DISCHARGE SUMMARY

Name	B/O DEEKSHA AGRAWAL	UHID	FDH-00046064
Father/Guardian	Mr SAMARTH GUPTA	Age/Gender	0 Y 0 M 5 D/ Male
Address	Nanakramguda, Gachibowli, Hyderabad, Telangana, INDIA, 500032		
IP No	IP25-00020601	Admission Date	24-05-2026
Ref Doctor			
Discharge Date	25-05-2026		

Consultant:
Dr. Kondam Pradeep Reddy
MBBS, DNB (Pediatrics), (Neonatology)
Consultant Pediatrician & Neonatologist
Reg. No : 76060

DIAGNOSIS	ICD CODE
UNCONJUGATED HYPERBILIRUBINEMIA	P 59.9

History: B/O DEEKSHA AGRAWAL, is a 5 Days, old baby boy presented with history of yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, he was investigated on OPD basis (Transcutaneous bilirubin was 18.3 mg/dl). In view of hyperbilirubinemia, he was admitted to Rainbow Children's Hospital, Financial District for further management.

Birth history:
TERM / AGA / ASSISTED VAGINAL DELIVERY (KIWI ASSISTED) / LEFT

Name	B/O DEEKSHA AGRAWAL	UHID	FDH-00046064
IP No	IP25-00020601	Admission Date	24-05-2026

UNDESCENDED TESTIS / RH-NEGATIVE PREGNANCY / BABY BOY / CIAB
INFANT OF DIABETIC MOTHER
Mother's Blood group is "B" Negative. Baby's blood group is "AB" positive.

Examination: He was euthermic. Maintaining saturations at room air (98%). Heart Rate- 130/min, Blood pressure was 61/45mmHg and Respiratory Rate - 36/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 2.729 kilo grams.
Weight at discharge : 2.798 kilo grams.

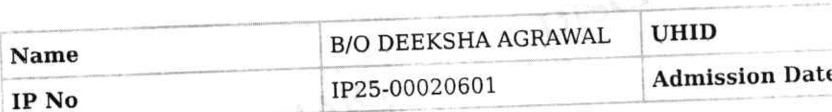
Investigations: Enclosed reports.

Management: He was admitted in ward. His Transcutaneous bilirubin on admission (done on OP basis) was 18.3 mg/dl. He was started on double surface phototherapy. Baby was continued on demand breast feeds + measured feeds. Last serum bilirubin on 6 day of life was 12.40 mg/dl with indirect fraction of 12.30 mg/dl. This does not come under phototherapy range, hence phototherapy was stopped.

He remained hemodynamically stable and is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:
Warmth care.
Continue direct breast feeds + measured feeds as advised.



Name	B/O DEEKSHA AGRAWAL	UHID	FDH-00046064
IP No	IP25-00020601	Admission Date	24-05-2026

Burping after each feed.
Monitor urine output.
Immunization to be given as per schedule.
Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. **Serum bilirubin to be decided on follow up.**

Review consultation with Dr. KONDAM PRADEEP REDDY, on Wednesday (27.05.2026) in OPD 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 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 /**

Name	B/O DEEKSHA AGRAWAL	UHID	FDH-00046064
IP No	IP25-00020601	Admission Date	24-05-2026

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**

Dr. [signature]

Registrar/~~Resident/C.M.O~~

Consultant:
Dr. Kondam Pradeep Reddy
MBBS, DNB (Pediatrics), (Neonatology)
Consultant Pediatrician & Neonatologist
Reg. No : 76060

Rainbow Children's Hospitals - Financial District

Survey No 74, Nanakramaguda village, Serilingampally(M) ,Hyderabad ,Telangana, INDIA ,500032.
TEL NO :040-44665555
WEB : https://rainbowhospitals.in

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020601 **Admit Date** : 24-May-2026 **Admit Time** : 05:40 PM **UHID** : FDH-00046064

Patient Details :

Patient Name	: Baby B/O DEEKSHA AGRAWAL	**Age**	: 0 Y 0 M 4 D
Guardian	: Mr SAMARTH GUPTA	**DOB**	: 20-05-2026 12:49 PM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Nanakramguda Gachibowli Hyderabad Telangana INDIA 500032	**Phone No**	: 8939281518/ 8939281518
		E-mail	: emaildeeksha02@gmail.com

Admission Details :

Bed Type	: PRIVATE ROOM	**Bed No**	: PVT-327	**Ward Name**	: 3F -PRIVATE ROOM
Room No	: PVT-327	**Admission Type**	: First Visit		

Contact Details :

Name	: Mr SAMARTH GUPTA	**Relationship**	: Father
Contact Address	:	**Phone No**	:

Samarth

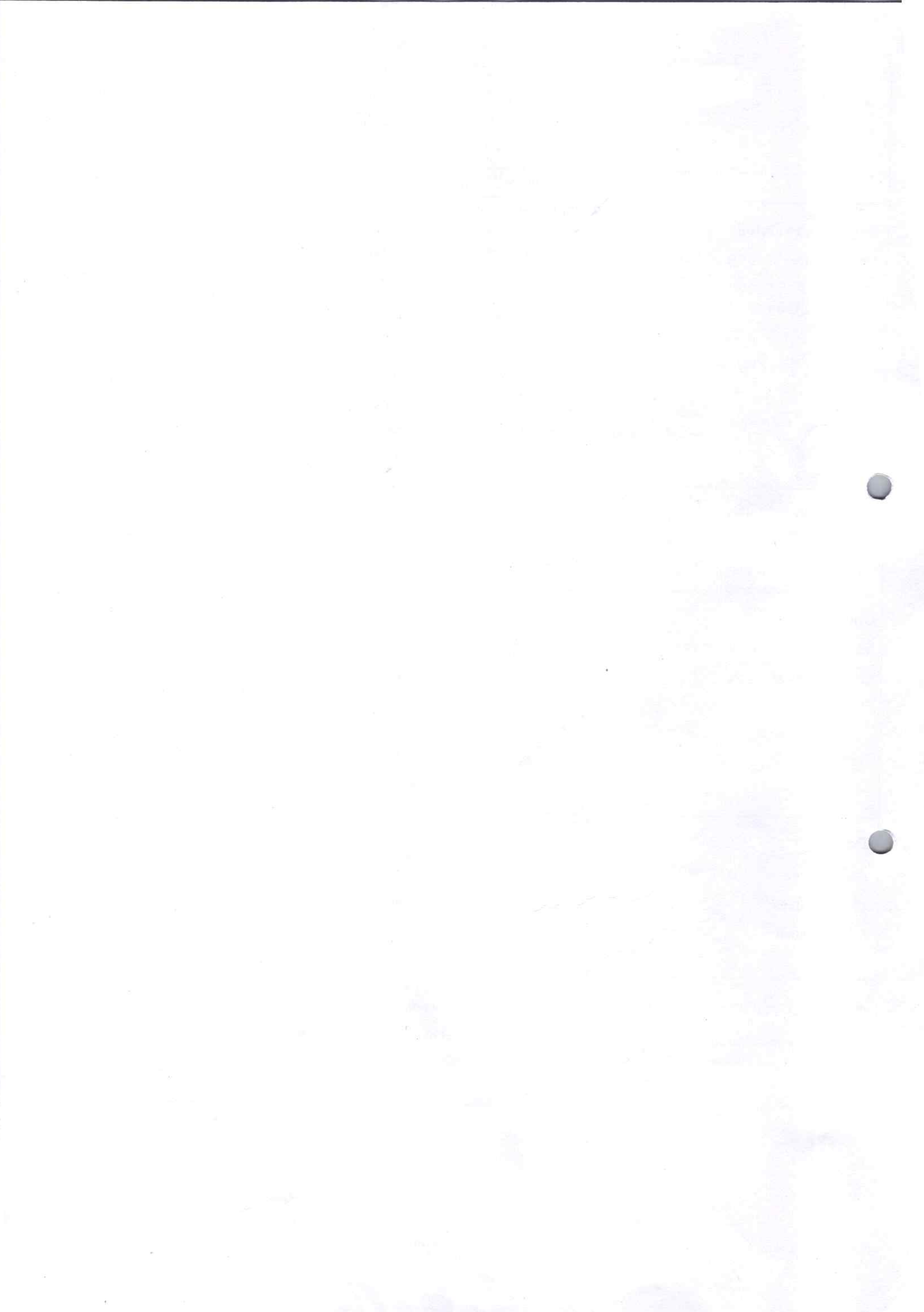
Signature

Doctor Details :

Doctor Name	: Dr. KONDAM PRADEEP REDDY	**Specialisation**	: GENERAL PEDIATRICS
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

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



FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

NEWBORN MONITORING FORM

Date of Birth : 20-5-26
Time of Birth : 12:49pm
Mode of Delivery :
Birth Weight : 2.795kgs
Head Circumference :
Length :
Red Reflex :

New Born Screening :
TFT :
OAE :
Mother's Blood Group : B+ve
Baby's Blood Group : AB+ve
Anomaly Scan :
Vaccination :

Date	Weight	Type of Feed	Quantity	Temperature	Signature
24/5/26	2.729 kgs.	DBF	30ml	98.3°F	Dahana
25/5/26	2.798 kg	DBF + ff	30ml	98.6°F	Bhavana

Date	Time	Investigation	Result	Order No.	Signature

ACTIVITY RECORD FOR BILLING

Name: -------------------------------- FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY --

UHID No : --------------- IP No : ----- --------------------- Dept : ----------------

Date of Admission : ---------------- T ...scharge : ---------------- Time: -----------

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	6.00 P.M.	ER	327	Ankush.
25/5/26	12:49 pm	ward	Billing	Ankitha.

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
25/5/26	SBR, NBS	8335	Ankitha.
			Ankitha
		C.C. Done by	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
29/5/26	DSPT	6:25pm	28/5/2026 11:50 am	9575	Rachana.

C C by 28/5/2026 @ [illegible] 10:30 AM.

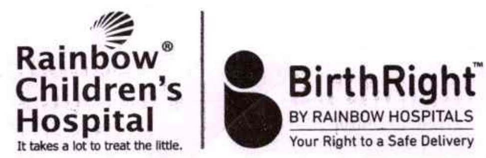
PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : Time : Prepared By :

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Ankush.	327.		



NURSING SHIFT HAND OVER FORM

SITUATION		
Diagnosis: NNJ		Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify: ....
Surgery / Procedure:		Post OP Day:

Section	Item	Shift 1	Shift 2	Shift 3	Shift 4	Shift 5	Shift 6
BACKGROUND	Date / Shift	24/5/26 E	24/5 N				
	Medical Condition (Any special condition to be noted):	NNJ	NNJ				
	Diet:	DBF	DBF				
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	–	RA				
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98.6°C	98.4°F				
	Res:	39	42				
	SpO_2:	100	99				
	Pulse:	138	138				
	BP:	–	–				
	LOC:	concious	conscious				
	Fall Risk Score:	–	–				
	Pain Score:	–	–				
	Skin Integrity	Yellowish	–				
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	–	–				
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	DBF	ff+DBF				
	Critical Lab Test / Values:	–	–				
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	dependent				
	Post Operative Procedure Special Orders:	–					
	Handed Over By Name :	Rachana	Bhavana				
	Signature / ID :	[signature]	[signature]				
	Date:	24/5/26	24/5/26				
	Time:	@8pm	8am				
	Taken Over By Name :	Bhavana					
	Signature / ID :	[signature]					
	Date:	24/5/26					
	Time:	@8pm					

Patient Sticker

NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis:

Any Infection: ☐ Yes ☐ No ☐ Not Known

If Yes Specify: ....

Surgery / Procedure:

Post OP Day:

Section	Item						
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	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:						

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Deeksha Agrawal Mother's Name: Deeksha Agrawal

Date of Birth: 20/5/26 Time of Birth: 12:49pm Gender: ☑ Male ☐ Female

Birth Weight: 2.795 Kgs HC: .... cm Lenght: .... cm

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

Term / Pre-term / Post-term: term

Resuscitated: ☐ Yes ☐ No Blood Group: Mother: B -ve Baby: AB +ve

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: 98.2°F °C HR: 130b/M /Min RR: 36 b/m /Min BP: 58/45 SpO_2: 99%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** .... (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: Yellowish discolouration of skin

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: Padma Signature: [signature] Date &Time: 24/5/26 @ 6:10 pm

Docu. No. : RCH/FRM / CLINICAL / 144

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

EMERGENCY ROOM TRIAGE FORM

Patient's Name : B/O Deeksha Agarwal Age : 4 days. **Gender:** ☑ Male ☐ Female

Date : 24/5/26 Time of Arrival : 5.10 P.M.

Allergies: ☑ No ☐ Yes ☐ Food ☐ Medications ☐ Blood Transfusion ☐ Other (Specify): ☐ Not known

Source of Information : ☑ Parents ☐ Others (Specify)

Mode of Arrival : ☑ Ambulatory ☐ Wheelchair ☐ Ambulance

TCBR - 18.3 mg/dL.

Initial Vital Signs: Temp: 98°F PR: 140b/m BP: 61/95 (51) RR: 38b/m. SpO_2: 99%.

Chief Complaints: C/o - yellowish Dis-coloration of whole body and eyes.

INITIAL PHYSIOLOGICAL CATEGORIZATION

Appearance
☑ Normal
☐ Sick Looking

Circulation / Colour
☑ Normal ☐ Abnormal ☐ Bleeding

Work of Breathing
☑ Normal ☐ Increased
☐ Decreased ☐ Gasping / Apnea

INITIAL PHYSIOLOGICAL STATUS

☑ Stable
☐ Unstable :
- ☐ Not – Life - Threatening
- ☐ Life – Threatening

Triage Classification	CTAS
☐ Level 1 : Resuscitation	☐ Immediate
☐ Level 2 : EMERGENT : Life or limb threatening	☐ < 15 min
☐ Level 3 : URGENT : Significant illness / injury with potential to become life or limb threatening	☐ 30 min
☐ Level 4 : LESS URGENT : Significant illness but not life threatening	☑ 60 min
☐ Level 5 : NON – URGENT : May receive care when convenient	☐ 120 min

NOTE : All immunocompromised children and preterm babies to be considered Level 2.
All Children less than 2 years age with high fever to be considered Level 3.

* CTAS - Canadian Triage and Acuity Scale

Signature of Parent / Guardian: [signature]

Triage Completion Time : 5.15 P.M.

Communicable Disease Triage Screening

PART A. The following questions should be asked to all patients at the initial screening:

1. Have you had fever (elevated temperature) in the past 2 weeks ☐ Yes ☑ No
2. Have you had cough or a rash in the past 2 weeks ☐ Yes ☑ No
3. Have you had shortness of breath or difficulty breathing in the past 2 weeks ☐ Yes ☑ No

PART B. For patients reporting fever and respiratory/rash symptoms: ☑ **Not applicable**

1. Have you travelled outside the INDIA? or had close contact with someone who has recently travelled outside the INDIA, in the past two weeks? ☐ Yes ☐ No

   If yes, State Location:
2. Are your parents / close contacts at home is/a healthcare worker? {please encircle the choices} (e.g., nurse, physician, ancillary services personnel, allied health services personnel, hospital volunteer, or laboratory worker, others) who has had a recent exposure to an individual with a highly communicable disease or unexplained, severe febrile respiratory or rash disease? ☐ Yes ☐ No

PART C. A positive communicable disease triage screening is considered for any patient who meets one of the two following criteria:

☐ Any patient with Fever / Rash / Vesicles / Discharge from Eyes and Cough

☐ Any patient with fever and respiratory symptoms who answered "YES" to any of the questions on epidemiologic risk factors in "PART B" of the triage screening above.

PART D. ACTION / INTERVENTION: (for positive suspected communicable disease triage screening)

☐ Patients should be immediately isolated in a negative pressure room or a single room (as appropriate) for pending evaluation.

☐ The patient should be given a surgical mask immediately, if not already wearing one.

☐ Both patient and triage staff should perform hand hygiene.

☐ The staff should use PPE (as appropriate).

Name of Triage Nurse : Ankush. Signature of Triage Nurse : A. Roy.

Date & Time : 24/5/26 @ 5.12 P.M.

Docu. No. : RCH /FRM / CLINICAL / 085

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 24/5/26 Time of arrival : 5.10 P.M

Chief Complaints: c/o - yellowish Dis-coloration of whole body and eyes. RBS: Nil

Height : .... Weight : 2.729 kgs BMI : .... Head Circumference (<2 years) ....

Allergies: ☐ Yes ☑ No ☐ Medications ☐ Blood Transfusion ☐ Food ☐ Other: ....

If yes , identify ....

Pain Screening: ☐ Yes ☑ No If Yes, Pain Score: 0/10 Pain Tool Used: ☑ N Pass ☑ FLACC ☐ Wong Baker

☐ Character .... ☐ Location .... ☐ Frequency .... ☐ Duration ....

RISK FOR FALL:

☑ If patient is < 6 years
tick below fall risk intervention directly

☐ If Patient is > 6 years
Assess the below parameters

History of Falling: within past 3 months ☐ Yes ☐ No

Ambulatory Aids:

- Wheelchair ☐ Yes ☐ No
- Uses furniture for support ☐ Yes ☐ No

Gait/Transferring:

- Bedrest / immobile ☐ Yes ☐ No
- Weak ☐ Yes ☐ No
- Impaired ☐ Yes ☐ No

Mental Status: Forgets limitations ☐ Yes ☐ No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

☑ Escort while ambulating
☑ Assist Patient
☑ Educate patient and family on fall precautions/prevention

Functional Screening: ☑ No Abnormalities Detected

☐ Mobility Problem
☐ Walking Problem
☐ Developmental Delay
☐ Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

....

....

Nutritional Screening: ☑ No Abnormalities Detected

☐ Underweight
☐ Overweight
☐ Feeding Problem
☐ Special diet
☐ Special feeding method

Inform consultant for positive criteria

Psychological Screening: ☑ No Significant Findings

Unusual concerns about patient's Psychological Status: ☐ Yes ☑ No

If Yes Consultant Notified: .... (Date/Time): ....

Social History: Lives With Parents

Siblings in household ☐ Yes ☑ No (if yes How Many?) ....

Time of Initial assessment completed by ER Nurse : 5.14 P.M

Docu. No. : RCH /FRM / CLINICAL / 120

(P.T.O.)

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
5.10 P.M	Assess the Baby condition.
	Vitals checked and Recorded.
	Informed to the Doctor.
5.12 P.M	Doctor Assess the Baby

Samples collected by: Nil. Time:

Samples sent by : Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1
		Nil			

Condition of patient at time of shift - out :	**Details of Shift - out**
HR: 130b/m BP: 58/45 (51) CFT: L2secRLA	Shift - out from ER to: 327
RR: 36b/m SPO$_2$: 99%	Time of Shift - out: 6.45 P.M.
GCS: 15/15 Temperature : 98.2°F	Handover given to: (Nurse's Name)
Pain Score: 0/10	
Repeat RBS (if applicable): Not Applicable	

Tick as applicable: ☐ MLC ☐ LAMA ☐ BROUGHT DEAD

Procedures done with details (if any): — Nil —

Name of the Nurse : Ankush Signature of the Nurse : A. Roy

Date & Time : 24/5/26 @

PEDIATRIC IN-PATIENT MEDICAL RECORD

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

Patient Name: ______________________

UHID ID: ______________________

Department: ______________________

Consultant: ______________________

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Name : ______________________ Age/Sex ______

Information given by: ______________________ Relationship ______

Chief Presenting Complaints & Duration (Chronologically)

Day 4 of life baby brought with complaint of yellowish discolouration of eyes

History of present illness :

4 day old male baby was brought with complaint of yellowish discolouration of eyes noticed since 1 day

MBG - B negative
BBG - AB positive.

BW - 2795 g
TW - 2729 g
Δ 2.3%

TCBR - 18.3

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Nil significant

Birth & Neonatal History:

Term (37+6) / AGA / Assisted vaginal delivery / left undescended testes / Rh -ve / IDM

Birth & Socio Economic History:

About Father :

About Mother :

Any additional Information :

Developmental History :

Neonatal reflexes (+)

Immunization History :

Birth vaccine given

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 32 (Centile ______) Height (cms): ______ (Centile) ______)

Weight (kgs)) 2729 g (Centile ______) BW - 2795 g.

On Examination :

Temperature : afebrile Pulse Rate : 130/min B.P. ______ SPO2 98% on RA

Resp.rate and type of breathing : 36/min

Rash ______

Lymphadenopathy ______ Icterus (+)

Oedema : ______ } NO

Allergies (if any): ______

Respiratory System :

Inspection (any s/o distress) : ______

Air entry & breath sounds : BLAE (+)

Any addes sounds : NVBS

Relevant data from outside (Chest X-Ray, ABG,etc.,) ______

Cardiovascular System :

Inspection of procordium : ______

Heart Sounds : S1 S2 (+)

Any murmur : No murmur

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : ______

Per Abdomen :

Inspection ______

Palpation : soft

Ausculation : No distension

Spine : ______ External Genitelia : ______

Relevant data from outside (CT, USG etc.,) ______

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : alert

Cranial Nerves : (N)

Motor System:

Nutriton :

Tone: Power

Co-ordinator : (N)

Posture :

Involuntary Movements :

Reflexes :

DTR

Superficials:

Plantars

Sensory System : (N)

Bladder / Bowel :

Clinical Summary & Diagnostic:

NNJ

(P.T.O.)

Patient Sticker

Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: Sepsis
dehydration

Desired goals of the treatment : Resolution of NNJ

Planned Labs:

SBR / NBS tomorrow
@ 11am

Planned Management

Vitamin D3 drops 0.5ml OD
DSPT
DBF Q2H
Colic drop 5 drops SOS

Signature of the Doctor: ....
Name of the Doctor: ....
Date & Time: ....

Signature of the Consultant: ....
Name of the Consultant: ....
Date & Time: ....

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/05/2026 8:45am	CMB Dr. Aishwarya	
	ANNI	
	Baby on DSPT	
	Taking DBF + formula.	
	Did not pass stools since admission	
	Passing urine	
		Wt gain (+)
	O/E: C, T, A – (N)	
		Plan
		– SBR/NBS @ 10am
		– DBF Q2H
		– To decide on D/S after SBR report
	SBR – 12.40mg/dl – ↓ Mc – tubs Rlv – water	[signature]

Docu. No. : RCH /FRM / CLINICAL / 088

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

MEDICATION RECONCILIATION FORM

Drug Allergies: .... ☑ Not known any Drug Allergies

Medication Reconciliation will be done at the time of admission and also whenever there is change in the treating team or shifting from one unit to another unit. (Example: at the time of admission shifting from ICU to Ward, or Ward to ICUs)

Shifting From: ER. Shifted to: 327.

S.No	MEDICATION NAME (GENERIC NAME CAPITAL LETTERS)	DOSE (mg, mcg)	ROUTE (PO, NG, SC, IV)	FREQUENCY	LAST DOSE Date / Time	ON ADMISSION / SHIFTING
1	VITAMIN D3 DROPS (800IU/ml)	0.5ml	P/O	OD	28/5/2026	☑ C ☐ DC
2						☐ C ☐ DC
3						☐ C ☐ DC
4						☐ C ☐ DC
5						☐ C ☐ DC
6						☐ C ☐ DC
7						☐ C ☐ DC
8						☐ C ☐ DC
9						☐ C ☐ DC
10						☐ C ☐ DC

** C- Continue, DC - Discontinue*

MEDICATION HISTORY RECORDED / VERIFIED BY

Doctor Name & Signature : Dr. Aishwarya

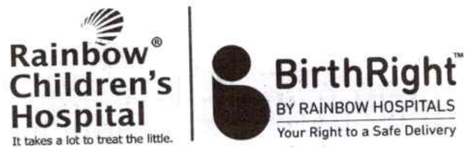
Date & Time : 29/5/26

Nurse Name & Signature: [signature]

Date & Time : 29/5/26 @ 6.00 P.M.

Docu. No. : RCH / FRM / GENERAL / 090

FDH-00046064 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY



REGULAR PRESCRIPTIONS

Sheet No: .... Weight .... Ward ....

DRUG : VITAMIN D3 DROPS

Dose	Route	Frequency	Start Dt.
0.5ml	P/O	OD	24/5/26

Date / Time: 25/5 — 10am, given / Ankita

Name & Signature of the Doctor Starting the Drugs: [signature]

Additional Instructions: 800IU/ml

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

DRUG :

Dose	Route	Frequency	Start Dt.

Name & Signature of the Doctor Starting the Drugs:

Additional Instructions:

Daily Doctor's Endorsement by a Sign

VERIFIED BY : Name .... Signature ....

Patient Sticker

Sheet No: ....

REGULAR PRESCRIPTIONS

Weight .... Ward ....

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

DRUG :				Date▸ / Time▾
Dose	Route	Frequency	Start Dt.	
Name & Signature of the Doctor Starting the Drugs:				
Additional Instructions:				
Daily Doctor's Endorsement by a Sign				

VERIFIED BY : Name .... Signature ....

24/5/26

FDH-00046084 IP25-00020601
Baby B/O DEEKSHA AGRAWAL
20-05-2026 0 Y 0 M 4 D (M)
Dr. KONDAM PRADEEP REDDY

VITALS CHART

Date → / Time ↓	Temp	HP	RR	SPO₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am										
9.00 am										
10.00 am										
11.00 am										
12.00 pm										
1.00 pm										
2.00 pm										
3.00 pm										
4.00 pm										
5.00 pm										
6.00 pm	96-F	138	39	100	-	DBF+FF	30ml	-	-	-
7.00 pm										
8.00 pm						DBF	30ml			
9.00 pm										
10.00 pm	38.6	139	40	100	-	DBF +ff	30ml	✓		
11.00 pm										
12.00 am						DBF +ff	30ml			
1.00 am								✓		
2.00 am						DBF +ff	30ml			
3.00 am										
4.00 am						DBF ff	30ml	✓		
5.00 am										
6.00 am	38.6	140	40	100	0	DBF ff	30ml	✓		
						TOTAL	210ml	U=4	MEO	

Temperature 97.5 to 99.5 F
HR 120 to 160 per minute
RR 30 to 60 per minute
SP02 93-100%

Feeding Plan: 2nd hourly feeding done.

Morning Shift

Clinical Diagnosis..........

Nursing Diagnosis..........

Plan of Care ....

Planned Investigations Procedures ....

Implementation ....

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis..........

Nursing Diagnosis..........

Plan of Care ....

Planned Investigations Procedures ....

Implementation ....

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis.......... New born

Nursing Diagnosis..........
Risk for infection related to hospitalization

Plan of Care ....
- Assess the baby condition

Planned Investigations Procedures ....

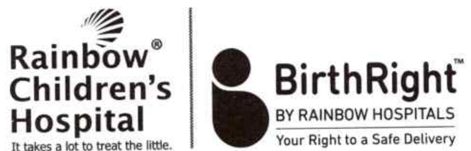
Implementation .... - Assessed the baby condition
- Monitored vitals & Recorded
Every and hourly feeding done.

Bhavana 25/5/26 @ 8: AM

Handed Over by : Name & Signature

Received by : Name & Signature

PATIENT TRANSFER FORM



Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00046064 IP25-00020601 Baby B/O DEEKSHA AGRAWAL 20-05-2026 0 Y 0 M 4 D (M) Dr. KONDAM PRADEEP REDDY	24/5/26 @ 5.40 p.m.	24/5/2026. 6.00 p.m.
	Transfer Ordered by	**Reason for Transfer**
	DR Aishwrya.	Admission.
From Unit	**To Unit**	**Information to Attendant**
ER.	326.	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
12	—	Yes ☑ No ☐ If yes, what ? OP File

Medications / Consumables / Surgicals / Hand over [signature]

Sl.No.	Item Name	Quantity
1.		
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

DR. Aishwrya.

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Ankush.	DR. Aishwrya.

Patient & Clinical Records Received by : [signature] 6:10 pm 24/5/26

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

Docu. No. : RCH /FRM / CLINICAL / 102