

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020663 Admit Date : 27-May-2026 Admit Time : 11:49 AM UHID : FDH-00046336

Patient Details :

Patient Name : Baby B/O SRI LAKSHMI SUVARNA SRI BIRUDA Age : 0 D
Guardian : Mr RAMA CHANDRA RAO S DOB : 27-05-2026 10:21 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : flat no: 5067, MVV city, PM palem, Phone No : 9704023275/ 7981255025
Pothinamallayapalem Visakhapatnam Andhra E-mail :
Pradesh INDIA 530041 SLAKSHMISUVARNASRI@GMAIL.COM

Admission Details :

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

Contact Details :

Name : Mr RAMA CHANDRA RAO S Relationship : Father
Contact Address : flat no: 5067, MVV city, PM palem, Phone No : 9704023275
Pothinamallayapalem Visakhapatnam Andhra Pradesh INDIA 530041


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

186-1

20

186-1
20



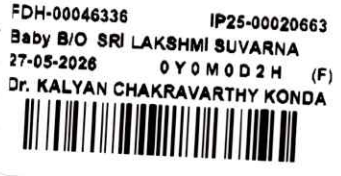
ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00046336 IP25-00020663
 Baby B/O SRI LAKSHMI SUVARNA
 27-05-2026 0 Y 0 M 0 D 2 H (F)
 Dr. KALYAN CHAKRAVARTHY KONDA

UHID No : ----- sultant : ----- Dept : -----

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

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



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
27/5/26	11:30 AM	OT	Micu	Nancy
27/5/26	4:30 pm	Micu	Ward	Sudha
27/5/26		WARD	Billing	Suresh

Cross Consultation Visit

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

INVESTIGATIONS

Date	Investigations	Order No.	Sign
27/5/26	Blood grouping	8611 ✓	Mans
		done by Mans 27/5/26 2 PM	
		c.c. done by Pooja.	
28/5/26	OAE	1269 ✓	Puj's
29/5/26	SBR, NBS	8812 ✓	Subhna
		c.c. by Subhna 25/5/26	
		c.c. done by Subhna 29/5/26	

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION


Date : 27/5/26

Time : 11:09 AM

Prepared By : *Mara*

Staff Nurse <i>Mara</i>	Shift / Ward <i>MED</i>	Billing Assistant	Billing Supervisor
----------------------------	----------------------------	-------------------	--------------------


PATIENT TRANSFER FORM


Patient Name & UHID No. FDH-00046336 IP25-00020663 Baby B/O SRI LAKSHMI SUVARNA 27-05-2026 O Y O M O D 2 H (F) Dr. KALYAN CHAKRAVARTHY KONDA		Date & Time of Admission 27/5/26	Date & Time of Transfer Order 27/5/26 @ 4:30p
		Transfer Ordered by Dr. Kalyan	Reason for Transfer Operative
From Unit M/w	To Unit Ward	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 No

Name & Signature of Person who is Transferring 	Name of Person Ordered Transfer Dr. Kalyan
---	---

Patient & Clinical Records Received by :
 27/5/26 4:35pm

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

1900-1905

1906-1910

1911-1915

1916-1920

1921-1925

1926-1930

1931-1935

1936-1940

1941-1945


1946-1950

1951-1955

1956-1960

1961-1965

PATIENT TRANSFER FORM

Patient Name & UHID No. <i>R/n Lakshmi na</i>		Date & Time of Admission <i>27/5/26 @</i>	Date & Time of Transfer Order <i>27/5/26 @ 11:30AM</i>
IDH-00046336 IP25-00020663 Baby B/O SRI LAKSHMI SUVARNA 27-05-2026 OYO MOD 2 H (F) Dr. KALYAN CHAKRAVARTHY KONDA 		Transfer Ordered by <i>Dr. Aishwarya</i>	Reason for Transfer <i>New borne care</i>
From Unit <i>OT</i>	To Unit <i>MIC</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>card 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>Alax 06568</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



RAINBOW CHILDRENS HOSPITAL
DEPARTMENT OF PAEDIATRIC AUDIOLOGY
Hearing Screening Informed Consent Form

Hi! Congratulations on the birth of your baby!!!

Dear Parent,

It is through hearing that your child will learn to talk. Approximately 3 newborns per 1000 are born with hearing loss. Although it is unlikely your baby will have a hearing loss, if there is one, it is important that you know about it as soon as possible.

The first two years of your child's life are the most important for learning speech and language. It is important to diagnose hearing problems early because a hearing loss can prevent your baby from learning speech and language.

The purpose of the screening is to check your baby's ability to hear and to help find those babies who need more hearing testing. **This screening test does not rule out severe and rarer forms of hearing loss.**

Your baby will receive the test below.

Otoacoustic Emissions test (OAE). This test will not hurt your baby. Most babies sleep through the test. A soft rubber earphone is placed in your baby's ear and makes a soft clicking sound. Healthy ears will "echo" the click sound back to a tiny microphone that is inside the earphone. Both ears will be tested.

Please ask your doctor or nurse if you have any questions about the hearing screening.

CONSENT

I authorize/request a hearing screening test for newborn, _____

B. Rani

FDH-00046336 IP25-00020663
Baby B/O SRI LAKSHMI SUVARNA
27-05-2026 0 Y 0 M 1 D (F)
Dr. KALYAN CHAKRAVARTHY KONDA



Signature of Parent/Legal Guardian

Date

In case if the result shows **refer** in one or both ears, this does not necessarily mean that your baby has a permanent hearing loss, but without additional testing we can't be sure. The screening results will be provided to your baby's doctor. Please be sure you make the appointment for rescreening on _____.

Signature of Parent/Legal Guardian

Date

FDH-00046336 IP25-00020663
 Baby B/O SRI LAKSHMI SUVARNA
 27-05-2026 0 Y 0 M 0 D 2 H (F)
 Dr. KALYAN CHAKRAVARTHY KONDA



NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Sri Lakshmi Suvarna Sri Age : 30 Father's Name : Age :
 Date of Birth : Date of Admission : UHID No. :
 NICU Consultant : Dr Kalyan 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 Sri Lakshmi Suvarna Sri Mother's Blood Group : B +ve
 Gender : M F Blood Group :
 Date of Birth : 27-05-2026 Time of Birth : 10:21am Birth Weight (gms) : 3.192 Length (cms) :
 Place of Birth : RCH, FD OFC (cms) :
 Estimated Gesth Age : 37 +2 wks

Current Obstetric History : (Booked / Unbooked Case)
 Maternal Age : 30 Ht : Wt : BMI : Married Life : LMP : 8/9/25 EDD : 15/6/26
 Conception : Spontaneous or with Rx : IVF conception
 Booked at what GA : ? AN Steroids Drugs / Doses :
 Last Scans Details : 11/5/26 - SLIUF @ 35 wks ; AFI -> 16.7 cm Ewt - 26.47g (56%)
AC -> 43% Doppler - (N) 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 :
 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 :

PAST OBSTETRIC HISTORY

G : 1 P : 1 A : L :

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
Rimi		37+2wks				

PERINATAL HISTORY

Treating Obstetrician : Dr Manasa Hospital : RCH, FD Inborn Outborn

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

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

TOTAL

1 Minute	5 Minutes	10 Minutes
8/10	7/10	

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

Snapee II Score

	> 30 (0)	20-29 (9)	< 20 (19)
Mean BP (mmHg)	> 30 (0)	20-29 (9)	< 20 (19)
Lowest Temp (oF)	> 96 (0)	96-95 (8)	< 95 (15)
Pao2 / Fio2 (mmHg%)	> 2.49 (0)	1-2.49 (5)	0.3-0.99 (15)
Lowest Serum PH	> = 7.2 (0)	7.1-7.19 (7)	< 7.1 (16)
Multiple Seizures	No (0)	Yes (19)	
U. Output (ml / kg / hr)	> = 1 (0)	0.1-0.9 (5)	< 0.1 (18)
Apgar Score	> = 7 (0)	< 7 (18)	
Birth Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)
SGA	> 3rd percentile (0)	< 3rd (12)	

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

History of Present Illness:

Baby born on 27-05-2026 @
via Elective LSCS
↓
BCIAB
↓
DCE done
↓
Routine newborn care
Inj Vit K given in (L)
anterolateral 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 : 36.0 HR : 152k RR : 60k NIBP : CFT :

Color of the extremities :

Jaundice : Pallor : SpO2 : 98%

Anthropometry : Birth Weight : 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 : } (N)
 Asymmetry :
 Masses :

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

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

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

ABDOMEN and UMBILICUS :	Shape :	
	Organomegaly :	
	Bowel Sounds :	2 UAC
	Umbilical Stump :	2 UVC
	Discharge :	

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

HERNIAL ORIFICES	} (N)
-------------------------	-------

TRUNK and SPINE :	} (N)
--------------------------	-------

SKIN LESIONS :	} (N)
-----------------------	-------

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

SYSTEMIC EXAMINATION

Respiratory System :	AEBE (+)	NVBS
Breathing Pattern :	<input type="checkbox"/> Regular <input type="checkbox"/> Periodic <input type="checkbox"/> Shallow <input type="checkbox"/> 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 :	<input type="checkbox"/> Hood box <input type="checkbox"/> CPAP <input type="checkbox"/> Ventilator	
Settings :	
SpO ₂ :	Auscultation :	Breath Sounds : Added Sounds :

Cardiovascular System :	S1S2 (+)
HR :	BP :
Femoral Pulses : <i>B/L equally well felt</i>	Precordial Activity :
Other Peripheral Pulses : <i>well felt</i>	Murmurs :
	Signs of Cardiac Failure :

Abdomen :	<i>Soft, no organomegaly</i>	Hernia orifice :
Shape :		Anal Patency :
Palpation :		Umbilical Cord :
Palpable masses :		First urine passed :
Abdominal girth :		Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) : } (N)
 State of wakefulness :
 Prechtle Score :

Nerves :

Motor System : } (N)
 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 Girl / Elective LSCS / CIAB / B.wt -*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :
 Signature :
 Name : *Dr. Mohite*
 Date & Time :

Consultant :
 Signature :
 Name : *Dr. [Signature]*
 Date & Time : *24/5/22*

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 Q 2HRLY | Warm care
Vaccination & OAE at 24 hours
SBR/NBS at 48 HOL
Red reflex to be checked at 24 HOL

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
28/5/26		
9AM	9:00 AM Dr. Kalyan Dr. Gubba	
	S: 23H FCN Term AGA	EL USCS CIAB.
	GC: stable CRT < 3 sec CPALT: Good	
	$\begin{array}{c} \checkmark / \checkmark \\ \hline \checkmark / \times \end{array}$	$\begin{array}{c} MB4 / BT \\ \hline BB4 / OT \end{array}$
	(N) Newborn examination	$\begin{array}{c} BWt / 3.192 \text{ kg} \\ \hline TWt / 3.041 \\ \text{(4.7\%)} \end{array}$
		Plan - DBF 2 hourly - Vaccinations - OAE - Red reflex } today
		- SBR, OBS T/M 6AM. - Pulse oximetry screening today
		- If not passing stools till afternoon. Inform



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26	S/p. Dr. Voodha (LC)(PT)	
	Breastfeeding counselling given	
2:30pm	CL/B Dr. Sudeha	
28/5/2026	Issue: Did not pass meconium since birth	
	↓ all aseptic conditions, OG tube of size 6 passed per-rectally	
	Staining in meconium ⊕	
	↓ Baby passed stool immediately after the procedure.	
	Red reflex ⊕⊕	
28/5/26	CL/B Dr. Sudeha	
4pm	GC: Stable	
	OAE vaccination done.	
	Pulse Ox screen done.	Plan - DCF 2 hours - SBF, NBS 7m
	Red reflex	GARY



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
29/5/26 9:00am	<p>ASFB Dr Kalyan</p>	
	<p>ASic:- Delayed passage meconium/term/AGA/FFel</p>	
	<p>wt low 8.7^{1/2} kg</p>	
	<p>Bwt 3.197 kg</p>	<p>u / - S / - on DBF</p>
	<p>Twt 2.912 kg</p>	
	<p>SBR 8.8 (below PT range)</p>	
	<p>SpO₂ : euthermic</p>	
	<p>CTTA good</p>	
	<p>SpE :- (O) acromial examination.</p>	
	<p>PA :- soft, BC (+)</p>	
	<p>No distension.</p>	
	<p>Vitals were</p>	
	<p>hemodynamically stable.</p>	<p>Plan</p>
		<p>Do do TSR TSR, FT₄</p>
		<p>on already sent sample</p>
		<p>If not possible → on Review</p>
		<p>↓</p>
		<p>Start FF</p>
		<p>Continue DBF warm care</p>
		<p>SpO₂ today.</p>
		<p>Review Monday</p>

Dr. K.A.

