Rainbow® Children's Hospital
It takes a lot to treat the little.

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Your Right to a Safe Delivery

DISCHARGE SUMMARY

Name	B/O PRIYA JAIN	**UHID**	FDH-00046249
Father/Guardian	Mr Arihant Jain	**Age/Gender**	0 Y 0 M 2 D/ Male
Address	Nanakramguda, Hyderabad, Telangana, INDIA, 500008		
IP No	IP25-00020612	**Admission Date**	25-05-2026
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
LATE PRETERM / AGA / EMERGENCY LSCS / BABY BOY / CIAB

History: B/O PRIYA JAIN, is a late preterm (36 weeks + 5 days) baby boy, delivered to a PRIMI mother by Emergency LSCS (Ind : In view of maternal request) on 25.05.2026 at 08:01 am with birth weight of 2.910 kgs in Rainbow Children's Hospital, Financial District, Hyderabad. Baby cried immediately after birth. APGAR scores were 7/10 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.

Name	B/O PRIYA JAIN	**UHID**	RDH-00046249
IP No	IP25-00020612	**Admission Date**	25-05-2026

Maternal History: Mrs. PRIYA JAIN, is a 33 years old PRIMI mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans showed MCA redistribution. History of Hypothyroidism on medication. History of . No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Gestational Diabetes Mellitus/ 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 : 2.910 kgs.
Weight at discharge : 2.626 kgs.
Head Circumference : 33 cms.
Length : 46 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.

Serum bilirubin at 46 hours of life was 6.2 mg/dl with indirect fraction of 6.1

Name	B/O PRIYA JAIN	UHID	RDH-00046249
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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 : Sent on 27.05.2026, 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.

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

Name	B/O PRIYA JAIN	**UHID**	HDH-00046249
IP No	IP25-00020612	**Admission Date**	25-05-2026

days of life).
Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.
Rashfree ointment for local application over diaper rashes

Plan:

1. **Newborn screening advanced test report to collect on follow up**
2. **Serum Bilirubin to be decided on follow up (Last Serum bilirubin at 46 hours of life was 6.2 mg/dl with indirect fraction of 6.1 mg/dl, as per risk stratification chart it is falling in low risk zone).**

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on Saturday (30.05.3036) 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 / Vikrampuri /**

Name	B/O PRIYA JAIN	**UHID**	EDH-00046249
IP No	IP25-00020612	**Admission Date**	25-05-2026

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**

Dr Sneha

Registrar/~~Resident/C.M.O~~

Consultant:
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MBBS, MD, DNB (Pediatrics), DM (Neonatology)
Consultant Pediatrician & Neonatologist
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Rainbow Children's Hospital

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 : IP25-00020612 **Admit Date** : 25-May-2026 **Admit Time** : 09:56 AM **UHID** : FDH-00046249

Patient Details :

Patient Name	: Baby B/O PRIYA JAIN	**Age**	: 0 D
Guardian	: Mr Arihant Jain	**DOB**	: 25-05-2026 08:01 AM
Gender	: Male	**Religion**	:
Occupation	:	**Martial Status**	:
Address (H)	: Nanakramguda Hyderabad Telangana INDIA 500008	**Phone No**	: 9990848809
		E-mail	:

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 Arihant Jain **Relationship** : Father

Contact Address : Nanakramguda Hyderabad Telangana INDIA 500008 **Phone No** : / 9990848809

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

EDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0Y0M0D7H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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NEWBORN MONITORING FORM

Date of Birth	: 25/5/26	New Born Screening	:
Time of Birth	: 8:01 AM	TFT	:
Mode of Delivery	: EM-LSCS	OAE	:
Birth Weight	: 2.910kgs	Mother's Blood Group	: B+ve
Head Circumference	: 33cm	Baby's Blood Group	: B+ve.
Length	: 46cm.	Anomaly Scan	:
Red Reflex	: ~~nil~~ +	Vaccination	:

Date	Weight	Type of Feed	Quantity	Temperature	Signature
25/5/26	2.910kgs	DBF	10 min	36°C	Vaishali
26/5/26	2.717kgs	DBF	15 min	36.3°C	Lakshmi
29 khc	2.626kgs	DBF	15 min	36°C	Ankitha

Date	Time	Investigation	Result	Order No.	Signature
25/5/21		BGT			Vaishali
25/5/26	9:05AM 1st	GRBS	52mg/dl		vaishali
25/5/26	11:05am	GRBS	63mg/dl		[illegible]
	2p				

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ACTIVITY RECORD FOR BILLING

FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0 Y 0 M 0 D 7 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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

UHID No : ---------- IP No : ----- ---------- Dept : ----------

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

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

WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
25/05/26	4 PM	NICU	ward	Nalini.
27/5/26	12:45PM	Ward	Billing	Rad

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
25/5/26	BGT	• 8353	
25/5/26	GRBS 52mg/dl @ 9:05 am (1st)	• 8378	Lakshmi
25/5/26	GRBS 63mg/dl @ 11 am (3rd hr)	• 8379	
25/5/26	GRBS 57 mg/dl @ 2pm (6th hr)	• 8380	
		C.C: Sushasree 25/5/26 @2:15 pm	
25/5/26.	GRBS- 79 mg/dl (12th hour) (12 hours)	• 8437	Lakshmi
26/5/26.	GRBS- 88 mg/dl. (24 hour)	• 8468	Vhimi
27/5/26	GRBS - 88 mg/dl (1st hr)	• 8568	Ankitha.
27/5/26	SBR, NBS	• 8552	Ankitha
27/5/26.	OAE	80644 •	Vhimi
		C.C Vhimi 27/5/26.	

MEDICAL EQUIPMENT (WARD & ICU)

Date	Name of Equipment	Connecting Time	Disconnecting Time	Order No.	Signature

PROCEEDURE

Date	Proceedure	Quantity	Order No.	Signature

ANY OTHER INFORMATION

Date : 25/5/26 Time : 9am Prepared By : Sr. Sushmita

Staff Nurse	Shift / Ward	Billing Assistant	Billing Supervisor
Sr. Sushmita	MICU		

EDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0Y0M0D7H (M)
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NURSING SHIFT HAND OVER FORM

SITUATION

Diagnosis: NB

Any Infection: ☐ Yes ☑ No ☐ Not Known
If Yes Specify: Nil

Surgery / Procedure:

Post OP Day:

BACKGROUND

Date / Shift	25/5/26 M	25/5/26 E	26/5 N	26/5/26 M+E	27/5/26 N	27/5/26 M
Medical Condition (Any special condition to be noted):	—	N/B	N/B	Newborn	Newborn	Newborn
Diet:	—	DBF	DBF	DBF+FF	DBF+FF	DBF+FF

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:	97.6°F	98.6°F	98.4°F	98.6°F	98.4°F	
Res:	132	136	142	148	145	
SpO_2:	99	99	100%	100%	100%	
Pulse:	142	148	145	142	141	
BP:	—	—	—	—	—	
LOC:	—	Cried	conscious	conscious	Conscious	Conscious
Fall Risk Score:	0/10	0/10	0/10	0/10	0/10	0/10
Pain Score:	0/10	0/10	0/10	0/10	0/10	0/10
Skin Integrity	—		Good	Good	Good	Good

Recommendations

Safety Needs:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☑ No
Physiotherapy:	—	—	—			
Others Specify:	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No
Special Diet:	—		—	DBF+FF	DBF+FF	DBF+FF
Critical Lab Test / Values:	Nil		—		—	
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:	—	Uhimi				
Handed Over By Name :	Sumathi	Nandini	Lakshmi	Uhimi	Ankitha	Uhimi
Signature / ID :	020941					
Date:	25/5/26	25/05/26	26/5/26	26/5/26	27/5/26	27/5/26
Time:	2pm	4pm	08:AM	@8pm.	@8AM	2pm
Taken Over By Name :	Nandini	Lakshmi	Uhimi	Ankitha	Uhimi	
Signature / ID :						
Date:	25/5/26	25/5/26	26/5/26	26/5/26	27/5/26	
Time:	@2pm	@8:pm	8AM.	@8pm	8AM	

Patient Sticker

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NURSING SHIFT HAND OVER FORM

SITUATION	Diagnosis:				Any Infection: ☐ Yes ☐ No ☐ Not Known If Yes Specify:		
	Surgery / Procedure:				Post OP Day:		
BACKGROUND	Date / Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
ASSESSMENT	Allergy:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Ventilation (RA, NP, NIV, VENTI):						
	Tubes/Drains/Catheter:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Vital Signs: Temp:						
	Res:						
	SpO_2:						
	Pulse:						
	BP:						
	LOC:						
	Fall Risk Score:						
	Pain Score:						
	Skin Integrity						
Recommendations	Safety Needs:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Physiotherapy:						
	Others Specify:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Special Diet:						
	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):						
Post Operative Procedure Special Orders:							
Handed Over By Name :							
Signature / ID :							
Date:							
Time:							
Taken Over By Name :							
Signature / ID :							
Date:							
Time:							

FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0Y0M0D7H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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NURSING DEPARTMENT
NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O Priya Jain Mother's Name: Mrs Priya Jain

Date of Birth: 25/5/26 Time of Birth: 8:01 am Gender: ☑ Male ☐ Female

Birth Weight: 2.91 Kgs HC: ..... cm Lenght: ..... cm

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

Term / Pre-term / Post-term: Pre 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: 98-6°F °C HR: 150 /Min RR: 48 /Min BP: — SpO₂: 98%

Pain Score: ..... (Follow N Pass)

Fall Risk Assessment: ☐ **Yes** ☑ **No** **Score:** ..... (Fill the Humpty Dumpty Sheet)

Risk in Pressure Sore : ☐ Yes ☑ No (Braden Q Score) (Fill the Braden Q Sheet)

Behaviour Status on admission: ☐ Sleeping ☑ Crying ☐ Calm ☐ Drowsy

Findings:

General Appearance: Posture : ☑ Well-Flexed ☐ Asymmetry

Skin: ☑ Pink ☐ Meconium Stain ☐ Others, Specify: .....

Nursing Management: (Please strike through If not applicable e.g. Yes / ~~No~~)

Vitamin K 1 mg I.M Administered: Yes / No

Routine Care Provided: Yes / No

Capillary Blood Glucose Monitoring Done: Yes / No

Neonatal Screening Done: Yes / No

1. Nutritional Screening: Feeding Problem Yes / No
2. Functional Screening: Musculoskeletal Congenital Abnormality Yes / No
3. Socio History: Siblings Yes / No

All information obtained from ☑ Mother ☐ Father ☐ Other Family Member

Newborn Screening Discussed: Yes / No

Nurse Name: Suchanti Signature: ..... Date &Time: 25/5/26 @ 9am

FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0 Y 0 M 0 D 7 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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NEONATAL IN-PATIENT MEDICAL RECORD

ADMISSION INFORMATION

Mother's Name : ..... 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 Priya Jain

Gender : ☐ M ☐ F Blood Group : .....

Date of Birth : 25/5 Time of Birth : 8:20 AM

Place of Birth : .....

Mother's Blood Group : B POSITIVE

Birth Weight (gms) 2.91 kg Length (cms) : .....

OFC (cms) : .....

Estimated Gesth Age : 36+5 wks

Current Obstetric History : (Booked / Unbooked Case) primi

Maternal Age : 33 Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 6/9/24 EDD : 16/6/25

Conception : Spontaneous or with Rx. : .....

Booked at what GA. : 9th week AN Steroids Drugs / Doses : 2 dose covered

Last Scans Details : 18/5 - 3 weeks AFI - 17, MCA redistribution

GRL 30708L TT Immunization and Iron / Folic Acid : .....

MATERNAL RISK FACTORS

Age : ☐ <18 yrs ☐ > 35yrs MCA redistribution

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 : .....

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 Hypothyriodism : 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 : .....

Patient Sticker

PAST OBSTETRIC HISTORY

G : ..... P : ..... A : ..... L : .....

Sl. No.	Age	GA wks	B. W	Gender	Significant	Details

PERINATAL HISTORY

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

Duration of Labour

First stage (> 18 hours sig)

Second stage (> 2 hours after dilation)

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

Specify the reason : ..... Maternal request

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 : ..... 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
7/10	9/10	

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

Snapee II Score

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)	< 0.3 (28)
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)		
Brith Weight	> = 1kg (0)	750 - 999 (10)	< 750 (17)	
SGA	> 3rd percentile (0)	< 3rd (12)		

POSTNATAL / HISTORY OF PRESENT ILLNESS

Chief Complaints :

Patient Sticker

History of Present Illness:

A single live A Boy delivered Emlscs

↓

CIAB

↓

Cord clamped cut - 2Ae up

↓

I : Vit K 1mg / stat

↓

Shift to mother side

Investigation details in previous Hospital :

Ø

Feeding History :

Ø

Past History :

Ø

Family History :

Socio Economic History :

Patient Sticker

GENERAL EXAMINATION ON ADMISSION

General Disposition :

VITALS : Temperature : 36.6 C HR : 145 RR : 62/m NIBP : ..... CFT : .....

Color of the extremities : Acrocyanosis

Jaundice : ..... Pallor : ..... SpO2 : 98%

Anthropometry : Birth Weight : ..... Length : ..... HC : ..... Present Weight : .....

Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

HEAD TO TOE EXAMINATION

HEAD :

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

Facies : (Any Facial Dysmorphism) ✓

NECK and CLAVICLES :

Range of Motion :
Asymmetry :
Masses :

EYES :

Symmetry : Normocephalic
Red Reflex :
Discharge :

EARS, NOSE MOUTH and THROAT :

Ear set / Shape :
Periauricular Pits / Tags :
Nasal shape / Patency :
Palate : ✓
Gums :
Lips :
Tongue :

Patient Sticker

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 : Male circumcised
Anus :

HERNIAL ORIFICES

TRUNK and SPINE : ⊘

SKIN LESIONS :

EXTREMETIES : 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 breating : .....

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

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

Settings : .....

SpO_2 : 98% Auscultation : NAD Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : ..... BP : .....

Femoral Pulses : Felt

Other Peripheral Pulses : .....

Precordial Activity : .....

Murmurs : .....

Signs of Cardiac Failure : .....

Abdomen :

Shape : .....

Palpation : Soft

Palpable masses : .....

Abdominal girth : .....

Hernia orifice : .....

Anal Patency : .....

Umbilical Cord : 2 days

First urine passed : .....

Meconium passed : .....

Patient Sticker

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

State of wakefulness : .....

Prechtle Score : .....

Nerves : .....

.....

Motor System :

Passive Tone : .....

Active Tone : Hypotonic good

Neonatal Reflexes : .....

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

Moro's : ..... DTR : .....

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

Any Congenital Anomalies : .....

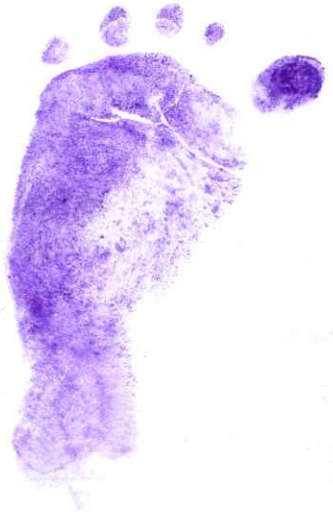
.....

Diagnosis : Late Preterm (36+5wk) AGA | M Boy | EMUS | CLAB

.....

FOOT PRINTS

Left Side :



Right Side :

Resident Doctor :

Signature : .....

Name : Dr R. Malewska

Date & Time : .....

Consultant :

Signature : .....

Name : Dulal

Date & Time : .....

Patient Sticker

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 : .....

.....

.....

.....

.....

.....

.....

Screenings done during NICU Stay :

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

Discharge Details:

Neonatal Condition at Discharge:

.....

.....

.....

.....

.....

.....

.....

.....

Patient Sticker

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: .....

FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0Y0M0D7H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

Rainbow® Children's Hospital
It takes a lot to treat the little.

BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
25/5/26		
	7:30pm c/s/b	Dr. Sneha
	Δ: LLh / Late Preterm	AGA / MCh /
	Em LSCS / CIAB	
	· GC: stable	
	· CRT < 3sec	
	· YR/AF/T: good.	
	Vitals	
	HR: 140/min	Plan
	RR: 42/min	
	SpO2: 98% RA.	- DBF 2hourly
	temp: 36.5°C.	- Vaccination
		• OAE } @24hr
	S/E	Red reflex
	YR/AF/T: Good	
	CVS: S1S2 (+), No	- SBR, NBS @ 48H
	R/S: B/L NVBS (+	- GRBS @ 12h, 24h, 48h
	P/A: Soft, ND.	(if <50mg/dl, inform)
		[signature]

FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0 Y 0 M 0 D 12 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	c/s/b Dr Helen	
26/5 9AM	D: 2 mths / Term / AGA / B.Boy	
	on demand feeds	
	No wt loss	
	C/T/A good	
	P/A soft	
		Pl
		1) DBF cont
		2) Vaccination BAC {today
		Red reflex
		3) SBR }Hm Gen
		NBS
		4) GMO as checked

FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0 Y 0 M 0 D 7 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
	Ch[illegible] [illegible]	
20/5 [illegible]	on DBF	
	[illegible] good	
	[illegible]	
		[illegible]
		① DBF Q2H
		② Vaccination } today OAE
		③ SBR } [illegible] [illegible]
		④ GMX as charted
		[illegible]

FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0Y0M1D (M)
Dr. KALYAN CHAKRAVARTHY KONDA

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PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
27/5/26		
9Am	U/B Dr. Kalyan Dr. [illegible]	
	B: 48h / late Preterm (36+5w) / AGA / Male / 4A03	
	GC: stable	
	CRT < 3sec	
	GRAFT: Good.	BWt 2.910
	GRBS: 88mg/dl	TWt 2.626 (↓ 9.7%)
		MBG / BBG B+.
	Plan	
	- DBF 2hourly + measured feeds (25-30ml 2hourly)	
	- Discharge today	
	- F/u on saturday.	
	- Rash - see ointment SOS.	
	[signature]	

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

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FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0 Y 0 M 0 D 12 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

VITALS CHART

Date →	26/5/26									
Time ↓	Temp	HP	RR	SPO_2	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am						FF.	20ml.			
8.00 am										
9.00 am										
10.00 am						DBF	25mins	✓		
11.00 am	36.5	149	42	98%	o/o					
12.00 pm	3									
1.00 pm						DBF	25 mins			
2.00 pm	365	142	40	97%	o/o.					
3.00 pm						DBF	30mins	✓		
4.00 pm										
5.00 pm						DBF.	30mins.	✓		
6.00 pm	36.5	144	42	98%	o/o.					
7:00 pm						DBF	25min			
8.00 pm						DBf	20min			
9.00 pm										
10.00 pm	36.2C	145	41	99%	o/o	DBf	15min	✓	✓	
11.00 pm										
12.00 am						DBf	20min	✓		
1.00 am										
2.00 am	36.3C	144	40	100%	o/o	DBf	20min	✓		
3.00 am										
4.00 am						DBf	15min			
5.00 am										
6.00 am	36.3C	143	42	100%	o/o			✓		
						TOTAL		U=7	M=1	

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

Feeding Plan..... 2nd hourly feeds .....

.....

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Morning Shift

Clinical Diagnosis: NEO born.

Nursing Diagnosis: Impaired nutritional status.

Plan of Care: Encourage mother to give feeds 2nd hourly

Planned Investigations Procedures: Checked grbs as pr advice.

Implementation: Assist in breast feeding
Giving feed 2nd hourly

Handed Over by : Name & Signature: Jasmi.

Received by : Name & Signature: Ulin 26/05/16

Evening Shift

Clinical Diagnosis: New born.

Nursing Diagnosis: Impaired nutritional status.

Plan of Care: Encourage mother to give feeds 2nd hourly

Planned Investigations Procedures: Checked GRBS as pr advice

Implementation: Assisted in Breast feed.

Handed Over by : Name & Signature: Ulin

Received by : Name & Signature: Anbitha 26/05/16 2pm.

Night Shift

Clinical Diagnosis: New Born.

Nursing Diagnosis:

Plan of Care: Assess the Baby General Condition
Monitor the vitals
Maintain the Flo chart

Planned Investigations Procedures: SBR, NBS TLM + 6Am.

Implementation: Assessed the Baby General Condition
Monitored the vitals
Maintained the Flo chart

Handed Over by : Name & Signature: Anbitha 26/05/16 6Am

Received by : Name & Signature

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FDH-00046249 IP25-00020612
Baby B/O PRIYA JAIN
25-05-2026 0 Y 0 M 0 D 7 H (M)
Dr. KALYAN CHAKRAVARTHY KONDA

VITALS CHART

Date →	27/05/26									
Time ↓	Temp	HP	RR	SPO_2	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am						DBF	25ml			
8.00 am										
9.00 am						DBF	25ml			
10.00 am								✓	✓	
11.00 am						DBF + EBM	25ml			
12.00 pm										
1.00 pm										
2.00 pm										
3.00 pm										
4.00 pm										
5.00 pm										
6.00 pm										
7.00 pm										
8.00 pm										
9.00 pm										
10.00 pm										
11.00 pm										
12.00 am										
1.00 am										
2.00 am										
3.00 am										
4.00 am										
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..... 2nd hourly feeds .....

.....

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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Morning Shift

Clinical Diagnosis..... New born.
Nursing Diagnosis.....
..... Impaired nutritional status
Plan of Care .....
..... 2nd hourly feeding given
.....
Planned Investigations Procedures ..... GRBS checked
.....
Implementation .....
.....
..... Given 2nd hourly feeding
.....

Handed Over by : Name & Signature

Received by : Name & Signature

Evening Shift

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

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

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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BirthRight™ BY RAINBOW HOSPITALS
Your Right to a Safe Delivery

Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
FDH-00046249 IP25-00020612 Baby B/O PRIYA JAIN 25-05-2026 0 Y 0 M 0 D 7 H (M) Dr. KALYAN CHAKRAVARTHY KONDA	25/5/26 @	25/5/26 @
	Transfer Ordered by Dr.	Reason for Transfer new borne care
From Unit OT	To Unit MICU	Information to Attendant 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.	Vitals	done
4.	Card clamp	1
5.		

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

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

Patient & Clinical Records Received by : Sushanth 25/5/26

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

PATIENT TRANSFER FORM

Rainbow® Children's Hospital
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Patient Name & UHID No.	Date & Time of Admission	Date & Time of Transfer Order
	25/5/26 9:15 AM	25/5/26 4 pm
Treating Consultant Name	**Transfer Ordered by**	**Reason for Transfer**
	DR Kalyan	Observation
From Unit	**To Unit**	**Information to Attendant**
MDU	ward	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.		
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 Mallori	DR Kalyan.

Patient & Clinical Records Received by :

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