

DISCHARGE SUMMARY

Name	B/O V.S.R.MADHURI	UHID	FDH-00046301
Father/Guardian	Mr MR PAVAN	Age/Gender	0 Y 0 M 1 D/ Female
Address	MANIKONDA, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020638	Admission Date	26-05-2026
Ref Doctor			
Discharge Date	28-05-2026		

Consultant:

Dr. Kalyan Chakravarthy Konda,

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

Consultant Pediatrician & Neonatologist

APMC/FMR/76059

DIAGNOSIS

TERM / AGA / ELECTIVE LSCS / OLIGOHYDRAMNIOS / BABY GIRL / CIAB

TRANSIENT TACHYPNEA OF NEWBORN

History: B/O V.S.R.MADHURI, is a term (37 weeks + 2 days) baby girl, delivered to a G2P1L1 mother by Elective LSCS (Ind : In view of previous LSCS) on 26.05.2026 at 09:42 am with birth weight of 3.179 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. Soon after delivery baby developed respiratory distress, was put on DR CPAP via Ram's cannula. Distress settled after 30



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minutes, baby was shifted to mother's side on room air.

Maternal History: Mrs. V.S.R.MADHURI, is a 31 years old G2P1L1 mother.

G2 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans suggestive of Oligohydramnios. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "O" positive. Baby's blood group is "O" Negative.

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

Anthropometry:

Weight at birth : 3.179 kgs.
Weight at discharge : 2.921 kgs.
Head Circumference : 34 cms.
Length : 43 cms.

Investigations: Enclosed reports.

Management:

Course during hospital:

Feeding: Breast feeding was initiated (First feed was given within 30



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minutes). Baby tolerated the feeds well. In view of insufficient mother's milk, formula feeds were added which baby tolerated well.

Serum bilirubin at 48 hours of life was 10.9 mg/dl with indirect fraction of 10.8 mg/dl.

Ultrasound spine done on 28.05.2026- showed no sonographic abnormality.

(done in view of presacral dimple with tuft of hair)

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



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feeds.

Advice:

Keep the baby clean & warm

Regular breast feeding with top up formula feed (22- 25 ml) every 2nd hourly 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 10.9 mg/dl with indirect fraction of 10.8 mg/dl, as per risk stratification chart it is falling in low risk zone).**

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



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Parent/Attender

In case of emergency contact 8121039503 emergency pediatrician on duty.

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

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

Registrar/Resident/C.M.O

Consultant:

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



ADMISSION SHEET

Registration Details :



Admission No : IP25-00020638 Admit Date : 26-May-2026 Admit Time : 12:14 PM UHID : FDH-00046301

Patient Details :

Patient Name : Baby B/O V.S.R.MADHURI Age : 0 D
Guardian : Mr MR PAVAN DOB : 26-05-2026 09:42 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : MANIKONDA Manikonda Hyderabad Phone No : 8106386449
Telangana INDIA 500089 E-mail : na123@gmail.com

Admission Details :

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

Contact Details :

Name : Mr MR PAVAN Relationship : Father
Contact Address : MANIKONDA Manikonda Hyderabad Phone No :
Telangana INDIA 500089


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

8-6-

ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- **FDH-00046301** **IP25-00020638**
Baby B/O V.S.R.MADHURI
26-05-2026 0Y0M0D7H (F)
Dr. KALYAN CHAKRAVARTHY KONDA

Date of Admission : ----- - Date of Discharge : ----- Time: -----

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	10:15 AM	OT	MICU	Anish
26/5/26	4:30 PM	MICU	Ward	

Cross Consultation Visit

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



SING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure: EL Lscy	Post OP Day:						
BACKGROUND	Date	26/05/26	26/5/26	26/5/26	27/5/26	27/05/26	28/5/26	
	Shift	M	N	N	M	E	N	
	Medical Condition (Any special condition to be noted):	EL Lscy	NEW BORN	N/B	NEW BORN	NEW BORN	N/B	
ASSESSMENT	Diet:	NBM	DBF	DBF	DBF	DBF	DB+PF	
	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA	
	Tubes/Drains/Catheter:	<input checked="" type="checkbox"/> Yes <input 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	98°F	97°F	97.1°F	97°F	97.1°F	98°F
		Res:	20	22	20	40	40	41 bpm
		SpO ₂ :	99	100%	100%	100%	96%	99%
		Pulse:	110	142	145	138	142	140
		BP:	111/60	-	-	-	-	-
		LOC:	Awake	conscious	conscious	conscious	conscious	conscious
		Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
	Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10	
	Skin Integrity	Good	Good	Good	Good	Good	Good	
	Recommendations	Safety Needs:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Special Diet:		NBM	DBF	DBF	DBF	DBF	DBF+PF	
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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):		Dependent	Dependent	Dependent	Dependent	Dependent	Dependent	
Post Operative Procedure Special Orders:								
Handed Over By Name :	Neha	Neha	Subha	Neha	Bhavana	Subha		
Signature / ID :	<i>Neha</i>	<i>Neha</i>	<i>Subha</i>	<i>Neha</i>	<i>Bhavana</i>	<i>Subha</i>		
Date:	26/05/26	26/5/26	27/5/26	27/5/26	27/05/26	28/5/26		
Time:	@ 2 PM	@ 8 PM	@ 8 AM	@ 2 PM	@ 2 PM	@ 8 AM		
Taken Over By Name :	Neha	Subha	Neha	Bhavana	Subha	Pujy		
Signature / ID :	<i>Neha</i>	<i>Subha</i>	<i>Neha</i>	<i>Bhavana</i>	<i>Subha</i>	<i>Pujy</i>		
Date:	26/5/26	26/5/26	27/5/26	27/05/26	27/5/26	28/5/26		
Time:	@ 5 PM	@ 8 PM	@ 8 AM	@ 2 PM	@ 8 PM	@ 8 AM		

Patient Sticker



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
	Surgery / Procedure:	Post OP Day:						
BACKGROUND	Date							
	Shift							
	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):							
	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		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	<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	<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	<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	<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	<input type="checkbox"/> Yes <input type="checkbox"/> 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-00046301 IP25-00020638
Baby B/O V.S.R.MADHURI
26-05-2026 0 Y 0 M 0 D 7 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA



NURSING DEPARTMENT

NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. madhuri Mother's Name: mrs. madhuri
Date of Birth: 26/5/26 Time of Birth: 9:42 AM Gender: Male Female
Birth Weight: 3.179 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: Baby:
Feeding: Breast Feeding Formula Both First Feed Time:

AFFIX MOTHER'S IDENTIFICATION LABEL

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

Physical Assessment of New Born:

Temp: 96.5 °C HR: 146 /Min RR: 48 /Min BP: SpO₂: 100

Pain Score: (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: Madhuri

Signature: [Signature]

Date & Time: 26/5/26





EONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Madhuri Age : 31 Father's Name : Age :
 Date of Birth : 26-05-2026 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 Madhuri Mother's Blood Group : O+ve
 Gender : M F Blood Group :
 Date of Birth : 26-05-2026 Time of Birth : 9:42Am Birth Weight (gms) : 3179 Length (cms) :
 Place of Birth : OFC (cms) :
 Estimated Gesth Age :

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : 31 Ht : Wt : BMI : Married Life : LMP : 5/9/25 EDD : 14/6/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : 7 wks AN Steroids Drugs / Doses :
 Last Scans Details : 21/5/26 SLIUF ~ 36 + 4 wks GA liquor - 6.7 cms (oligo)
EFW-58% EFW-3.015kg doppler-⊕ TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

<p>Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 35yrs</p> <p>Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>H/o PIH (after 20 weeks) / PE</p> <p>How many Drugs / Doses / Since how long :</p> <p>H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) :</p> <p>IUGR - when detected :</p> <p>Doppler (Increased Resistance / ADEF / REDF / Redistribtion in MCA) / Ductus Venosus :</p> <p>AFI :</p>	<p>H/o GDM/ pre GDM/ on diet or insulin</p> <p>Controlled or not, recent values, HbA1 values :</p> <p>Compliance with Rx :</p> <p>Scans : LGA, TIFFA , Fetal Echo :</p> <p>H/o Hypothyroidism : when diagnosed ? Medication?</p> <p>Any other Chronic Medical Problems, when detected drugs ?</p> <p>(Anemia, SLE, Jaundice, CHD, Heart Disease)</p> <p>Infection : H/O, Fever</p> <p>(<input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV)</p> <p>UTI : when : Any culture :</p>
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

History of Present Illness:

Baby girl born on 26/8/2026 @

via elective LSCS

↓

BLAB

↓

Decidua

↓

Routine newborn exam.

Big vit A given in \odot anatomical aspect of thigh.

↓

Baby had respiratory distress with RR - 68/min.

Investigation details in previous Hospital :

SpO₂ - 90% on RA
Mild SCR

Downie - 5/10

↓

Started on Roam's

Feeding History :

↓ Bowing

No further distress

Shifted to mother's side.

HR - 136/min

RR - 46/min.

Past History :

SpO₂ - 98% in RA.

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5° HR : 140/min RR : 68/min NIBP : CFT : C3500

Color of the extremities : (N)

Jaundice : - Pallor : - SpO2 : Pre-Post

Anthropometry : Birth Weight : 3179g Length : HC : Present Weight :

Ponderal Index : (AGA) SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies : (Any Facial Dysmorphism) No facial dysmorphism

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

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

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

THORAX and BREASTS : Shape of Thorax : } (N)
Position of Nipples and Number : }

ABDOMEN and UMBILICUS : Shape :
Organomegaly :
Bowel Sounds : < 2 OAC
Umbilical Stump : < 1 UVC
Discharge :

GENITILIA : Labia / Hymen : } (N)
Testicles/penis : }
Anus :

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

EXTREMITIES : Fingers / Toes : } (N) Arms / Legs : } (N)
Deformities : } (N) Mobility : } (N)
Hip Joint Examination :

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

Mention If baby has Respiratory distress : RR : 68/min SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) : 5/10

Mention if baby is on : Hood box CPAP Ventilator

BL A&P
NUBS

Settings :

SpO₂ : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 140/min BP :

Femoral Pulses : BL equally well felt

Other Peripheral Pulses : well felt

Precordial Activity :

Murmurs : No Murmurs

Signs of Cardiac Failure :

Abdomen :

Shape :

Palpation : soft, no organomegaly

Palpable masses :

Abdominal girth :

Hernia orifice :

Anal Patency :

Umbilical Cord : < 2 OAC < 1 UVC

First urine passed : X

Meconium passed : X

Nervous System : Higher intellectual functions (Sensorium) : 2

State of wakefulness : 2

Prechtle Score :

Nerves :

Motor System :

Passive Tone : 2

Active Tone : 2

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

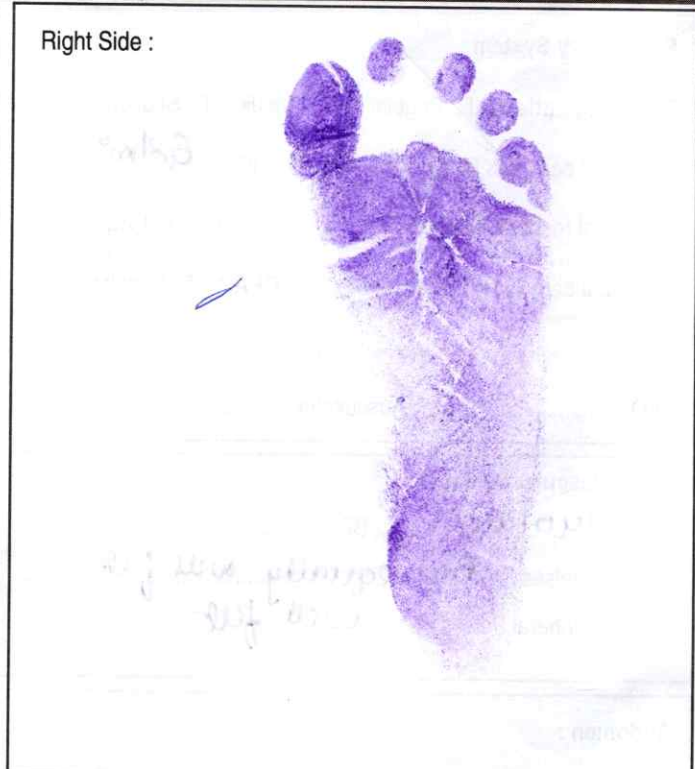
Moro's : Symmetrical ⊕ DTR :

ATNR : Skull and Spine :

Any Congenital Anomalies : No congenital anomalies

Diagnosis : Term / AGA / Baby girl / Elective LSCS / CIAB / B.wt - 3.179 kg / TTNB1 oligohydramnios

FOOT PRINTS




Resident Doctor :

Signature :

Name :

Date & Time :

Consultant :

Signature : 

Name : Dr. Lakshmi

Date & Time : 26/11

DISCHARGE PLAN

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 @ 2 HRLY / Warm care

Vaccination & OAE at 24 hours

SBR / NBS at 48 HOL

Red reflex to be checked at 24 HOL

Use skin tape dis

(Pulso present during)

Screenings done during NICU Stay : (temp of hair)

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

Discharge Details:

Neonatal Condition at Discharge:

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.....
.....
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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:

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.....

Doctor Signature:

Doctor Name:

Date & Time:



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26		
9Am	Y/S/B Dr. Kalyan	
	Dr. Sridhar	
	A: 24W/term	uses AGA/Per/CIAB/
	TMB	Oligohydramnios
	GC: Stable	
	CRT < 3sec	BWT 3.1790
	YR/A/T: Good	TWt 2.965kg
		Plan (M6-1.5)
		- Weight - Re-check in the evening.
		- DBF shovels
		- OAE
		Vaccination } today
		Red reflex }
		- SBR, NBS } Tm 6am.
		- USG spine Tm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5	S/B. Dr. Vinodha (LCRPT)	
	Breastfeeding counselling plan	
28/5/2026	4pm	c/o Dr. Sneha
	31 HOL	
	- GC: stable	
	- CRTX 3sec	
	- CRT/ALT: good.	
	vitals	plan
HR: 136/min		- Re-check weight now
RR: 42/min		- SBR, NBS Tm 6Am
temp: 36.5°C		- usg spine Tm.
spo2: 98% RA		
	OAE	
	vaccin	
	Red reflex	
	Pulse ox screen	
11:30pm	Re-weight	
	2.913 Kg (↓ 52 grams)	plan
		- DBF 2 hourly +
		measured feeds (ff)



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		
	9AM	
	C/SB Dr. Kalyan	
	Dr. Srinu	
	A: GBH term USG AYA fch TTNB (Oligohydramnios)	
	GC: Stable	
	CRT < 3sec	Bwt 3199
	CPA/T: Good	Twt 2921
	CBR: 10.9 mg/dl	(↓ 8%)
	ID: 10.8 mg/dl	
		Plan
		- Discharge
		- DBF + formula 2hrly
		- USG spine today
		- Fluor Saturday



VITALS CHART

Date →	26/5/26										
Time ↓	Temp	HP	RR	SPO ₂	Score	Type of Feed	Qty	Urine	Stool	Vomit	
7.00 am											
8.00 am											
9.00 am											
10.00 am	36.5°C	145/84	44/110	98%	8/9/10	DBF	10ml	✓	—	—	
11.00 am											
12.00 pm	34°C	146/86	48	98%		DBF	10ml	✓	—	—	
1.00 pm											
2.00 pm						DBF	20 min		✓		
3.00 pm	37°C	138	40	99%	0/10						
4.00 pm						DBF	20 min				
5.00 pm											
6.00 pm						DBF	20 min	✓			
7.00 pm	37.2°C	140	42	100%	0/10						
8.00 pm						DBF	20 min				
9.00 pm											
10.00 pm						DBF	20 min				
11.00 pm											
12.00 am	97.5 F	141	40	99%		DBF	20 min	✓			
1.00 am											
2.00 am						DBF	20 min				
3.00 am											
4.00 am						DBF	20 min				
5.00 am											
6.00 am	98 F	142	41	100%		DBF	20 min	✓			
						TOTAL		4	1		

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

Feeding Plan..... DBF given

Morning Shift

Clinical Diagnosis..... Risk of infection related to
Nursing Diagnosis..... Hospitalization

Plan of Care

Planned Investigations Procedures *Placing* *Immunization*

Implementation ** Assesed the Baby* ** Assesed the Baby*
** monitor & the vital* ** Maintained the*
Immunization

Handed Over by : Name & Signature *[Signature]*

Received by : Name & Signature

Evening Shift

Clinical Diagnosis..... *new BORN*
Nursing Diagnosis..... *Risk for infection related to hospitalization*

Plan of Care *• asses the baby condition*
• monitor vital signs & Record
• maintain I/O chart

Planned Investigations Procedures

Implementation *• Assesed the baby condition*
• Monitored vital signs & Recorded
• maintained I/O chart

Subhorn 26/5/26 @ 8PM

Handed Over by : Name & Signature

Subhorn 26/5/26
Received by : Name & Signature *[Signature]*

Night Shift

Clinical Diagnosis..... *New Born*
Nursing Diagnosis.....

Plan of Care *Asses the baby condition*
Maintain I/O chart

Planned Investigations Procedures

Implementation *Assesed the baby condition*
Maintained I/O chart

Subhorn 27/5/26 @ 8AM

Handed Over by : Name & Signature

Subhorn 27/5/26 @ 8AM
Received by : Name & Signature



VITALS CHART

Date →	27/5/26									
Time ↓	Temp	HP	RR	SPO ₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am						DBF	20 min			
9.00 am	96°F	138	42	99%	0/10					
10.00 am						DBF	20 min	✓		
11.00 am										
12.00 pm						DBF	20 min			
1.00 pm	97°F	128	40	100%	0/10					
2.00 pm	97.2°F	120	45	98%	0/10	DBF	25 min			
3.00 pm								✓		
4.00 pm	97.2°F	121	42	98%	0/10	DBF + FF	20 ml			
5.00 pm										
6.00 pm	96.3°F	132	45	96%	0/10	FF + DBF	15 ml	✓		
7.00 pm										
8.00 pm						DBF	20 min			
9.00 pm								✓		
10.00 pm	98°F	139	41	99%		DBF	20 min			
11.00 pm						FF	20 ml			
12.00 am										
1.00 am						DBF + FF	20 ml	✓		
2.00 am										
3.00 am						DBF + FF	15 ml	✓		
4.00 am										
5.00 am	98.3°F	141	42	99%		DBF + FF	30 ml	✓		
6.00 am								✓		
							120ml	U-7	M-0	
						TOTAL				

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

Feeding Plan..... Every 2nd Hourly

Morning Shift

Clinical Diagnosis..... New BORN

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

Plan of Care
 • Assess the Baby condition
 • Monitor vital signs & Record
 • maintain I/O chart

Planned Investigations Procedures SBR, NBS Tommorrow @ 8AM

Implementation
 • Assessed the Baby condition
 • Monitored vital signs & Recorded
 • Maintained I/O chart

Handwritten signature
27/5/26 @ 9PM

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis..... NEW BORN

Nursing Diagnosis..... RISK for infection related to Hospitalization

Plan of Care
 * Assess the Baby condition
 * Monitor vital signs and Record
 * Maintain the I/O chart

Planned Investigations Procedures
 * Assess the Baby condition

Implementation
 * Assess the Baby condition
 * Maintained the I/O chart
 * Monitored the vital signs

Handwritten signature
Bhavana
27/5/26
8PM

Handwritten signature
Subhrajyoti @ 8PM

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis..... New born

Nursing Diagnosis..... RISK of infection related to hospitalization

Plan of Care
Assess the baby condition
Maintain I/O chart

Planned Investigations Procedures

Implementation
Assessed the baby condition
Maintained I/O chart

Handwritten signature
Subhrajyoti @ 8AM
28/5/26

Handed Over by : Name & Signature

Received by : Name & Signature

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PATIENT TRANSFER FORM

FDH-00046301 IP25-00020638
Baby B/O V.S.R.MADHURI
26-05-2026 0Y0M0D7H (F)
Dr. KALYAN CHAKRAVARTHY KONDA



Date & Time of Admission		Date & Time of Transfer Order 26/5/20 @ 10:50 AM
Treating Consultant Name Dr - Kalyan	Transfer Ordered by Dr - Arshwarya	Reason for Transfer NBE
From Unit 05	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.	Cowchi	01
2.	Cord clamp	01
3.	Vitamin K	01
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Dr - Subhadra @ 20/05	Name of Person Ordered Transfer Dr - Arshwarya
---	---

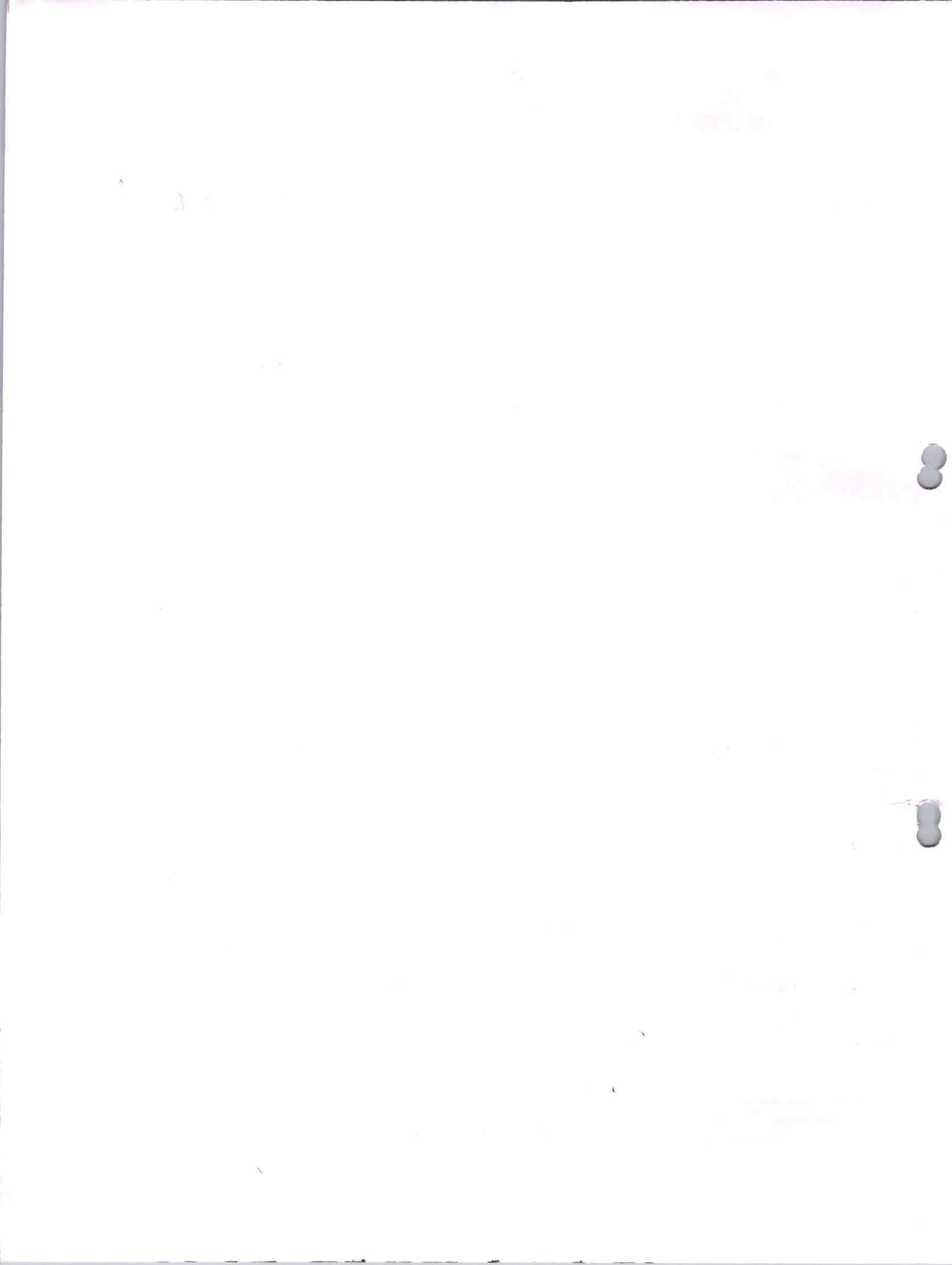
Patient & Clinical Records Received by :

plabou

Date & Time of Patient Received : 26/05/20 @ 10:50 AM

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

FDH-00046301 IP25-00020638

Baby B/O V.S.R.MADHURI
26-05-2026 0 Y 0 M 0 D 7 H (F)
Dr. KALYAN CHAKRAVARTHY KONDA



Date & Time of Admission <i>26/5/26 @ 12:14pm</i>		Date & Time of Transfer Order <i>26/5/26 @ 4:30pm</i>
Treating Consultant Name <i>DR. Kalyan</i>	Transfer Ordered by <i>DR. Kalyan</i>	Reason for Transfer <i>Obstetric</i>
From Unit <i>micu</i>	To Unit <i>31a</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>—</i>	Number of Imaging Films <i>—</i>	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 checked="" type="checkbox"/> No <input type="checkbox"/>		
Name & Signature of Person who is Transferring <i>SR. Anita</i>		Name of Person Ordered Transfer <i>DR. Kalyan</i>
Patient & Clinical Records Received by : <i>[Signature]</i> <i>26/5/26 @ 5PM</i>		
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

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