

ADMISSION SHEET

Registration Details :



Admission No : IP25-00020530 Admit Date : 20-May-2026 Admit Time : 11:20 AM UHID : FDH-00046055

Patient Details :

Patient Name : Baby B/O SHRADDHA SONI Age : 0 D
Guardian : Mr RITESH SINGH DOB : 20-05-2026 10:46 AM
Gender : Female Religion :
Occupation : Martial Status :
Address (H) : d-1010 ghr titania KondaPur Hyderabad Phone No : 7760133940
Telangana INDIA 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 RITESH SINGH Relationship : Father
Contact Address : d-1010 ghr titania KondaPur Hyderabad Phone No :
Telangana INDIA

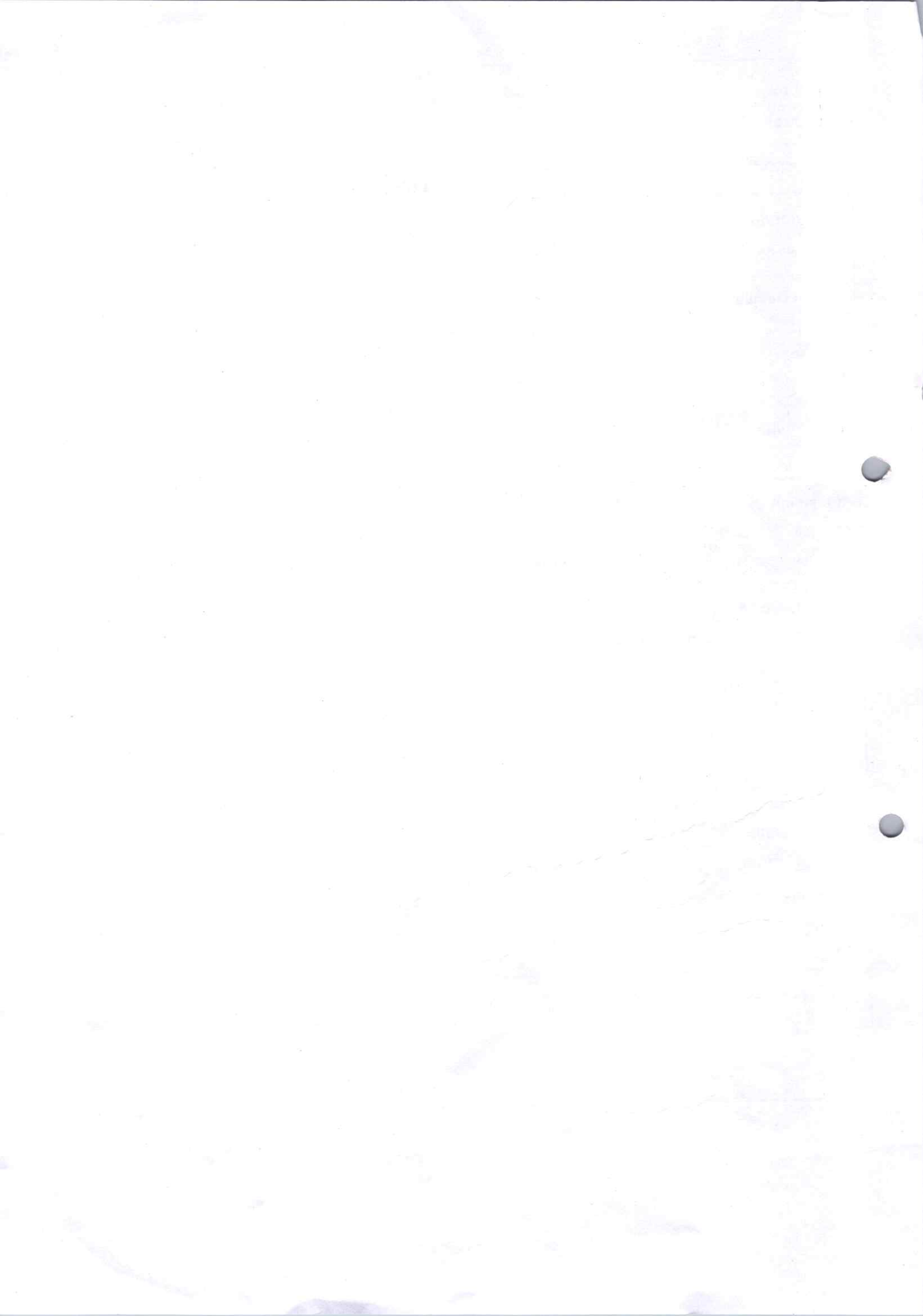

Signature

Doctor Details :

Doctor Name : Dr. KONDAM PRADEEP REDDY Specialisation : NEONATOLOGY
Referral Doctor : Dr. Srilatha Gorthi Phone No :
Co-Consultant :


Payment Details :

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



ACTIVITY RECORD FOR BILLING

FDH-00046055 IP25-00020530
 Baby B/O SHRADDHA SONI
 20-05-2026 0 Y 0 M 0 D 1 H (F)
 Dr. KONDAM PRADEEP REDDY

Name: _____ Consultant: _____ Dept: _____
 UHID N  _____
 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
20/5/26	5:39 pm	MICU	ward	Priyanka

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
20/5/26	BAT	7824 ✓	Buddha
20/5/26	GRBS (53 mg/dL) 11:46 AM	7829 ✓	Neeta
20/5/26	GRBS (81 mg/dL) 1:46 PM	7830 ✓	Neeta
20/5/26	GRBS (77 mg/dL) 4:46 PM	7839 ✓	Prityanka
		checked by Mani 20/5/26 @ 3 PM	
20/5	GRBS - 98 mg/dl (10:46 PM)	7877 ✓	
21/5/26	OAE	8002 ✓	
21/5	GRBS - 102 mg/dl (11:30 AM)	7941 ✓	
22/5	GRBS - 82 mg/dl (10:50 AM) (uskar)	8033 ✓	
22/5	TICBR - 92.6 mg/dl	18032 ✓	
23/5	SBR, NISS	8129 ✓	
		cross checked by Rajeev @ 10 AM	



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 Shraddha Soni Mother's Blood Group : B Positive

Gender : M F Blood Group : Birth Weight (gms) : 3.242kg Length (cms) :

Date of Birth : 20/5/26 Time of Birth : 10:46 AM OFC (cms) :

Place of Birth : RCM ED Estimated Gesth Age : 38+5

Current Obstetric History : (Booked / Unbooked Case) Prim

Maternal Age : 34yr Ht : Wt : BMI : Married Life : LMP : EDD :

Conception : Spontaneous or with Rx :

Booked at what GA : AN Steroids Drugs / Doses :

Last Scans Details : 7/5 - antalic, 36+2, AFI - 10cm, EFW ~ 31kg,
Dopler - @ 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 / Redistrbution in MCA) / Ductus Venosus :

AFI :

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

Controlled or not, recent values, HbA1 values :

Compliance with Rx :

Scans : LGA, TIFFA , Fetal Echo :

H/o Hypothyroidism : when diagnosed ? Medication? 1yr 25 -> 50ug

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 : P : A : L :

Prem

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

PERINATAL HISTORY

Treating Obstetrician : Hospital : Inborn Outborn

<p>Duration of Labour</p> <p>First stage (> 18 hours sig) <i>Flect</i></p> <p>Second stage (> 2 hours after dilation) <i>LSCS</i></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 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>
---	--

NEONATAL RESCUSTITION DETAILS

APGAR SCORE

Gestational Age : *38+5* 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	<i>8/10</i>	<i>9/10</i>	

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)	
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 received in walmey
↓
C/AB
↓
C/TA-good
↓
Lig VitK im given
↓
shift to Mother side

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :

GENERAL EXAMINATION ON ADMISSION

General Disposition :

No gross congenital anomalies
① Positional CTEV

VITALS : Temperature : 36.5 HR : 136 RR : 36 NIBP : CFT : free

Color of the extremities : Percyanosis

Jaundice : Pallor : SpO2 : 97%

Anthropometry : Birth Weight : 3.242kg Length : HC : Present Weight :

Ponderal Index : AGA SGA : LGA :

HEAD TO TOE EXAMINATION

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

Facies :
(Any Facial
Dysmorphism)

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

EYES : Symmetry :
Red Reflex : -7 to check
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 : <i>10</i> Position of Nipples and Number :
-----------------------------	---

ABDOMEN and UMBILICUS :	Shape : Organomegaly : Bowel Sounds : <i>2 A+IV</i> Umbilical Stump : Discharge :
--------------------------------	---

GENITALIA :	Labia / Hymen : <i>10</i> Testicles/penis : Anus :
--------------------	--

HERNIAL ORIFICES

TRUNK and SPINE :

SKIN LESIONS :

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

SYSTEMIC EXAMINATION

Respiratory System :	<i>BLC AFB</i>
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 :	<i>SSS</i>
HR : BP :	Precordial Activity :
Femoral Pulses :	Murmurs :
Other Peripheral Pulses :	Signs of Cardiac Failure :

Abdomen :	Hernia orifice : <i>10</i>
Shape : <i>10</i>	Anal Patency : <i>10</i>
Palpation : <i>2 A+IV</i>	Umbilical Cord :
Palpable masses :	First urine passed : <i>not passed</i>
Abdominal girth :	Meconium passed :

Nervous System : Higher intellectual functions (Sensorium) :

State of wakefulness :

Prechtle Score :

Nerves :

Motor System :

Passive Tone :

Active Tone :

Neonatal Reflexes :

Grasp Palmar Plantar Sucking Rooting Crossed adductor :

Moro's : *complete* DTR :

ATNR : Skull and Spine :

CTT/A-8001

Any Congenital Anomalies :

Diagnosis : *Term / Female / AGA / EDM*

FOOT PRINTS

Left Side :



Right Side :



Resident Doctor :

Signature : *Moh*

Name : *Dr. Mohib*

Date & Time : *20/5/26*

Consultant :

Signature : *Pradeep*

Name : *Dr. Pradeep*

Date & Time : *20/5/26*

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 :

① DBF + warmers

② Vaccinate - BCG, OPV, Hep B

③ OAE - EM

④ SBR, NBS - @ 48 Hrs

Screenings done during NICU Stay :

NSG :

Hearing Screen :

ROP :

TFT :

NP2 :

⑤ GRBS - 1, 3, 6, 12, 24, 48 Hrs
(Prefeed c50 info)

Discharge Details:

Neonatal Condition at Discharge:

[Handwritten signature]

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 Signat:

De:

.....

(101)
Page 7/8

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, _____

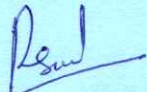
FDH-00046055 IP25-00020530
Baby B/O SHRADDHA SONI
20-05-2026 0 Y 0 M 0 D 23 H (F)
Dr. KONDAM PRADEEP REDDY



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



PROGRESS NOTES AND DOCTOR'S ORDER


Date & Time	Progress Notes	Doctor's Order
20/5/26	CBP	Dr. Juvati
6:45pm	<p>ASIS - Term / Fetal Atrial Septum / Lt CTEV</p> <p>Maintaining GRBS</p> <p>↓ milk by → Advised & cancelled regarding</p> <p>Latching / breast feeding but mother insisted on formula feeds.</p> <p>⊕ passed stool not urine</p> <p>⊕ - Euthermic / Eueglycemic -</p> <p>CTPA good</p> <p>Lt CTEV ⊕</p> <p>SPE :- ⊕ neonatal examination</p> <p>vitals WNL</p> <p>Haemodynamically stable</p>	
	<p>Dr. A</p>	<p>Plan</p> <p>continue ft as</p> <p>checked</p>
		<p>Noted by</p> <p>prajwal</p>

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
21/5/2026 9AM	Ys/B Di. Pralleep Ps. Sucke	
	S: 22 Hol term fch AQA 10m eucus	
	GC: stable CRT < 3 sec	
	Vitals CR/ART: Good	Bwt 3.242 (↓ 3%) Twt 3.143
	RR: 132/min RR: 40/min	MB4 Bt BB4 Bt
	Temp: 36.5°C SpO2: 98% RA	Plan
	O/A	- DSR Monthly - OAE
	CR/ART: Good WS: 81 S2, no	Red reflex } today Vaccination }
	R/O: 4L M/BSP S/A: 89% CND	- EBR, NBS @ 48H
		- GRBS @ 24H 48H
	Cup	if < strong fall, inform
		[Signature]
		noted by [Signature] on 21/5 @ 9AM



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
12/5	8/3. <u>Dr. Vinodha (LC) (PT)</u>	
	Breastfeeding counselling given	↗
21/5/2026		
4:50pm	9/8/3 Dr. Sucha	
	30 Hz term AqA fch 10m 2L uses.	
	GC: stable	
	CRTX 3sec	
	CR/AT: good	
	<u>vitals</u>	
	HR: 140/min	<u>Plan</u>
	RR: 42/min	DBF 2 hourly
	SpO2: 98% RA	OAE → today
	temp: 36.5°C	CR/AT
	Red reflex: + +	SBR, NBS @ 48H
		GRBS @ 48H (if CS long lat)
		
		Added by Pumpu 21/5 @ 4:30pm



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5/26	46 hr	
9 AM	Temp / ACid / Fecund	
Refer ⊖		
TEMP - 12.6.		
CM		ACW
ROSE	⊖	DSPT
ACW		DBF 2-3 weeks
SBR		SAM
NRB		TTM
Cup		✓

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
22/5	S/B. <u>DR. Nirodha (LC)(PT)</u>	
	Breastfeeding counselling firm	
22/5/2026 4pm	S/B <u>DR. Sneh</u>	
	GC: stable CRTR 3cc	S: term AQA EEC NNT
	↓ DSET	Plan
	CR/AT = Good No BIND.	DSET to continue
	<u>Vitals</u>	DSE 2 hourly
	HR: 138/min	SBR 4
	RR: 42/min	NBS } 7m 6AM
	Temp: 36.5°C	S
	SpO2: 98% RA	
		noted by Smith @ 4pm 22/5

OT

PATIENT TRANSFER FORM

FDH-00046055 IP25-00020530
Baby B/O SHRADDHA SONI
20-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. KONDAM PRADEEP REDDY



Date & Time of Admission <i>20/05/26</i>		Date & Time of Transfer Order <i>20/5/26 @ 11:30 AM</i>
Treating Consultant Name <i>Dr. Pradeep</i>	Transfer Ordered by <i>Dr. Mehif</i>	Reason for Transfer <i>New Born Care</i>
From Unit <i>OT</i>	To Unit <i>NICU</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File <i>4</i>	Number of Imaging Films <i>-</i>	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>warm care gel</i>	<i>40ml</i>
2.	<i>vit-k gel</i>	<i>0.5ml</i>
3.	<i>Cord Clamp</i>	<i>(1)</i>
4.	<i>BHT / serses</i>	<i>Don</i>
5.		

Shifting Summary / Notes Written by Doctor : Yes No

Name & Signature of Person who is Transferring <i>Dr. Pradeep Reddy @ 11:30 AM 20/5/26</i>	Name of Person Ordered Transfer <i>Dr. Mehif</i>
---	---

Patient & Clinical Records Received by : *Creetha 20/5 11:30 AM*

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

FDH-00046055 IP25-00020530
Baby B/O SHRADDHA SONI
20-05-2026 0 Y 0 M 0 D 1 H (F)
Dr. KONDAM PRADEEP REDDY



Date & Time of Admission

20/5/26 @ 11:20Am

Date & Time of Transfer Order

20/5/26 @ 5:30pm

Treating Consultant Name

Dr. Srilatha

Transfer Ordered by

Dr. Pradeep

Reason for Transfer

post op

From Unit

MCW

To Unit

2 floor ward

Information to Attendant

Yes No

Number of Sheets in Clinical File

25

Number of Imaging Films

OP - 2

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

Patyanka

Name of Person Ordered Transfer

Dr. Pradeep.

Patient & Clinical Records Received by :

M...
20/5 @ 5:30pm

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

<p>1. Patient Name: [Handwritten]</p>	<p>2. Date of Birth: [Handwritten]</p>	<p>3. Room No: [Handwritten]</p>
<p>4. Referring Physician: [Handwritten]</p>	<p>5. Referring Department: [Handwritten]</p>	<p>6. Referring Unit: [Handwritten]</p>
<p>7. Referral Reason: [Handwritten]</p>	<p>8. Referral Date: [Handwritten]</p>	<p>9. Referral Time: [Handwritten]</p>
<p>10. Referral Status: [Handwritten]</p>	<p>11. Referral Type: [Handwritten]</p>	<p>12. Referral Category: [Handwritten]</p>
<p>13. Referral Source: [Handwritten]</p>	<p>14. Referral Destination: [Handwritten]</p>	<p>15. Referral Priority: [Handwritten]</p>
<p>16. Referral Notes: [Handwritten]</p>	<p>17. Referral Comments: [Handwritten]</p>	<p>18. Referral Remarks: [Handwritten]</p>
<p>19. Referral Signature: [Handwritten]</p>	<p>20. Referral Date: [Handwritten]</p>	<p>21. Referral Time: [Handwritten]</p>
<p>22. Referral Status: [Handwritten]</p>	<p>23. Referral Type: [Handwritten]</p>	<p>24. Referral Category: [Handwritten]</p>