DISCHARGE SUMMARY

Name	B/O ANUPAMA NAYAK	**UHID**	FDH-00045844
Father/Guardian	Mr PAVITRA KUMAR BAL	**Age/Gender**	0 Y 0 M 2 D/ Male
Address	13-6/A,SIDDANTI COLONY,SHAMSHABAD, Shamshabad, Farukhabad, Uttar Pradesh, INDIA, 207503		
IP No	IP25-00020446	**Admission Date**	14-05-2026
Ref Doctor			
Discharge Date	17-05-2026		

Consultant:
Dr. Shravanthi Chigullapalli
MBBS, MRCPCH CCST (UK) PGDCH
Consultant Pediatrician & Neonatologist
Reg.No: 50553

DIAGNOSIS
LATE PRETERM (36 WEEKS) / LGA / ELECTIVE LSCS / BABY BOY / CIAB
INFANT OF DIABETIC MOTHER
UNCONJUGATED HYPERBILIRUBINEMIA

History: B/O ANUPAMA NAYAK, is a late preterm (36 weeks) baby boy, delivered to a G3P1L1 mother by Elective LSCS (Ind : In view of previous LSCS) on 14.05.2026 at 11:40 am with birth weight of 4.631 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.

Maternal History: Mrs. ANUPAMA NAYAK, is a 41 years old G3P1L1 mother.

Name	B/O ANUPAMA NAYAK	UHID	RDH-00045844
IP No	IP25-00020446	Admission Date	14-05-2026

G3 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. History of Type - II Diabetes Mellitus on OHA + Insulin. History of Hypothyroidism +. History of Left kidney 15.3 mm with normal renal parenchyma and dilation of calyceal system. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Oligohydramnios/ Polyhydramnios/ Prolonged Rupture Of Membranes/ Fever. Mother's Blood group is "A" positive. Baby's blood group is "A1" 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 : 4.631 kgs.
Weight at discharge : 4.349kgs.
Head Circumference : 34 cms.
Length : 51 cms.

Investigations: Enclosed reports.

Management:
Course during hospital:

Feeding: Breast feeding was initiated (First feed was given within 30 minutes), but in view of insufficient mother milk, measured feeds were started. Baby tolerated the feeds well.

Name	B/O ANUPAMA NAYAK	UHID	RDH-00045844
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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.

USG KUB was done which showed : Prominent pelvicalceal system on left side.

Transcutaneous bilirubin 24 hours of life was 12.8 mg/dl.

Unconjugated Hyperbilirubinemia: Baby was noted to have yellowish discoloration of skin at 30 hours of life.Transcutaneous bilirubin at 30 hours of life was 12.7 mg/dl. Baby was started on double surface phototherapy and continued on direct breast feeds along with measured feeds. Serum bilirubin was regularly monitored which showed decreasing trend. Repeat serum bilirubin on day 3 of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl. This doesn't fall in phototherapy range. Hence phototherapy was stopped.

Vaccination: Baby was given following vaccination:

Vaccine Name	Status	Date
BCG	Given	15.05.2026
OPV	Given	15.05.2026
HEPATITIS B	Given	15.05.2026

TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test: Done on 15.05.2026 showed Bilateral normal outer hair cells functioning.

Newborn screening advanced : Sent on 16.05.2026 report awaited.

SPO2 : 98% at room air
Red Reflex: Present & Symmetrical
Hip Examination was normal.

Baby tolerating feeds well, hemodynamically stable, passed urine and meconium, hence being discharged with the following advice.

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

Advice:
Keep the baby clean & warm
Continue direct breast feeds + measured feeds as advised.
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. **To collect newborn screening advanced test report on follow up.**
2. **Serum Bilirubin to be decided on follow up (Last Serum bilirubin on day 3 of life was 10.5 mg/dl with indirect fraction of 10.4 mg/dl, as per risk stratification chart it is falling in low risk zone).**

Review consultation with Dr. CHIGULLAPALLI SHRAVANTHI, on 19.05.2026 (Tuesday) 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.

Name	B/O ANUPAMA NAYAK	UHID	FDH-00045844
IP No	IP25-00020446	Admission Date	14-05-2026

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 / 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. Shravanthi Chigullapalli
MBBS, MRCPCH CCST (UK) PGDCH
Consultant Pediatrician & Neonatologist
Reg.No: 50553

Rainbow Children's Hospital

BirthRight by Rainbow

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 : IP25-00020446 **Admit Date** : 14-May-2026 **Admit Time** : 12:01 PM **UHID** : FDH-00045844

Patient Details :

Patient Name	: Baby B/O ANUPAMA NAYAK	**Age**	: 0 D
Guardian	: Mr PAVITRA KUMAR BAL	**DOB**	: 14-05-2026 11:40 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: 13-6/A,SIDDANTI COLONY,SHAMSHABAD Shamshabad Farukhabad Uttar Pradesh INDIA 207503	**Phone No**	: 9959451224
		E-mail	: PAVITRABALL92@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 PAVITRA KUMAR BAL	**Relationship**	: Father
Contact Address	: 13-6/A,SIDDANTI COLONY,SHAMSHABAD Shamshabad Farukhabad Uttar Pradesh INDIA 207503	**Phone No**	:

Signature

Doctor Details :

Doctor Name	: Dr. CHIGULLAPALLI SHRAVANTHI	**Specialisation**	: NEONATOLOGY
Referral Doctor	:	**Phone No**	:
Co-Consultant	:		

Payment Details :

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

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

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NEWBORN MONITORING FORM

Date of Birth : 14/5/26
Time of Birth : ~~[illegible]~~ 11:40 AM
Mode of Delivery : EL-LSCS
Birth Weight : 4.631 kgs
Head Circumference : 34 cm
Length : ~~34cm~~ 51 cm
Red Reflex : ~~[illegible]~~ +ve

New Born Screening : done
TFT :
OAE : Pass
Mother's Blood Group : A+ve
Baby's Blood Group : A+ve
Anomaly Scan :
Vaccination : OPV, BCG, HepB given on 15/5/26

Date	Weight	Type of Feed	Quantity	Temperature	Signature
14/5/26	4.631 kgs	DBF	20 min	36.5 C	Vaishale
15/5/26	4.432 kgs	DBF	20 min	36.2°C	[illegible]
16/5	4.400 kg	DBF + FF	30 min	36.6°C	[illegible]
17/5	4.349 kg	DBF + FF	30 ml	36.5°C	[illegible]

Date	Time	Investigation	Result	Order No.	Signature
14/5/26		BGT			Vaishali
14/5/26	11:56pm	To hand GRBS	52 mg/dl.		Vaishali

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ACTIVITY RECORD FOR BILLING

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

Name: ---------- ----------

UHID No : ---------- Consultant : ---------- 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
14/3/26	1:00pm	OT	MICU	Vaishale
25/5/26	6:20pm	MICU	ward.	[illegible]
17/5/26.		207.	Billing.	[illegible]

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
13/5/26	BGT	7237	Mahour
14/5/26.	GRBS. 42mg/dl (1:30 pm)	7251	
14/5/26	GRBS 47mg/dl (3:30pm) (3rd)	7252	
14/5/26	GRBS 65mg/dl. 5pm (6th)	1293	Sangh
14/5/26	GRBS 69mg/dl 11:40pm (24)	1294	
15/5/26	GRBS 79 mg/dl 11:40 am (24)	1295	
15/5/26	GRBS 11:40 AM		Mahour
15/5/26	OAE	5854	
15/5/26	TCBR - Clot - 12.8	7362.	Mahour
	~~" Hand - 12.7~~		
16/5/26	SBR, NBS	7411	
16/5/26	GRBS - 67 mg/dl	7442	
16/5/26	USG KUB	5918	
17/5/26	SBR	7478	Anisha

Vitals checked by Pushya 17/5/26 9am

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature
15/5	DSPT	15/5 @6:40pm	17/5 10AM	5879.	[illegible]
		Cross checked by nithya 17/5			

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 14/5/26 Time : 12pm Prepared By : Anita

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Anita	MICU		

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/o. Anupama Mother's Name: Mrs. Anupama

Date of Birth: 14/5/26 Time of Birth: 11:40 am Gender: ☑ Male ☐ Female

Birth Weight: 4.631 Kgs HC: ..... cm Lenght: ..... cm

Meconium in Liquor: ☐ Yes ☑ No Cried at Birth: ☑ Yes ☐ No

Term / Pre-term / Post-term: term

Resuscitated: ☐ Yes ☑ No Blood Group: Mother: A+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: 97 °C HR: 139 /Min RR: 40 /Min BP: — SpO$_2$: 100%

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: SR. Anike Signature: ..... Date &Time: 14/5/26 @

Docu. No. : RCH/FRM / CLINICAL / 144

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0Y0M0D1H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: New born care				Any Infection: ☐ Yes ☑ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure: NBC				Post OP Day:		
BACKGROUND	Date / Shift	14/5/26 M+E	14/5/26 N	15/5/26 M	15/5/26 E	16/5/26 N	16/5/26 M
	Medical Condition (Any special condition to be noted):						
	Diet:	DBF+FF	F/F	FF	FF	FF+DBF	FF+DBF
ASSESSMENT	Allergy:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA	RA	RA	RA	RA
	Tubes/Drains/Catheter:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Vital Signs: Temp:	36.5	36.5°C	36.1°C	36.5	36.6°C	98.1°F
	Res:	46	46	42	46	40	45
	SpO_2:	98%	98%	98%	98	99%	100%
	Pulse:	152	152	150	144	140	144
	BP:	–	–	–	–	–	–
	LOC:	conscious	conscious	conscious	conscious	conscious	conscious
	Fall Risk Score:	0/10	0/10	0/10	0/10	0	0/10
	Pain Score:	0/10	0/10	0/10	0/10	0	0/10
	Skin Integrity	Pink	Good	Good	Good	Good	Good
Recommendations	Safety Needs:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Physiotherapy:	–	–	–	–	NA	NA
	Others Specify:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	Special Diet:	DBF+FF	F/F	FF	FF	FF+DBF	FF+DBF
	Critical Lab Test / Values:	–	–	–	–	NA	NA
	Other Special Orders / Medications:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	PU Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	DVT Prophylaxis:	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
	ADL (Dependent / Non Dependent):	dependent	dependent	Dependent	Dependent	dependent	dependent
Post Operative Procedure Special Orders:						NA	NA
Handed Over By Name :		Maria	Geetha	Gouri	Renuka	Jyothi	Rupsa
Signature / ID :		Maria	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		14/5/26	15/5/26	15/5/26	15/5/26	16/5/26	16/5/26
Time:		@ 8pm	8AM	8 pm	@ 8pm	8 am	@ 2pm
Taken Over By Name :		Geetha	Gouri	Renuka	Jyothi	Rupsa	Sangeeta
Signature / ID :		[signature]	[signature]	[signature]	[signature]	[signature]	[signature]
Date:		14/5/26	15/5/26	15/5/26	16/5/26	16/5/26	16/5/26
Time:		8pm	@ 8AM	@ 2pm	pm	@ 8am	@ 2pm

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis: NB			Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:			
	Surgery / Procedure: NBL			Post OP Day:			
BACKGROUND	Date / Shift	16/5/26 E	16/5 N				
	Medical Condition (Any special condition to be noted):	NB	NB				
	Diet:	OBF+FF	DBF+FF				
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):	RA	RA				
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:	98°F	97.2F				
	Res:	36	40				
	SpO_2:	98%	99%				
	Pulse:	136	140				
	BP:	–	–				
	LOC:	Conscious	Conscious				
	Fall Risk Score:	0/10	0/15				
	Pain Score:	0/10	0/10				
	Skin Integrity	Good	Good				
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:	NA	NA				
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:	OBF+FF	DBF+FF				
	Critical Lab Test / Values:	–	–				
	Other Special Orders / Medications:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	PU Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	DVT Prophylaxis:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	ADL (Dependent / Non Dependent):	dependent	Dependent				
Post Operative Procedure Special Orders:		–	–				
Handed Over By Name :		Sumeetha	Anusha				
Signature / ID :			@8pm				
Date:		16/5/26	16/5/26				
Time:		@8pm					
Taken Over By Name :		Anusha					
Signature / ID :		@8pm					
Date:		16/5					
Time:							

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

@ Birth — 52 mg/dl

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : Anupama Nayak Age : 41yr Father's Name : ..... Age : .....

Date of Birth : 02/04/1985 Date of Admission : ..... UHID No.: .....

NICU Consultant : Dr. Sravanthi 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 Anupama Nayak

Gender : ☑ M ☐ F Blood Group : .....

Date of Birth : 14/05/2026 Time of Birth : 11.40 Am

Place of Birth : RCH, PD

Mother's Blood Group : A POS

Birth Weight (gms) : 4631 Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36 weeks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 3/9/25 EDD : 10/6/2026

Conception : Spontaneous or with Rx. : spontaneous

Booked at what GA. : ..... AN Steroids Drugs / Doses : .....

Last Scans Details : SLIVG @ 32 weeks, cephalic, Placenta - P/H, AFI - 16.4cm, EFW - 3067 gm (>99%), LGA, AC >99%, doppler (-)

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 Resistence / ADEF / REDF / Redistrbution in MCA) / Ductus Venosus : .....

AFI : .....

(L) Kidney 45.3mm c̄ (N) Renal parenchyma and dilation of calyceal sytm

fetal (R) ~~pelviectasis~~

H/o GDM/ pre GDM/ on diet or insulin

Controlled or not, recent values, HbA1 values : Type II DM on OHA + Insulin

Compliance with Rx : .....

Scans : LGA, TIFFA , Fetal Echo : .....

H/o Hypothyriodism : when diagnosed ? Medication? .....

Any other Chronic Medical Problems, when detected drugs ? Hypothyro (+)

(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 : .....

Patient Sticker

PAST OBSTETRIC HISTORY

G : 3 P : 1 A : L 1

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details
G1	LSCS	2017	2	4kg	AGA / LGA	
G2	2022 / Top	@ 24	weeks /		CHO / MERPC	
G3	spontaneous		conceptus			

PERINATAL HISTORY

Treating Obstetrician : Dr. Udita Hospital : ☐ Inborn ☐ Outborn

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

LSCS : ☑ Elective ☐ Emergency Indication : .....

Specify the reason : previous LSCS

Augmentation of Labour : ☐ Induced ☐ Assisted Vaginal

CTG : ☐ Normal ☐ Suspicious ☐ Pathological

MSL : .....

Resuscitaion : ☐ Yes ☐ No

Cord ABG : .....

Placenta : (weight, surface, No. of cotyledons, calcifications, malformations, clots etc : .....

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : 36 Weeks : .....

SIGN	0	1	2	1 Minute	5 Minutes	10 Minutes
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				8	9	9

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

Comments :

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

Baby Received In preheated warmer

↓

CEAB

↓

Delayed cord clamping done

↓

C
T
A } good

↓

Inj vit K given

Investigation details in previous Hospital :

Feeding History :

Patient Sticker

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

No gross congenital anomalies

VITALS : Temperature : 36.5C HR : 152bpm RR : 46/min NIBP : – CFT : <3 sec

Color of the extremities : Acrocyanosis

Jaundice : (–) Pallor : (–) SpO2 : 98%

Anthropometry : Birth Weight : 4631 Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :

Patient Sticker

HEAD TO TOE EXAMINATION

HEAD :	Fontanelles : Sutures Shape / Moulding : Edema / Bruising : Size - (H.C.) :	(N)
Facies : (Any Facial Dysmorphism)		(N)
NECK and CLAVICLES :	Range of Motion : Asymmetry : Masses :	(N)
EYES :	Symmetry : Red Reflex : Discharge :	Red reflex to be tested
EARS, NOSE MOUTH and THROAT :	Ear set / Shape : Periauricular Pits / Tags : Nasal shape / Patency : Palate : Gums : Lips : Tongue :	(N)
THORAX and BREASTS :	Shape of Thorax : Position of Nipples and Number :	(N)
ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : Umbilical Stump : Discharge :	2VA + 1UV
GENITILIA :	Labia / Hymen : Testicles/penis : Anus :	(N)
HERNIAL ORIFICES		(N)
TRUNK and SPINE :		(N)
SKIN LESIONS :		(N)
EXTREMETIES :	Fingers / Toes : Arms / Legs : Deformities : Mobility : Hip Joint Examination :	(N)

Patient Sticker

SYSTEMIC EXAMINATION

Respiratory System :

Breathing Pattern : ☐ Regular ☐ Periodic ☐ Shallow ☐ Gasping

Mention If baby has Respiratory distress : RR : ..... SCR / ICR / See - Saw breating : .....

Scoring of respiratory distress if present (Silverman or Downe's) : .....

Mention if baby is on : ☐ Hood box ☐ CPAP ☐ Ventilator

Settings : .....

Spo2 : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

B/LAE, clear

Cardiovascular System :

HR : ..... BP : ..... Precordial Activity : ..... S1 S2, (+), M(-) .....

Femoral Pulses : ..... Murmurs : .....

Other Peripheral Pulses : ..... Signs of Cardiac Failure : .....

Abdomen :

Shape : ..... Hernia orifice : ..... (-) .....

Palpation : ..... soft Anal Patency : .....

Palpable masses : ..... Umbilical Cord : ..... 2VA + 1UV .....

Abdominal girth : ..... First urine passed : ..... Not passed .....

Meconium passed : .....

Nervous System : Higher intellectual functions (Sensorium) : .....

State of wakefulness : .....

Prechtle Score : .....

Nerves : C T A good

.....

.....

.....

Motor System :

Passive Tone : .....

Active Tone : .....

Neonatal Reflexes : .....

Grasp : ☑ Palmar ☐ Plantar ☐ Sucking ☐ Rooting ☐ Crossed adductor : .....

Moro's : ..... B/L Symmetrical ..... DTR : .....

ATNR : ..... Skull and Spine : .....

Patient Sticker

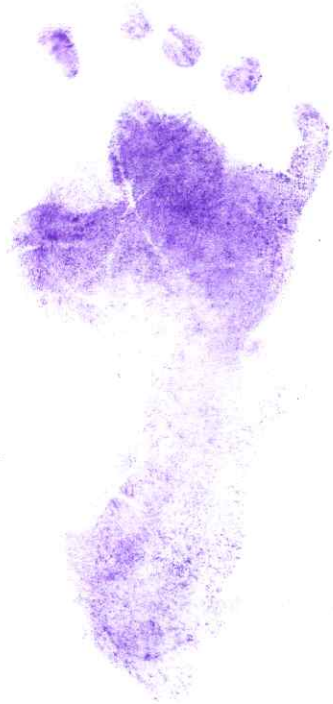
Any Congenital Anomalies : .....

Diagnosis : LPT (36) / Bl. USG / BLMB / [illegible] / 4631 / IOM

FOOT PRINTS

Left Side :

Right Side :



Resident Doctor :

Signature : .....

Name : Dr. Lahari

Date & Time : 11/5/2026

Consultant :

Signature : .....

Name : Dr Sumanantha

Date & Time : 14/5/26 @ 1640

PLEASE FILL UP THE FOLLOWING DETAILS

1. Name of the referring Doctor : .....
2. Name of te 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 : Dr Sumanantha
   ..... on whose name the patient is being referred.

Patient Sticker

AT THE TIME OF TRANSFER TO THE WARD

Final Diagnosis : .....

Present Issues : .....

Vital : ☐ HR : ..... ☐ RR : ..... ☐ BP : ..... ☐ SPO2 : ..... Weight : .....

Any Oxygen requirement : .....

Systemic : .....

Medications : .....

Advice

- KBW
- EBF f/b burping
- SBR } @ 48 hrs
  NBS
- @ 24 hrs - ⊕ limb SPO2
- Vaccination } c/m
  OAE
- ABBS
  monitoring ✓ 3.5 mg
  1, 3, 6, 12, 24, 48 hrs
  <6g - Inform
- USG KUB
  @ 48 hrs
- Start OBP +
  measure feeds
  25-30 ml Q 2hr

Plan during ward follow up :

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

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 1 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

Anupama Nayak
14/5/26. Boy

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
14/5/26 @ 1700	RN in NICU mum present 36/40, LGA, left renal pelvic calicalyx dilatation maternal diabetic on Insulin GRBS initially low, now 65 O/E @ exam pouting mouth Plan - 1. continue GRBS monitoring as per schedule • Inform if GRBS <50 • Regular feeding • Keep the baby warm • Vaccination + Red reflex test tomorrow - NBS @ 48 hrs • Trace baby's blood group. • USS KUB on Saturday	SAOK
15/5/26 @ 1400	WRD Shravanthi 36/40, LGA, left renal pelvic dilation, on GRBS monitoring → ok recently Feeding TVF 80 O/E paucity present (N) exam	

Docu. No. : RCH /FRM / CLINICAL / 088

Contd

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 21 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
13/5/26 @ 1400 hrs cont	low weight + TCBR to do	
	OAE to do	
	SBR + NBS @ 48 HOL	
	USS KUB tomorrow to do	
	• GRBS monitoring as per schedule	
	– inform LSO – ASAP	
	• Regular feeding	
	keep the baby warm	
	• Invite baby's biological mother A+ve	
		Sd
	C/S/B Dr. Dhiraj.	
15/5/26 5:30 PM	– baby well	MBG } 4 hrs
	– accepting feeds well	BBG }
		T.wt = 4.4 3218L
	O/E – vitally stable	(↓ 199 g)
	C/T/A – good	wt loss = 4.2%
	P/A – soft	Plan
	GA – 36 wks	– To start DSPT
	TCBR @ 30 HOL = 12.7	– cover eyes & genitalia during phototherapy
	CO = 12.	– continue DBF every 2 hrs
		– To send SBR t/m after rounds NBS.
		Noted by Rupsh
	Omri/.	

FDH-00035613 IP25-00020130
Mrs LEKHYA VALLABHANENI
10-08-1993 32 Y 8 M 19 D (F)
Dr. PUJITHA DEVI SURANENI

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
		CS/B [illegible] / [illegible]
18/5 / 9am	40hr / Late preterm / LGA / B.Boy / NNJ.	
	on mixed feeds	5% wt loss
	1D SPT	
	O/E TIA good	
	P/A soft	
		ph
		(1) DBF + mixed feed ad lib (40-45ml) 2 hrly
		(2) DSPT to cont
		(3) To decide SAR / MBS } after rounds
		(4) Gmis @ 48 hours.
		Noted by Rupsen

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5	S/B. Dr. Vinodha (LC)(PT)	
	Breastfeeding counselling given	
16/5/2026 4pm	c/s/B Dr. Shravanthi Dr. Sneha	
	Δ: ≤2440L (late Preterm) LGA / MCH / NNJ	
	• ↓ DSPT since 22 hours • CRT < 3sec – CRIAIT : Good. • Euglycemic.	
	Vitals	Plan
	HR : 142/min –	Continue DSPT
	RR : 44/min –	DBF 2 hourly
	SPO2 : 98% RA –	SBR, ~~[illegible]~~
	temp : 36.5°C.	
	pulse pulse –	SBR T/m 6AM
	Shravanthi	
		noted by Sangeeth

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RESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/26	USS KUB –	opt pelvis 7.0 mm
1820		(Bilateral
		hydro
	opt review in 6 to 8 weeks	
		renal US as OPD
		&
		Sharma
		Noted by Sangeeta
		16/5/26
		@ ~~8pm~~
		6:40pm

Patient Sticker

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 21 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

(2)

VITALS CHART

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Date →										
Time ↓	Temp	HR	RR	SPO_2	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am	36.2°C	152	52	100	8/10, 9/10	FF	30 ml	—	—	—
9.00 am										
10.00 am	36.1°C	150	42	100	8/10, 9/10	FF DBF-2	30 ml	✓	✓	—
11.00 am										
12.00 pm	36.1°C	150	42	100	8/10, 9/10	FF DBF-2	30 ml	✓	✓	—
1.00 pm										
2.00 pm	36.1°C	150	52	99%	8/10, 9/10	DBF-FF		—	—	—
3.00 pm										
4.00 pm	36.5°	145	45	99%	8/10 9/10	DBF - FF	25 min	✓	✓	—
5.00 pm										
6.00 pm										
7.00 pm										
8.00 pm								✓		
9.00 pm	36.6°C	142	40	100%		DBF+FF	30 min 30 ml			
10.00 pm										
11.00 pm								✓		
12.00 am	36.5°C	140	41	99%		DBF+FF	30 min 30 ml			
1.00 am										
2.00 am										
3.00 am	36.6°C	132	42	99%		~~DBF~~ FF	40 ml		✓	
4.00 am								✓		
5.00 am										
6.00 am	36.6°C	138	40	99%		DBF	30 ml		✓	
						TOTAL		O-6	M-5	

Reference Ranges:

Temperature 97.5 °C to 99.5 °C Feeding Plan: Every 2nd hrly FF

HR 120 to 160 per minutes

RR 30 to 60 per minutes

SPO_2 93% - 100%

Doc. No. : RCH / FRM / CLINICAL / 174

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Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 0 D 1 H (M)
Dr. CHIGULLAPALLI SHRAVANTHI

VITALS CHART

Date →										
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										
11.00 am										
12.00 pm	36.5°C	154/m	46/m	98%	8/10 9/10	DBF	20ml	—	—	—
1.00 pm										
2.00 pm	34°C	146	48	99%	8/10	DBF	25ml	—	—	—
3.00 pm										
4.00 pm	34°C	143	46	99		DBF+FF	20ml	✓	—	—
5.00 pm										
6.00 pm	36°C	147	48	98		FF	25ml	—	—	—
7.00 pm										
8.00 pm	36°C	144	44	99		FF	30ml	✓	✓	—
9.00 pm										
10.00 pm										
11.00 pm	36°	143	46	99		FF	30ml	✓	✓	—
12.00 am										
1.00 am	36°	142	48	99		FF	30ml	—	✓	
2.00 am										
3.00 am										
4.00 am	36°	149	44	99		FF	30ml	—	—	—
5.00 am										
6.00 am										
						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: Breast feeding

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Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 1 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

Morning Shift

Clinical Diagnosis.....
Nursing Diagnosis.....
.....
Plan of Care .....
.....
.....
Planned Investigations Procedures .....
.....
Implementation .....
.....
.....
.....

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

Clinical Diagnosis.....Risk for the infection.....
Nursing Diagnosis.....
.....
Plan of Care .....vitals done.....
.....
.....warm care done.....
Planned Investigations Procedures .....
.....
Implementation .....vit-k given.....
.....
.....cord clamp done.....
.....
.....

Handed Over by : Name & Signature

Received by : Name & Signature

Night Shift

Clinical Diagnosis.....
Nursing Diagnosis.....
.....
Plan of Care .....New born care.....
→ Assess the baby condition.....
→ monitor the vitals.....
→ DBF and F.I.....
Planned Investigations Procedures .....
.....
Implementation .....
.....
.....
.....

Handed Over by : Name & Signature

Received by : Name & Signature

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 1 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

16/5/26

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VITALS CHART

Date →										
Time ↓	Temp	HR	RR	SpO_2	Score	Type of Feed	Qty	Urine	Stool	Vomit
07.00 am										
08.00 am	98.1°F	146	49	99%		DBF	30min		✓	
09.00 am										
10.00 am										
11.00 am	98.1°F	145	48	100%		DBF	30min	✓	✓	✓
12.00 pm										
01.00 pm	98.2°F	145	49	99%		DBF	30min			
02.00 pm										
03.00 pm						DBF	30min	✓		
04.00 pm										
05.00 pm	98°F	142	46	98%		DBF	30min	✓	✓	
06.00 pm										
07.00 pm						DBF	30min			
08.00 pm										
09.00 pm	98.1F	140	38	100%		DBF	30mm	✓		
10.00 pm						+ FF	30 ml			
11.00 pm										
12.00 pm	97.2F	138	40	98%		DBF	30mm	✓	✓	
01.00 am						+ FF	30 ml			
02.00 am										
03.00 am	98.6F	140	36	100%		DBF	30m			
04.00 am										
05.00 am	97F	138	42	99%		DBF	30min	✓		
06.00 am										
						Total		U-6	M-3	

Reference Ranges:
Temperature: 97.5 °C to 99.5 °C
HR: 120 to 160 per minutes
RR: 30 to 60 per minutes
SpO_2: 93% - 100%

Feeding Plan: .....

Doc. No. : RCH / FRM / CLINICAL / 174

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PATIENT TRANSFER FORM

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
B/O Anupama	14/5/26 @	14/5/26 @ 1:35pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. Sravanti	Dr. Lahari	New borne care
From Unit	**To Unit**	**Information to Attendant**
OT	MICU	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
		Yes ☐ No ☑
		If yes, what ?

Medications / Consumables / Surgicals / Hand over

Sl.No.	Item Name	Quantity
1.	vit-k	0.5ml
2.	warm care	30min
3.	cord clamp	1
4.	vitall.	done
5.		

Shifting Summary / Notes Written by Doctor : Yes ☑ No ☐

Name & Signature of Person who is Transferring	Name of Person Ordered Transfer
Vaishali	Dr. Lahari

Patient & Clinical Records Received by : Nalini

Date & Time of Patient Received : 14/5/26 @ 2pm.

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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PATIENT TRANSFER FORM

FDH-00045844 IP25-00020446
Baby B/O ANUPAMA NAYAK
14-05-2026 0 Y 0 M 1 D (M)
Dr. CHIGULLAPALLI SHRAVANTHI

	Date & Time of Admission	Date & Time of Transfer Order
	14/5/26 @ 12:0pm	15/05/26 6:00pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
Dr. shravanthi		Newborn care
From Unit	**To Unit**	**Information to Attendant**
MICU	ward	Yes ☑ No ☐
Number of Sheets in Clinical File	**Number of Imaging Films**	**Personal belongings including clinical documents. If any handed over to attendant**
10	—	Yes ☑ No ☐ 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
Naveni	

Patient & Clinical Records Received by : Rupsa

Date & Time of Patient Received : 15/5/26 @ 6:20pm

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