAMINATION

#### Respiratory System :

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress : RR : 49cpm 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 : B L C A E ⊕ Breath Sounds : ⊕ Added Sounds : .....

#### Cardiovascular System :

HR : 150/m BP : ..... Precordial Activity : ⊕

Femoral Pulses : ++ Murmurs : .....

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

#### Abdomen :

Shape : ⊕ Hernia orifice : intact

Palpation : Soft Anal Patency : patent

Palpable masses : ..... Umbilical Cord : 2VA 1VV

Abdominal girth : ..... First urine passed : at birth

#### Nervous System : Higher intellectual functions (Sensorium) : ⊕

State of wakefulness : .....

Prechtle Score : .....

Nerves : ⊕

#### Motor System :

U/A/T Good

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

TNR : ..... Skull and Spine : .....



Any Congenital Anomalies : .....

Diagnosis : Single (Term) 38 + 2 | NGA | 3.4 kg | Male | MHO hypothyroidism | LSCC .

### FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : Dr. Sasidhaik

Date & Time : 27/5/26 \* 6:30 PM

Consultant :

Signature : .....

Name : .....

Date & Time : .....

### PLEASE FILL UP THE FOLLOWING DETAILS

Name of the referring Doctor : .....

Name of the referring Hospital : .....

Address : .....

Contact Numbers : .....

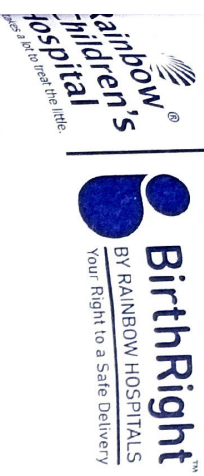
Contact Details of the referring Doctor : .....

Mobile No. : .....

Name of the Doctor in Rainbow Team : .....

E-mail ID : .....

..... on whose name the patient is being referred.



Ward  Shared  Single Room  PICU  NICU

Name: ..... SPB-00025082 IP27-00006768 ^ge: .....  
Baby BIO GADIKOTA HARIKA  
 Gender : ..... 27-05-2026  
Dr. NICU TEAM 0 Y 0 M 0 D 1 H (M)  
 Consultant : .....  
 Date of Admission : .....



**DRUG ALLERGIES**

**DRUG CHART**

**FOR THE SAFETY OF THE PATIENT**

- Ensure that all patient Details are entered above.
- Please use only internationally approved abbreviations.
- Use approved pharmaceutical names, BLOCK LETTERS, metric dosage. English Instruction.
- Any changes in drug therapy must be ordered by a NEW PRESCRIPTION. Do not alter existing instructions.
- Discontinue a drug by drawing a line / 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 sheet folder.
- 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
- DO NOT TAKE VERBAL ORDERS EXCEPT IN AN EMERGENCY. If verbal order is taken, it will be taken by resident doctor from consultant and written & signed in the drug sheet by the resident doctor.

**SOS / PRN (As Required Medication)**

DRUG	Route	Frequency	Start Date	Date/Time	
				Date	Time
Name & Signature of the Doctor					
Additional Instructions					

DRUG	Route	Frequency	Start Date	Date/Time	
				Date	Time
Name & Signature of the Doctor					
Additional Instructions					

DRUG	Route	Frequency	Start Date	Date/Time	
				Date	Time
Name & Signature of the Doctor					
Additional Instructions					





Name :	I.P. No.:	Sheet No.	Wards	Weight
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## REGULAR PRESCRIPTIONS

	Date Time																		
<b>DRUG</b>	Date Time																		
Dose      Route      Frequency      Start Date	Date Time																		
Name & Signature of the Doctor	Date Time																		
Additional Instructions	Date Time																		

	Date Time																		
<b>DRUG</b>	Date Time																		
Dose      Route      Frequency      Start Date	Date Time																		
Name & Signature of the Doctor	Date Time																		
Additional Instructions	Date Time																		


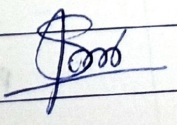
	Date Time																		
<b>DRUG</b>	Date Time																		
Dose      Route      Frequency      Start Date	Date Time																		
Name & Signature of the Doctor	Date Time																		
Additional Instructions	Date Time																		

	Date Time																		
<b>DRUG</b>	Date Time																		
Dose      Route      Frequency      Start Date	Date Time																		
Name & Signature of the Doctor	Date Time																		
Additional Instructions	Date Time																		

	Date Time																		
<b>DRUG</b>	Date Time																		
Dose      Route      Frequency      Start Date	Date Time																		
Name & Signature of the Doctor	Date Time																		
Additional Instructions	Date Time																		



# PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8am	C/S/B TEAM NICU	
	Single / Term / 38 + 2 / 3.450kg / Male / LSCS / MHO hypothyroidism.	
	O/E: HR: 120/m RR: 46 cpm DF: @ level CRT = 3 sec	S/E: CVS: S1S2 ⊕ RS: B/L M ⊕ CNS: GATF Good P/M soft
	Advice: - warm care - DBF qshly flb burping - To do vaccination	
27/5/26 8pm	C/S/B Dr Sasidhae	
	Single / term / 38 + 2 / 3.42 kg / Male / LSCS / MHO hypothyroidism	
	O/E: vitals: stable cry & activity: good	
	Advice: - warm care - DBF qshly flb burping - Routine @ 36-48hrs.	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
28/5/26 8AM	<p>Single   Temp 38.4   A&amp;A 3.42kg / Male / USC8 / mto hypothyroidism</p> <p>Q/E: HR: 130/min            RR: 48cpm            SpO2 @ level            CRT &lt; 3 sec</p>	<p>CLTB TEAM NICU</p> <p>SpO2 w/1 5M ⊕            ASI @ 1 Mx ⊕            CNS CRT and            P/M soft</p>
	<p>Advice: - warm care</p> <p>- DBF probably fib breathing</p> <p>- Routine at 26-48hr → TM (R)</p>	<p>CLTB NICU team</p> <p><i>[Signature]</i></p>
	<p>single   Temp 38.2   A&amp;A 3.42kg   male / USC8</p> <p>MLH hypothyroidism</p>	
	<p>Q/E</p> <p>Vigam - stable</p> <p>pramoxine medicine &amp; pain</p>	<p>S/O r mm</p>
	<p>Adv</p> <p>- warm care</p> <p>- DSO Q2H pH breathing</p> <p>- pramox at 3148hrs</p>	
	<p>78-11.5</p> <p>BBG - 8 paracet</p>	<p><i>[Signature]</i>        mmm</p>