

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020403      Admit Date : 12-May-2026      Admit Time : 10:01 AM      UHID : FDH-00045758

Patient Details :

Patient Name : Baby B/O POOJA SURESH MISHRA      Age : 0 D  
Guardian : Mr manish kumar jha      DOB : 12-05-2026 09:14 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : .. Hyderabad Hyderabad Telangana INDIA      Phone No : 9075354752  
500001      E-mail : NA@GMAIL.COM

Admission Details :

Bed Type : BASINET      Bed No : CRDL MICU 2-1      Ward Name : 4F -MICU  
Room No : CRDL MICU 2-1      Admission Type : First Visit

Contact Details :

Name : Mr manish kumar jha      Relationship : Father  
Contact Address : .. Hyderabad Hyderabad Telangana INDIA      Phone No : / 9075354752  
500001

*Manish*

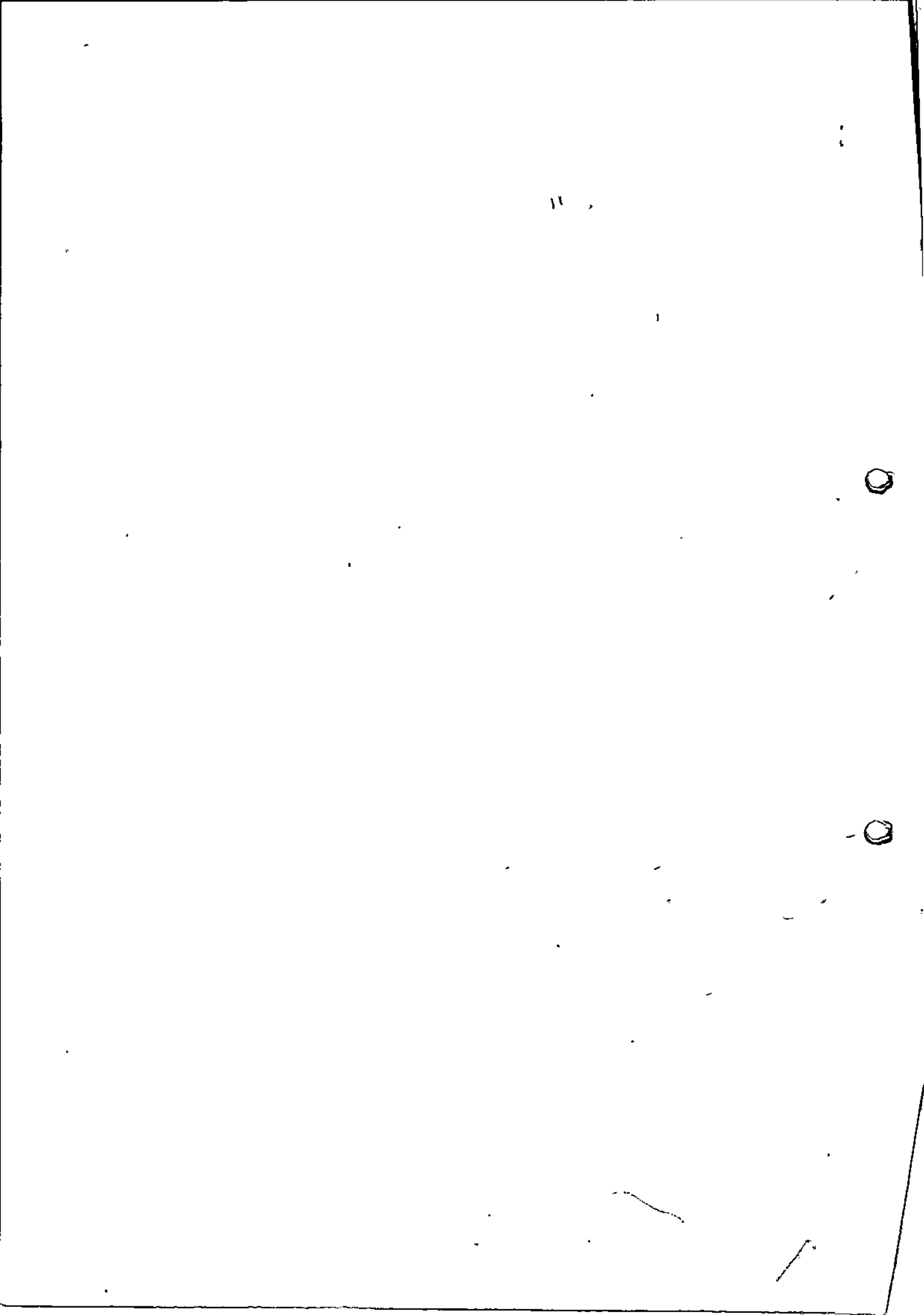
Signature

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



089

### ACTIVITY RECORD FOR BILLING

Name: ----- :DH-00045758 IP25-00020403 -----  
 Baby B/O POOJA SURESH MISHRA  
 UHID No : ----- 2-05-2026 0 Y 0 M 0 D 2 H (M) ----- Consultant : ----- Dept : -----  
 Date of Admissio  ----- Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
12/05/26.	3:15pm	Micu	ward	Sushma
14/5/26	10:05am	204	billing	<i>[Signature]</i>

### Cross Consultation Visit


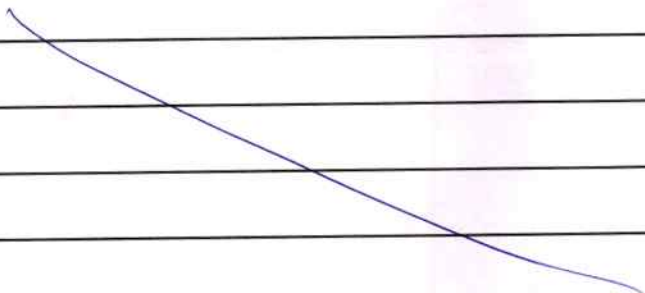
	Doctors Name	Date	Order No.	Signature
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				







# PATIENT TRANSFER FORM

DH-00045758 IP25-00020403 Baby B/O POOJA SURESH MISHRA 2-05-2026 0 Y 0 M 0 D 2 H (M) Jr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 12/5/26 @ 10:10 AM	Date & Time of Transfer Order 12/5/26
Treating Consultant Name Dr. Sh. Shrivanthi	Transfer Ordered by DR. Shrivanthi	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 8	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.			
2.			
3.			
4.			
5.			
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Jencuber 12/5/26 @ 5:25 PM		Name of Person Ordered Transfer DR. Shrivanthi	
Patient & Clinical Records Received by : Arpita			
Date & Time of Patient Received : 12/5/26 @ 4:20 PM.			

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





## 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 Pooja Suresh Mishra Mother's Blood Group : B+  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2.794 kg Length (cms) : .....  
 Date of Birth : 12/5/26 Time of Birth : 9:14 AM OFC (cms) : .....  
 Place of Birth : RCH PD Estimated Gesth Age : 36+1

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 20/1/25 EDD : 8/6/26  
 Conception  Spontaneous or with Rx : .....  
 Booked at what GA : ..... AN Steroids Drugs / Doses : .....  
 Last Scans Details : 17/4 - S (LMP ~ 32<sup>nd</sup> wk) Cephalic, PL - Ant / High  
After - 59.7. No TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> >35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> <b>H/o PIH (after 20 weeks) / PE</b> 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 : .....	<input checked="" type="checkbox"/> <b>H/o GDM/ pre GDM/ on diet or insulin</b> Controlled or not, recent values, HbA1 values : ..... Compliance with Rx : ..... Scans : LGA, TIFFA , Fetal Echo : ..... <input checked="" type="checkbox"/> <b>H/o Hypothyroidism</b> : 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 : .....
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**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....

**PAST OBSTETRIC HISTORY**

G : ..... 2 ..... P : ..... A : ..... 1 ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1						

**PERINATAL HISTORY**

Treating Obstetrician : ..... Hospital : .....  Inborn  Outborn

<p><b>Duration of Labour</b></p> <p>First stage (&gt; 18 hours sig)</p> <p>Second stage (&gt; 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>
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**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
<b>TOTAL</b>	8	9	

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

Comments :

**POSTNATAL / HISTORY OF PRESENT ILLNESS**

Chief Complaints :

abs cholestasis

History of Present Illness:

Baby received in pre-hospital  
↓  
CTAB  
↓  
C / I / A | Good  
↓  
is not legu  
↓  
shock to neck side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

**GENERAL EXAMINATION ON ADMISSION**

General Disposition :

no Jct's ambers  
Caput ①

VITALS : Temperature : 36.5 HR : 162/min RR : 52/min NIBP : CFT : 2/3s

Color of the extremities : acrocyan

Jaundice : Pallor : SpO2 :

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.) :

capit (P)

**Facies :**  
(Any Facial  
Dysmorphism)

16)

**NECK and  
CLAVICLES :**

Range of Motion :  
Asymmetry :  
Masses :

16)

**EYES :**

Symmetry :  
Red Reflex :  
Discharge :

→ to 2 eyes

**EARS, NOSE  
MOUTH and  
THROAT :**

Ear set / Shape :  
Periauricular Pits / Tags :  
Nasal shape / Patency :  
Palate :  
Gums :  
Lips :  
Tongue :

16)

**THORAX and  
BREASTS :**

Shape of Thorax :  
Position of Nipples and Number :

16)

**ABDOMEN and  
UMBILICUS :**

Shape :  
Organomegaly :  
Bowel Sounds :  
Umbilical Stump :  
Discharge :

f 2 A + W

**GENITILIA :**

Labia / Hymen :  
~~testicles/penis~~  
Anus :

Rt under umbilicus

**HERNIAL ORIFICES****TRUNK and SPINE :**

16)

Sacral dimples

**SKIN LESIONS :****EXTREMITIES :**

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

16)

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

ble ate @

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 :

S, S, @

HR : ..... BP : ..... Precordial Activity : .....

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

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

Abdomen :

S, S, @

Shape : ..... Hernia orifice : .....

Palpation : ..... Anal Patency : ..... *Rebut*

Palpable masses : ..... Umbilical Cord : ..... *2 A Au*

Abdominal girth : ..... First urine passed : ..... *1st*

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : ..... *Alert - cry*

Prechtle Score : .....

Nerves :  
.....  
.....  
.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

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

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

ATNR : ..... Skull and Spine : .....

Any Congenital Anomalies : .....

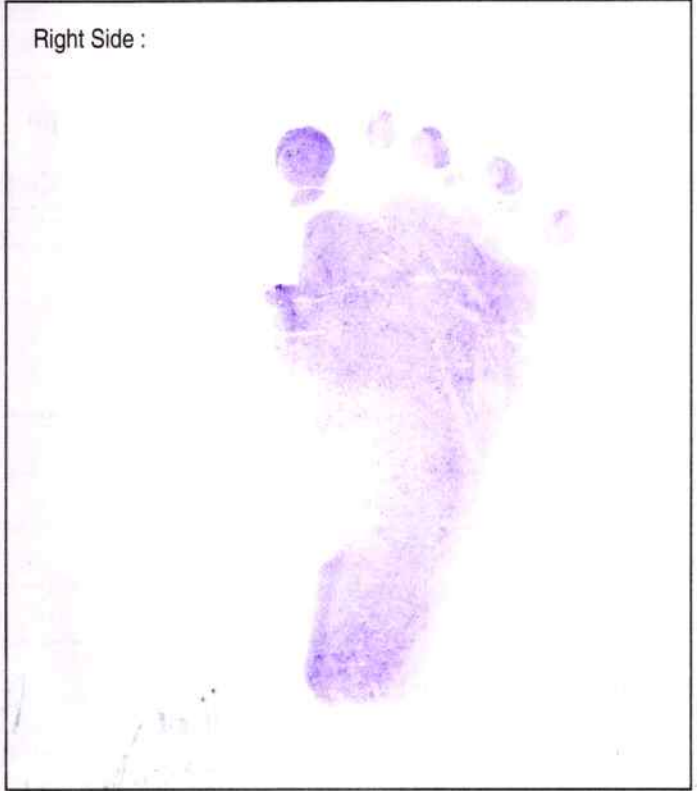
Diagnosis : *cat's paw / 36 + 2 / AOA / B-1 - 279a (y) / male / 1 cm  
NMS / IAM / PPRom / MSL - I*

**FOOT PRINTS**

Left Side :



Right Side :



Resident Doctor :

Signature : *[Signature]*

Name : *Dr. Mohit*

Date & Time : *12/5/26*

Consultant :

Signature : *[Signature]*

Name : *Dr. Shambh*

Date & Time : *12/5/26 @ 1805*

**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 : *Dr. Sureshwar* .....  
..... 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 :

Keep baby awake  
examine breast feed @ 2hly 2h  
bpm  
OAT, & comb @ 2h Hct  
To be vacube in w/r  
GBR, WBI, CRP, LPP @ 4hly

Feeding Plan at the time of shifting :

5RRS number - 0

Screenings done during NICU Stay :

→) . Secure IV cannula  
CBP  
Blood c/s  
KID  
1-66  
3-74  
6-  
12-  
24-  
30-  
42-  
Intake & output

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

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.

Your baby will receive the test below.

<sup>OAE</sup>  
**Auditory Brainstem Response test (ABR).** This test will not hurt your baby. Most babies sleep through the test. Special sensors are placed on your baby's skin. A soft rubber earphone sends a series of quiet sounds into your sleeping baby's ear. The sensors measure the response of your baby's hearing nerve. These responses are recorded and stored in the screen. 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, \_\_\_\_\_

FDH-00045758 IP25-00020403  
Baby B/O POOJA SURESH MISHRA  
12-05-2026 0 Y 0 M 0 D 23 H (M)  
Dr. CHIGULLAPALLI SHRAVANTHI



Signature of Parent/Legal Guardian

Date

In case if the result shows any abnormality 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 results will be provided to your baby's doctor. Please be sure you make the appointment for rescreening on \_\_\_\_\_

Manish

Signature of Parent/Legal Guardian

Date



DH-00045758 IP25-00020403  
 Baby B/O POOJA SURESH MISHRA  
 2-05-2026 0 Y 0 M 0 D 2 H (M)  
 Jr. CHIGULLAPALLI SHRAVANTHI

①



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	Chitra	AKS
12/5/26	skhd	
	on DBP	
	accepts feed w/	
	Citra has	
	URI & stool pulled	
		ph
		- cat DBP
		- <del>Antibiotic - Am</del>
		- <del>vac</del>
		CAF - TM
		- cat pipy
		- trace reports
		- SBR, MRI @ High Hc
12/5/26	review	noted by Arpita on 12/5/26 @ 4:30 PM.
1800	parent - grandmothers	
	36 TI, AUA, PPNOM	

FDH-00045758 IP25-00020403  
 Baby B/O POOJA SURESH MISHRA  
 12-05-2026 0 Y 0 M 0 D 6 H (M)  
 Dr. CHIGULLAPALLI SHRAVANTHI



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5/26	<del>external</del> lab tests	
1800	CBC OK no fever PV ✓ stool	
cont	O/E exam	
	plan to continue IV therapy.	
	monitor vitals as planned.	
	HOLD OFF VACCINATION,	
	wait on antibiotics	
	OAE removed + reflex reflex	
	Inj. in arm	
	WBS 7.5g after 4 hrs	

Noted by Arpita on  
 12/5/26 @ 6PM.

13/5/26

1010

WBS 7.5g  
 36 x 11 40, AUB, P1000 on IV  
 Miralax D12  
 Wt 18.4g weight - was OK.  
 TCSA - 7-1 O/E - present  
 exam PV ✓  
 1015-267.  
 plan to check weight.  
 TCSA in the evening.

cont

2

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	Today - OAT, red reflex	
	★ HOLD OFF VACCINATION ★	
10/16	Continue IV antibiotics.	
09/12	CNP tomorrow with rest pack.	
	If weight less > 7% → 1-hour	
	Formula for up	
	CNS monitoring as per order of	

Noted by Nandini  
 10am 13/5/26

13/5 8/3. Dr. Vinodha (LCXPT)  
 Breastfeeding counselling given

**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
13/5/26		
4:30 PM		

13/5/26  
 4:30 PM

Clso at 5:10  
 on mixed by  
 accepts feeds well  
 Clt A has

Ph  
 Cl. DRP + Pi  
 - ~~Ver~~  
 OAG  
 Red rife / Day  
 - SSB - NRJ @  
 CRP 1m  
 CRP 6m

14/5/26  
 @  
 10:30

W/D - Inward  
 patient present  
 36/200 days of life  
 P - in antecubital  
 CRP - 5, blood culture  
 @ return

FDH-00045758 IP25-00020403  
 Baby B/O POOJA SURESH MISHRA  
 12-05-2026 0 Y 0 M 1 D (M)  
 Dr. CHIGULLAPALLI SHRAVANTHI



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
14/5/26	013 (M) exam	Low normal weight
1035		FBA - 7.3.
	Run continue IV antibiotic	
	give evening antibiotic early	
	None today.	
	Call for tomorrow antibiotic	
	in the morning - emergency	
	Derm	
	Treat 4 hrs in Bed culture	
	Repeat	
	flu on tomorrow	
	None today	

