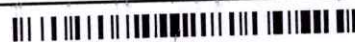


ADMISSION SHEET



Registration Details :

Admission No : IP25-00020686 Admit Date : 28-May-2026 Admit Time : 11:37 AM UHID : FDH-00046383

Patient Details :

Patient Name : Baby B/O SRAVYA YELLAPRAGADA Age : 0 D
Guardian : Mr ashok raju linganaboina DOB : 28-05-2026 10:58 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : Myhome mangala, Kondapur Kondapur Phone No : 8919477586/ 8919477586
Hyderabad Telangana INDIA 500084 E-mail : sravyaysk@gmail.com

Admission Details :

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

Contact Details :

Name : Mr ashok raju linganaboina Relationship : Father
Contact Address : Phone No :

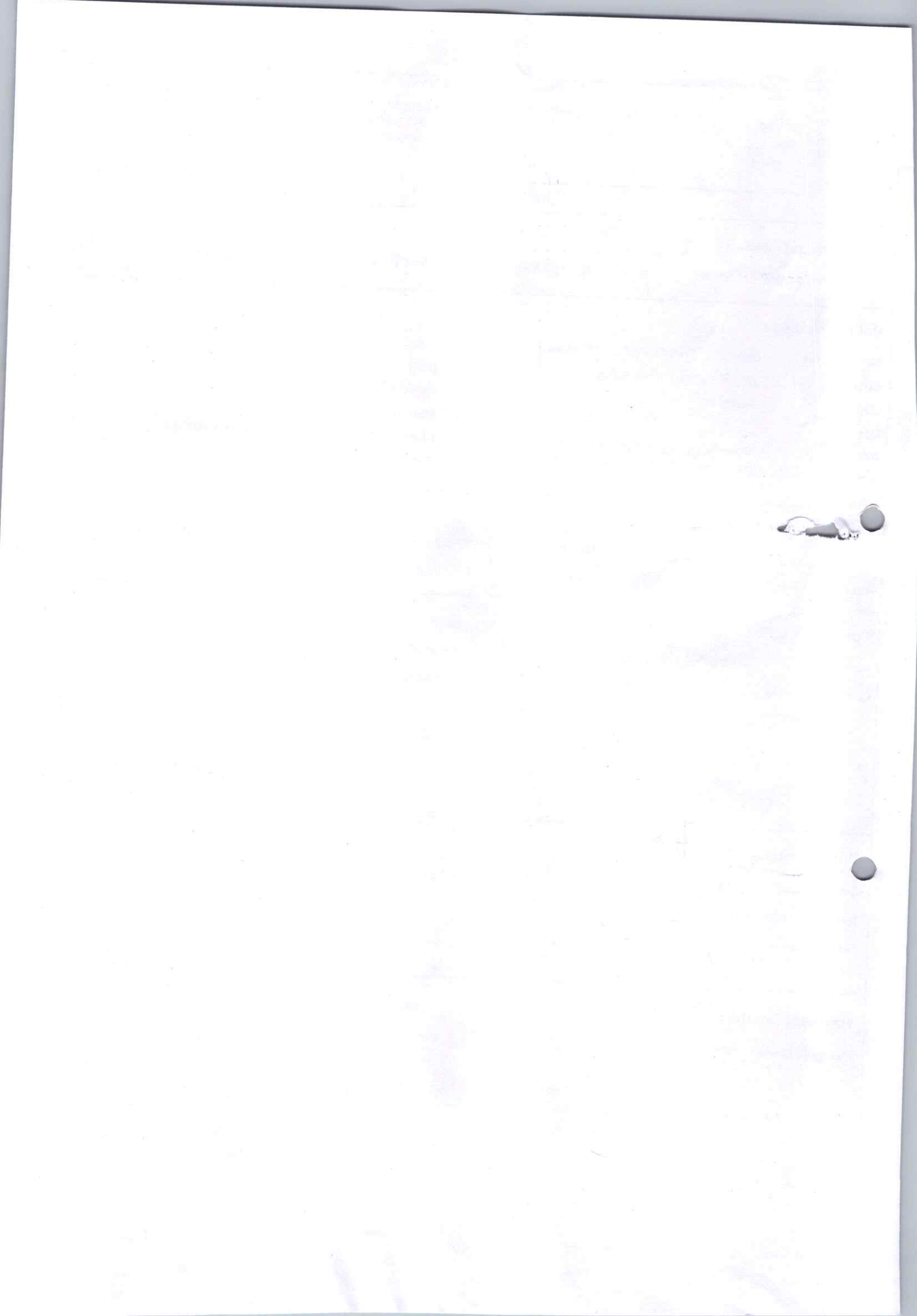
L. Ashok
Signature

Doctor Details :

Doctor Name : Dr. KALYAN CHAKRAVARTHY KONDA Specialisation : NEONATOLOGY
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

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



RAINBOW CHILDRENS HOSPITAL
DEPARTMENT OF PAEDIATRIC AUDIOLOGY
Hearing Screening Informed Consent Form

Hi! Congratulations on the birth of your baby!!!

Dear Parent,

It is through hearing that your child will learn to talk. Approximately 3 newborns per 1000 are born with hearing loss. Although it is unlikely your baby will have a hearing loss, if there is one, it is important that you know about it as soon as possible.

The first two years of your child's life are the most important for learning speech and language. It is important to diagnose hearing problems early because a hearing loss can prevent your baby from learning speech and language.

The purpose of the screening is to check your baby's ability to hear and to help find those babies who need more hearing testing. **This screening test does not rule out severe and rarer forms of hearing loss.**

Your baby will receive the test below.

Otoacoustic Emissions test (OAE). This test will not hurt your baby. Most babies sleep through the test. A soft rubber earphone is placed in your baby's ear and makes a soft clicking sound. Healthy ears will "echo" the click sound back to a tiny microphone that is inside the earphone. Both ears will be tested.

Please ask your doctor or nurse if you have any questions about the hearing screening.

CONSENT

I authorize/request a hearing screening test for newborn, _____

Y. Sravya

Signature of Parent/Legal Guardian

Date

20/5/20

FUM-00046383 IP25-00020686
Baby B/O SRAVYA YELLAPRAGADA
28-05-2026 0 Y 0 M 0 D 10 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA




In case if the result shows **refer** in one or both ears, this does not necessarily mean that your baby has a permanent hearing loss, but without additional testing we can't be sure. The screening results will be provided to your baby's doctor. Please be sure you make the appointment for rescreening on _____

Signature of Parent/Legal Guardian

Date

FDH-00046383 IP25-00020686
Baby B/O SRAVYA YELLAPRAGADA
28-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA




ACTIVITY RECORD FOR BILLING

Name: -----
UHID No : -
Date of Admission :
Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

FDH-00046383 IP25-00020686
Baby B/O SRAVYA YELLAPRAGADA
28-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

----- Consultant : ----- Dept : -----
: 11:37 AM Date of Discharge : ----- Time: -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
28/5/20	@ 9pm	micro ward	ward	[Signature]
29/5/20	11:20pm	ward	Billing	[Signature]

Cross Consultation Visit

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

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 28/05/26

Time : 11:37AM

Prepared By : Sivani

Staff Nurse Sivani	Shift / Ward MICU	Billing Assistant	Billing Supervisor
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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Mrs Sravya Age : 31 Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Dr Kalyan 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 Sravya Mother's Blood Group : O+ve
 Gender : M F Blood Group :
 Date of Birth : 28-05-2026 Time of Birth : 10:55 AM Birth Weight (gms) : 2.891 Length (cms) :
 Place of Birth : RCH, FD OFC (cms) :
 Estimated Gesth Age : 37 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : LMP : 31/8/25 EDD : 7/6/26
 Conception : Spontaneous or with Rx. : Spontaneous
 Booked at what GA : 6+3 wks AN Steroids Drugs / Doses :
 Last Scans Details @ 15/5/26 EFW - 2.5kg (20%) AFI - 11.9cm
Doppler - (D) TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs Anterior intercumal fibroids
 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 :
H/o Hypothyroidism : when diagnosed ? Medication?
 Any other Chronic Medical Problems, when detected drugs ?
 (Anemia, SLE, Jaundice, CHD, Heart Disease) Asthma
 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: A: L:

Primi

Sl. NO.	Age	GA WKS	B. W	Gender	Significant	Details
		37	2.891	F		

PERINATAL HISTORY

Treating Obstetrician : Dr. Pujitha Hospital : RCH, FD Inborn Outborn

<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 checked="" 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>
---	---

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 Minutes
TOTAL	8/10	9/10	

TOTAL

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :



Baby girl born on 28-5-2026 @ 10:58 AM
via NVD

↓
BCIAB
↓
DCC done
↓
Routine newborn care done
Inj. Vit-K given in (L)
anterolateral aspect of thigh

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5° HR : 148/m RR : 48/m NIBP : CFT : 23 sec

Color of the extremities : (N)

Jaundice : ✓ Pallor : ✓ SpO2 : Pre - 96%
Post - 96%

Anthropometry : Birth Weight : 2.891 Kg Length : HC : Present Weight :

Ponderal Index : (AGA) SGA : LGA :



HEAD TO TOE EXAMINATION

HEAD :

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

Caput (+)
} (N)

Facies :
(Any Facial
Dysmorphism)

No facial dysmorphism

**NECK and
CLAVICLES :**

Range of Motion :
Asymmetry :
Masses :

} (N)

EYES :

Symmetry :
Red Reflex :
Discharge :

→ to be checked

**EARS, NOSE
MOUTH and
THROAT :**

Ear set / Shape :
Periauricular 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 :
Discharge :

} (N)

GENITILIA :

Labia / Hymen :
Testicles/penis :
Anus :

} (N)

HERNIAL ORIFICES

TRUNK and SPINE :

} (N)

SKIN LESIONS :

EXTREMITIES :

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

} (N)



SYSTEMIC EXAMINATION

Respiratory System :

AEBE (F)
NVBS.

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 48/m SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) : 0/10

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : 96% Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 148/m BP : Precordial Activity :

Femoral Pulses : B/L equally well felt Murmurs :

Other Peripheral Pulses : well felt Signs of Cardiac Failure :

Abdomen :

Shape :

Palpation : Soft, no organomegaly Anal Patency : 2 UAC appears patent

Palpable masses : Umbilical Cord : 1 UVC

Abdominal girth : First urine passed :
Meconium passed : X

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : } (N)

Prechtle Score :

Nerves :

Motor System :

Passive Tone : } (N)

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : Symmetrical DTR :

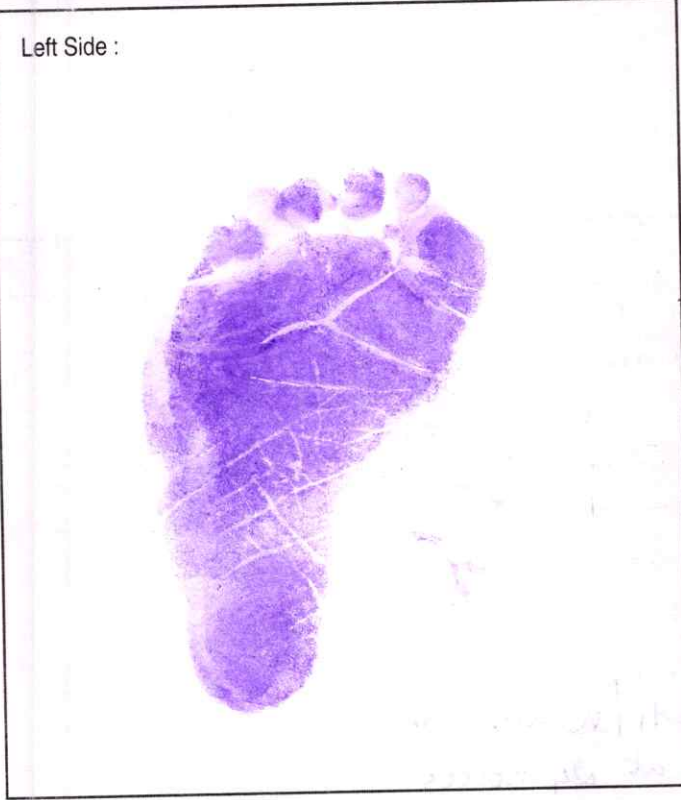
ATNR : Skull and Spine :



No congenital anomalies

Diagnosis : Term / AGA / Baby girl / NVD / CIAB / B.Wt - 2.891 kg

FOOT PRINTS



Resident Doctor :
Signature :
Name : Dr. Praveen
Date & Time : 28/5/20

Consultant :
Signature :
Name :
Date & Time : 28/5/20

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 :
..... 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 :

- DBF every Q 2HRLY / Warm care
- Vaccination & OAE at 24 hours
- SBR/NBS at 48 HOL
- Red reflex to be checked at 24 HOL

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order								
29/5/26 9:30am	<p>CPSPB to Kalyan</p> <p>Δ S/S:- Term AGA/ Fch/ NVD/ C/AB</p> <p>@ DBF → feeding well</p> <table border="1" data-bbox="568 655 747 786"> <tr> <td>M</td> <td>OP</td> <td>U</td> <td>-</td> </tr> <tr> <td>B</td> <td>OP</td> <td>S</td> <td>-</td> </tr> </table> <p>Wt 2.891 kg Twt 2.793 kg Wt loss 3.3%</p> <p>ofe :- Euthermic CRT/A good</p> <p>S/E :- (N) neonatal examination.</p>	M	OP	U	-	B	OP	S	-	
M	OP	U	-							
B	OP	S	-							
	<p>CAE</p>	<p>Plan</p> <p>DBF warm case</p> <p>U limbs spec Red reflex/ vaccination @ 24Hr</p> <p>Start NBS @ 24Hr</p> <p>S/E today → Review on Sunday</p> <p>FF 80%</p>								
<p>Dr. A</p>										
29/5	S/O. Dr. Vinodha (LC) (PT)									
	Breastfeeding counselling plan									



PATIENT TRANSFER FORM

DH-00046383 IP25-00020686
Baby B/O SRAVYA YELLAPRAGADA
28-05-2026 0 Y 0 M 0 D 3 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA



Date & Time of Admission 28/5/26 @ 11:37 AM		Date & Time of Transfer Order 28/5/26 @
Treating Consultant Name Dr. Kalyan	Transfer Ordered by Dr. Vicky G	Reason for Transfer NBC
From Unit NICU	To Unit ward	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File /	Number of Imaging Films /	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 Sr. Seneeka 28/5/26	Name of Person Ordered Transfer Dr. Vicky G
--	--

Patient & Clinical Records Received by :
Bhavana
28/5/26 7:30 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

