

ADMISSION SHEET

Registration Details :

Admission No : IP25-00020426 Admit Date : 13-May-2026 Admit Time : 11:16 AM UHID : FDH-00045796

Patient Details :

Patient Name : Baby B/O AMRUTA PARMAR EDDULA Age : 0 D
Guardian : Mr SANDEEP EDDULA DOB : 13-05-2026 10:23 AM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : Kokapet Hyderabad Telangana INDIA 500075 Phone No : 7620258223/ 7795077836
E-mail :

Admission Details :

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

Contact Details :

Name : Mr SANDEEP EDDULA Relationship : Father
Contact Address : Kokapet Hyderabad Telangana INDIA 500075 Phone No :

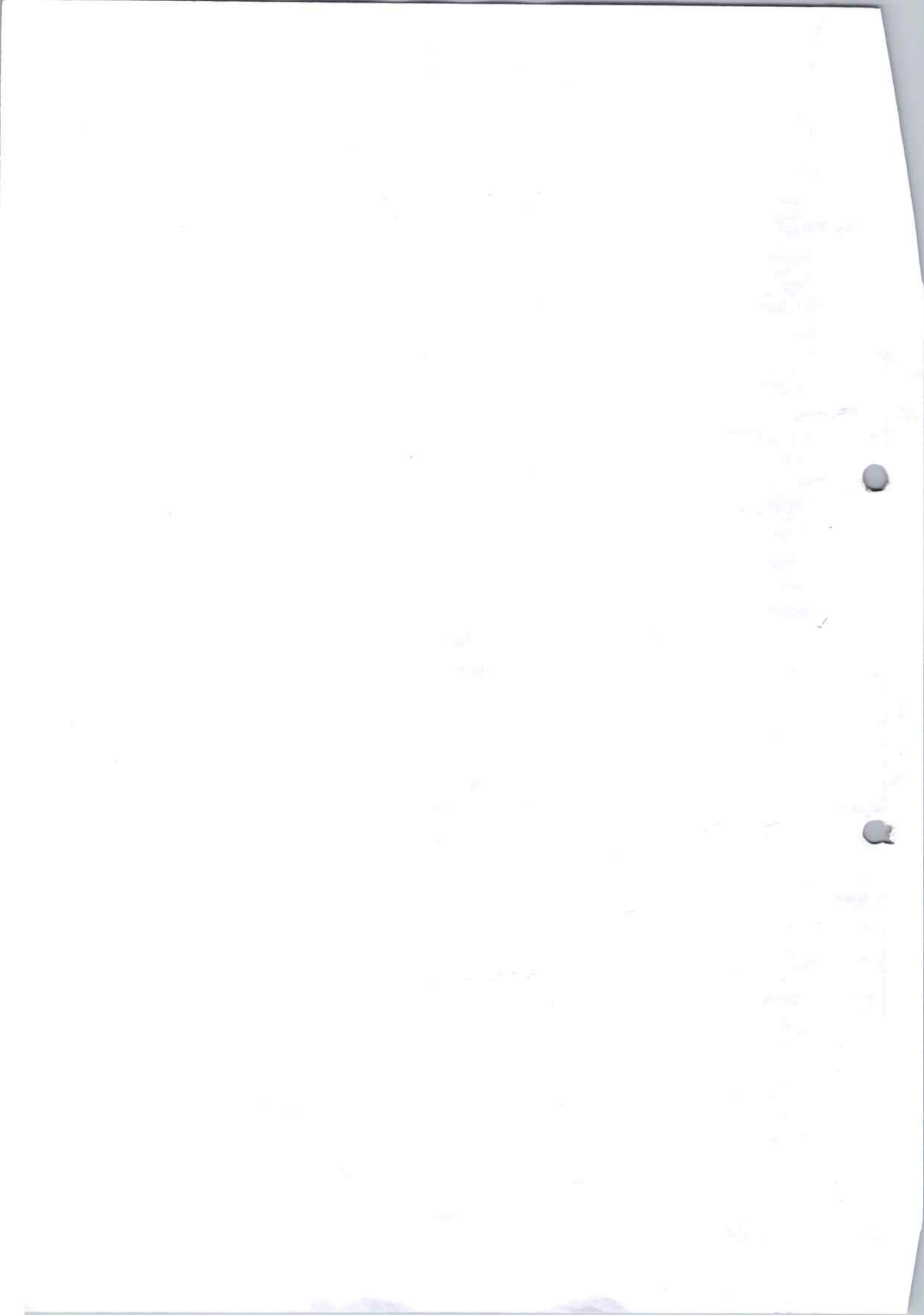

Signature

Doctor Details :

Doctor Name : Dr. CHIGULLAPALLI SHRAVANTHI Specialisation : GENERAL PEDIATRICS
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

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



ACTIVITY RECORD FOR BILLING

Name: -----
 UHID No : -----
 Date of Admission : -----
 Room / Bed No : -----

FDH-00045796 IP25-00020426
 Baby B/O AMRUTA PARMAR
 13-05-2026 0 Y 0 M 0 D 1 H (M)
 Dr. CHIGULLAPALLI SHRAVANTHI

Consultant : ----- Dept : -----
 ----- Date of Discharge : ----- Time: -----
 ----- Suggested Billable bed type : -----



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
13/5/26	11.40 AM	MICU OT	MICU	RA
13/5/26	3 PM	MICU	MICU	RJ
13/5/26	5:40 pm	3rd MICU	3rd floor,	Meline
16/5/26		ward	Billing	Anaesthesia

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
13/5/26	SBR	7096	St
13/5/26	GRBS - 11325am - 39 mg/dl	7119	Mans
13/5/26	GRBS - 35 mg/dl - 1.30 PM	7120	Mans
13/5/26	GRBS - 39 mg/dl - 2.30 PM	7126	Mans
13/5/26	RBS - 50 mg/dl 3.20 PM	7129	Madhine
14	CRP	7128	Madhine
21	RBS → 65 mg/dl 9 PM	7142	Madhine
13/5/26	GRBS - 54 mg/dl	7164	Bhavane
14/5/26	GRBS - 64 mg/dl	7180	Bhavane
14/5/26	GRBS - 70 mg/dl	7201	Janya
14/5/26	OAE	5444	neha
14/5/26	GRBS → 66 mg/dl (8 PM)	7204	neha
15/5/26	GRBS → 88 mg/dl	7268	Bhavane
15/5/26	GRBS → 61 mg/dl (8 AM)	7283	Bhavane
15/5/26	GRBS → 61 mg/dl (2 PM)	7234	Ankitha
15/5/26	GRBS → 98 mg/dl (8 PM)	7361	neha
15/5/26	TCR → 11.4 mg/dl	7314	Ankitha
16/5/26	GRBS → 92 mg/dl (9 AM)	7387	Bhavane
16/5/26	SBR, NBS.	7376	Bhavane
16/5/26	GRBS → 80	7388	Bhavane

PATIENT TRANSFER FORM

(OT)

Patient Name & UHID No. B/o. Amritha	Date & Time of Admission 13/5/2026	Date & Time of Transfer Order 13/5/2026 @ 11:40am
Treating Consultant Name Dr. Shruvanti	Transfer Ordered by Dr. Mohith	Reason for Transfer newborn case
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 4	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.	warm care given.	30 mins.
2.	vitals checked.	done.
3.	Vit - K given.	0.5 ml
4.	cord clamp done.	1
5.	DBF given	15 mins

Shifting Summary / Notes Written by Doctor : Yes No

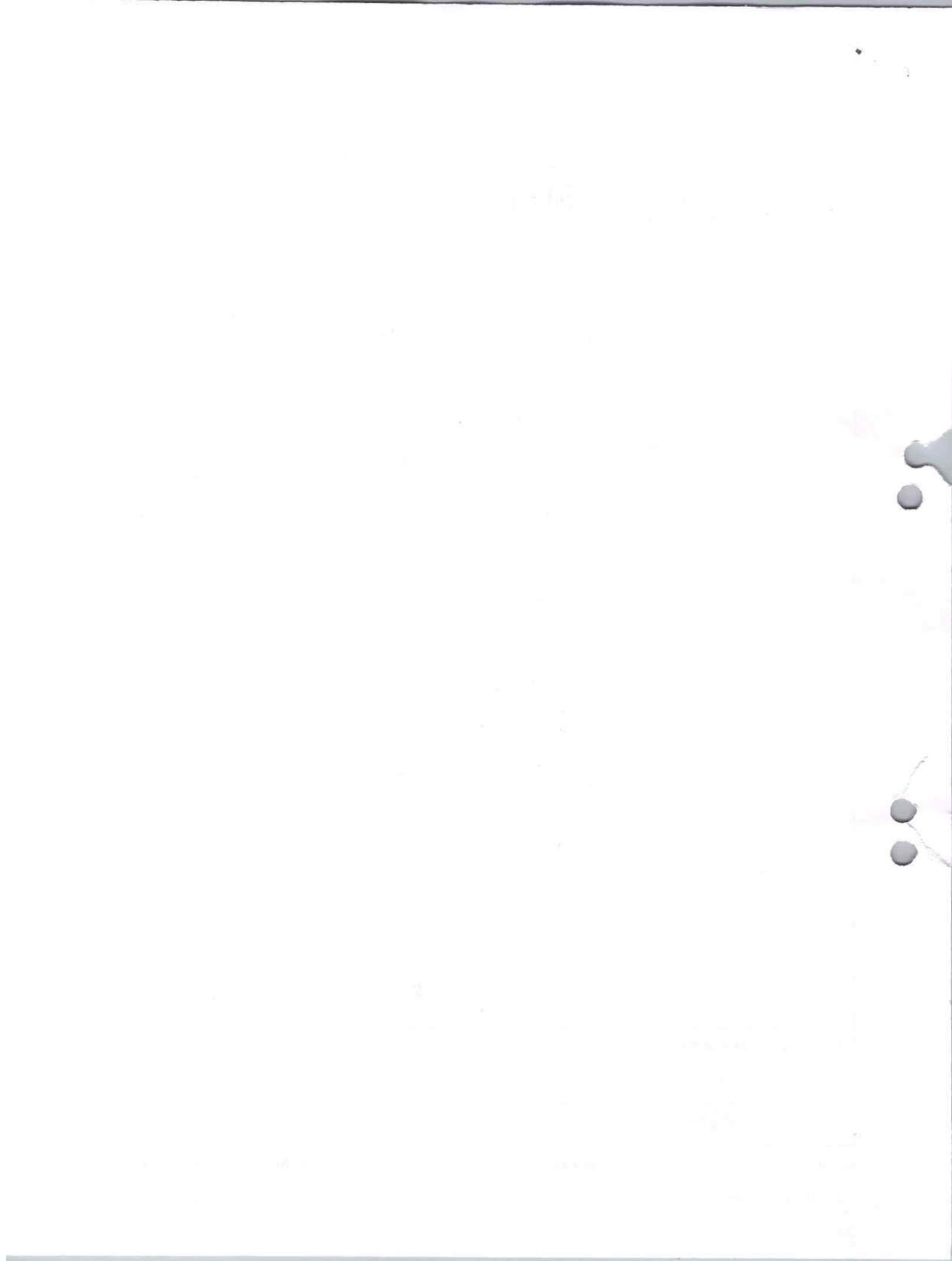
Name & Signature of Person who is Transferring Sreeja @ 11:40am	Name of Person Ordered Transfer Dr. Mohith.
--	--

Patient & Clinical Records Received by :

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



PATIENT TRANSFER FORM



Patient Name & UHID No. FDH-00045796 IP25-00020426 Baby B/O AMRUTA PARMAR 13-05-2026 0 Y 0 M 0 D 1 H (M) Dr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 13/7/26	Date & Time of Transfer Order 13/7/26 at 3PM
		Transfer Ordered by Dr. Shravanti	Reason for Transfer Newborn care
From Unit MICU	To Unit NICU	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 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 <input type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring 		Name of Person Ordered Transfer Dr. Shravanti	
Patient & Clinical Records Received by :			
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

10/10

10/10

10/10

10/10



10/10

PATIENT TRANSFER FORM

FDH-00045796
Baby B/O AMRUTA PARMAR
13-05-2026 0 Y 0 M 0 D 5 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI



	Date & Time of Admission 13/5/26	Date & Time of Transfer Order 13/5/26
Treating Consultant Name Dr. Shruvanti	Transfer Ordered by Dr. malvika	Reason for Transfer Stool
From Unit meu	To Unit micu	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 20	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.	Bacitab — ①	
2.	Dwaxer — ②	
3.	Diptomil Gold — ①	
4.	D Feeding Bottle — ①	
5.	Diapers — ①	

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
--	---------------------------------

Patient & Clinical Records Received by :

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





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 Amruta Mother's Blood Group : B Positive
 Gender : M F Blood Group : Birth Weight (gms) : 3.885/6 Length (cms) :
 Date of Birth : 13/5/26 Time of Birth : 10:23 AM OFC (cms) :
 Place of Birth : RCH RD Estimated Gesth Age : 39 wks.

Current Obstetric History : (Booked / Unbooked Case) G2 P1 L1
 Maternal Age : 32 Ht : Wt : BMI : Married Life : LMP : EDD :
 Conception : Spontaneous or with Rx. :
 Booked at what GA. : AN Steroids Drugs / Doses :
 Last Scans Details : 22/4 - 36 wks, cephalic, SLEP, AFJ - 11.7 cm, FFW ~ 81% (3.4kg) Doppler @ TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs Prev. LSCS
 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 delivered in warmies

↓

C/F/A/B

↓

C/T/A good

↓

Ins Vit K im given

↓

shift to Mother

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

No gross cong anomalies

α

VITALS : Temperature : 36.5 HR : 136 RR : 36 NIBP : CFT : 23sec

Color of the extremities : Percyanosis

Jaundice : Pallor : SpO2 : 97%

Anthropometry : Birth Weight : 3.885 kg Length : HC : Present Weight :

Ponderal Index : AGA : at 90 centile 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 : *→ To check*
Discharge :

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

Ⓜ

and Shape of Thorax :
Position of Nipples and Number :

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

Ⓜ 2A+IV

Labia / Hymen :
Testicles/penis : *blc Testis descended*
Anus :

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

Ⓜ

THORAX
BREASTS
ABDOMEN and
UMBILICUS :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

BLATE (+)

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 :

HR : BP : Precordial Activity :

S/S (+)

Femoral Pulses : Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Anal Patency :

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

Meconium passed :

/ (+)

*1 (+)
2A + IV
Passed
No passed*

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

CLTA good

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

ATNR : Skull and Spine :

complete

Any Congenital Anomalies :

Diagnosis :

Team / Male / AGA
(cataract)

FOOT PRINTS

Left Side :



Right Side :



Referring Doctor :

Signature :

Mob

Name :

Dr Mohell

Date & Time :

13/5/26

Consultant :

Signature :

[Signature]

Name :

Dr. Sravanti

Date & Time :

13/5/26 @ 13:30

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. Srinivasan

..... 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 : ① DBF + Warmth

② Vaccinate - BCG, OPV, Hep B

③ SBR, RBS, OAE @ 48 Hrs

Plan during ward follow up: ④ GRBS - 1, 3, 6, 12, 24, 48 Hrs

(Pre-feed 150 mg/dl
inform)

Feeding Plan at the time of shifting :

⑤ Formula Feed
20 ml Q 2H | If Sg
or Mother
insuffice

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

NEWBORN HEARING SCREENING

FDH-00045786 IP25-00020426

Baby B/O AMRUTA PARMAR

13-05-2026 0 Y 0 M 1 D (M)

Dr. CHIGULLAPALLI SHRAVANTHI



Hearing screening was done using TEOAEs

Right ear - Hearing screening results indicate **PASS** (presence of TEOAEs), suggestive of normal outer hair cell functioning.

Left ear - Hearing screening results indicate **PASS** (presence of TEOAEs), suggestive of normal outer hair cell functioning.

Clap Screening: Pass

Recommendation –

Monitor communication development

Follow up if any hearing concerns exist.



Dr. Sri Ram Reddy Mitta

AUDIOLOGIST & SPEECH LANGUAGE PATHOLOGIST

Note- OAEs were pass(present) bilaterally is an indicative of normal hearing sensitivity, however it must be noted that presence of OAEs (PASS) indicates structurally and functionally normal middle ear and outer hair cell functioning. OAE test does not assess the exact hearing threshold. A BERA test can be administered at the age of 3 months (if necessary) for objective evaluation of hearing thresholds.





PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	New in NICU	
1400	Temp 36.4	
	Blood sugar low	
	Formula feeding given	
	Foliated.	
	O/C active/ responsive.	
	Warm peripheral	
	Chest clear HR 140	
	RR 20	
	Temp 36.4 @ 1430	
	SpO2 95% → transfer to NICU	
	for IV fluids.	
	O/C Dr. Lakshmi	Dr. Shrivastava
	PT Mch A/GA ~ 90% sat	Asymptomatic hypoglycemia
	2 bpm	
	V ✓	Admiv
	S ✗	
		- Shift to NICU
	O/C	
	hemodynamically	
	stable	- IV bolus dextrose (D5)
		(5 ml/kg)
	S/C C / gal.	
	T / gal.	- start oral feeds
	A / gal.	

FDH-00045796
 Baby B/O AMRUTA PARMAR
 13-05-2026 O Y O M O D S H (M)
 Dr. CHIGULLAPALLI SHRAVANTHI

IP25-00020426



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26	o/s/b Dr. Owas	
10:30 PM	Issues - Asymptomatic hypoglycemia	Plan
	Now, euglycemic on room air accepting feeds well.	- continue measured feeds 26 ml @ 2hly spoon feeds
	o/e - Euthermic hemodynamically stable	- GRBS @ 6 hly
	CRT < 2 sec.	- Infuse GRBS if < 50 mg/dl overnight
	C/T/A - good	- warmth + care
	P/A - mfl.	- (T) CBP (awaited)

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order												
14/5/26	CLPB Dr. Shwathi / Dr. Jnanendra													
9:30 am	A&E :- Term / LGA / Mech / Asympt. hypoglycemia													
	Euglycemic since 3pm yesterday. No further episodes of asymptomatic hypoglycemia.													
	On DBF + PF → passing urine / stool.													
T 32 - 6.0	<table border="1" style="display: inline-table;"> <tr> <td>0</td> <td>✓</td> </tr> <tr> <td>5</td> <td>✓</td> </tr> </table> <table border="1" style="display: inline-table; margin-left: 20px;"> <tr> <td>M</td> <td>BP</td> </tr> <tr> <td>B</td> <td>OP</td> </tr> </table>	0	✓	5	✓	M	BP	B	OP	<table border="1" style="display: inline-table;"> <tr> <td>BBW</td> <td>3.885 kg</td> </tr> <tr> <td>TWT</td> <td>3.428 kg</td> </tr> </table> <p>wt loss 11%.</p>	BBW	3.885 kg	TWT	3.428 kg
0	✓													
5	✓													
M	BP													
B	OP													
BBW	3.885 kg													
TWT	3.428 kg													
	SFE :- Euthermic CPTA good													
	SFE :- (N) neonatal examination.													
Shwathi		<p style="text-align: center;">Plan</p> <p>Continue DBF + PF / warm care</p> <p>OAE / Vaccination / Red reflex / Club foot today.</p> <p>Stop / NGT @ 18HRS</p> <p>Remove IV canula.</p> <p>GRBG 6hly</p>												

FDH-00045796

IP25-00020426

Baby B/O AMRUTA PARMAR
13-05-2026 0 Y 0 M 0 D 12 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5	S/B. <u>Dr. Vinodha (LC) (PT)</u>	
	Breastfeeding Counseling given	
14/5/24	S/B Dr. Umata	
2:45 pm	S/B's :- Term / LGA / well / Asymptomatic hypoglycemia.	
	of e Euglycemic / Euthermic.	
	ETPA good.	
	Vitals were hemodynamically stable.	
	on DBF + FF	
	S/E :- (N) neonatal examination.	
	No new complaints.	
	red reflex ✓	Plan
		DBF + FF / warm care
		OAE / vaccination / health spots today.
		S/B / NBS @ 2 PM
		GROSS Glucy.
15/5/24	S/B Dr. Shrawanthi	
0915	Term, 47 WCL, wt 4.1 kg.	
	Temp - 101.4, end of ok no fever.	
	O/E - (N) exam	

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
15/5/26		
15/5/26	Plan TCB on BGA decline	
0915	DSATW alert	
contd	SBAT NBS @ 6am tomorrow	morning.
		L
		L
15/5/26	C/SR Dr Unnati	
4:30pm	S/S:- Term / C/A / Mch / Asymptomatic hypoglycemic.	
	On DBF + FF	→ tolerating feeds well.
	passing urine/stools	
	S/S:- Euthermic	
	vitals were	C/A good
	hemodynamically stable	
	S/S:- (R) neonatal examination.	
		Plan
		Continue ff as charted.



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	<u>CLB3</u> <u>Dr. Amrta</u>	
1615 <u>am</u>	A: 724m Term AHA B. Bay MVJ. / Asymptomatic +1. wt loss (unseen)	Hypoglycemia
	↓ DSPT	
	on DDF + Meand feed	
	CLTB good	
	pl	
		① DDF + Meand feed on ② DSPT to cont ③ SBR - to Trace ↓ 10:17 lab
		Discharge today No Monday

