

## DISCHARGE SUMMARY

<b>Name</b>	B/O PRATHIBHA BURRA	<b>UHID</b>	FDH-00046317
<b>Father/Guardian</b>	Mr PRASANTH	<b>Age/Gender</b>	0 Y 0 M 1 D/ Male
<b>Address</b>	Pt~ No 375 H NO 5-81, Secretariat Colony, Puppalaguda, K.V.Rangareddy, Andhra Pt~esi - 500089, Manikonda, Hyderabad, Telangana, INDIA, 500089		
<b>IP No</b>	IP25-00020646	<b>Admission Date</b>	26-05-2026
<b>Ref Doctor</b>			
<b>Discharge Date</b>	28-05-2026		

### Consultant:

**Dr. Kalyan Chakravarthy Konda,**  
MBBS, MD, DNB (Pediatrics), DM (Neonatology)  
Consultant Pediatrician & Neonatologist  
APMC/FMR/76059

### DIAGNOSIS

TERM / AGA / EMERGENCY LSCS (ELDERLY PRIMI) / BABY BOY / CIAB  
INFANT OF DIABETIC / HYPOTHYROID MOTHER

**History:** B/O PRATHIBHA BURRA, is a term ( 39 weeks + 1 days) baby boy, delivered to a PRIMI mother by Emergency LSCS (Ind : In view of Elderly primi) on 26.05.2026 at 11:17 am with birth weight of 3.270 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 Vertex.



Name	B/O PRATHIBHA BURRA	UHID	PH-00046317
IP No	IP25-00020646	Admission Date	26-05-2026

**Maternal History:** Mrs. PRATHIBHA BURRA, is a 40 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. History of Type 2 Diabetes Mellitus on Metformin. History of Hypothyroidism since 3 years. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "B" positive. Baby's blood group is "B" positive.

**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 : 3.270 kgs.  
Weight at discharge : 2.998 kgs.  
Head Circumference : 35 cms.  
Length : 52 cms.

**Investigations:** Enclosed reports.

**Management:**

**Course during hospital:**

Feeding: Breast feeding was initiated (First feed was given within 30 minutes). Baby tolerated the feeds well. In view of insufficient feeding, formula feeds were added which baby tolerated well.



Name	B/O PRATHIBHA BURRA	UHID	EDH-00046317
IP No	IP25-00020646	Admission Date	26-05-2026

In view of maternal history of gestational diabetes mellitus, baby's blood sugar levels were serially monitored which remained stable. Subsequent blood sugar levels remained stable.

Serum bilirubin at 48 hours of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl.

**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 :** Sent 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.

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



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### Advice:

Keep the baby clean & warm

Regular breast feeding every 2nd hourly with top up formula feeds (22-25 ml each feed) followed by burping.

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 Serum bilirubin at 48 hours of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl, as per risk stratification chart it is falling in low risk zone).

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on Saturday (30.05.2026) 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.



Name	B/O PRATHIBHA BURRA	UHID	FDH-00046317
IP No	IP25-00020646	Admission Date	26-05-2026

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](http://www.rainbowhospitals.in)**

Registrar/Resident/C.M.O

**Consultant:**

**Dr. Kalyan Chakravarthy Konda,**  
MBBS, MD, DNB (Pediatrics), DM (Neonatology)  
Consultant Pediatrician & Neonatologist  
APMC/FMR/76059



ADMISSION SHEET

Registration Details :



Admission No : IP25-00020646      Admit Date : 26-May-2026      Admit Time : 03:17 PM      UHID : FDH-00046317

Patient Details :

Patient Name : Baby B/O PRATHIBHA BURRA      Age : 0 D  
Guardian : Mr PRASANTH KATAM      DOB : 26-05-2026 11:17 AM  
Gender : Male      Religion :  
Occupation :      Martial Status :  
Address (H) : Pt~ No 375 H NO 5-81, Secretariat Colony,  
Puppalaguda, K.V.Rangareddy, Andhra  
Pt~esi - 500089 Manikonda Hyderabad  
Telangana INDIA 500089      Phone No : 7013186450  
E-mail :

Admission Details :

Bed Type : BASINET      Bed No : CRDL MICU 5-1      Ward Name : 4F -MICU  
Room No : CRDL MICU 5-1      Admission Type : First Visit

Contact Details :

Name : Mr PRASANTH KATAM      Relationship : Father  
Contact Address : Pt~ No 375 H NO 5-81, Secretariat Colony,  
Puppalaguda, K.V.Rangareddy, Andhra Pt~esi -  
500089 Manikonda Hyderabad Telangana INDIA  
500089      Phone No :

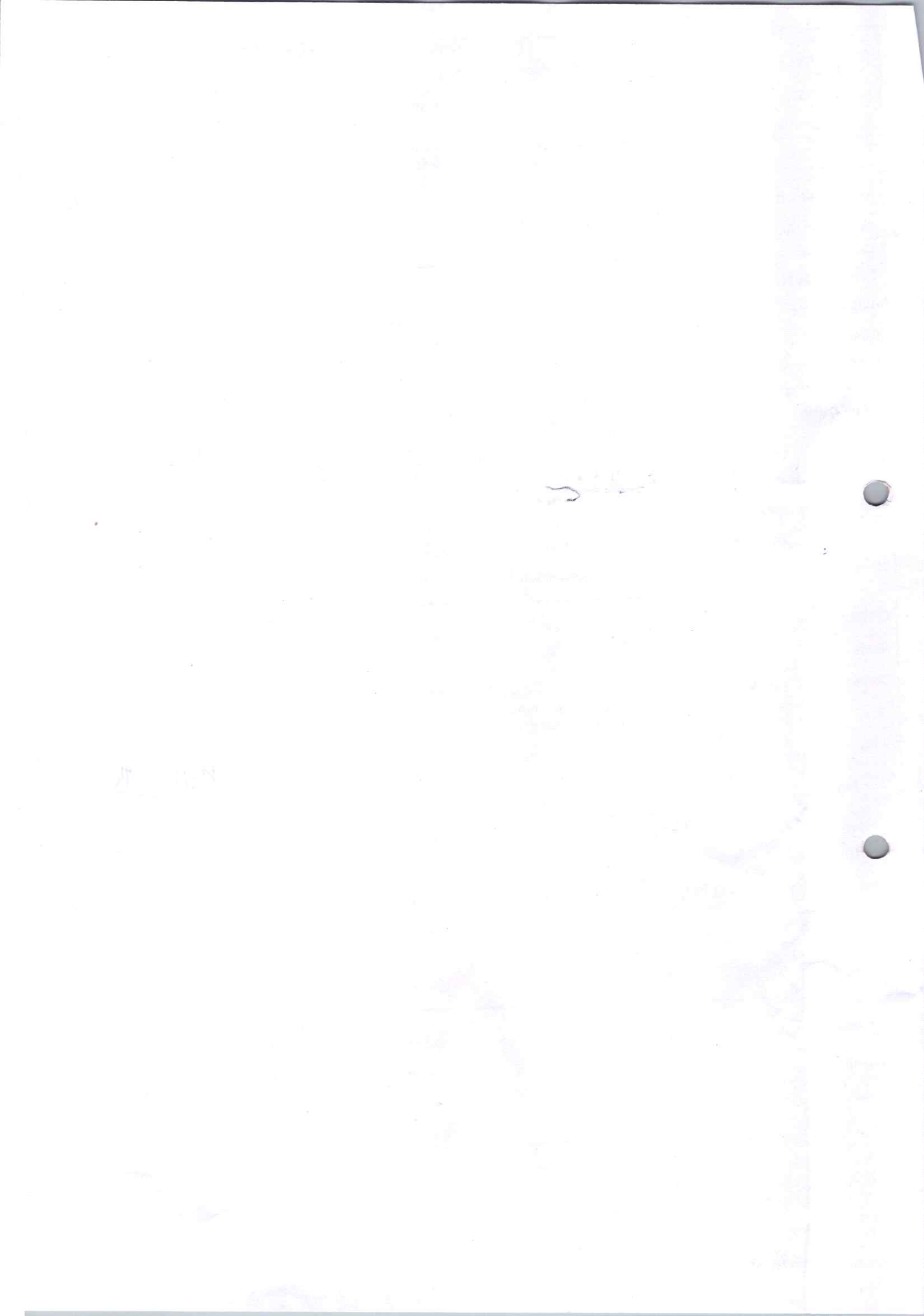
*K. Prasanth*  
Signature

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







### ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00046317 IP25-00020646 -----  
 Baby B/O PRATHIBHA BURRA  
 28-05-2026 O Y O M O D 6 H (M)  
 UHID No : ----- Dr. KALYAN CHAKRAVARTHY KONDA -----  
 Date of Admission: ----- Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	12:25 pm	OT	MICU	[Signature]
26/5/26	6:30 pm	MICU	318	[Signature]
28/5/26	11:03 AM	ward	Billing	[Signature]

### Cross Consultation Visit

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





# PROCEDURE

Date	Procedure	Quantity	Order No.	Signature

## ANY OTHER INFORMATION

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Date: 26/5/26

Time:

Prepared By: Nairi

Staff Nurse Nairi	Shift / Ward NTCW	Billing Assistant	Billing Supervisor
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## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <u>new born care</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure:	If Yes Specify: .....					
<b>BACKGROUND</b>	Date	<u>26/5</u>	<u>26/5</u>	<u>26/5</u>	<u>27/5</u>	<u>27/5</u>	
	Shift	<u>M</u>	<u>E</u>	<u>N</u>	<u>M</u>	<u>E</u>	
<b>ASSESSMENT</b>	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
<b>RECOMMENDATIONS</b>	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):	-	-	-	-	-	
	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>36°C</u>	<u>36.1°C</u>	<u>36°C</u>	<u>36.5</u>	<u>98.6°F</u>
		Res:	<u>48/w</u>	<u>47</u>	<u>45</u>	<u>42</u>	<u>41</u>
		SpO <sub>2</sub> :	<u>98%</u>	<u>98</u>	<u>99</u>	<u>99%</u>	<u>100%</u>
		Pulse:	<u>150/w</u>	<u>140</u>	<u>140</u>	<u>132</u>	<u>141</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>		
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:	-	-	-	-	-		
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>		
Critical Lab Test / Values:	-	-	-	-	-		
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		
PU Prophylaxis:	<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		
DVT Prophylaxis:	<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>Ulini</u>							
Handed Over By Name :	<u>Maqsood</u>	<u>Debanu</u>	<u>Ankitha</u>	<u>Ulini</u>	<u>Laxshmi</u>	<u>Ankitha</u>	
Signature / ID :	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:	<u>26/5</u>	<u>26/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>	
Time:	<u>11 AM</u>	<u>6:30 PM</u>	<u>@ 1 PM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>	<u>@ 8 AM</u>	
Taken Over By Name :	<u>Debanu</u>	<u>Ankitha</u>	<u>Ulini</u>	<u>Laxshmi</u>	<u>Ankitha</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>26/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>	<u>27/5/26</u>		
Time:	<u>2 PM</u>	<u>8 PM</u>	<u>2 PM</u>	<u>@ 2 PM</u>	<u>@ 8 PM</u>		

DH-00046317 IP25-00020646  
 Baby B/O PRATHIBHA BURRA  
 26-05-2026 0 Y 0 M 1 D (M)  
 Dr. KALYAN CHAKRAVARTHY KONDA



## NURSING SHIFT HAND OVER FORM

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



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o Prathibha Mother's Name: Mrs. Prathibha  
 Date of Birth: 26/5/2026 Time of Birth: 11:17 AM Gender:  Male  Female  
 Birth Weight: 3.270 Kgs HC: ..... cm Length: ..... cm  
 Meconium in Liquor:  Yes  No Cried at Birth:  Yes  No  
 Term / Pre-term / Post-term: .....  
 Resuscitated:  Yes  No Blood Group: Mother: B+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: Non Progress of labour

**Physical Assessment of New Born:**

Temp: 36.5 °C HR: 158 /Min RR: 48 /Min BP: ..... SpO<sub>2</sub>: 98%  
 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

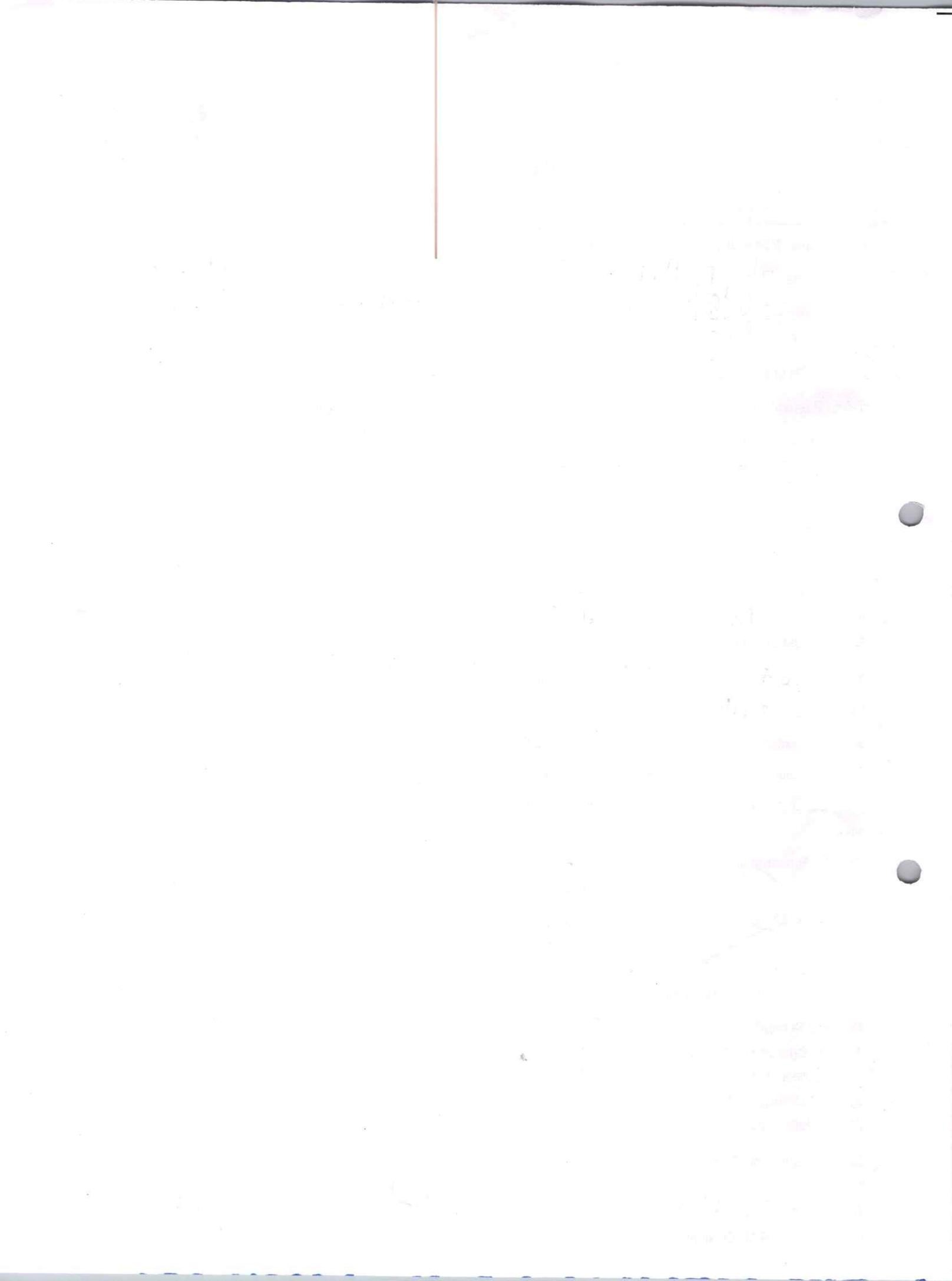
**Findings:**

General Appearance: Posture:  Well-Flexed  Asymmetry  
 Skin:  Pink  Meconium Stain  Others, Specify: .....

**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: Mano Signature: [Signature] Date & Time: 26/5/26 at



## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : Prathiba Age : 40y 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 Prathiba Mother's Blood Group : B+ve  
 Gender :  M  F Blood Group : .....  
 Date of Birth : 26/5/26 Time of Birth : 11:17am  
 Place of Birth : RCM, FA Estimated Gesth Age : 39w  
 Birth Weight (gms) : 3270 Length (cms) : .....  
 OFC (cms) : .....

Current Obstetric History : (Booked / Unbooked Case)  
 Maternal Age : 40 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 23/8/25 EDD : 28/5/26  
 Conception : Spontaneous or with Rx : Spontaneous  
 Booked at what GA : @ 4+5 weeks AN Steroids Drugs / Doses : .....  
 Last Scans Details : @ 39, CUUF, AFI - 8.9cm, EFW - 3146g  
Doppler - @ TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> &lt;18 yrs <input type="checkbox"/> &gt; 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  <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 / Redistrbution in MCA ) / Ductus Venosus : .....                  AFI : .....</p>	<p><b>H/o GDM/ pre GDM/ on diet or insulin</b>                  Controlled or not, recent values, HbA1 values : .....  <u>Type II DM on metformin</u>                  Compliance with Rx : .....                  Scans : LGA, TIFFA , Fetal Echo : .....  <b>H/o Hypothyroidism</b> : when diagnosed ? Medication?  <u>Since 3 years</u>                  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 : .....</p>
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**PPROM** : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....





Baby

born on 26/5/2026 @

via Emug-LSG

↓

BCIAB

↓

all done

↓

Routine newborn care.

Vit-K given in @ antrolateral aspect of thigh

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

FDH-00046317

IP25-00020646

Baby B/O PRATHIBHA BURRA

26-05-2026 0 Y 0 M 0 D 10 H (M)

Dr. KALYAN CHAKRAVARTHY KONDA



### GENERAL EXAMINATION ON ADMISSION

Gt

VITALS : Temperature : 36.5° HR : 150/min RR : 28/min NIBP : CFT : 3 sec

Color of the extremities : (N)

Jaundice : Pallor : SpO2 : 98% (Pulsox)

Anthropometry : Birth Weight : 3.270 Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

### HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dymorphism) No facial dymorphism

NECK and CLAVICLES : Range of Motion : Asymmetry : Masses : (N)

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 :



Thorax :

BREASTS : Position of Nipples and Number :

ABDOMEN and UMBILICUS :  
 Shape :  
 Organomegaly :  
 Bowel Sounds : 20 AC 10 VC  
 Umbilical Stump :  
 Discharge :

GENITALIA :  
 Labia / Hymen : Normal Male genitalia  
 Testicles/penis :  
 Anus :

HERNIAL ORIFICES :

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES :  
 Fingers / Toes :   
 Deformities :   
 Hip Joint Examination :

Arms / Legs :   
 Mobility :

**SYSTEMIC EXAMINATION**

**Respiratory System :**  
**Breathing Pattern :**  Regular  Periodic  Shallow  Gasping  
 Mention if baby has Respiratory distress : RR : 48/min SCR / ICR / See - Saw breathing :  
 Scoring of respiratory distress if present (Silverman or Downe's) :  
 Mention if baby is on :  Hood box  CPAP  Ventilator BU AB @ NUBS  
 Settings :  
 SpO<sub>2</sub> : Auscultation : Breath Sounds : Added Sounds :

**Cardiovascular System :**  
 HR : 150/min BP :  
 Femoral Pulses : All equally felt  
 Other Peripheral Pulses : well felt  
 Precordial Activity :  
 Murmurs : No Murmurs  
 Signs of Cardiac Failure :

**Abdomen :**  
 Shape :  
 Palpation : Soft  
 Palpable masses :  
 Abdominal girth :  
 Hernia orifice :  
 Anal Patency :  
 Umbilical Cord : 20 AC 10 VC  
 First urine passed :   
 Meconium passed :

**Nervous System** : Higher intellectual functions (Sensorium) : *70*  
 State of wakefulness : .....  
 Prechtle Score : .....

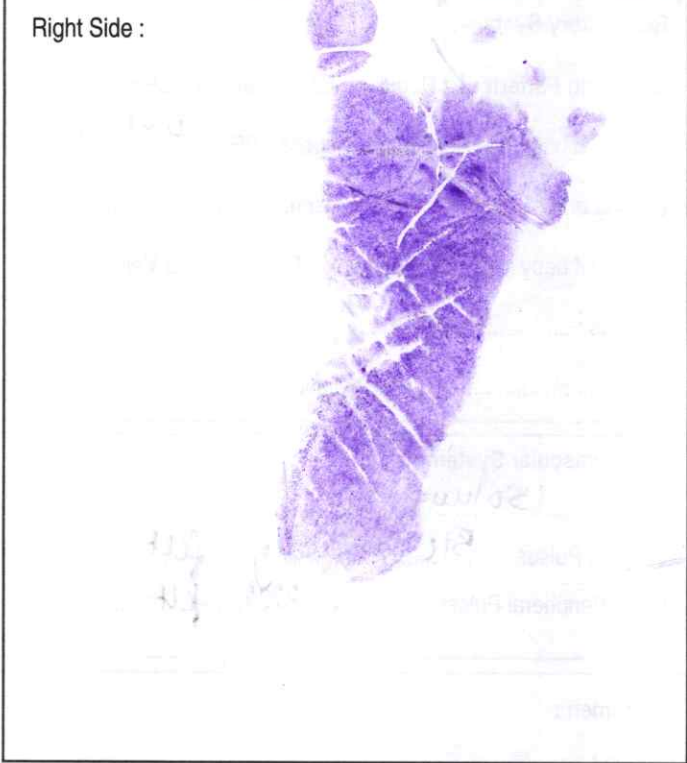
Nerves : .....  
*70*

**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 : *No*

Diagnosis : *Term LGA Baby Boy (Emg. uses [Eleding Power]) / BW - 3.270g  
 IDM / Maternal hypothyroid.*

**FOOT PRINTS**



**Resident Doctor** :  
 Signature : *[Signature]*  
 Name : *Dr. Kalyan*  
 Date & Time : .....

**Consultant** :  
 Signature : *[Signature]*  
 Name : *D. Kalyan*  
 Date & Time : *26/5/26*



Information given by: \_\_\_\_\_

Family

Friend

Will patient require transportation arrangements to go home:  Yes  No  NA

Will Physiotherapy require at home:  Yes  No  NA

Is home medical equipment anticipated:  Yes  No  NA

Is home oxygen therapy anticipated:  Yes  No  NA

Breastfeeding  Yes  No  NA

Formula Feed  Yes  No  NA

Are dressing needs at home anticipated:  Yes  No  NA

Any other needs anticipated:  Yes  No If Yes Specify .....

Feeding Plan at the time of shifting : .....

DBF Diet, warm cow  
Vaccination and DAF @ 24 hrs  
SBR/NBI @ 48 hrs  
Red reflex to be checked  
GRBS @ 1, 3, 6, 12, 24, 36, 48. (Info 9 & 10 only)

**Screenings done during NICU Stay :**

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

**Discharge Details:**

**Neonatal Condition at Discharge:**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Feeding:**  Breastfeeding Exclusively  Breastfeeding and Formula Feeding  Formula Feeding

Vitamin K given:  Yes  No

Vaccinations given  BCG  Hepatitis B  Others: .....

Neonatal Screen Taken:  Yes  No, parents advised to have Neonatal Screen at National screening program center on: ...../...../.....

Hearing Test:  Yes  No

Jaundice:  NIL  Slight  Moderate

Passed Urine:  Yes  No

Passed Meconium:  Yes  No

Weight at discharge: .....

Appointment was given for follow-up at OPD:  Yes  No

Date of Discharge: ...../...../.....

Discharge to  Home  Other: .....

Against Medical Advice:  Yes  No

Referred to another hospital:  Yes  No

**Discharge Medications:**  Yes  No

Details: .....

Final Diagnosis: .....

.....

.....

.....

.....

.....

.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26		
1 AM		
	22 H   term   AGA   mch   vses	
	O/E: Hemangioma (P) over medial aspect of right leg	
	GC: stable	
	CRT 2 3cc	wt loss ~ 6-1.
		Plan
		- Re check weight in evening
		- DBE 2 hourly
		- OAE
		Vacc <sup>n</sup> } today
		Ref reflex } today
		- SBR, PSS @ 48h
		- NASOCLEAR 1/2
		2% noret B/B 2 hourly



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5	S/B. Dr. Vinodha (LC)(PT)	
	Breastfeeding counselling for	
27/5/26 4pm	C/O/B Dr. Sneha 30M	
	GC: stable CRT < 3 sec URIATT: good	
	vitals HR: 140/min	Plan
	RR: 42/min	DBF 2 hourly
	temp: 36.5°C	Re-check weight
	SpO2: 98% RA	Now
	Vaccin OAE Relaxer	* CBR, NBS
	done	7m 6Am Measured feeds 22-25ml/2 hourly
	Rerweight: 3.012kg (↓ 55g)	



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5/26 9am	C/M/B Dr. Kalyan Dr. Sridhar	
	Δ: <u>4GM / term / ASA / mech.</u>	
	Gt: Stable	
	CRT 3cc	
	SBR: 10.5 mg/dl	
	CID: 10.4	
		plan
		- Discharge today
		- DBC + measured feed
		(top up formula)
		- Flw on Saturday





**VITALS CHART**

Date →	27/05/26									
Time ↓	Temp	HP	RR	SPO <sub>2</sub>	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am	36.1F	140	40	100%	0/10	DBF	20min	✓		
9.00 am										
10.00 am										
11.00 am						DBF	20min	✓		
12.00 pm	36.2F	138	42	99%	0/10					
1.00 pm						DBF	20min	✓		
2.00 pm						DBF	20min	✓		
3.00 pm										
4.00 pm						DBF	20mins			
5.00 pm						FF	20ml	✓		
6.00 pm	36.3F	142	42	100%	0/10	DBF	20mins			
7.00 pm										
8.00 pm						DBF	20mins	✓		
9.00 pm						DBF	20mins			
10.00 pm	36.2C	141	41	99%	0/10	DBF+FF	15ml + 20ml			
11.00 pm										
12.00 am						DBF	20min	✓		
1.00 am										
2.00 am	36.1C	130	40	99%	0/10	DBF+FF	15ml	✓	✓	
3.00 am										
4.00 am						DBF	20min			
5.00 am										
6.00 am	36.2C	142	42	100%	0/10	DBF+FF	15ml	✓	✓	
						<b>TOTAL</b>		U <sub>2</sub> 9	M <sub>2</sub> 2	

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 feeds.  
.....

**Morning Shift**

Clinical Diagnosis..... *New born*

Nursing Diagnosis..... *Impaired nutritional status*

Plan of Care..... *Encourage feed 2nd hourly*

Planned Investigations Procedures..... *Checked GRBS as per advice*

Implementation..... *Encouraged feed 2nd hourly*

Handed Over by : Name & Signature *Mhemi*

Received by : Name & Signature *Laxshmi 28/05/2018*

**Evening Shift**

Clinical Diagnosis..... *New born*

Nursing Diagnosis..... *Risk of infection related to hospitalization*

Plan of Care..... *1. Assess the baby condition  
2. monitor the vitals  
3. maintain ILO chart*

Planned Investigations Procedures.....

Implementation..... *1. Assessed the baby condition  
2. monitored the vitals  
3. maintained ILO chart*

Handed Over by : Name & Signature *Laxshmi 28/05/2018*

Received by : Name & Signature *Ankitha 28/05*

**Night Shift**

Clinical Diagnosis..... *New born*

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

Plan of Care..... *Assess the Baby general condition  
monitor the vitals  
Maintain the ILO chart*

Planned Investigations Procedures..... *SBR, NBS TLM - 6 AM*

Implementation..... *Assessed the Baby general condition  
monitored the vitals  
Maintained the ILO chart*

Handed Over by : Name & Signature *Ankitha 28/05/2018*

Received by : Name & Signature



FDH-00046317 IP25-00020646  
 Baby B/O PRATHISHA BURRA  
 26-05-2026 0 Y 0 M 1 D (M)  
 Dr. KALYAN CHAKRAVARTHY KONDA



### VITALS CHART

Date →	28/05/26									
Time ↓	Temp	HP	RR	SPO <sub>2</sub>	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										
7.00 pm										
8.00 pm										
9.00 pm										
10.00 pm										
11.00 pm										
12.00 am										
1.00 am										
2.00 am										
3.00 am										
4.00 am										
5.00 am										
6.00 am										
						<b>TOTAL</b>				

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

Feeding Plan.....  
 .....

**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.....

Nursing Diagnosis.....

Plan of Care .....

Planned Investigations Procedures .....

Implementation .....

Handed Over by : Name & Signature

Received by : Name & Signature

# PATIENT TRANSFER FORM

Patient Name & UHID No. <i>B/O Prathibha</i>		Date & Time of Admission <i>26/5/26 @</i>	Date & Time of Transfer Order <i>26/5/26 @ 12:30PM</i>
Treating Consultant Name <i>Dr. Kalyan</i>		Transfer Ordered by <i>Dr. Aishwarya</i> <i>Dr. Surya</i>	Reason for Transfer <i>New borne care</i>
From Unit <i>OT</i>	To Unit <i>MICU</i>	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 checked="" type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>Vit - k</i>	<i>0.5ml</i>	
2.	<i>Warm care</i>	<i>30min</i>	
3.	<i>Vitals.</i>	<i>done</i>	
4.	<i>Cord clamp</i>	<i>1</i>	
5.			
Shifting Summary / Notes Written by Doctor : Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring <i>Vaishali</i>		Name of Person Ordered Transfer <i>Dr. Aishwarya.</i>	
Patient & Clinical Records Received by : <i>Sr Mania</i>			
Date & Time of Patient Received : <i>26/5/26 @ 12:30m</i>			

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

1. The first part of the paper is devoted to a general discussion of the problem.

2. In the second part, we consider the case of a homogeneous medium.

3. The third part is devoted to the case of an inhomogeneous medium.



4. In the fourth part, we discuss the numerical solution of the problem.

5. The fifth part is devoted to the case of a medium with a random structure.

6. In the sixth part, we discuss the case of a medium with a periodic structure.

7. The seventh part is devoted to the case of a medium with a fractal structure.

# PATIENT TRANSFER FORM

Patient Name & UHID No. FDH-00046317      IP25-00020646 Baby B/O PRATHIBHA BURRA 28-05-2026      0 Y 0 M 0 D 6 H (M) Dr. KALYAN CHAKRAVARTHY KONDA 		Date & Time of Admission 26/5/26 @ 3:18 PM	Date & Time of Transfer Order 26/5/26 @ 6:30 PM
		Transfer Ordered by Dr. Kalyan	Reason for Transfer Observation
From Unit MCH	To Unit 318	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name & Signature of Person who is Transferring Sr. Debanikane		Name of Person Ordered Transfer Dr. Kalyan	
Patient & Clinical Records Received by : 			
Date & Time of Patient Received : 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

