

DISCHARGE SUMMARY

Name	Baby R/O DEEPTHI JACOR	UHID	SPB-00025078
Father/Guardian	Mr JOANS GEORGE	Age/Gender	0 Y 0 M 0 D 19 H/Male
Address	#43/1-5 EDAYANAL, 1ST MAIN, 8TH CROSS, R. H. B COLONY, MAHADEVAPURA BANGALORE, Mahadevapura, Bangalore, Karnataka, INDIA		
IP No	IP27-00006760	Admission Date	26-05-2026
Ref Doctor	SELF	Discharge Date	29-05-2026

Neonatal Consultant: NICU TEAM

DR SREENATH S MANIKANTI: Clinical Director & Senior Consultant - Neonatology & Paediatrics, MBBS, MD (Ped), DCH (London), MRCPCH (UK), PGPN (USA), IPPN (Australia)

DR K SWETHA: Consultant - Neonatology and Paediatrics, MBBS, M.D. Paediatrics, Fellowship Neonatology (NNF)

DR SUNIL SHIVAPPA HANASI: Consultant - Neonatology and Paediatrics, MBBS, MD, DNB (Paediatrics), DrNB (Neonatology)

Diagnosis: INBORN/TERM (38+1 WEEKS)/ BABY BOY/ BIRTH WEIGH-3.40 KGS/ NORMAL VAGINAL DELIVERY / NEONATAL HYPERBILIRUBINEMIA

Date of Birth: 26-05-2026
Time of Birth: 05:03:50 PM

Risk factors for:
Early onset sepsis - Nil
Hyperbilirubinemia - Nil
Hypoglycemia - Nil

Screening tests:
CCHD Screening: PASS (Right arm 98% Right Leg: 97%)

Rainbow Children's Medicare Limited



Marathahalli: Survey No. 8/5, Marathahalli-KR Puram, Outer Ring Road Doddanekundi, Bengaluru - 560 037. Ph: 1800 2122
Bannerghatta Road: No 178/1 & 178/2, Opposite Janardhan Towers, Bilekahalli, Bengaluru - 560 076. Ph: 080-66902200
Hebbal: No.247/248/288/100, Byatarayanapura Village, Yelahanka Hobli, Bengaluru - 560 092. Ph: 1800 2122
Sarjapur Road : Sy No. 3/3, 3/4, Ambalipura Village, Varthur Hobli, Sarjapur Road, Bengaluru - 560 103. Ph: 080 6957 999
Electronic City : SY No 34, Beratena Agrahara Village, Electronic City, Bengaluru - 560 100. T : 1800 2122
Hennur : No. 80/A/168/16, No. 36/4 Hennur Village, Kasaba Hobli Bangalore - 560043. T : 1800 2122
 For Appointments call: 1800 2122



IP No	IP27-00006760	UHID	SPB-00025078
		Admission Date	26-05-2026

OAE (Hearing screening): B/L Pass , Done on 29-05-2026
NBS: Sent on 28-05-2026, Follow up with report.
RED REFLEX: Present in both eyes

Investigations:

Maternal Blood group: 'B' Positive
Baby's Blood group: 'B' Negative
Serum Bilirubin at 36 - 48 hours: 11.3mg/dl

At Discharge:

Weight: 3.200 kg's (5.8 % less birth wt)
Feeding well On Breastfeeding

Vaccination and Medications given:

HepB, BCG and OPV on 27-05-2026
Inj Vitamin K 1mg on 26-05-2026

Obstetric History:

G2P1L1
Antenatal scans: Anomaly - Nil
Mother's booking bloods and serology: Normal
Other Risk factors: Chronic Hypertension on Tab Labetalol 100mg

Mode of Delivery:

Normal Vaginal Delivery

Condition at Birth and Early Neonatal Adaptation:

APGAR scores 8/10 and 9/10, No resuscitation needed, Delayed cord clamping for 60 seconds, Early breastfeeding and skin to skin care initiated.

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Name	Baby B/O DEEPTHI JACOB	UHID	SPB-00025078
IP No	IP27-00006760	Admission Date	26-05-2026

Head to toe examination:

Birth weight: 3.40 kg's

Length: 52 cm

Head circumference: 34cm

No obvious gross congenital anomalies, Cephalhematoma, Caput, Normal heart sounds, femorals felt, Hips stable, spine intact, anal orifice looks patent, normal appearance of genitalia (Male).

Course in the Hospital: Baby was delivered by Normal Vaginal Delivery and kept on mother side. Golden hour protocol was followed. Mother encouraged to feed frequently and on demand. Lactation counsellor input provided. Baby has passed meconium, urine in the first 24 hours. Baby was euglycemic throughout the hospital stay. Serum bilirubin at 36 - 48 Hour of life was 11.3 mg/dl, was above phototherapy range, hence baby was started on double surface phototherapy. Repeat serum bilirubin level after phototherapy was 11.3 coming below phototherapy range. Presently the baby is feeding well, stable weight and vitals stable, Hence being discharge with following advice.

Discharge Advice:

- Exclusive breast feeds on demand followed by burping
- Ensure that the baby passed urine at least 6 times in 24 hours
- Drop Vitamin D 400 IU/ml 1 ml once daily orally x 12 months
- Nasoclear nasal drops 1-2 drops in each nostril and clean with a soft cloth or a nasal aspirator, if baby has signs of nasal obstruction.
- Alcohol swab to clean the umbilicus till it dries
- wash your hands with soap before touching baby
- Vaccination as per immunization card
- **NBS: Sent on 28-05-2026, follow up with report**

Watch for danger signs:

- Baby is dull, not feeding, stopped at all for 6 hours

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Baby B/O DEEPTHI JACOB

IP No	IP27-00006760	UHID	SPB-00025078
		Admission Date	26-05-2026

- Convulsions
- Severe chest in drawing
- Baby has not passed urine for >12 hours
- Baby looks blue, is not breathing, OR has fast laboured breathing(>60/min)
- Baby is unconscious or not responsive to gentle stimulation
- Fever (Temperature > 38⁰ C) or Temperature < 35.5⁰ C
- Baby's eyes for jaundice. If the eyes seem more yellow or yellow staining of palms & soles is noted, please bring the baby to hospital for review.

Follow up:


Review with Dr. SREENATH S MANIKANTI in Pediatric OPD on 01-06-2026 appointment booked at 10:45 AM

To take appointment for OPD consultation at Rainbow Children's hospital Contact 18002122.

Pediatrics Emergency Number: 8139932222/9620688829

Discharge Summary Prepared by Dr. Shakthi

Discharge Summary explained to parents, Nurse Name & Signature.....


Signed for Dr. Consultant

Signed: Mother.....

Father.....

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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 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. 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: DEEPTHI JACOB

Signature of Parent/Legal Guardian: *Deepthi*

Date: *07/08/26*



NEWBORN EXAMINATION CASE SHEET

Day of life	Day of birth	1	2	3	4
Examined by					
Hours of life		26/5	27/5		29/5/26
Weight	26				
Weight loss %	B wt	3.110 kg	3.260 (wt/v)	3.180 kg ↓ 20g (6.4%)	3.200 ↑ 20g (5.6%)
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		5	5	5	
Activity					
Icterus					
Pallor					
Cephalhematoma					
Anomaly	(n)				
Palate					
Heart					
Femoral pulses	+				
Respiratory system					
Umbilical cord					
Hips	(n)				
Spine					
Genitalia	Teste (+)				
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 : IP27-00006760

Admit Date : 26-May-2026

Admit Time : 08:07 PM UHID : SPB-00025078



Patient Details :

Patient Name : Baby B/O DEEPTHI JACOB

Guardian : Mr JOANS GEORGE

Gender : Male

Occupation :

Address (H) : #45/1-5 EDAYANAL, 1ST MAIN, 8TH CROSS,
R. H. B COLONY, MAHADEVAPURA
BANGALORE Mahadevapura Bangalore
Karnataka INDIA

Age : 0 D

DOB : 26-05-2026 05:03 PM

Religion :

Marital Status :

Phone No : 8050753597

E-mail : deepthi1992jacob@gmail.com

Admission Details :

Bed Type : BASINET

Bed No : CRDL-PVT-219-1

Ward Name : 2F - PVT

Room No : CRDL-PVT-219-1

Admission Type : First Visit

Contact Details :

Name : Mr JOANS GEORGE

Relationship : Father

Contact Address : #45/1-5 EDAYANAL, 1ST MAIN, 8TH CROSS,
R. H. B COLONY, MAHADEVAPURA
BANGALORE Mahadevapura Bangalore
Karnataka INDIA

Phone No :

Signature

Doctor Details :

Doctor Name : Dr. NICU TEAM

Specialisation : NEONATOLOGY

Referral Doctor : SELF

Phone No :

Co-Consultant :

Payment Details :

Payment Mode : Cash

Deposit Amount : 0.00

Payor Name : SELFPAY



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: BO Deepthi Mother's Name: Mrs. Deepthi

Date of Birth: 26/5/26 Time of Birth: 5:03.50 PM Gender: Male Female

Birth Weight: 3.40 kg Kgs HC: 34 cm Length: 52 cm

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

Term / Pre-term / Post-term: Term

Resuscitated: Yes No Blood Group: Mother: B+ Baby: _____

Feeding: Breast Feeding Formula Both First Feed Time: _____

MAB-00064780 IP27-00006756
Mrs DEEPTHI JACOB
15-01-1992 34 Y 4 M 11 D (F)
Dr. SHEFALI TYAGI



Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental C/S

Indication: _____

Physical Assessment of New Born:

Temp: 36.1 °C HR: 120 /Min RR: 35 /Min BP: _____ SpO₂: 99

Pain Score: 0/10 (Follow N Pass) Score: 0/10 (Fill the Humpty Dumpty Sheet)

Fall Risk Assessment: Yes No (Fill the Braden Q 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 Musculoskeletal Congenital Abnormality Yes / No

2. Functional Screening: Yes / No

3. Socio History: Siblings Yes / No

All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Signature: Nalliga
017312

Date & Time: 26/5/26
(10)

Nurse Name: Nalliga



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Deepthi Jacob Age : 34yr Father's Name : Joans George Age :
 Date of Birth : 15-1-1992 Date of Admission : 26/5/26 UHID No. : 64780
 NICU Consultant : NICU team (Dr. Anurag) 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 Deepthi Mother's Blood Group :
 Gender : M F Blood Group :
 Date of Birth : 26/5/26 Time of Birth : 5:03:50pm Birth Weight (gms) : 3400g Length (cms) :
 Place of Birth : Rainbow Saryapur OFC (cms) :
 Estimated Gesth Age : 38+1kg

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 34yr Ht : 164cm Wt : 95kg BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : AFI - 8cm, EFW - 3022gm, Placenta - Anterior Right lateral
 TT Immunization and Iron / Folic Acid : taken

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 chronic hypertension
on tab labetalol . 100mg
 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 : 8cm

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 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: A: L: /

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
<u>2</u>	<u>girl - 6.5 yrs.</u>					
<u>II</u>	<u>- spontaneous</u>					

PERINATAL HISTORY

Treating Obstetrician: Dr. Anjali Hospital: Rainbow Barjapur Inborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS: <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication:</p> <p>Specify the reason:</p> <p>Augmentation of Labour: <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG: <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL:</p> <p>Resuscitation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG:</p> <p>Placenta: (weight, surface, No. of cotyledons, calcifications, malformations, clots etc:</p>
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NEONATAL RESCUSTITATION DETAILS

APGAR SCORE

Gestational Age: 38+1 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 Minutes
TOTAL	<u>8/10</u>	<u>9/10</u>	

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

Comments:

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints:

2PIL, @ 38+1 weeks of gestation ↓ CP @ 2 months NVD
@ chronic HFN on Rx



Present Illness:

- ∴ baby delivered via NVD
- delayed cord clamping done
- ∴ cared @ birth
- ∴ umbilicus - 2A
 - 1V
- APGAR - 8/10, 9/10
- NO cleft lip / NO cleft palate
- spine and genitals - (N)

MALE	3.4 KG.
26/5/26	5:03:50 PM

- ∴ IN vitamin K given
- ∴ SUIT TO MOTHERSIDE

Investigation details in previous Hospital :

Feeding History :

Name
Father/Guardian
Address

WETHA: (...)
ology (N ...)
SHIV ...
rics), D)

Past History :

[Blank area for Past History]

Family History :

[Blank area for Family History]

Socio Economic History :

[Blank area for Socio Economic History]

GENERAL EXAMINATION ON ADMISSION

General Disposition :

[Blank area for General Disposition]

VITALS : Temperature : 36.5°C HR : 154b.p.m RR : 52/min NIBP : CFT : < 3

Color of the extremities : Acrocyanosis

Jaundice : Pallor :

SpO2 : 97% on RA

Anthropometry : Birth Weight : 3.4kg Length : HC :

Ponderal Index : AGA : Present Weight :

SGA : LGA :

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

Facies :
(Any Facial Dysmorphism) Nil

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

EYES :
Symmetry : (N)
Red Reflex : -
Discharge : -

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

THORAX and BREASTS :
Shape of Thorax : (N)
Position of Nipples and Number : 2, symmetrically arranged

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

GENITALIA :
Labia / Hymen : } (N) Male External genitalia
Testicles/penis :
Anus :

HERNIAL ORIFICES : -

TRUNK and SPINE : (N)

SKIN LESIONS : Nil

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 : 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 : 93% on RA Auscultation : RILACT Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 154 bpm BP :

Precordial Activity : —

Femoral Pulses : felt

Murmurs : —

Other Peripheral Pulses :

Signs of Cardiac Failure : —

Abdomen :

Shape : protuberant

Hernia orifice : —

Palpation : —

Anal Patency : patent

Palpable masses : —

Umbilical Cord : —

Abdominal girth : —

First urine passed : —

Meconium passed : —

Nervous System : Higher intellectual functions (Sensorium) : cry, activity fair - good

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone : (N)

Active Tone : (N)

Neonatal Reflexes : present

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : present

ATNR : DTR :

Skull and Spine : (N)

Any Congenital anomalies

KJH

Diagnosis :

TEARS (AGA) NAIR / 3.4 KG / NVD / M/H/O CHRONIC HIN

FOOT PRINTS

Left Side :



Right Side



Resident Doctor :

Signature :

Name :

Dr. AKHIL

Date & Time :

26/5/26, 5:10 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.



AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : HR :

RR :

BP :

SPO2 :

Weight :

Any Oxygen requirement :

Systemic :

Medications :



Plan during ward follow up :

- shift to room 10
- warm + fluid care
- breastfeeding every 2nd hrly
- CRBS @ 6h
- SRE, grouping and NBS @ 36-48 hrs of life

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

PB-00025078 IP27-00006760
 Baby B/O DEEPTHI JACOB (M)
 05-2026 0 Y 0 M 2 D
 NICU TEAM



PROGRESS NOTES AND DOCTOR'S ORDER

Time	Progress Notes	Doctor's Order
15/26	CLB Dr. Banadhi / NCU team	
10pm	Term/ AUA / NVD	
	Baby on Room air	
	pink, fothermic	
	CPR & BEE	
	C/T/A fair	
	Tolerating feeds	
	vital's stable	Adv
	S/E: NAD	CS Bis 19/2026
15/26	CLB NCU Team	
7:10 AM	Term/ AUA / NVD	
	Baby - pink, fothermic	
	CPR & BEE	
	C/T/A fair	
	Tolerating feeds	
	vital's stable	Adv
	S/E: NAD	CS Bis 19/2026



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26 8 AM	C/S/B Dr. Seetharam	
	Term / AGA / Male / 3.4 kg / NVD / MILD CHRONIC HTN. o/e: vitals stable cry & activity good	
	Advice: warm care - T/m investigation - DBF study flb bumping	Dr.
28/5/26 5 AM	C/S/B TEAM NICU	
	Term / AGA / Male / 3.4 kg / NVD / MILD CHRONIC HTN o/e: HR: 140/min RR: 48cpm AF @ level CRT < 3s	o/e: cvs: S3 @ R2L B/L Qh @ LMS - C/M/T W d V/m sop.
	Advice: - warm care - - DBF study flb bumping - trace investigation.	Dr.

00025078
 by B/O DEEPTHI JA
 05-2026
 Dr. NICU TEAM
 0 YOM 2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
2/5/26 1:00pm	<p>C/S/R Team N/S/C</p> <p>TIA Mch 3.4kg NVD m-H's chromic HAN.</p> <p>Baby - pink cathernic</p> <p>CRC chcc</p> <p>CHTA for</p> <p>Determ (1)</p> <p>Vital stable</p> <p>SLE NAD</p>	<p><u>Adx</u></p> <ul style="list-style-type: none"> - DSPT - DB ft bugging - Rpt SBR Tm @ 6:00pm <p>B/L</p>
2/5/26 8pm	<p>C/S/R New Team</p> <p>T AGA 3.4kg NVD </p> <p>- no fresh lesions</p> <p><u>OK</u></p> <p>mbars - stable</p> <p>reg h/w - norm & pink</p>	<p>m-H's chromic HAN</p>
	<p><u>Doc</u></p> <ul style="list-style-type: none"> - continue phototherapy - confer SBR Ryan & Plan discharge 	<p><i>[Signature]</i> mgar</p>

(P.T.O)