

DISCHARGE SUMMARY

Name	B/O TEJASWINI REGATI VENKATA	UHID	FDH-00046307
Father/Guardian	Mr GADDE JEEVAN REDDY	Age/Gender	0 Y 0 M 2 D/ Female
Address	Gadde leevan reddy villa-220 mayfair visista ,sheriguda, kondakal,po:kodalkal, Marpallikalan, Ranga Reddy, Telangana, INDIA, 501203		
IP No	IP25-00020640	Admission Date	26-05-2026
Ref Doctor	Dr. Srilatha Gorthi		
Discharge Date	28-05-2026		

Consultant:

Dr. Kalyan Chakravarthy Konda,

MBBS, MD, DNB (Pediatrics), DM (Neonatology)

Consultant Pediatrician & Neonatologist

APMC/FMR/76059

DIAGNOSIS

TERM / APPROPRIATE FOR GESTATIONAL AGE / SPONTANEOUS VAGINAL DELIVERY / BABY GIRL

NEONATAL HYPERBILIRUBINEMIA

History: B/O TEJASWINI REGATI VENKATA, is a term (39 weeks + 2 days) baby girl, delivered to a PRIMI mother by Spontaneous vaginal delivery on 26.05.2026 at 12:22 pm with birth weight of 2.602 kgs in Rainbow Children's Hospital, Financial District Hyderabad. Baby cried immediately after birth. APGAR scores were 8/10 at 1 min, 9/10 at 5 min. Inj. Vitamin K 1mg IM was given after delivery. Delayed cord clamping done. Fetal presentation was



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Vertex.

Maternal History: Mrs. TEJASWINI REGATI VENKATA, is a 31 years old PRIMI mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "O" positive. Baby's blood group is O negative.

Examination: Baby was euthermic. Maintaining saturations at room air. On auscultation of chest, air entry was bilaterally equal with normal heart sounds. Bilateral femoral pulses well felt. Abdomen was soft with no organomegaly. Cry and activity were good. Anterior fontanelle was at level. No obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

Anthropometry:

Weight at birth : 2.602 kgs.
Weight at discharge : 2.523 kgs.
Head Circumference : 36 cms.
Length : 48 cms.

Investigations: Enclosed reports.

Management:

Course during hospital:

Feeding: Breastfeeding was initiated (First feed was given within 30



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minutes). Baby tolerated the feeds well.

Neonatal Jaundice: Transcutaneous bilirubin at 28 hours of life was 11.2 mg/dl. Hence baby was started on double surface phototherapy. Baby was continued on breastfeeding. Last Serum bilirubin at 42 hours of life was 10.3 mg/dl with indirect fraction of 10.2 mg/dl. This does not come under the phototherapy range, hence stopped.

Hemogram done on 28.05.2026 showed hemoglobin of 19.5g/dl, White Blood Cell count of 13160 cells/cumm, platelet count of 2.79 lakhs/cumm, packed cell volume of 58.7 vol%. Reticulocyte count was 3.5%.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	27.05.2026
OPV	Given	27.05.2026
HEPATITIS B	Given	27.05.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Done on 27.05.2026 showed Bilateral normal outer hair cells functioning.

Newborn screening advanced : Done on 28.05.2026, report awaited.

SPO2 : 98% at room air

Red Reflex: Present & Symmetrical

Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.



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Condition at discharge: Baby is pink, warm, active and on direct breast feeds.

Advice:

Keep the baby clean & warm
Regular breast feeding every 2nd hourly followed by burping along with measured feeds as advised (25 to 30 ml 2 hourly of top up formula)
Monitor urine output
Immunization as per schedule
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice (after 5 days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

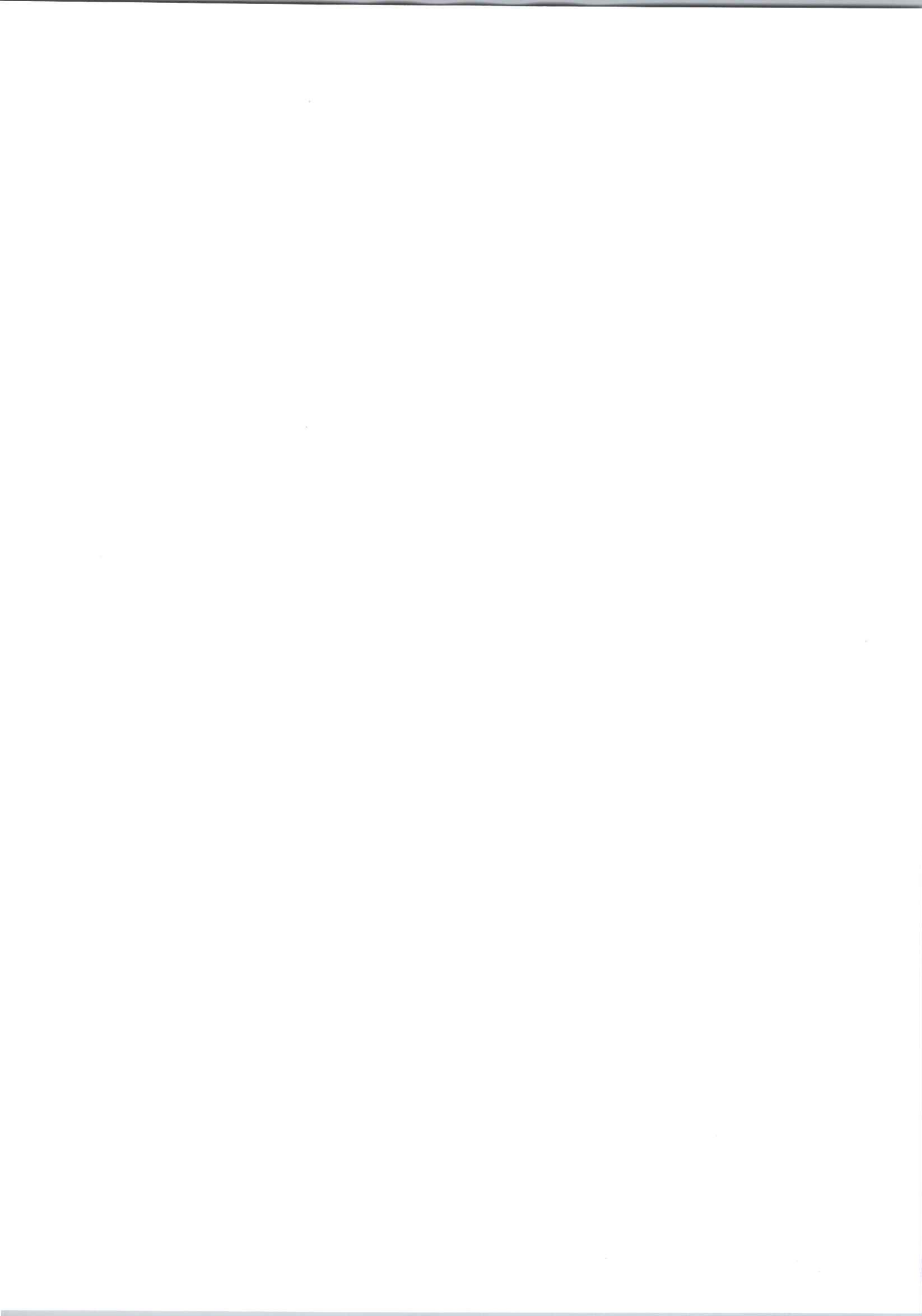
Plan:

- 1. Newborn screening advanced test report to be collected on follow up.**
- 2. Serum bilirubin to be decided on follow up (last done at 46 hours of life shpwed serum bilirubin of 10.3mg/dl with indirect fraction of 10.mg/dl, as per risk stratification, it comes under low risk)**

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on 28/5/2026 Thursday at Financial District with prior appointment (**Review consultation will be charged**).

Review back to Hospital: If baby is not feeding continuously for > 6 hours, If breathing fast, Fever or poor activity or lethargy, Bluish discolouration of lips, Increase in jaundice, Abnormal movements occurs.

The content of the patient discharge summary, medication, food & drug interaction, care to be provided at home, nutrition, immunization and safe parenting, when and how to obtain emergency care etc also have been explained by doctor in a language that I can understand and I



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acknowledge.

Parent/ Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District / Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikrampuri / LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website **www.rainbowhospitals.in**

Registrar/Resident/C.M.O

Consultant:

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ACTIVITY RECORD FOR BILLING

FDH-00046307 IP25-00020640
Baby B/O TEJASWINI REGATI
28-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Name: B/o Tejaswini

UHID No : _____ IP No : _____ Consultant : _____ Dept : _____

Date of Admission : 26/5/26 Time : 12:43pm Date of Discharge : _____ Time : _____

Room / Bed No : _____ Ward : _____ Suggested Billable bed type : _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
<u>26/5/26</u>	<u>6:20pm</u>	<u>MICU</u>	<u>WARD</u>	<u>[Signature]</u>
<u>28/5/26</u>	<u>11 AM</u>	<u>Ward(204)</u>	<u>Billing</u>	<u>[Signature]</u>

Cross Consultation Visit

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

PROCEEDURE

Date	Proceeedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 26/05/26

Time : 1pm

Prepared By : Sofiani

Staff Nurse Sofiani	Shift / Ward MICU	Billing Assistant	Billing Supervisor
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Baby B/O TEJASWINI REGATI
28-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA



Rainbow[®]
Children's
Hospital
It takes a lot to treat the little.

BirthRight[™]
BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Tejaswini Mother's Name: B/O Tejaswini
Date of Birth: 26/05/26 Time of Birth: 12:22 PM Gender: Male Female
Birth Weight: 2.6021 Kgs HC: — cm Length: — cm
Meconium in Liquor: Yes No Cried at Birth: Yes No
Term / Pre-term / Post-term: Term
Resuscitated: Yes No Blood Group: Mother: O+ve Baby: —
Feeding: Breast Feeding Formula Both First Feed Time: —

AFFIX MOTHER'S
IDENTIFICATION LABEL

Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental AVD
Indication: —

Physical Assessment of New Born:

Temp: 36.5 °C HR: 148 /Min RR: 42 /Min BP: — SpO₂: 98%
Pain Score: 0/10 (Follow N Pass)
Fall Risk Assessment: Yes No Score: 0/10 (Fill the Humpty Dumpty 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
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No
All information obtained from Mother Father Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Sri Vanj

Signature: [Signature]

Date & Time: 26/5/2026

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 Baby B/O TEJASWNI REGATI
 28-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. KALYAN CHAKRAVARTHY KONDA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Tejaswini Age : 31y 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 : BIO Tejaswini Mother's Blood Group : O+ve
 Gender : M F Blood Group : Birth Weight (gms) : 2602g Length (cms) :
 Date of Birth : 28/5/26 Time of Birth : 12:22pm OFC (cms) :
 Place of Birth : Ken, FD Estimated Gesth Age : 39+2

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 30y Ht : Wt : BMI : Married Life : LMP : 23/8/25 EDD : 30/5/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 20 wks AN Steroids Drugs / Doses :
 Last Scans Details : @ 36+6, SLLWP, AFW-2951, AFI-26.2
Doppler - ⊕ 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 :
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 :

History of Present Illness:

Baby ^{1st} born on 26/5/26 @
via NVD

↓
BCAB

↓
DCC done

↓
Routine newborn care
Iej-vit is given in auto-lactated
aspect of high

↓
shift to research

Investigation details in previous Hospital :

Feeding History :

Past History :

Handwritten notes in Past History section, including a circled '1' and some illegible text.

Family History :

Handwritten notes in Family History section, including a circled '1' and some illegible text.

Socio Economic History :

Handwritten notes in Socio Economic History section.

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 37° HR : 148/min RR : 42/min NIBP : CFT : <3 sec

Color of the extremities : (Handwritten circled '1')

Jaundice : Pallor : SpO2 : Pu - 97% T.P.O.M - 97%

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

Ponderal Index : (Handwritten circled 'AGA') SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : }
Sutures : }
Shape / Moulding : }
Edema / Bruising : }
Size - (H.C.) : }
(Handwritten circled 'A' next to the closing brace)

Facies : No facial dysmorphism
(Any Facial Dysmorphism)

NECK and CLAVICLES : Range of Motion : }
Asymmetry : }
Masses : }
(Handwritten circled 'A' next to the closing brace)

EYES : Symmetry :
Red Reflex : → To be checked
Discharge :

EARS, NOSE MOUTH and THROAT : Ear set / Shape : }
Periauricular Pits / Tags : }
Nasal shape / Patency : }
Palate : }
Gums : }
Lips : }
Tongue : }
(Handwritten circled 'A' next to the closing brace)

THORAX and BREASTS : Shape of Thorax : }
Position of Nipples and Number : }
(Handwritten circled 'A' next to the closing brace)

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds : ← 2VAC
Umbilical Stump : ← 1VAC
Discharge :

GENITILIA : Labia / Hymen : }
Testicles/penis : }
Anus : }
(Handwritten circled 'A' next to the closing brace)

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES : Fingers / Toes : }
Arms / Legs : }
Deformities : }
Mobility : }
Hip Joint Examination : }
(Handwritten circled 'A' next to the closing brace)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 42/min SCR / ICR / See - Saw breathing :

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

Mention if baby is on : Hood box CPAP Ventilator

Settings :

Spo2 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 148/min BP : Precordial Activity :

Femoral Pulses : BU equally felt Murmurs : No Murmurs

Other Peripheral Pulses : well felt Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : soft Anal Patency : Umbilical Cord : 2VAC 1VVC

Palpable masses : No organomegaly First urine passed : ✓

Abdominal girth : Meconium passed : ✓

Nervous System : Higher intellectual functions (Sensorium) : 9

State of wakefulness : 9

Prechtle Score : 9

Nerves :

9

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : + Symmetrical DTR :

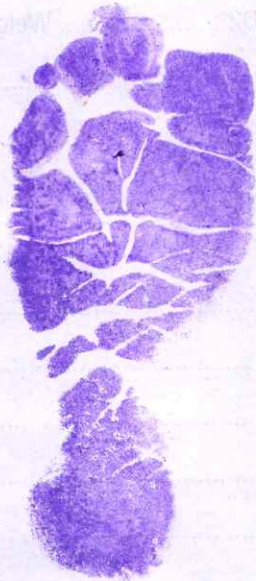
ATNR : Skull and Spine :

Any Congenital Anomalies : Nil

Diagnosis : Twin / ASA / NVD / Baby Girl / BUAB / BW : 2-602

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : Dr. Ashwarya

Date & Time :

Consultant :

Signature : *[Signature]*

Name : Dr. bel

Date & Time : 26/1/20

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor :
2. Name of the referring Hospital :
Address :
Contact Numbers :
3. 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.

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 :

DISF Q24, warm call
Vaccination / DAE @ 24HDL
NBS ISBR @ 48HDL
Red reflex to be checked
.....
.....
.....

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
27/5/26 9:30 pm	CSB Dr. Umata	
	Term / AGIA / NVD / Girl / NNT	
	DPT started @ 9:30 AM / TCBS 11.2	
	On ABF → passing urine / stools	
Vitals were	feeding well	
	hemodynamically stable	
	NO BOND features	
	fe :- Euthermic	
	CTPA good	
	S/E :- (a) neonatal examination.	
	(C/O Dr Kalyan)	Plan
		SBS / NBS / CBP /
		Reti count Plan @
		Gau.
		Continue ABF / warm
		Care
		DPT Cc eyes / genitalia
		covered.
		noted by yethr



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26 9 AM	98/B Dr. Kalyan / Dr. Sneha	
	G: Term / AYA / NVD / Fetus / HWT	
	G C: stable	
	SBR: 10.3 mg/dl	
	HB: 20 19.5 g/dl	
	↓ DSPT since 5:30 pm yesterday	
	Plan	
	Discharge today	
	on	
	TBF + measured feeds (top up formula)	
	⇒ H/O on Saturday	
	⇒ Trace. Keticonid	
	[Signature]	
		Noted by Sonjeda
		28/5/26
		9 AM



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <u>new born baby.</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure:	If Yes Specify:					
BACKGROUND	Date	<u>26/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5</u>		
	Shift	<u>N</u>	<u>M</u>	<u>E</u>	<u>N</u>		
	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>		
	Allergy:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>98.6°F</u>	<u>98.2°F</u>	<u>98.2°F</u>	<u>98.2°F</u>	<u>98.6°F</u>
		Res:	<u>42</u>	<u>41</u>	<u>41</u>	<u>40</u>	<u>40</u>
		SpO ₂ :	<u>99%</u>	<u>100%</u>	<u>99%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>138bpm</u>	<u>142</u>	<u>142</u>	<u>130bpm</u>	<u>142</u>
		BP:					
	LOC:	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
Fall Risk Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Skin Integrity	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>	<u>Good</u>		
Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:		<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
	Critical Lab Test / Values:		<u>NJ</u>	<u>Nil</u>	<u>Nil</u>	<u>NJ</u>	
	Other Special Orders / Medications:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>dependent</u>	<u>dependent</u>	<u>dependent</u>	
Post Operative Procedure Special Orders:				<u>NA</u>	<u>NA</u>		
Handed Over By Name :	<u>Santhosh</u>	<u>Yeta</u>	<u>Rompi</u>	<u>Shub</u>	<u>Yeta</u>		
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:	<u>26/5/26</u>	<u>27/5</u>	<u>27/5</u>	<u>27/5/26</u>	<u>27/5</u>		
Time:	<u>8pm</u>	<u>8am</u>	<u>2pm</u>	<u>8pm</u>	<u>8am</u>		
Taken Over By Name :	<u>Yeta</u>	<u>Rompi</u>	<u>Shub</u>	<u>Yeta</u>			
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>			
Date:	<u>26/5</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5</u>			
Time:	<u>8pm</u>	<u>8am</u>	<u>8pm</u>	<u>8pm</u>			

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:		Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
BACKGROUND	Surgery / Procedure:		Post OP Day:				
ASSESSMENT	Date	Shift					
RECOMMENDATIONS	Medical Condition (Any special condition to be noted):						
ASSESSMENT	Diet:						
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT	Ventilation (RA, NP, NIV, VENTI):						
ASSESSMENT	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASSESSMENT	Vital Signs:						
ASSESSMENT	Temp:						
ASSESSMENT	Res:						
ASSESSMENT	SpO ₂ :						
ASSESSMENT	Pulse:						
ASSESSMENT	BP:						
ASSESSMENT	LOC:						
ASSESSMENT	Fall Risk Score:						
ASSESSMENT	Pain Score:						
ASSESSMENT	Skin Integrity						
RECOMMENDATIONS	Safety Needs:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECOMMENDATIONS	Physiotherapy:						
RECOMMENDATIONS	Others Specify:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECOMMENDATIONS	Special Diet:						
RECOMMENDATIONS	Critical Lab Test / Values:						
RECOMMENDATIONS	Other Special Orders / Medications:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECOMMENDATIONS	PU Prophylaxis:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECOMMENDATIONS	DVT Prophylaxis:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
RECOMMENDATIONS	ADL (Dependent / Non Dependent):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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Third section of faint, illegible text, continuing the list or series of entries.

Fourth section of faint, illegible text, possibly a concluding paragraph or summary.

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FDH-00046307 IP25-00020640
 Baby B/O TEJASWNI REGATI
 28-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. KALYAN CHAKRAVARTHY KONDA



NURSES NOTES
 (USE BALL POINT PEN ONLY)

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

BirthRight
 BY RAINBOW HOSPITALS
 Your Right to a Safe Delivery

- No Known Drug Allergies
- Drug Allergies

Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		Morning duty notes.
26/5/26	4pm	<ul style="list-style-type: none"> → Baby delivered time on the 12:22pm → Assessed the baby general condition → Dr. pediatrician checked to baby condition → Checked vital and Recorded. → Fej-vitk done. → provided warm care. given → Every 2nd hourly DSF given. → Card clam done. → Baby passed to the wife and motion.
	2:30	<ul style="list-style-type: none"> → Baby is the stable and well-tered. → Baby hand over given to the Evening duty staff. → Baby Admission is the done.
		Noted by Srivani 26/5/26 @ 2PM

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies Nil

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Evening duty Notes</u>
26/5/26	3pm	* Case hand over taken from Santhosh Sister
	4pm	* DBF given 2nd hourly * Baby urine and meconium passed. * providing warm care * vitals checked and recorded. * I/O chart maintaining and recorded
	6pm	* Shifted to room hand over given 2nd floor sister
		Taken by Rupsa 26/05/26 @ 8:20Pm
		<u>Notated by</u> Bhagya 606244 @ 8pm
		<u>Evening duty</u>
	8:20pm	=> Hand over taken from MDCU duty staff.
		=> Assess the PI condition => monitor vital & maintain I/O chart.
	1pm	=> Vaccination, OAE t/m => SBR, NBS @ 9:30hrs.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		ob Baby urine, motion pass
		=> Warm care given
	8pm	=> Hand over given to the night duty staff.
		taken by Jyoti 26/5 @ 8pm
		Rupsa 2615726 @ 8pm
26/5	@ 8pm	<u>Night Notes:</u>
		* Baby's handover taken from evening duty staff.
	@ 9pm	* Monitored vitals
		* Maintained go chart.
		* Assessed baby's general condition
	@ 11pm	* 2nd hourly feeding done
	@ 1am	* SBR, NBS @ 48 hours
		* OAG 4m
		* Vaccination 4m
	@ 3am	* Urine passed.
		* Provided warm care
	@ 6am	* Bathing done.
		* 2nd hourly feeding
	@ 8am	* Handover given to night duty staff.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

(P.T.O)



NURSES NOTES

(USE BALL POINT PEN ONLY)



No Known Drug Allergies

Drug Allergies

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>morning notes</u>
27/5/26	8 AM	* Patient Handover taken from night duty staff.
	9 AM	* monitor vitals
		* maintain D/E chart.
	10 AM	* feeding done.
	11 AM	L-H-SPO ₂ - 97 PULSE - 130
		R-H-SPO ₂ - 99 PULSE - 136
		R-L-SPO ₂ - 96 PULSE - 135
		L-L-SPO ₂ - 96 PULSE - 142
		* OAR Done.
	11:20 am	=> TC BR checked and informed to Kalyan sir.
	11:40 am	=> Sir spoke to patient; D/c @ request.
		Pump @ 2 pm for vitals

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



NURSES NOTES

(USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies


DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Evening Duty</u>
28/5/26	5:34pm	→ Brought back baby file → Baby ICB R - 11.2 → So the cold to start DSPT. → DSPT started. → Informed to duty doctor for notes. → Mam told she will come later and - check notes
	7pm	→ 2 hourly DSPT.
	8PM	→ Mollie passed in the morning → Handover given to night duty staff
		taken by feeta 27/5 @ 8pm
		Amisha 8pm 27/5/26
		<u>Night Duty -</u>
27/5	@ 8pm	* Handover taken from evening duty staff.
		* Baby is on DSPT.
	@ 10pm	* Monitored vitals * Maintained go chart.
	@ 11pm	* SBR, NBS, CBP and Reticount 7/1m @ 6am:
	@ 12am	* 2nd hourly feeding * Provided warm care * Continue DSPT.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

PATIENT TRANSFER FORM

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Patient Name & UHID No. DH-00046307 IP25-00020640 Baby B/O TEJASWINI REGATI 28-05-2026 0 Y 0 M 0 D 1 H (F) Dr. KALYAN CHAKRAVARTHY KONDA  DR - Kalyan		Date & Time of Admission 26/5/26 @ 12:43 pm	Date & Time of Transfer Order 26/5/26 @ 6pm
		Transfer Ordered by DR - Kalyan	Reason for Transfer Observation
From Unit MICU	To Unit WARD	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 15	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.		NA	
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr - Bhagya		Name of Person Ordered Transfer Dr. Kalyan	
Patient & Clinical Records Received by : Rupsa			
Date & Time of Patient Received : 6:20 pm 26/5/26			

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

