

DISCHARGE SUMMARY

Name	B/O Y NAGA SUSHMA YARLAGADDA	UHID	FDH-00045773
Father/Guardian	Mr D SUDHEER BABU	Age/Gender	0 Y 0 M 4 D/ Female
Address	SPLENDID HOME , 303, ALKAPOOR TOWNSHIP, MANIKONDA HYDERABAD, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020471	Admission Date	16-05-2026
Ref Doctor			
Discharge Date	17-05-2026		

Consultant:

Dr. Shrvanthi Chigullapalli

MBBS, MRCPCH CCST (UK) PGDCH

Consultant Pediatrician & Neonatologist

Reg.No: 50553

DIAGNOSIS	ICD CODE
UNCONJUGATED HYPERBILIRUBINEMIA	P 59.9

History: B/O Y NAGA SUSHMA YARLAGADDA, is a 4 Days, old baby girl presented with yellowish discolouration of skin and eyes since 1 day prior to admission. For the above complaints, she was investigated on OPD basis (Transcutaneous bilirubin was 15.8 mg/dl). In view of hyperbilirubinemia, she was admitted to Rainbow Children's Hospital, Financial district for further management.

Birth history:



Name	B/O Y NAGA SUSHMA YARLAGADDA	UHID	FDH-00045773
IP No	IP25-00020471	Admission Date	16-05-2026

TERM / AGA / EMERGENCY LSCS / BABY GIRL / CIAB
INFANT OF DIABETIC MOTHER

Mother's Blood group is "A" positive. Baby's blood group is "O" positive.

Examination: She was euthermic. Maintaining saturations at room air (98%). Heart Rate- 120/min, Blood pressure was 82/46mmHg and Respiratory Rate - 43/min. Icterus was present. Chest was clear with normal heart sounds. Abdomen was soft without organomegaly. Cry, tone, activity and newborn reflexes were normal. There were no obvious external congenital anomalies.

Weight on admission : 2.770 kilo grams.

Weight at discharge : 2.764 kilo grams.

Investigations: Enclosed.

Management: She was admitted in ward. Her Transcutaneous bilirubin on admission (done on OP basis) was 15.8 mg/dl. She was started on double surface phototherapy. Baby was continued on demand breast feeds with measured feeds. Her serum bilirubin levels were regularly monitored which showed decreasing trend. Her last serum bilirubin on 5 days of life was 9.18 mg/dl with indirect fraction of 9.08 mg/dl. This does not come under phototherapy range, hence phototherapy stopped.

Baby remained hemodynamically stable and is being discharged with the following advice.

At the time of discharge : Baby was active, afebrile, hemodynamically stable, maintaining temperature, accepting & tolerating feeds well.

Advice:

Keep the baby clean & warm

Continue direct breast feeds + measured feeds as advised.



Name	B/O Y NAGA SUSHMA YARLAGADDA	UHID	FDH-00045773
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Monitor urine output.

Immunization as per schedule

Vitamin D3 Drops (1ml/800IU) 0.5ml once daily till further advice.

Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.

Plan:

1. Serum bilirubin to be decided on follow up.

Review consultation with Dr. CHIGULLAPALLI SHRAVANTHI, on Tuesday (19.05.2026) in OPD 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 number 8121039503 emergency pediatrician on duty.

To take appointment for OPD consultation at Rainbow **Financial District/ Banjara Hills / Rainbow Clinic Madhapur / Kukatpally / Vikramपुरi / LB Nagar** dial just one toll free number **18002122**.

You can also take appointments at any time by going **online** to our website



Name	B/O Y NAGA SUSHMA YARLAGADDA	UHID	FDH-00048773
IP No	IP25-00020471	Admission Date	16-05-2026

www.rainbowhospitals.in


Registrar/Resident/C.M.O

Consultant:

Dr. Shrvanathi Chigullapalli

MBBS, MRCPCH CCST (UK) PGDCH

Consultant Pediatrician & Neonatologist

Reg.No: 50553

ADMISSION SHEET



Registration Details :

Admission No : IP25-00020471 **Admit Date :** 16-May-2026 **Admit Time :** 01:28 PM **UHID :** FDH-00045773

Patient Details :

Patient Name :	Baby B/O Y NAGA SUSHMA YARLAGADDA	Age :	0 Y 0 M 4 D
Guardian :	Mr D SUDHEER BABU	DOB :	12-05-2026 01:03 PM
Gender :	Female	Religion :	
Occupation :		Martial Status :	
Address (H) :	SPLENDID HOME , 303, ALKAPOOR TOWNSHIP, MANIKONDA HYDERABAD Manikonda Hyderabad Telangana INDIA 500089	Phone No :	9959528468/
		E-mail :	9959528468@gmail.com

Admission Details :

Bed Type : PRIVATE ROOM **Bed No** : PVT-329 **Ward Name** : 3F -PRIVATE ROOM
Room No : PVT-329 **Admission Type** : First Visit

Contact Details :

Name : Mr D SUDHEER BABU **Relationship** : Father
Contact Address : SPLENDID HOME , 303, ALKAPOOR
TOWNSHIP, MANIKONDA HYDERABAD
Manikonda Hyderabad Telangana INDIA 500089 **Phone No** : / 9573259723

D. Sudheer babu
Signature

Doctor Details :

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

Payment Details :

Payment Mode : Cash **Deposit Amount** : 0.05
Payor Name : ICICI LOMBARD GENERAL INSURANCE CO LTD



FDH-00045773 IP25-00020471
 Baby B/O Y NAGA SUSHMA
 12-05-2026 0 Y 0 M 4 D (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



NIGHT SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis: MMJ			Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:				
	BACKGROUND	Area	Shift Time	16/05/26 E	16/5/26 N.	17/4/26 M		
Medical Condition (Any special condition to be noted):		MMJ	MMJ	MMJ				
ASSESSMENT	Allergy:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tubes/Drains/Catheter:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vital Signs:		Temp:	97.6 F	98.3 F	98.6 F		
			Res:	15	10	10		
			SpO ₂ :	97	98%	100%		
			Pulse:	112	125 bpm	110		
			BP:	-	-	0		
			Fall Risk Score:	0/10	0/10	0		
		Pain Score:	0/10	0/10	0			
Recommendations	Safety Needs:		-	-	-	-		
	Physiotherapy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others Specify:		-					
	Special Diet:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other Special Orders / Medications:		-		-			
Post Operative Procedure Special Orders:			-		-			
Handed Over By Name :			S. Hait	Daksh	Carshini			
Signature :								
Date:			16/05/26	17/5/26	17/5/26			
Time:			8pm	8Am	2Pm			
Taken Over By Name :			Daksh	Carshini				
Signature :								
Date:			16/5/26	8Am				
Time:			@8pm.					

Patient Sticker

NURSING SHIFT HAND OVER FORM - WARD

Treating Doctor: Department: Date of Admission:

SITUATION	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify:						
BACKGROUND	Area							
	Shift Time							
	Medical Condition (Any special condition to be noted):							
ASSESSMENT	Allergy:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Tubes/Drains/Catheter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vital Signs:	Temp:						
		Res:						
		SpO ₂ :						
		Pulse:						
		BP:						
		Fall Risk Score:						
Pain Score:								
Recommendations	Safety Needs:							
	Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Others Specify:							
	Special Diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other Special Orders / Medications:							
Post Operative Procedure Special Orders:								
Handed Over By Name :								
Signature :								
Date:								
Time:								
Taken Over By Name :								
Signature :								
Date:								
Time:								

ACTIVITY RECORD FOR BILLING

Name: -----

UHID No : ----- **DH-00045773 IP25-00020471** Consultant : ----- Dept : -----

Date of Admission : --- **Baby B/O Y NAGA SUSHMA** --- Date of Discharge : ----- Time: -----
12-05-2026 0 Y 0 M 4 D (F)

Room / Bed No : ----- -- Suggested Billable bed type : -----
Dr. CHIGULLAPALLI SHRAVANTHI



WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
16/5/26	2:10 PM	2R	32A	Arjan
17/5/26	11 AM	3rd floor	Billing	Carsten

Cross Consultation Visit

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

FDH-00045773 IP25-00020471
 Baby B/O Y NAGA SUSHMA (F)
 12-05-2026 O Y O M 4 D
 Dr. CHIGULLAPALLI SHRAVANTHI




NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: B/O - Sushma Mother's Name: Mrs. Sushma
 Date of Birth: 12/05/26 Time of Birth: 1:03pm Gender: Male Female
 Birth Weight: 2.877 Kgs HC: cm Length: cm
 Meconium in Liquor: Yes No Cried at Birth: Yes No
 Term / Pre-term / Post-term:
 Resuscitated: Yes No Blood Group: Mother: A⁺ Baby: O⁺
 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: 142 /Min RR: 46 /Min BP: SpO₂: 96%
 Pain Score: 0/10 (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: yellowish / yellow

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: S. Hail Signature: (Signature) Date & Time: 16/05/26 at 2:15pm



LEARNING - TRAINING & ASSESSMENT FORM

Area	Learning Objectives	Assessment Method	Notes
Language	Use simple words to describe objects and actions.	Observation	
Math	Count objects and identify basic shapes.	Observation	
Science	Observe and describe natural phenomena.	Observation	
Art	Use various materials to create simple drawings.	Observation	
Music	Participate in simple musical activities.	Observation	
Physical Education	Engage in simple physical activities.	Observation	
Social Studies	Identify community roles and responsibilities.	Observation	
Health	Practice good hygiene and safety habits.	Observation	
Character Education	Develop positive social skills and attitudes.	Observation	



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NURSING INITIAL ASSESSMENT IN EMERGENCY ROOM

Date : 10/5/26 Time of arrival : 1:10 PM

Chief Complaints : low yellowish discoloration skin RBS:

Height : Weight : 2.72 kg BMI : Head Circumference (<2 years)

Allergies: Yes No Medications Blood Transfusion Food Other:

If yes, identify

Pain Screening: Yes No If Yes, Pain Score: 0/10 Pain Tool Used: N Pass FLACC Wong Baker

Character Location Frequency Duration

RISK FOR FALL:

- If patient is < 6 years
tick below fall risk intervention directly
- If Patient is > 6 years
Assess the below parameters
- History of Falling: within past 3 months Yes No

Ambulatory Aids:

- Wheelchair Yes No
- Uses furniture for support Yes No

Gait/Transferring:

- Bedrest / immobile Yes No
- Weak Yes No
- Impaired Yes No

Mental Status: Forgets limitations Yes No

IF YES FOR ANY CATEGORY = RISK FOR FALLING

Fall Risk Intervention:

- Escort while ambulating
- Assist Patient
- Educate patient and family on fall precautions/prevention

Functional Screening: No Abnormalities Detected

- Mobility Problem
- Walking Problem
- Developmental Delay
- Musculoskeletal Congenital Abnormality

Inform consultant for positive criteria

Nutritional Screening: No Abnormalities Detected

- Underweight
- Overweight
- Feeding Problem
- Special diet
- Special feeding method

Inform consultant for positive criteria

Psychological Screening: No Significant Findings

Unusual concerns about patient's Psychological Status: Yes No

If Yes Consultant Notified: (Date/Time):

Social History: Lives With parent

Siblings in household Yes No (if yes How Many?)

Time of Initial assessment completed by ER Nurse : 1:13 PM

Nursing Notes (Including Labs / Medications / Other Care):

Time	Nursing Notes
1:12 PM	Assessed the general condition checked the vital record Dr. Kasmara malam seen the pt

Samples collected by:

Time:

Samples sent by:

Time:

Medication given in ER:

Date / Time	Medication	Route	Dosage & Instructions	Doctor Sign	Nurse Sign 1

Condition of patient at time of shift - out :	Details of Shift - out
HR: 143b/m BP: 78/51 (13) CFT: clear	Shift - out from ER to: 329
RR: 38b/m SPO ₂ : 100%	Time of Shift - out: 2:10 pm
GCS: 15 Temperature: 98.6	Handover given to: S. Hail
Pain Score: 0/10	(Nurse's Name)
Repeat RBS (if applicable):	

Tick as applicable: MLC LAMA BROUGHT DEAD

Procedures done with details (if any):

Name of the Nurse: Aryan

Signature of the Nurse: [Signature]

Date & Time: 16/5/2020



Rainbow[®] Children's Hospital

It takes a lot to treat the little.

PEDIATRIC IN-PATIENT MEDICAL RECORD

Patient Name: _____

DH-00045773 IP25-00020471

Baby B/O Y NAGA SUSHMA

12-05-2026 0 Y 0 M 4 D (F)

Jr. CHIGULLAPALLI SHRAVANTHI



UHID ID: _____

Department: _____

Consultant: _____

Pediatric Multiorgan History & Physical Examination

Name : _____ Age/Sex _____

Information given by: _____ Relationship _____

Chief Presenting Complaints & Duration (Chronologically)

c/o yellowish
discolouration of skin
:: 3 days

History of present illness :

A 4 day old female child
was brought with c/o
yellowish discolouration of
skin :: 3 days.

accepting feeds well

MBG - A+ve

BBG - 0+ve

B.wt - 2.877kg

Wt. d/s - 2.767 kg

T.wt - 2.770 kg

Wt. loss - 3.7%.

@ DOL - 4

TCBR - 15.8 mg/dl

Pediatric Multiorgan History & Physical Examination

Past History : (Including details of any previous investigation or treatment)

Birth & Neonatal History:

Term / A GA / Em LSCS / Girl / CIAB / IDM
Unconjugated hyperbilirubinemia

Birth & Socio Economic History:

About Father : _____

About Mother : _____ GDM on OHA

Any additional Information : _____

Developmental History :

Immunization History :

Vaccination to be done

Pediatric Multiorgan History & Physical Examination

Anthropometry :

Head Circum (cms) 33 (Centile _____) Height (cms): _____ (Centile _____)
Weight (kgs) _____ (Centile _____)

On Examination :

Temperature : 98° F Pulse Rate : 120/m B.P. _____ SPO2 98%

Resp. rate and type of breathing : _____

Rash _____

Lymphadenopathy ly ⊖ icterus ⊕

Oedema : _____

Allergies (if any): _____

Respiratory System :

AEBE ⊕

Inspection (any s/o distress) : _____

Air entry & breath sounds : _____

Any addes sounds : _____

Relevant data from outside (Chest X-Ray, ABG, etc.,) _____

Cardiovascular System :

S₁S₂ ⊕

Inspection of precordium : _____

Heart Sounds : _____

Any murmur : _____

Relevant data from outside (Chest X-Ray, ECG, ECHO, etc.,) : _____

Per Abdomen :

Soft

Inspection _____

Palpation : _____

Ausculation : _____

Spine : _____ External Genitalia : _____

Relevant data from outside (CT, USG etc.,) _____

Pediatric Multiorgan History & Physical Examination

Central Nervous System :

Level of Consciousness : AVPU/GCS score : _____

Cranial Nerves : _____

Motor System:

Nutrition : _____

Tone: _____ Power _____

Co-ordinator : _____

Posture : _____

Involuntary Movements : _____

C/T/A - Good

Reflexes : _____

DTR

Superficials:

Plantars _____

Sensory System :

Bladder / Bowel : _____

Clinical Summary & Diagnostic:

NNJ



Pediatric Multiorgan History & Physical Examination

Preventive aspects of the treatment: _____
- to prevent Kernicterus

Desired goals of the treatment : _____
resolution of symptoms

Planned Labs:

- SBR tomorrow
T D C T

Planned Management

1. Start DSPT
2. Cover eyes and genitalia
3. Keep the baby warm
4. Keep the cord area dry and clean
5. DBF every @ 2 hourly
6. Monitor U/O
7. Vit D drops 0.5 ml PO OD from 17-05-2026

Signature of the Doctor: Kasmeera Aa

Name of the Doctor: Dr Kasmeera

Date & Time: 16-05-2026

Signature of the Consultant: S

Name of the Consultant: Dr Sharanath

Date & Time: 16/5/26 0

1500

DH-00045773 IP25-00020471
 Baby B/O Y NAGA SUSHMA
 12-05-2026 0 Y 0 M 4 D (F)
 Dr. CHIGULLAPALLI SHRAVANTHI

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GROSS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/2026 3:30 pm	<p>Y S/B Dr. Shravanthi Dr. Sneha</p>	
	<p>Δ: <u>ROMD</u></p>	
	<p>↓ DSPT - NO BIND features YPLAT: good</p>	<p>MB4 A+ B34 O+</p> <p>B.WT 2.872 TWt 2.767</p> <p>Wt loss: 3.77.</p>
	<p><u>vitals</u></p>	
	<p>HR: 140/min</p>	
	<p>RR: 42/min</p>	<p><u>Plan</u></p>
	<p>SpO2: 98% RA</p>	<p>- DSPT to continue</p>
	<p>Temp: 36.5°C</p>	<p>- DBA 2 hourly</p>
		<p>- SBR, DCT T/m 6 AM</p>
		<p>Sng</p>



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05/2026 9 AM	Δ - NNS	c/c/s Dr. Sahar (Dr. Sahar)
	↳ DCPT	Advice
	U/ P/	- CT DSPT
SEP 9-18	(wt ~)	- plan for
DCT - Negative	Accepting well orally	b/c
	o/a hemodynamically stable	- plan to give vaccination today
	o/a NAD	Dr. Sahar
	Discharge	
	o/a after 2 days	

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 Baby B/O Y NAGA SUSHMA
 12-05-2026 0 Y 0 M 4 D (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



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GRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
16/5/2026		
3:30 pm	4 of B/D - Shrivanthi	Dr. Sneha
	Δ: <u>RAND</u>	
	↓ DSPT -	MBG A+
	NO BIND	BBG OT
	features	B.WT 2.872
	CPRT: good	TWT 2.762
	<u>vitals</u>	WT 1085.3.77
	HR: 140/min	
	RR: 42/min	
	SpO2: 98% RA	<u>Plan</u>
	Temp: 36.5°C	- DSPT to continue
		- DBF hourly
		- SBR, DCT T/m 6AM
		Sng

PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
17/05/2026		c/c/s Dr. Lakshmi (Dr. Lakshmi)
9 AM	D - NNT	
	↓ DSPT	Admics
	U/	- CT DSPT
	P/	
9-18	(wt ~) Accepting well orally	- plan for b/c
PCT Negative	o/c	- plan to give
	hemodynamically stable	Vaccination today
	o/c NAD	orly

~~Discharge~~
~~o/c after 2 days~~

DH-00045773 IP25-00020471
 Baby B/O Y NAGA SUSHMA
 12-05-2026 0 Y 0 M 4 D (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



Sheet No:

REGULAR PRESCRIPTIONS

Weight Ward

DRUG : Vit D Drops				Date Time																
Dose	Route	Frequency	Start Dt.																	
0.5ML	PO	OD	17-05-26																	
Name & Signature of the Doctor Starting the Drugs: <i>Kasmeera A.</i>																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				
DRUG :				Date Time																
Dose	Route	Frequency	Start Dt.																	
Name & Signature of the Doctor Starting the Drugs:																				
Additional Instructions:																				
Daily Doctor's Endorsement by a Sign																				

VERIFIED BY : Name Signature

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..... *NNT*
Nursing Diagnosis..... *yellowish discoloration of skin*

Plan of Care
** Assess the Baby condition*
** Monitoring the vital signs*

Planned Investigations Procedures *Tomorrow SBR, DCT - 6AM*

Implementation
** Assessed the Baby condition*
** Maintain the vitals signs chart and monitoring*
** Maintain the D/O chart*

Handed Over by : Name & Signature
S. HAIT 16/12/16 at 8pm

Received by : Name & Signature

Night Shift

Clinical Diagnosis..... *NNT*
Nursing Diagnosis..... *yellowish discoloration of skin*

Plan of Care
To assess baby condition, To monitor vital signs, To maintain D/O chart, To continue DCT.

Planned Investigations Procedures *SBR, DCT Tim @ 6AM*

Implementation
Assessed baby condition, monitored vital signs, maintained D/O chart, continued DCT.

Handed Over by : Name & Signature
D. Abene 17/12/16 @ 8Am

Received by : Name & Signature



FDH-00045773 IP25-00020471
 Baby B/O Y NAGA SUSHMA
 12-05-2026 0 Y 0 M 4 D (F)
 Dr. CHIGULLAPALLI SHRAVANTHI



VITALS CHAR.

Date →	Temp	HP	RR	SPO ₂	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am										
8.00 am						FF	30ml			
9.00 am								✓		
10.00 am	98.6	140	20	98%	0	FF	30ml			
11.00 am										
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.....

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.....

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



Patient Name & UHID No. :DH-00045773 IP25-00020471 Baby B/O Y NAGA SUSHMA 12-05-2026 0 Y 0 M 4 D (F) Jr. CHIGULLAPALLI SHRAVANTHI 		Date & Time of Admission 16/5/26 1:28pm		Date & Time of Transfer Order 16/5/26 2:20pm	
		Transfer Ordered by 32A DR. Kasmara		Reason for Transfer Admission	
From Unit ER		To Unit 329		Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File 14		Number of Imaging Films —		Personal belongings including clinical documents. If any handed over to attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>of file</i> If yes, what? <i>D. Sudhan babu.</i>	
Medications / Consumables / Surgicals / Hand over					
Sl.No.	Item Name			Quantity	
1.					
2.					
3.					
4.					
5.					
Shifting Summary / Notes Written by Doctor : Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name & Signature of Person who is Transferring Arjan			Name of Person Ordered Transfer DR. Kasmara.		
Patient & Clinical Records Received by : <i>S. Hait</i>					
Date & Time of Patient Received : <i>S. Hait</i> <i>16/05/26</i> <i>2:20pm</i>					

If the transfer order time & Completion time is more than 30 minutes, please tick the reason mentioned below :

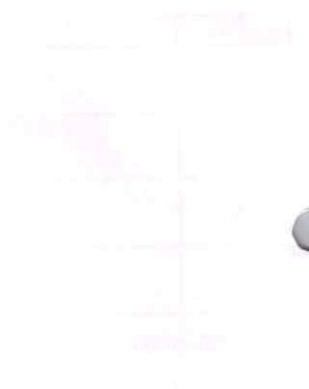
- Unavailable Bed
 Nurse not Available
 Available Bed not ready

Handwritten notes at the top right corner, including the number '195'.

Handwritten number '195' in the upper middle section.

Handwritten notes on the left side, including the number '195'.

Handwritten number '195' on the right side.



Handwritten notes in the lower right quadrant, including the number '195'.

Handwritten notes in the lower left quadrant, including the number '195'.

Handwritten notes at the bottom right, including the number '195'.