

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020408 **Admit Date** : 12-May-2026 **Admit Time** : 02:20 PM **UHID** : FDH-00045772

Patient Details :

Patient Name : Baby B/O IVY ALBI	Age : 0 D
Guardian : Mr JEWEL DOMINIC SAVIO ANTONY	DOB : 12-05-2026 01:43 PM
Gender : Female	Religion :
Occupation :	Martial Status :
Address (H) : #5-101/100, BALAJI NAGAR COLONY, PUPPALAGUDA MANIKONDA PO,RR DISTRICT, TELANGANA Manikonda Hyderabad Telangana INDIA 500089	Phone No : 9652851984/ E-mail : 9652851984@GMAIL.COM

Admission Details :

Bed Type : BASINET **Bed No** : CRDL MICU 2-2 **Ward Name** : 4F -MICU
Room No : CRDL MICU 2-2 **Admission Type** : First Visit

Contact Details :

Name : Mr JEWEL DOMINIC SAVIO ANTONY **Relationship** : Father
Contact Address : #5-101/100, BALAJI NAGAR COLONY,
PUPPALAGUDA MANIKONDA PO,RR
DISTRICT,TELANGANA Manikonda Hyderabad
Telangana INDIA 500089 **Phone No** : / 7736189240

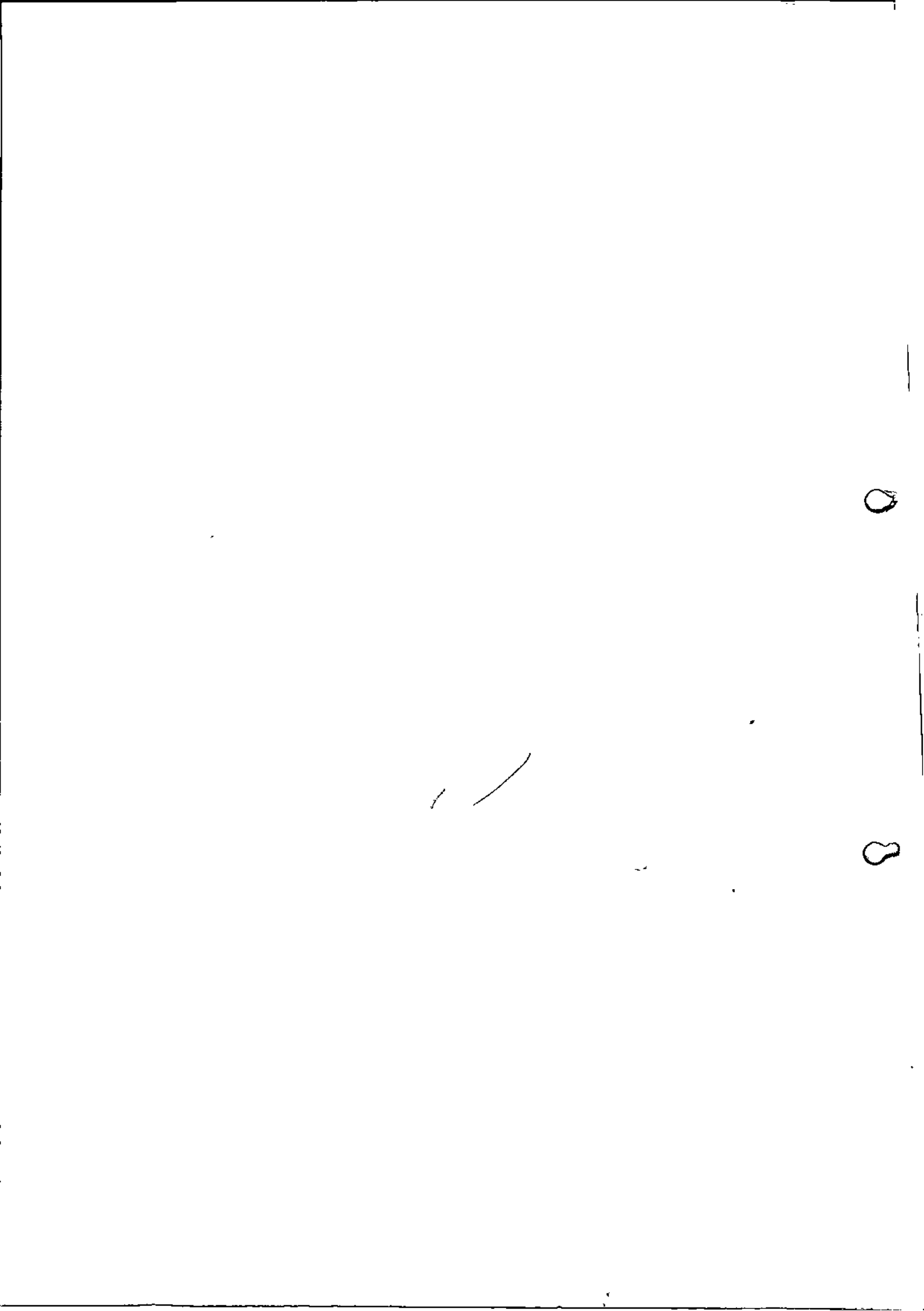
Signature

Doctor Details :

Doctor Name : Dr. CHIGULLAPALLI SHRAVANTHI **Specialisation** : NEONATOLOGY
Referral Doctor : **Phone No** :
Co-Consultant :

Payment Details :

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



ACTIVITY RECORD FOR BILLING

Name: ----- **FDH-00045772 IP25-00020408** -----
Baby B/O IVY ALBI
12-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. CHIGULLAPALLI SHRAVANTHI

UHID No : -----  ----- Consultant : ----- Dept : -----
 Date of Admission : ----- Date of Discharge : ----- Time: -----
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/5/26	9:25pm	MICU	327	Subhrit
14/5/26	12:25pm	ward	Billing	Subhrit

Cross Consultation Visit

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

DH-00045772 IP25-00020408
 Baby B/O IVY ALBI
 2-05-2026 0Y0M0D2H (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Age : Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : 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 Ivy Albi Mother's Blood Group : AB +ve
 Gender : M F Blood Group :
 Date of Birth : 12/5/26 Time of Birth : 1:43 PM Birth Weight (gms) : 3.668 kg Length (cms) :
 Place of Birth : RCH-FD OFC (cms) :
 Estimated Gesth Age : 38+1w

Current Obstetric History : (Booked / Unbooked Case) Prim
 Maternal Age : 31y Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx :
 Booked at what GA : AN Steroids Drugs / Doses :
 Last Scans Details : 27/4/26 -> SLUF 36+1w ; AFI = 21cm ; EFW = 3113g
impl - (x) TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs <u>4/0 Benign ICH</u> Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No <u>(diag in 2022 Nov)</u> If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 H/o PIH (after 20 weeks) / PE <u>4/0 gestosis</u> <u>→ focal seizure</u> How many Drugs / Doses / Since how long : <u>on oxcarbazepine</u> <u>till 25 yst of age</u> H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : <u>→ 4/0 childhood asthma</u> IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : AFI :</p>	<p>H/o GDM/pre GDM/ on diet or insulin Controlled or not, recent values, HbA1 values : Compliance with Rx : Scans : LGA, TIRFA , 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 (<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV) UTI : when : Any culture :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

History of Present Illness:

Baby received in a prewarmed linc



B C I A B



Route care given

Ins Vit K given



CIT / A - good

M & R D



shifted to

mother's side

Investigation details in previous Hospital :

-

Feeding History :

-

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

No obvious congenital anomaly seen

VITALS : Temperature : 36.5° C HR : 138/minute RR : 40/minute NIBP : CFT : cyan

Color of the extremities : cyanosis

Jaundice : Pallor : SpO2 : 97%

Anthropometry : Birth Weight : Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism)

NECK and CLAVICLES : Range of Motion :
Asymmetry :
Masses :

EYES : Symmetry :
Red Reflex : *3 to check*
Discharge :

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

THORAX and BREASTS : Shape of Thorax :
Position of Nipples and Number :

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

GENITALIA : Labia / Hymen : *Femal genitalia*
Testicles/penis :
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMETIES : Fingers / Toes :
Arms / Legs :
Deformities :
Mobility :
Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

AEBE (+)

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 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

S1S2 (+)

HR : BP : Precordial Activity :

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice : | 0

Palpation : Anal Patency : | 0

Palpable masses : Umbilical Cord : 2A+V

Abdominal girth : First urine passed : | Not passed

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves : C/T / A - good

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : complete DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies :

Diagnosis : Term / Female / 3-6 yrs / BCIAB / EDM
EmLSCS / IVO fetal deceleration + N.P.O.L

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : M. Owar

Date & Time : 12/5/26

Consultant :

Signature : *[Signature]*

Name : Dr. Suman Mittal

Date & Time : 13/5/26 @ 10:45

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. : E-mail ID :
- Name of the Doctor in Rainbow Team *[Signature]*
..... on whose name the patient 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 :

Plan

① Warmth + care

② GRBS monitoring 1/2/0 IOM

② 1, 3, 6, 12, 24, 48, 72 HOL

③ BBF energy @ 2ml/kg t/b burpy

Feeding Plan at the time of shifting :

④ OAE + vaccination

⑤ 4 limb saturation @ 24hol

Screenings done during NICU Stay :

NSG : ⑥ ⑤ SBR + NBS @ 48hol

Hearing Screen : ⑦ red reflex to do.

ROP :

TFT :

NP2 :



(1)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5	S/O. <u>Dr. Vinodha (LC) (PT)</u>	
	Breastfeeding counselling given	A.
13/5/21	class	Dr. Sajid
6 AM		20 kcal
		cross on map
	wt loss - 2.7 lb	on mind for
	temp - 6.3	accepts feed as
	⊙ ex on parents	CLIA - 1st
		Coun & still pabel
		ph
		- at ORF + 14
		- vacate CAB / red
		- SBR MR, @ FB
		after 6 hrs
		- GRS - ORF per schedule.

FDH-00045772

IP25-00020408

Baby B/O IVY ALBI

12-05-2026

0 Y 0 M 0 D 3 H (F)

Dr. CHIGULLAPALLI SHRAVANTHI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26		
4pm		
	CLINICAL	
	on mixed feed	
	accepts feeds well	
	CLINICAL	
	WELL	
		M
		- cut DRE + ER
		- vacuoles
		OBS
		Red skin
		SBR, NRS @ 10m
		obs and
		- WRR @ check



(2)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order												
14/5/26		DBF B Dr Unnati / Dr. Suman												
19/05/26	<p>AGC :- Term / full / AGA / Em LSCS - CPAB / AGA</p>	<p>DBF</p>												
	<table border="1"> <tr> <td>M</td> <td>AB +ve</td> </tr> <tr> <td>B</td> <td>A +ve</td> </tr> </table>	M	AB +ve	B	A +ve	<table border="1"> <tr> <td>Bwt</td> <td>3.638 kg</td> <td>U</td> <td>✓</td> </tr> <tr> <td>Thwt</td> <td>3.434 kg</td> <td>S</td> <td>✓</td> </tr> </table>	Bwt	3.638 kg	U	✓	Thwt	3.434 kg	S	✓
M	AB +ve													
B	A +ve													
Bwt	3.638 kg	U	✓											
Thwt	3.434 kg	S	✓											
<p>per 5 - 9-8</p>		<p>wt loss 6.3%</p>												
	<p>on DBF + FF → feeding well</p>													
	<p>de :- Euthermic / Euglycemic</p>													
	<p>CTA good</p>													
	<p>SpE :- (B) neonatal examination</p>													
	<p>vaccination ✓</p>	<p>Plan</p>												
		<p>Continue DBF + FF / case</p>												
<p><u>SpE - A</u></p>		<p>OAE / red reflex → today</p>												
		<p>SpE / NBS today</p>												
		<p>3 Dr 80s f/u</p>												
		<p>SpE today</p>												

PATIENT TRANSFER FORM

FDH-00045772 IP25-00020408

Baby B/O IVY ALBI
12-05-2026 OYOMOD3H (F)
Dr. CHIGULLAPALLI SHRAVANTHI



Date & Time of Admission <i>12/5/26 @ 2:20pm</i>	Date & Time of Transfer Order <i>12/5/26 @ 9:25pm</i>
Transfer Ordered by <i>Dr. Shraavanthi</i>	Reason for Transfer <i>Observation</i>
From Unit <i>MICU</i>	To Unit <i>327</i>
Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Sucharitha</i> <i>12/5/26</i>	Name of Person Ordered Transfer <i>Dr. Shraavanthi</i>
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Patient & Clinical Records Received by :
Pam
12/5/26 @ 9:30pm

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

8

9

PATIENT TRANSFER FORM

(OT)

FDH-00045772 IP25-00020408
Baby B/O IVY ALBI
12-05-2026 OYOMOD3H (F)
Dr. CHIGULLAPALLI SHRAVANTHI

Date & Time of Admission 12/5/26 @		Date & Time of Transfer Order 12/5/26 @ 2:35 PM
Treating Consultant Name Dr. Shrawanthi	Transfer Ordered by Dr. Owais	Reason for Transfer NBE
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File ①	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	cord clamp dowe	01
2.	Vitamin D give	01
3.	Kweli	01
4.	Baby Tage	01
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Dr. Subhadeep @ 2:35 PM 12/5/26	Name of Person Ordered Transfer Dr. Owais
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Patient & Clinical Records Received by :
Subhadeep 12/5/26 @ 2:35 PM

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

