

DISCHARGE SUMMARY

Name	B/O SUNILA KADALI	UHID	FDH-00046311
Father/Guardian	Mr RAMESH BABU KADALI	Age/Gender	0 Y 0 M 0 D 23 H/ Male
Address	h.no-8-1-284/00/129,o.u colony shaikpet hyderabad, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020641	Admission Date	26-05-2026
Ref Doctor	Dr. Valluri Sowmya choudari		
Discharge Date	27-05-2026		

Consultant:

Dr. Kalyan Chakravarthy Konda,

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

Consultant Pediatrician & Neonatologist

APMC/FMR/76059

DIAGNOSIS

TERM / AGA / SPONTANEOUS VAGINAL DELIVERY / BABY BOY / CIAB

History: B/O SUNILA KADALI, is a term (39 weeks + 1 days) baby boy, delivered to a G2P1L1 mother by Spontaneous vaginal delivery on 26.05.2026 at 12:36 pm with birth weight of 3.125 kgs in Rainbow Children's Hospital, Financial District, Hyderabad. Baby cried immediately after birth. APGAR scores were 6/10 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.

* 3 loops of cord around neck.



Name	B/O SUNILA KADALI	UHID	DH-00046311
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Maternal History: Mrs. SUNILA KADALI, is a G2P1L1 mother.

G2 - Present pregnancy, OI conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. Quadruple markers suggestive of increased risk of downs. MPT - Normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ Gestational Diabetes Mellitus/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "B" positive. Baby's blood group is A1B 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 : 3.125 kgs.
Weight at discharge : 2.947 kgs.
Head Circumference : 36 cms.
Length : 49 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.

Transcutaneous bilirubin at __ hours of life was __ mg/dl.



Name	B/O SUNILA KADALI	UHID	PH-0004631
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Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	26.05.2026
OPV	Given	26.05.2026
HEPATITIS B	Given	26.05.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Done on 27.05.2026 showed Bilateral normal outer hair cells functioning.

Newborn screening advanced : Not done.

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.

Advice:

Keep the baby clean & warm

Regular breast feeding 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).



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Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

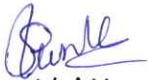
Plan:

1. Newborn screening advanced test to be done on follow up.
2. Serum Bilirubin to be decided on follow up (Last Transcutaneous at 22 hours of life was 6.6 mg/dl , as per risk stratification chart it is falling in low risk zone).

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on Friday (29.05.2026) 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.



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 / Vikramपुरi / LB Nagar** dial just one toll free number **18002122**.



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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 : IP25-00020641 Admit Date : 26-May-2026 Admit Time : 01:30 PM UHID : FDH-00046311

Patient Details :

Patient Name : Baby B/O SUNILA KADALI Age : 0 D
Guardian : Mr RAMESH BABU KADALI DOB : 26-05-2026 12:36 PM
Gender : Male Religion :
Occupation : Martial Status :
Address (H) : h.no-8-1-284/00/129,o.u colony shaikpet Phone No : 8143731443
hyderabad Manikonda Hyderabad Telangana E-mail :
INDIA 500089

Admission Details :

Bed Type : BASINET Bed No : CRDL MICU 3-2 Ward Name : 4F -MICU
Room No : CRDL MICU 3-2 Admission Type : First Visit

Contact Details :

Name : Mr RAMESH BABU KADALI Relationship : Father
Contact Address : h.no-8-1-284/00/129,o.u colony shaikpet Phone No :
hyderabad Manikonda Hyderabad Telangana
INDIA 500089

K. Ramesh Babu
Signature

Doctor Details :

Doctor Name : Dr. KALYAN CHAKRAVARTHY KONDA Specialisation : NEONATOLOGY
Referral Doctor : Phone No :
Co-Consultant :

Payment Details :

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

1950

1950



FDH-00046311
Baby B/O SUNILA KADALI
26-05-2026 0 Y 0 M 0 D 4 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA



ACTIVITY RECORD FOR BILLING

Name: B/O Sunila
 UHID No: _____ IP No: _____ Consultant: _____ Dept: _____
 Date of Admission: 26/5/26 Time: 1:30 pm Date of Discharge: _____ Time: _____
 Room / Bed No: _____ Ward: MICU Suggested Billable bed type: _____

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
26/5/26	4:35 pm	MICU	WARD	
27/5/26	11:26 am	ward	Billing	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	<u>Dr. Vinod Kumar Kadavil (consultant)</u>	<u>26/5/26</u>		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/5/26	BGT	180494 8499	Bhogya
27/5/26	OAE	80656	SJ
27/5/26	TCBP - 6.6 mg/dL	8591	SJ

cross checked
done by
Sivika
on 21/5 @ 11:24p



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Blo. Sonila Mother's Name: mrs. Sonila.
Date of Birth: 26/5/26 Time of Birth: 12:36pm Gender: Male Female
Birth Weight: 3.125 Kgs HC: _____ cm Length: _____ 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: _____
Feeding: Breast Feeding Formula Both First Feed Time: 1:15pm

AFFIX MOTHER'S IDENTIFICATION LABEL

Mode of Delivery: Normal LSCS - Emergency/ Elective Instrumental AVD
Indication: previous MD

Physical Assessment of New Born:

Temp: 36.5 °C HR: 161 /Min RR: 54 /Min BP: _____ SpO₂: 99%

Pain Score: 0/10 (Follow N Pass)

Fall Risk Assessment: Yes No Score: 0/10 (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: Senecker

Signature: PL

Date & Time: 26/5/26 @ 2pm



FDH-00046311 IP25-00020641
 Baby B/O SUNILA KADALI
 28-05-2026 OYOMOD4H (M)
 Dr. KALYAN CHAKRAVARTHY KONDA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : P 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 Sunila Mother's Blood Group : B POSITIVE
 Gender : M F Blood Group : Birth Weight (gms) : 3.125 kg Length (cms) :
 Date of Birth : 28/5 Time of Birth : 12:36 pm OFC (cms) :
 Place of Birth : Estimated Gesth Age : 39.8 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : Ht : Wt : BMI : Married Life : 4 yrs LMP : 28/1/16 EDD : 21/6/16

Conception : Spontaneous or with Rx : OT conception

Booked at what GA : @ conception AN Steroids Drugs / Doses :

Last Scans Details : 9/5 - 36 wks, AFI - 17 cm, EFW - 3038 gm, popliteal

TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <18 yrs > 35yrs

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 : MPT

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:

A 5yr old male boy delivered via
NVD
+ 3 loops of cord
+ 2cc down
+ cord clipped & cut LATELY
↓
By with us/STH
↓
Shift to waterside

Investigation details in previous Hospital :

Feeding History :

Past History :

[Faint handwritten notes]
①

Family History :

[Faint handwritten notes]
①

Socio Economic History :

[Faint handwritten notes]
①

GENERAL EXAMINATION ON ADMISSION

General Disposition :

①

VITALS : Temperature : HR : *164* RR : NIBP : CFT :

Color of the extremities : *Acrocyanosis*

Jaundice : Pallor : SpO2 :

Anthropometry : Birth Weight : *3.125kg* Length : HC : Present Weight :

Ponderal Index : AGA : SGA : LGA :

HEAD TO TOE EXAMINATION

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

apto

Facies :
(Any Facial
Dysmorphism)

**NECK and
CLAVICLES :** Range of Motion :
Asymmetry :
Masses :

EYES : Symmetry :
Red Reflex :
Discharge :

to be checked

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

⊙

**THORAX and
BREASTS :** Shape of Thorax :
Position of Nipples and Number :

**ABDOMEN and
UMBILICUS :** Shape :
Organomegaly :
Bowel Sounds :
Umbilical Stump :
Discharge :

⊙

GENITILIA : Labia / Hymen :
Testicles/penis :
Anus :

Male type testes rounded

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

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

⊙

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : Regular Periodic Shallow Gasping

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 : 99% Auscultation : 3/4x @ Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 104 BP : Precordial Activity :

Femoral Pulses : full Murmurs :

Other Peripheral Pulses : Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : sf Anal Patency : 2/4x

Palpable masses : Umbilical Cord :

Abdominal girth : First urine passed :

Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone : *clonus*

Active Tone :

Neonatal Reflexes :

Grasp : Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : DTR :

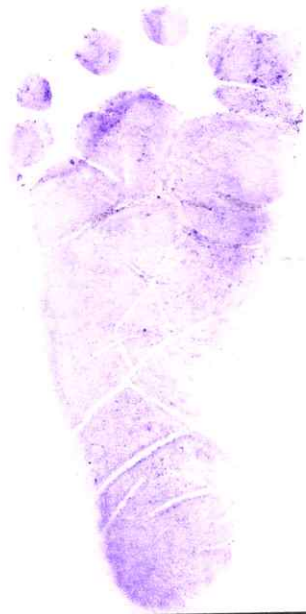
ATNR : Skull and Spine :

Any Congenital Anomalies :

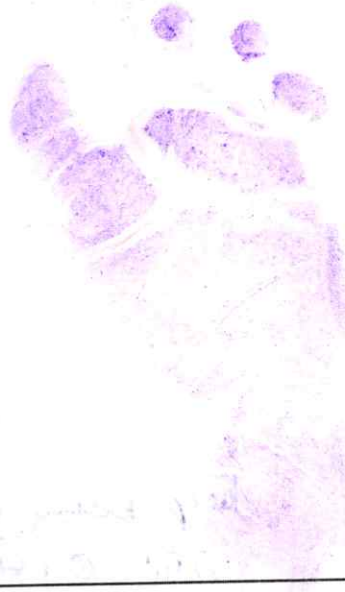
Diagnosis : cm / AHA / B. boy / NMD / CIMB

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : [Signature]

Date & Time : [Signature]

Consultant :

Signature : [Signature]

Name : [Signature]

Date & Time : [Signature]

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 :
..... on whose name the patient is being referred.

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis :

Present Issues :

Vital : HR : RR : BP : SPO2 : Weight :

Any Oxygen requirement :

Systemic :

Medications :

Plan during ward follow up :

keep baby warm
A/P O/W
vaccinate - today
A/E - tm
M/S
S/N 4 weeks

Feeding Plan at the time of shifting :

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
26/5 5PM	<u>CLSB Drench</u>	
	on DRP	
	CLTB group	
	ABSP	
		AL
		CLTB @ 11
		vaccinate (book)
		OAG
		SPR
		MS
		red reflex ⊕
		Noted by
		Rupsa
		26/5/26
		@ 5PM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5		
	↓ 75gms	
	uv	
	uv	
		1) Turn @ 11AM
		1) < 10mg/dl ⇒ D/D
	vact ✓	
	Red vact ✓	
		2) B OAC Fed
		3) Pulse oximetry bed
		4) D/D bed (NBS @ Flu)
		RTW on (FRT) @ 11AM
		5) True BGT
	b/Team feeds (K) and on hourly	

Noted by Sanyal

DH-00046311 IP25-00020641
 Baby B/O SUNILA KADALI
 28-05-2026 0 Y 0 M 0 D 4 H (M)
 Jr. KALYAN CHAKRAVARTHY KONDA

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NBC (New born baby)	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not Known					
	Surgery / Procedure:	If Yes Specify:					
BACKGROUND	Date	26/5/26 E	26/5 N	27/5 M			
	Shift						
	Medical Condition (Any special condition to be noted):	NBC	-				
ASSESSMENT	Diet:	DBF	DBF	DBF			
	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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA			
	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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Vital Signs:	Temp:	36.5°C	36.2°C	37.8		
		Res:	50	41	38		
		SpO ₂ :	100	100%	100+		
		Pulse:	136	142	138		
		BP:	-	-	-		
		LOC:	conscious	conscious	conscious		
Fall Risk Score:		0/10	0/10	0/10			
Pain Score:	0/10	0/10	0/10				
Skin Integrity	Good	Good	Good				
Recommendations	Safety Needs:	<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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Physiotherapy:	-	NA	NA			
	Others Specify:	<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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Special Diet:	DBF	DBF	DBF			
	Critical Lab Test / Values:	-	Nil	Nil			
	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 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 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 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 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 type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No					
ADL (Dependent / Non Dependent):	Dependent	Dependent	Dependent				
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

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
	ADL (Dependent / Non Dependent):						
	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
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

FDN-00040311 IPZS-00020041
 Baby B/O SUNILA KADALI
 26-05-2026 0Y0M0D4H (M)
 Dr. KALYAN CHAKRAVARTHY KONDA

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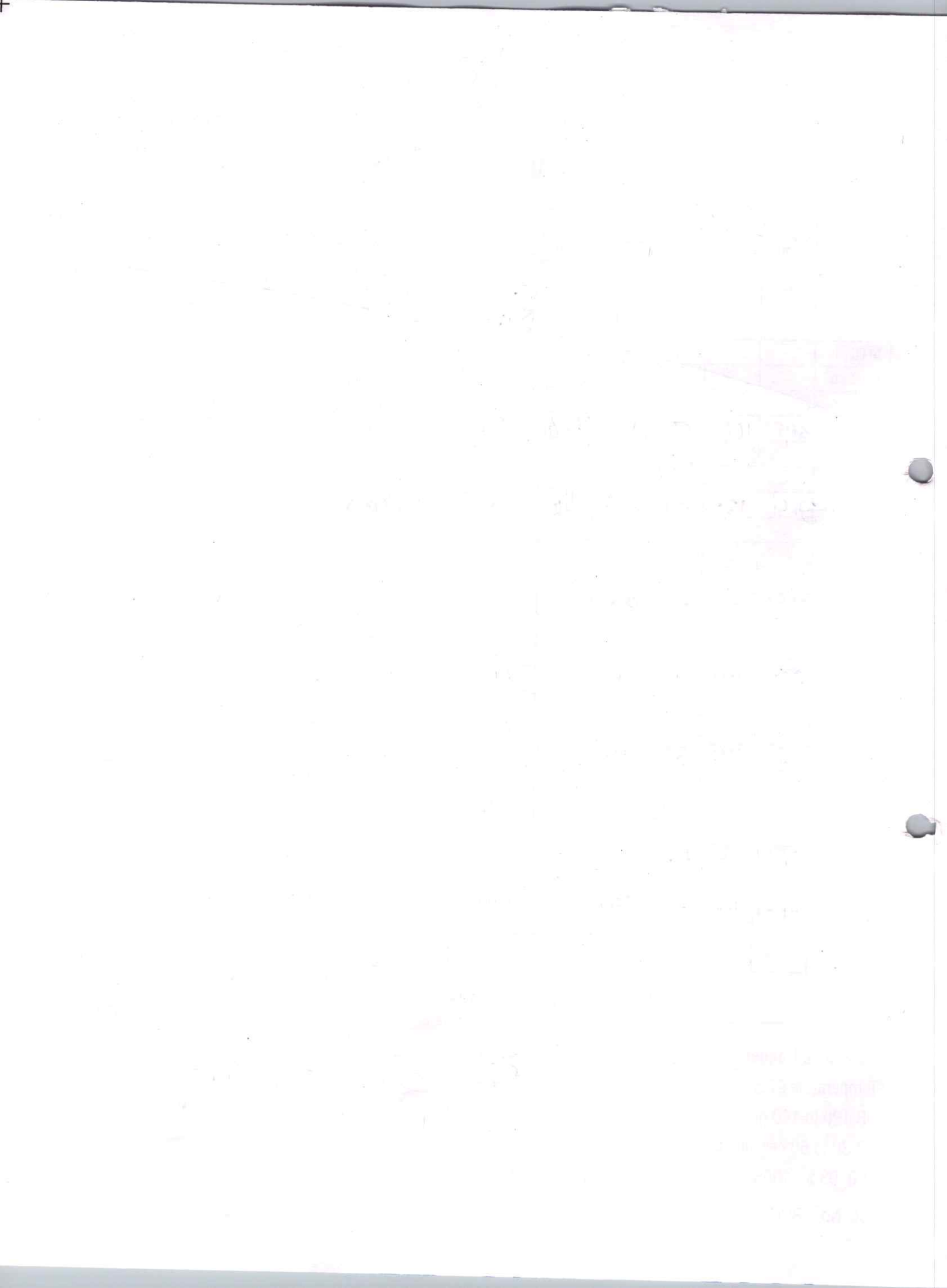


VITALS CHART

Date →	26/5/26									
Time ↓	Temp	HR	RR	SPO ₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am										
9.00 am						NA				
10.00 am										
11.00 am										
12.00 pm										
1.00 pm	36.5	161	55	99	8/10%	DBF	15ml	—	—	—
2.00 pm										
3.00 pm	36.5	152	50	100	9/10	DBF	20ml	—	—	—
4.00 pm										
5.00 pm										
6.00 pm										
7.00 pm	36.5	154	51	99		DBF	20ml	✓	✓	—
8.00 pm										
9.00 pm	98°F	141	43	100%		DBF		✓	✓	
10.00 pm										
11.00 pm						DBF				
12.00 am	98.7°F	142	39	100%				✓		
1.00 am										
2.00 am						DBF				
3.00 am										
4.00 am	36.4	151	42	98%		DBF		✓		
5.00 am										
6.00 am	98.8°F	149	39	99%		DBF		✓	✓	
						TOTAL		U-5	M-4.	

Reference Ranges:

Temperature 97.5 °C to 99.5 °C Feeding Plan..... DBF every 2nd hrly.
 HR 120 to 160 per minutes
 RR 30 to 60 per minutes
 SPO₂ 93% - 100%



FDH-00046311 IP25-00020641
 Baby B/O SUNILA KADALI
 28-05-2026 0 Y 0 M 0 D 9 H (M)
 Dr. KALYAN CHAKRAVARTHY KONDA

27/5



VITALS CHART

Date →										
Time ↓	Temp	HR	RR	SpO ₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
07.00 am										
08.00 am	98.2	130	38	99%		DBF		✓		
09.00 am										
10.00 am										
11.00 am										
12.00 pm										
01.00 pm										
02.00 pm										
03.00 pm										
04.00 pm										
05.00 pm										
06.00 pm										
07.00 pm										
08.00 pm										
09.00 pm										
10.00 pm										
11.00 pm										
12.00 pm										
01.00 am										
02.00 am										
03.00 am										
04.00 am										
05.00 am										
06.00 am										
						Total				

Reference Ranges:
 Temperature: 97.5 °C to 99.5 °C
 HR: 120 to 160 per minutes
 RR: 30 to 60 per minutes
 SpO₂: 93% - 100%

Feeding Plan:

.....

.....

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1

PATIENT TRANSFER FORM

FDH-00046311 IP25-00020641
Baby B/O SUNILA KADALI
26-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA



	Date & Time of Admission 26/5/26 @ 1:30 pm	Date & Time of Transfer Order 26/5/26 @ 4:45 pm
Treating Consultant name Dr - kalyan	Transfer Ordered by Dr. kalyan	Reason for Transfer New born in care
From Unit MICU	To Unit WARD	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 8	Number of Imaging Films -	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?

Medications / Consumables / Surgicals / Hand over

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

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring Sr. Bhagya	Name of Person Ordered Transfer Dr. kalyan.
--	--

Patient & Clinical Records Received by :
Rupsa 26/5 @ 4:45pm

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

5

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

10/10/10

