

DISCHARGE SUMMARY

Name	B/O PARIJATHA GOPALCHETTY	UHID	FDH-00046300
Father/Guardian	Mr harshavardhan varanasi	Age/Gender	0 Y 0 M 1 D / Male
Address	B - 101, Paramount Hill county, Near Luxor Apartments, Kondapur, Hyderabad Central, Hyderabad, Telangana, INDIA, 500082		
IP No	IP25-00020635	Admission Date	26-05-2026
Ref Doctor			
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 (KIWI) / BABY BOY /
CIAB

INFANT OF DIABETIC MOTHER

History: B/O PARIJATHA GOPALCHETTY, is a term (37 weeks + 5 days) baby boy, delivered to a G2A1 mother by Spontaneous vaginal delivery on 26.05.2026 at 10:27 am with birth weight of 2.926 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



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Vertex.

Maternal History: Mrs. PARIJATHA GOPALCHETTY, is a 26 years old G2A1 mother.

G2 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Gestational Diabetes Mellitus on diet. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ 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 : 2.926 kgs.
Weight at discharge : 3.003 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



Name	B/O PARIJATHA GOPALCHETTY	UHID	PDH-00046300
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minutes). Baby tolerated the feeds well.

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.

Transcutaneous bilirubin at 20 hours of life was 5.5 mg/dl.

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.



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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).
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 20 hours of life was 5.5 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



Name	B/O PARIJATHA GOPALCHETTY	UHID	RDH-00046300
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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





Rainbow Children's Hospitals - Financial District

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

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020635 Admit Date : 26-May-2026 Admit Time : 11:30 AM UHID : FDH-00046300

Patient Details :

Patient Name	: Baby B/O PARIJATHA GOPALCHETTY	Age	: 0 D
Guardian	: Mr harshavardhan varanasi	DOB	: 26-05-2026 10:55 AM
Gender	: Male	Religion	:
Occupation	:	Martial Status	:
Address (H)	: B - 101, Paramount Hill county, Near Luxor Apartments, Kondapur Hyderabad Central Hyderabad Telangana INDIA 500082	Phone No	: 9629774838/ 9629774838
		E-mail	: harshavardhanvaranasi@gmail.com

Admission Details :

Bed Type : BASINET Bed No : CRDL MICU 2-1 Ward Name : 4F -MICU
Room No : CRDL MICU 2-1 Admission Type : First Visit

Contact Details :

Name : Mr harshavardhan varanasi Relationship : Father
Contact Address : Phone No :

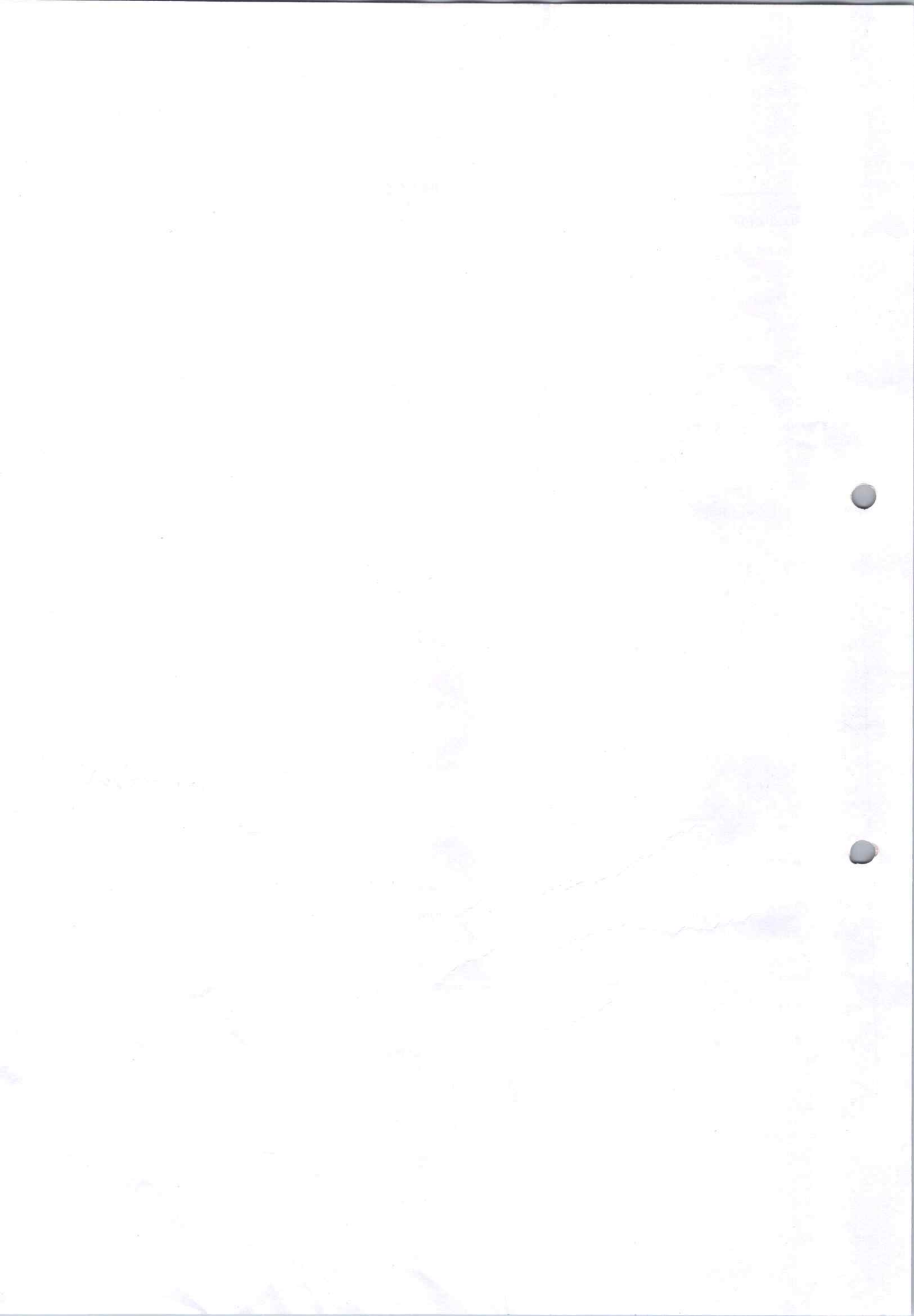
V. Harsha Vardhan
Signature

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: B/O. Parijatha FDH-00046300 IP25-00020635
 UHID No: 28-05-2026 Baby B/O PARIJATHA GOPALCHETTY 0 Y 0 M 0 D 2 H (M) 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	3:20pm	MW	205	
27/5/26	11am	Ward	Billing	

Cross Consultation Visit

	Doctors Name	Date	Order No.	Signature
1.	Dr. Vinodha	27/5/26		
2.	(Lactation consultant)			
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

INVESTIGATIONS

Date	Investigations	Order No.	Sign
26/5/26	BOT	8456 ✓	Anita
26/5	GRDS - 80mg/dl @ (1 hr)	18555	[Signature]
26/5	GRDS - 73mg/dl @ 4:10pm (6th haly)	18497	[Signature]
26/5	GRDS - 99mg/dl @ 10:55pm (12th haly)	18583	[Signature]
26			
27/5	DAE	80655	[Signature]

C.I. Sueha
26/5/26
12:40pm

was checked
done by
Anita
@ 10:40am
27/5/26

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 26/5/24

Time : 11:40 AM

Prepared By : Anita

Staff Nurse Rakya	Shift / Ward (205)	Billing Assistant	Billing Supervisor
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 Baby B/O PARJATHA GOPALCHETTY
 26-05-2026 0 Y 0 M 0 D 2 H (M)
 Dr. KALYAN CHAKRAVARTHY KONDA



NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: <p style="text-align: center; font-size: 1.2em;">new born care</p>	Any Infection: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:					
	Surgery / Procedure:	Post OP Day:					
BACKGROUND	Date	26/5/26 M	26/5 N	27/5 M			
	Shift	M	N	M			
	Medical Condition (Any special condition to be noted):	-	-	-			
	Diet:	DBF	DBF	DBF			
ASSESSMENT	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	
	Ventilation (RA, NP, NIV, VENTI):	NA	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	
	Vital Signs:	Temp:	98.6	98.5	98.2		
		Res:	40	42	38		
		SpO ₂ :	100	100%	100%		
		Pulse:	140	145	130		
		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 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	
	Physiotherapy:	-	-	-			
	Others Specify:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input 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	
	Special Diet:	DBF	DBF	DBF			
	Critical Lab Test / Values:	N/A	N/A	NA			
	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	
	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	
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		
ADL (Dependent / Non Dependent):	dependent	dependent	dependent				
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :		Anitha	Rani	Sangeeta			
Date:		26/5/26	26/5/26	26/5/26			
Time:		@ 9pm	@ 8am	@ 8am			
Taken Over By Name :							
Signature / ID :		Rani	Sangeeta	Sangeeta			
Date:		26/5/26	27/5/26	27/5/26			
Time:		@ 8pm	@ 8am	@ 8am			

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

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Baby B/O PARIJATHA GOPALCHETTY
26-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA



NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Mother's Name: B/o. parijatha
Date of Birth: 26/05/26 Time of Birth: 10:27 AM Gender: Male Female
Birth Weight: 2.926 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:

AFFIX MOTHER'S
IDENTIFICATION LABEL

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

Physical Assessment of New Born:

Temp: 36.5°C HR: 152 /Min RR: 42 /Min BP: - SpO₂: 98%

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: Srinani

Signature: [Signature]

Date & Time: 26/05/2026 NA

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Handwritten text at the top right, possibly a name or title.

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 Baby B/O PARIJATHA GOPALCHETTY
 26-05-2026 0 Y 0 M 0 D 2 H (M)
 Dr. KALYAN CHAKRAVARTHY KONDA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Parijata Age : 26y 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 : Bio Parijata Mother's Blood Group : B+ve
 Gender : M F Blood Group :
 Date of Birth : 26/5/2026 Time of Birth : 10:27 am Birth Weight (gms) : 2.926 kg Length (cms) :
 Place of Birth : RCH, FD OFC (cms) :
 Estimated Gesth Age : 37+5

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 26 Ht : Wt : BMI : Married Life : LMP : 31/9/25 EDD : 10/6/26
 Conception : Spontaneous or with Rx : Spontaneous
 Booked at what GA : @ 5+ weeks AN Steroids Drugs / Doses :
 Last Scans Details : @ 31W, 36+1, EFW - 2579g, Doppler @
AFI 9.1 TT Immunization and Iron / Folic Acid :

MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> > 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 H/o PIH (after 20 weeks) / PE How many Drugs / Doses / Since how long : H/o value of recent BP recording, proteinuria, edema, oliguria, any investigations (LFT, platelet count) : IUGR - when detected : Doppler (Increased Resistance / ADEF / REDF / Redistribution in MCA) / Ductus Venosus : AFI :	H/o GDM/pre GDM/ or diet or insulin Controlled or not, recent values, HbA1 values : <u>GDM on diet</u> Compliance with Rx : Scans : LGA, TIFFA, Fetal Echo : H/o Hypothyroidism : when diagnosed ? Medication? <u>@ 3 weeks GA</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 :
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PPROM : Duration : Uterine Tenderness Foul Smelling Liquor HVS (if taken) - Results :
 Medication during Pregnancy : Duration :

PAST OBSTETRIC HISTORY

G: 2 P: A: 1 L:

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
1st					Biocchemical pregnancy	
2nd		7+6			Miscd miscarriage	MERPC clay

PERINATAL HISTORY

Treating Obstetrician : Dr. Himabindu Hospital : Rev. FD Inborn Outborn

<p>Duration of Labour <u>NVD</u></p> <p>First stage (> 18 hours sig)</p> <p>Second stage (> 2 hours after dilation)</p> <p>LSCS : <input type="checkbox"/> Elective <input type="checkbox"/> Emergency Indication :</p> <p>Specify the reason :</p> <p>Augmentation of Labour : <input type="checkbox"/> Induced <input type="checkbox"/> Assisted Vaginal</p>	<p>CTG : <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Suspicious <input type="checkbox"/> Pathological</p> <p>MSL :</p> <p>Resuscitaion : <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Cord ABG :</p> <p>Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc :</p>
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NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : Weeks :

SIGN	0	1	2
COLOUR	Blue or Pale	Acrocyanotic	Completely Pink
HEART RATE	Absent	< 100 Minutes	> Minutes
REFLEX IRRITABILITY	No Response	Grimace	Cry or Active Withdrawal
MUSCLE TONE	Limp	Some Flexion	Active Motion
RESPIRATION	Absent	Weak Cry; Hypoventilation	Good, Crying

	1 Minute	5 Minutes	10 Minutes
TOTAL	<u>8/10</u>	<u>9/10</u>	

Resuscitation			
Minutes	1	5	10
Oxygen			
PPV / NCPAP			
ETT			
Chest Compressions			
Epinephrine			

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

Baby born on 26/5/2026 @

via NVD

↓

BCIAB

↓

Dec done

↓

Routine newborn care.

Ins. vit is given in @ antero lateral aspect
of thigh

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.5 HR : 150/min RR : 24/min NIBP : CFT : < 3 sec

Color of the extremities : (N)

Jaundice : Pallor : SpO2 : Per Post

Anthropometry : Birth Weight : 2.926 Length : HC : Present Weight :

Ponderal Index : (AGA) SGA : LGA :

HEAD TO TOE EXAMINATION

HEAD : Fontanelles : } normal
 Sutures : }
 Shape / Moulding : }
 Edema / Bruising : }
 Size - (H.C.) : }
 Cephalohematoma @
 (over mt)

Facies : No facial dysmorphism
 (Any Facial Dysmorphism)

NECK and CLAVICLES : Range of Motion : } @
 Asymmetry : }
 Masses :

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 and BREASTS : Shape of Thorax : } @
 Position of Nipples and Number : } @

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

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

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 : 52/min SCR / ICR / See - Saw breathing :

Scoring of respiratory distress if present (Silverman or Downe's) : 0/10

Mention if baby is on : Hood box CPAP Ventilator

0/10
Ble AED
WVBC

Settings :

Spo2 : Auscultation : Breath Sounds : Added Sounds :

Cardiovascular System :

HR : 150/min BP : Precordial Activity :

Femoral Pulses : Bic equally felt Murmurs : No murmur

Other Peripheral Pulses : were felt Signs of Cardiac Failure :

Abdomen :

Shape : Hernia orifice :

Palpation : Soft Anal Patency :

Palpable masses : No organomegaly Umbilical Cord : < 20AC
1.0VC

Abdominal girth : First urine passed : X
Meconium passed : X

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness : Asleep

Prechtle Score :

Nerves :

30

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 congenital anomalies

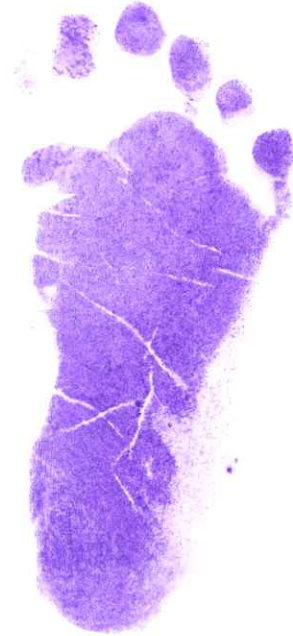
Diagnosis : Term / ASA / Baby Boy / NUD / BLAB / IDM / BW - 2.926 kg
(Kwisi)

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : [Signature]

Name : Dr. Ashwary

Date & Time :

Consultant :

Signature : [Signature]

Name : Dr. Lal

Date & Time : 26/5/26

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
DSP out
CANDI - 1, 3, 5, 12, 24, 36, 48h
vaccination - feeds
CARE - AM

Feeding Plan at the time of shifting :

MSB SBM - 48h

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
<u>27/5/26</u>	<u>uolo a.u</u>	
	✓	
	✓	
	wt gm ⊕	<u>e</u>
	<u>Tena @ 20 hr</u>	a) <u>Wan cue</u>
	55	b) <u>Dof to cut</u>
	<u>—</u>	
		c) <u>D/S to do</u>
	Ward ✓	<u>Rev on Pct @</u>
		11 AM
		h) <u>Red roque</u>
		OME
		Pulse oxys etc } <u>Hand</u>
		i) <u>MMS @ Flu</u>
		<u>g</u>

Morning Shift

Clinical Diagnosis.....
Nursing Diagnosis.....

Plan of Care

Planned Investigations Procedures

Implementation

* provided warm care
* 2nd hourly DBF given
* Fej - vit - K done
* cord clamp done
* stable the baby

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis.....
Nursing Diagnosis.....

Plan of Care

Planned Investigations Procedures

Implementation

plan for warm care
* 2nd hourly DBF given
* warm care given
* DBF 2nd hourly given

* Baby Care mother not present

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

FDH-00046300 IP25-00020635
Baby B/O PARIJATHA GOPALCHETTY
26-05-2026 0 Y 0 M 0 D 2 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA



FORM

	Date & Time of Admission 26/5/26	Date & Time of Transfer Order 26/5/26 @ 3:20pm
Treating Consultant Name Dr. Kalyan	Transfer Ordered by Dr. Kalyan	Reason for Transfer obscure
From Unit M/W	To Unit 205	Information to Attendant Yes <input 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.	Inf: vitc - K 10mg	1
2.		
3.		
4.		
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring 	Name of Person Ordered Transfer
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Patient & Clinical Records Received by :
Rupen
@ 26/5

Date & Time of Patient Received :
@ 3:20pm

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

