

# DISCHARGE SUMMARY

Name	Baby B/O M.RAJARAJESWARI	UHID	FDH-00046351
Father/Guardian	Mr DINESH KUMAR REDDY	Age/Gender	0 Y 0 M 2 D/ Female
Address	B-7, Industrial Estate, Near Little Scholar School, Manikonda, Hyderabad, Telangana, INDIA, 500089		
IP No	IP25-00020666	Admission Date	27-05-2026
Ref Doctor			
Discharge Date	29.05.2026		

## Consultant:

**Dr. Kalyan Chakravarthy Konda,**

MBBS, MD, DNB (Pediatrics), DM (Neonatology)

Consultant Pediatrician & Neonatologist

APMC/FMR/76059

## DIAGNOSIS

TERM / AGA /EMERGENCY LSCS / BABY GIRL / CIAB

**History:** B/O M.RAJARAJESWARI, is a term ( 37 weeks ) baby girl, delivered to a PRIMI mother by Emergency LSCS (Ind : NPOL) on 27.05.2026 at 01:12 PM with birth weight of 2.773 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. M.RAJARAJESWARI, is a 26 years old PRIMI mother.

G1 - Present pregnancy, spontaneous conception, had regular Antenatal checkup's, received 2 doses of Injection. Tetanus Toxoid. Antenatal scans were normal. No history of Pregnancy Induced hypertension/ Urinary Tract Infection/ Antepartum Hemorrhage/ Hypothyroidism/ Gestational Diabetes



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Mellitus /Oligohydramnios/ 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. On examination, baby had presacral dimple with tuft of hair. No other obvious external congenital anomalies were noted clinically. All external orifices were patent and open. All neonatal reflexes were normal.

**Anthropometry:**

Weight at birth : 2.773 kgs.  
Weight at discharge : 2.475 kgs.  
Head Circumference : 33 cms.  
Length : 44 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.  
In view of sacral dimple with tuft of hair , Ultrasound spine was done and found to be normal.  
Serum bilirubin at 41 hours of life was 7.3 mg/dl with indirect fraction of 7.2 mg/dl which was below phototherapy range.

**Vaccination:** Baby was given following vaccination:



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Vaccine Name	Status	Date
BCG	Given	29.05.2026
OPV	Given	29.05.2026
HEPATITIS B	Given	29.05.2026

**TEOAE (Transient Evoked Otoacoustic Emissions): Hearing test:** Done on 28.05.2026 showed Bilateral normal outer hair cells functioning.

**Newborn screening advanced :** Sent on 29.05.2026, 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 with top up formula feed (25 - 30 ml) 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 days of life).
  - Nasoclear Nasal drops 2 drops in each nostril SOS for nose block.



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**Plan:**

1. Newborn screening advanced test report to be collected on follow up.
2. Serum Bilirubin to be decided on follow up

Review consultation with Dr. KALYAN CHAKRAVARTHY KONDA, on 01.06.2026 Monday 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 / Vikramপুরi / 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. Ananti*  
**Registrar/Resident/C.M.O**



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**Consultant:**

**Dr. Kalyan Chakravarthy Konda,**  
MBBS, MD, DNB (Pediatrics), DM (Neonatology)  
Consultant Pediatrician & Neonatologist  
APMC/FMR/76059



Laboratory Report



Baby B/O M.RAJARAJESWARI

0 Y 0 M 2 D

Female

IP25-00020666

FDH-00046351

Dr. KALYAN CHAKRAVARTHY KONDA

FD26018811

29-05-2026 08:52 AM

29-05-2026 08:52 AM

3F -PRIVATE ROOM / CRDL-FDPVT-334-1

Investigation	Result	Unit	Biological Reference Interval
TEST RESULT STATUS : REPORT ENTERED			
<b>BILIRUBIN (INDIRECT / DIRECT) (Specimen : SERUM)</b>			
TOTAL BILIRUBIN (Azobilirubin)	7.3	mg/dl	<8.2
CONJUGATED BILIRUBIN (Spectrophotometric)	0.1	mg/dl	<0.6
UNCONJUGATED BILIRUBIN (Spectrophotometric)	7.2	mg/dl	0.6 - 7.6

Interim Report



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, \_\_\_\_\_

*M. Kalyan Chakravarthy*

DH-00046351 IP25-00020666  
Baby B/O M. RAJARAJESWARI  
17-05-2026 0 Y 0 M 0 D 10 H (F)  
Dr. KALYAN CHAKRAVARTHY KONDA



Signature of Parent/Legal Guardian

Date

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

Signature of Parent/Legal Guardian

Date



Laboratory Report



Baby B/D M.RAJARAJESWARI

0 Y 0 M 0 D 19 H

Female

IP25-00020663

FDH-00046351

Dr. KALYAN CHAKRAVARTHY KONDA

FD26018616

27-05-2026 01:53 PM

27-05-2026 03:56 PM

4F -MICU / CRDL MICU 1-1

Investigation	Result	Unit	Biological Reference Interval
TEST RESULT STATUS : REPORT ENTERED			
<b>BLOOD GROUPING (Specimen : BLOOD)</b>			
BLOOD GROUP	B		
RH (D) TYPE	POSITIVE		
NOTE: DONE BY CELL GROUPING ONLY. BLOOD GROUP TO BE REPEATED AFTER 4 MONTHS.			



ADMISSION SHEET

Registration Details :



Admission No : IP25-00020666      Admit Date : 27-May-2026      Admit Time : 01:51 PM      UHID : FDH-00046351

Patient Details :

Patient Name : Baby B/O M.RAJARAJESWARI      Age : 0 D  
Guardian : Mr DINESH KUMAR REDDY      DOB : 27-05-2026 01:12 PM  
Gender : Female      Religion :  
Occupation :      Martial Status :  
Address (H) : B-7, Industrial Estate, Near Little Scholar School Manikonda Hyderabad Telangana INDIA 500089      Phone No : 9441891111/ 9441891111  
E-mail : mahathiobulareddy@gmail.com

Admission Details :

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

Contact Details :

Name : Mr DINESH KUMAR REDDY      Relationship : Father  
Contact Address :      Phone No : / 8790736464

A. Dinesh Reddy  
Signature

Doctor Details :

Doctor Name : Dr. KALYAN CHAKRAVARTHY KONDA      Specialisation : NEONATOLOGY  
Referral Doctor :      Phone No :  
Co-Consultant :

Payment Details :

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

71

Circle







### ACTIVITY RECORD FOR BILLING

Name: ----- FDH-00046351 IP25-00020666 -----  
 UHID No : ----- IP 27-05-2026 0 Y 0 M 0 D 4 H (F) Dr. KALYAN CHAKRAVARTHY KONDA -----  
 Date of Admission : -----  ----- Date of Discharge : ----- Time: -----  
 Room / Bed No : ----- Ward : ----- Suggested Billable bed type : -----

### WARD TRANSFERS

Date	Time	From	To	Signature of Nurse
24/5/26	10:30pm	NICU	ward	Feb.
24/05/26	11:21am	ward	ward	Sung

### Cross Consultation Visit

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









## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis: <u>NBC</u>	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known					
	Surgery / Procedure:	If Yes Specify: .....					
<b>BACKGROUND</b>	Date	<u>27/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>29/5</u>	<u>29/5/26</u>	
	Shift	<u>A</u>	<u>N</u>	<u>M.</u>	<u>E</u>	<u>N</u>	
<b>ASSESSMENT</b>	Medical Condition (Any special condition to be noted):	-	-	-	-	-	
	Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
	Allergy:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Ventilation (RA, NP, NIV, VENTI):	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	<u>RA</u>	
	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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Vital Signs:	Temp:	<u>36.5</u>	<u>36.2°C</u>	<u>36.2°C</u>	<u>36.0°C</u>	<u>36°C</u>
		Res:	<u>20</u>	<u>20</u>	<u>18</u>	<u>15</u>	<u>14</u>
		SpO <sub>2</sub> :	<u>99%</u>	<u>95%</u>	<u>98%</u>	<u>100%</u>	<u>100%</u>
		Pulse:	<u>145</u>	<u>120</u>	<u>139</u>	<u>140</u>	<u>140</u>
		BP:	-	-	-	-	-
LOC:		<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	<u>conscious</u>	
Fall Risk Score:		<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	
Pain Score:	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>	<u>0/10</u>		
Skin Integrity	<u>good</u>	<u>good</u>	<u>good</u>	<u>good</u>	<u>good</u>		
<b>Recommendations</b>	Safety Needs:	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Physiotherapy:	-	-	-	-	-	
	Others Specify:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Special Diet:	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	<u>DBF</u>	
	Critical Lab Test / Values:	-	-	-	-	-	
	Other Special Orders / Medications:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	PU Prophylaxis:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	DVT Prophylaxis:	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ADL (Dependent / Non Dependent):	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>	<u>Dependent</u>		
Post Operative Procedure Special Orders:							
<u>Ankitha</u>							
Handed Over By Name :		<u>Surya</u>	<u>Gouy</u>	<u>Ulic</u>	<u>Bhavana</u>	<u>Ankitha</u>	
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	
Date:		<u>27/5/26</u>	<u>27/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>29/5/26</u>	
Time:		<u>8pm</u>	<u>10pm</u>	<u>2pm</u>	<u>8pm</u>	<u>8pm</u>	
Taken Over By Name :		<u>Gouy</u>	<u>Ulic</u>	<u>Bhavana</u>	<u>Ankitha</u>		
Signature / ID :		<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>		
Date:		<u>27/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>	<u>28/5/26</u>		
Time:		<u>8pm</u>	<u>8AM</u>	<u>2pm</u>	<u>8pm</u>		

Patient Sticker



## NURSING SHIFT HAND OVER FORM

<b>SITUATION</b>	Diagnosis:	Any Infection: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Known If Yes Specify: .....					
	Surgery / Procedure:	Post OP Day:					
<b>BACKGROUND</b>	Date						
	Shift						
	Medical Condition (Any special condition to be noted):						
	Diet:						
<b>ASSESSMENT</b>	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
	Ventilation (RA, NP, NIV, VENTI):						
	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 <sub>2</sub> :					
		Pulse:					
		BP:					
		LOC:					
		Fall Risk Score:					
	Pain Score:						
	Skin Integrity						
<b>Recommendations</b>	Safety Needs:	<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
	Physiotherapy:						
	Others Specify:	<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
	Special Diet:						
	Critical Lab Test / Values:						
	Other Special Orders / Medications:	<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
	ADL (Dependent / Non Dependent):						
	PU Prophylaxis:	<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
	DVT Prophylaxis:	<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
	Post Operative Procedure Special Orders:						
	Handed Over By Name :						
	Signature / ID :						
	Date:						
	Time:						
	Taken Over By Name :						
	Signature / ID :						
	Date:						
	Time:						

FDH-00046351 IP25-00020666  
 Baby BIO M. RAJARAJESWARI (F)  
 27-05-2026 0 Y 0 M 0 D 4 H  
 Jr. KALYAN CHAKRAVARTHY KONDA



## NURSING DEPARTMENT NEWBORN - NURSING ASSESSMENT FORM

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

Baby's Name: Bio. Rajarajeswari Mother's Name: Mrs. Rajarajeswari  
 Date of Birth: 27/5/26 Time of Birth: 1:12 Gender:  Male  Female  
 Birth Weight: 2.773 kg 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: 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: 36.5 °C HR: 145 /Min RR: 46 /Min BP: ..... SpO<sub>2</sub>: 99.7.....  
 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: .....

**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: Surya Signature: [Signature] Date & Time: 27/5/26



FDH-00046351 IP25-00020666  
 Baby B/O M. RAJARAJESWARI  
 27-05-2026 0 Y 0 M 0 D 4 H (F)  
 Jr. KALYAN CHAKRAVARTHY KONDA

## NEONATAL IN-PATIENT MEDICAL RECORD

### ADMISSION INFORMATION

Mother's Name : M. Rajarajeswari Age : 26 Father's Name : ..... Age : .....  
 Date of Birth : ..... Date of Admission : ..... UHID No. : .....  
 NICU Consultant : Dr Kalyan Referring Consultant : .....  
 Transferring Unit :  OT  Labour Room  ER  Ward  
 Transported ?  Yes  No - If yes :  Long (> 30 kms)  Short (< 30 kms)

### BIRTH INFORMATION

Name : B/O M Rajarajeswari Mother's Blood Group : B + ve  
 Gender :  M  F Blood Group : ..... Birth Weight (gms) : 2.773kg Length (cms) : .....  
 Date of Birth : 27-5-2026 Time of Birth : 1:12 PM OFC (cms) : .....  
 Place of Birth : RCH, FD Estimated Gesth Age : 37 wks

Current Obstetric History : (Booked / Unbooked Case)

Maternal Age : ..... Ht : ..... Wt : ..... BMI : ..... Married Life : ..... LMP : 7/9/25 EDD : 16/6/26  
 Conception : Spontaneous or with Rx : Spontaneous  
 Booked at what GA : 29 + 3 wks AN Steroids Drugs / Doses : .....  
 Last Scans Details : 20/5 AFI - N EWT - 2538g  
AC -> 14.1 Doppler - (N) TT Immunization and Iron / Folic Acid : .....

### MATERNAL RISK FACTORS

Age : <input type="checkbox"/> <18 yrs <input type="checkbox"/> >35yrs Consanguinity : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, degree of consanguinity : <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <b>H/o PIH (after 20 weeks) / PE</b> 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 / Redistribtion in MCA ) / Ductus Venosus : ..... AFI : .....	<b>H/o GDM/ pre GDM/ on diet or insulin</b> Controlled or not, recent values, HbA1 values : ..... Compliance with Rx : ..... Scans : LGA, TIFFA , Fetal Echo : ..... <b>H/o Hypothyroidism : when diagnosed ? Medication?</b> Any other Chronic Medical Problems, when detected drugs ? ..... ( Anemia, SLE, Jaundice, CHD, Heart Disease ) Infection : H/O, Fever ( <input type="checkbox"/> Malaria <input type="checkbox"/> UTI <input type="checkbox"/> TORCH <input type="checkbox"/> TB <input type="checkbox"/> HIV <input type="checkbox"/> HBV ) UTI : when : ..... Any culture : .....
--	---

PPROM : Duration : .....  Uterine Tenderness  Foul Smelling Liquor  HVS (if taken) - Results : .....  
 Medication during Pregnancy : ..... Duration : .....  
 Page: 1/8 (P.T.O.)



History of Present Illness:

Baby born on 27-5-2026 @  
via Emergency LSCS  
↓  
BCIAB  
↓  
DCC done  
↓  
Routine newborn care  
Inj Vit K given in (L)  
anterolateral aspect of thigh

Investigation details in previous Hospital :

Feeding History :

Past History :

Family History :

Socio Economic History :



**GENERAL EXAMINATION ON ADMISSION**

*[Faint handwritten notes and diagrams, possibly related to a physical exam or lab results]*

VITALS : Temperature : 36.5°F HR : 147/m RR : 50/m NIBP : ..... CFT : < 3 sec  
Color of the extremities : ..... (N)  
Jaundice : ..... - Pallor : ..... - SpO2 : < Pre Post

Anthropometry : Birth Weight : ..... Length : ..... HC : ..... Present Weight : .....  
Ponderal Index : ..... AGA : ..... SGA : ..... LGA : .....

**HEAD TO TOE EXAMINATION**

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

Facies : (Any Facial Dysmorphism) No facial dysmorphism

NECK and CLAVICLES : Range of Motion : ..... } (N)  
Asymmetry : .....  
Masses : .....

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

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



f Thorax :

N

BREASTS : Position of Nipples and Number :

ABDOMEN and UMBILICUS :

Shape :  
 Organomegaly :  
 Bowel Sounds :  
 Umbilical Stump :  
 Discharge :

N

GENITILIA :

Labia / Hymen :  
 Testicles/penis :  
 Anus :

N

HERNIAL ORIFICES

TRUNK and SPINE :

N

SKIN LESIONS :

EXTREMITIES :

Fingers / Toes :  
 Deformities :  
 Hip Joint Examination :

N

Arms / Legs :

Mobility :

**SYSTEMIC EXAMINATION**

Respiratory System :

Breathing Pattern :  Regular  Periodic  Shallow  Gasping

Mention If baby has Respiratory distress : RR : 50/m SCR / ICR / See - Saw breathing : .....

Scoring of respiratory distress if present (Silverman or Downe's) : 0/10

AEBE ⊕  
 NVBS

Mention if baby is on :  Hood box  CPAP  Ventilator

Settings : .....

SpO<sub>2</sub> : ..... Auscultation : ..... Breath Sounds : ..... Added Sounds : .....

Cardiovascular System :

HR : 147/m BP : ..... Precordial Activity : .....

Femoral Pulses : B/L equally well felt Murmurs : No murmur

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

Abdomen :

Shape : ..... Hernia orifice : .....

Palpation : soft, no organomegaly Anal Patency : < 2 VAC

Palpable masses : ..... Umbilical Cord : < 1 VUC

Abdominal girth : ..... First urine passed : .....

Meconium passed : .....

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

Nerves : .....

**Motor System :**

Passive Tone : ..... } (N)

Active Tone : .....

Neonatal Reflexes : .....

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

Moro's : ..... *Symmetrical* ..... DTR : .....

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

Any Congenital Anomalies : ..... *No congenital anomalies* .....

Diagnosis : ..... *Term /AGA/ Baby girl / Emergency LSCS / CIAB / B.wt - 2.773 kg* .....

**FOOT PRINTS**

Left Side :



Right Side :



**Resident Doctor :**

Signature : ..... *Kasmeera An* *Mohi*

Name : ..... *Dr Kasmeera / Dr Mohith* .....

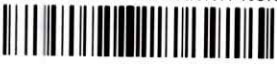
Date & Time : ..... *27-5-2026* .....

**Consultant :**

Signature : ..... *KP*

Name : ..... *Dr. Kulkarni* .....

Date & Time : ..... *27/5/26* .....



y

Friend

Will patient require transportation arrangements to go home:  Yes  No  NA

Will Physiotherapy require at home:  Yes  No  NA

Is home medical equipment anticipated:  Yes  No  NA

Is home oxygen therapy anticipated:  Yes  No  NA

Breastfeeding  Yes  No  NA

Formula Feed  Yes  No  NA

Are dressing needs at home anticipated:  Yes  No  NA

Any other needs anticipated:  Yes  No If Yes Specify .....

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

DBF @ 2 HRLY/Warm care

Vaccination & OAE at 24 hours

SBR/NBS @ 48 HOL

Red reflex to be checked

Use Sim tube etc

Screenings done during NICU Stay :

(EKG scan kept)  
(net)

NSG : .....

Hearing Screen : .....

ROP : .....

TFT : .....

NP2 : .....

**Discharge Details:**

**Neonatal Condition at Discharge:**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Feeding:**  Breastfeeding Exclusively  Breastfeeding and Formula Feeding  Formula Feeding

Vitamin K given:  Yes  No

Vaccinations given  BCG  Hepatitis B  Others: .....

Neonatal Screen Taken:  Yes  No, parents advised to have Neonatal Screen at National screening

program center on: ...../...../.....

Hearing Test:  Yes  No

Jaundice:  NIL  Slight  Moderate

Passed Urine:  Yes  No

Passed Meconium:  Yes  No

Weight at discharge: .....

Appointment was given for follow-up at OPD:  Yes  No

Date of Discharge: ...../...../.....

Discharge to  Home  Other: .....

Against Medical Advice:  Yes  No

Referred to another hospital:  Yes  No

**Discharge Medications:**  Yes  No

Details: .....

Final Diagnosis: .....

.....  
.....  
.....  
.....  
.....  
.....  
.....

Doctor Signature: .....

Doctor Name: .....

Date & Time: .....



PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/26		
9 AM	9/5/26 Di. Kalyan	
	Dr. Srinidhi	
	D: 20H / term / AGA / Em LSCS / Fch / CIAS	
	AC: Stable	MBG
	CRTK 3sec	BBG } BT
	UPA/T: Good	BW 2773g
		TW 2617g (+5.7%)
		Plan
		DBF 2hrnsly
		VAC
		Red reflex
		vaccination
		Pulse Oximetry screen } today
		- SBR, NRS @ 7 AM
		- USG spine T/m
		- measure head circumference T/m.
	28/5	S/B - Dr. Vinodha (LC) (PT)
	Breastfeeding	counseling plan



## PROGRESS NOTES AND DOCTOR'S ORDER

Date & Time	Progress Notes	Doctor's Order
28/5/2026		
4pm	cf 8/13 Ps. Gnetes	
	A: 27H   term 1A1A / ces	
	ECG: stable	
	CRTK 3sec	
	CPA/T: Good	
	vitals	Plan
	HR: 140/min	- D&S hourly
	RR: 42/min	- SBR, NBS @ 8AM
	Temp: 36.5°C	- Head circumference Tm
	SpO2: 98% RA	- csg spine Tm.
	OAE	
	Vaccination	
	Red reflex	Done
	pulse Os susen	



**PROGRESS NOTES AND DOCTOR'S ORDER**

Date & Time	Progress Notes	Doctor's Order
29/5/26 <del>10am</del>	cls PB Dr Kalyan	
	Jd's - Term A&A / Fch / Sacral tuft hair	
	Vitals / wt lbs wse	
	hemodynamically stable	
	passing urine / stools	
	Ⓜ neonatal examination.	
	No new complaints / setbacks	
	On DBF → feeding well	Plan
		Add FF
		USG spine today
		Continue DBF with care
		D/c today
		Review on Monday
		Ⓜ









**Morning Shift**

Clinical Diagnosis... Risk for the infection  
Nursing Diagnosis...

Plan of Care... vitals done  
vit-k given.

Planned Investigations Procedures  
Implementation... warm care done  
cervical clamp done

Handed Over by : Name & Signature *V. Athreya*

Received by : Name & Signature

**Evening Shift**

Clinical Diagnosis... Risk for Infection Related to  
Nursing Diagnosis... hospitalization

Plan of Care... vitals are recording.  
Baby's general condition is assessed

Planned Investigations Procedures  
Implementation... warm care if providing.

Handed Over by : Name & Signature *Sapriya*

Received by : Name & Signature *Ankitha*

**Night Shift**

Clinical Diagnosis... → well baby  
Nursing Diagnosis... → maintain vital & record

Plan of Care... → DBF given 2nd baby  
→ warm care provided.

Planned Investigations Procedures :  
Implementation... → Assessed baby  
→ Maintained vital & recorded  
→ DBF given as 2nd baby  
→ Warm care provided.

Handed Over by : Name & Signature *Go out*

Received by : Name & Signature

**VITALS CHART**

Date →	28/05/26									
Time ↓	Temp	HP	RR	SPO <sub>2</sub>	Score	Type of Feed	Qty	Urine	Stool	Vomit
7.00 am						DBF	25ml			
8.00 am	36.5	140	44	98%	0/10					
9.00 am						DBF	20min	✓	✓	
10.00 am										
11.00 am										
12.00 pm	36.5	139	48	98%	0/10	DBF	20min	✓	✓	
1.00 pm										
2.00 pm						DBF	20min			
3.00 pm									✓	
4.00 pm						DBF	15min			
5.00 pm								✓		
6.00 pm	38.6	138	40	99	0/10	DBF	25min			
7.00 pm										
8.00 pm						DBF	20min			
9.00 pm									✓	
10.00 pm	36.0	138	40	100%	0/10	DBF	20min			
11.00 pm										
12.00 am						DBF	15min			
1.00 am	36.2	140	41	99%	0/10					
2.00 am						DBF	10min	✓	✓	
3.00 am										
4.00 am						DBF	15min			
5.00 am	37.0	140	40	100%	0/10					
6.00 am						DBF	10min	✓	✓	
						<b>TOTAL</b>		025	M26	

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

Feeding Plan..... *and hourly feeding.*

**Morning Shift**

Clinical Diagnosis..... New Born  
Nursing Diagnosis..... Risk for infection related to hospitalization

Plan of Care .....  

- Assess the baby condition
- monitor vital sign & Record
- maintain I/O chart

Planned Investigations Procedures .....

Implementation .....  

- Assessed the baby condition
- monitored vital sign & Record
- maintained I/O chart

Handed Over by : Ushmi 28/5/16  
Name & Signature

Received by : Bhavara 26/5/16 @ 2 pm  
Name & Signature

**Evening Shift**

Clinical Diagnosis..... New born

Nursing Diagnosis..... Risk for infection related to hospitalization

Plan of Care .....  

- Assess the baby condition

Planned Investigations Procedures .....

Implementation .....  

- Assessed the baby condition
- Monitored vitals & Recorded every and hourly feeding done.

Handed Over by : Bhavan 28/5/16 @ 8 pm  
Name & Signature

Received by : Ankitha Loke  
Name & Signature

**Night Shift**

Clinical Diagnosis..... New Born

Nursing Diagnosis..... Risk for infection related to hospitalization

Plan of Care .....  

- Assess the Baby General condition
- Monitor the vitals
- maintain the I/O chart

Planned Investigations Procedures .....

Implementation .....  

- Assessed the Baby General condition
- Monitored the vitals
- Maintained the I/O chart

Handed Over by : Ankitha Loke 29/5/16  
Name & Signature

Received 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.....

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





**NURSES NOTES**  
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Night Note!</u>
27/5/26	@ 8pm	→ Baby hand over given taken from Sr. Supriya
		→ Assessed baby condition
		→ maintain vitals & recorded.
		→ Baby is well & well flexed.
	8 AM.	→ Baby passed urine.
		→ DBF given as every second hourly.
		→ Baby shifted to island
	10 PM.	→ Baby hand over given to sr Ankithe
		Noted by <u>Geeny</u> 27/5/26 @ 10 PM
28/5/26	11 PM.	→ handover <sup>taken</sup> given to the micu staff
	1 AM	→ Assessed the baby general condition
	2 AM.	→ monitored the vitals
	3 AM	→ maintained the p/b chart
	4 AM	→ Tomorrow vaccination
	"	→ SBR, NBS after @ 4.30 to 2
	5 AM.	→ OAE, 4 limbs after @ 9.45 to 2
	7 AM	→ Encouraged for DBF 2 <sup>nd</sup> hourly
	8 AM	→ handover given to the Morning staff
		Ankithe 28/5/26 @ 8 AM

**NOTE : DO NOT WRITE OUTSIDE THE MARGINS**



# NURSES NOTES

(USE BALL POINT PEN ONLY)

- No Known Drug Allergies
- Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Morning Duty Notes</u>
28/05/26	8 AM	Hand over taken from night staff
		Assessed the baby condition
	10 AM	Every 2nd Hourly feeding
	11 AM	monitored vitals sing & Record
	12 PM	maintain T/O chart
		OAE due
		vaccination, Red Reflex due.
	→ 1 pm	USG spine before discharged.
	2 pm	Hand over given to evening duty staff
		4 limbs checked today
		RH LH
		SPO <sub>2</sub> - 98, P - 139/mt SPO <sub>2</sub> - 99%
		Pulse - 130/mt
		L leg R leg
		SPO <sub>2</sub> - 98% SPO <sub>2</sub> - 99%
		Pulse - 130/mt Pulse - 134/mt.

NOTE : DO NOT WRITE OUTSIDE THE MARGINS



**NURSES NOTES**  
 (USE BALL POINT PEN ONLY)

No Known Drug Allergies

Drug Allergies .....

DATE	TIME	(ALL ENTRIES MUST BE SIGNED, DATED AND TIMED)
		<u>Evening Notes</u>
28/5/26	@2:30pm	→ Hand over taken from morning duty staff.
	3:00pm	→ Assessed the baby condition
	4:00pm	→ Monitored vitals & Recorded
	5:00pm	→ Every 2nd hourly feeding done
	6:00pm	→ maintained I/O chart
		→ SBR, NBS tomorrow 6:00AM
		→ USG spine tomorrow
		→ Head circumference tomorrow
	8:00pm	→ Hand over given to the night duty staff.
		<u>Bharani</u> 28/5/26 @8:00pm
28/5/26	8pm	<u>Night Notes</u>
		→ Handover taken from the Evening staff
	11pm	→ Assessed the Baby General Condition
	2am	→ Monitored the vitals, maintained I/O chart
	3am	→ Encouraged DBF 2nd hourly
	4am	→ SBR, NBS T/M @ 6am / Trace Reports
	5am	→ Head circumference done
	6am	→ USG spine @ T/M.
	7am	→ Bathing Done, weight checking Done
	8am	→ Handover given to the morning staff

NOTE : DO NOT WRITE OUTSIDE THE MARGINS

Ankitha  
 29/5/26  
 @8am

(P.T.O)










# PATIENT TRANSFER FORM

Patient Name & UHID No.  FDH-00046351 IP25-00020666 Baby B/O M. RAJARAJESWARI 27-05-2026 0 Y 0 M 0 D 4 H (F) Dr. KALYAN CHAKRAVARTHY KONDA 		Date & Time of Admission <i>27/5/26 @ 1:15 PM</i>	Date & Time of Transfer Order <i>27/5/26 @ 10</i>
		Transfer Ordered by <i>Dr. Ranje</i>	Reason for Transfer <i>Observation</i>
From Unit <i>MICU</i>	To Unit <i>Ward</i>	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Number of Sheets in Clinical File <i>15</i>	Number of Imaging Films <i>1</i>	Personal belongings including clinical documents. If any handed over to attendant Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what ?	
Medications / Consumables / Surgicals / Hand over			
Sl.No.	Item Name	Quantity	
1.	<i>NA</i>		
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 <i>Dr. George</i>		Name of Person Ordered Transfer <i>Dr. Ranje</i>	
Patient & Clinical Records Received by : <i>Ankitha 27/5/26 10:43 PM</i>			
Date & Time of Patient Received :			

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

Unavailable Bed

Nurse not Available

Available Bed not ready

NIT 11

1942-43



# PATIENT TRANSFER FORM

OT



Patient Name & UHID No. B/o Rajeshwar	Date & Time of Admission 27/5/26	Date & Time of Transfer Order 27/5/26 @ 2:20 pm
Treating Consultant Name Dr. Kalyan	Transfer Ordered by Dr. Mohith	Reason for Transfer New borne care
From Unit OT	To Unit MICU	Information to Attendant Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Number of Sheets in Clinical File 4	Number of Imaging Films 1	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.	Vit - K	0.5ml
2.	warm care	.30 min
3.	vitals	done
4.	Card clamp	1
5.		

Shifting Summary / Notes Written by Doctor : Yes  No

Name & Signature of Person who is Transferring Vaishali 27/5/26 @ 2:20 pm	Name of Person Ordered Transfer Dr. Mohith
--	---

Patient & Clinical Records Received by :  
Supriya

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

